

Annual Governance Statement 2016-17

1. Introduction

1.1 This Annual Governance Statement covers a period of both great challenge and also some improvement for the Betsi Cadwaladr University Health Board ('the Health Board'). The Health Board remains in Special Measures following the Minister's acceptance of the advice of Welsh Government officials, Wales Audit Office and Healthcare Inspectorate Wales in June 2015, and the then Deputy Minister's announcement in October 2015 that Special Measures would continue for a further two years. The National Assembly for Wales' Public Accounts Committee published a report in February 2016, stating that the Health Board had more work to do to make its governance and management arrangements fully fit for purpose.

1.2 In 2016/17 the Health Board breached its statutory duty to produce an Integrated Medium Term Plan (IMTP) and since March 2016 has been working to a deficit Interim Financial Plan, and has breached its statutory duty to achieve financial balance over the 3 year period ending 31.3.17.

1.3 By the end of this Annual Governance Statement's 2016/17 reporting period, the Health Board was beginning to demonstrate progress in addressing the expectations of the Special Measures Improvement Framework issued in January 2016 – making improvements in the areas of concern and working towards greater stability through appointments to key leadership roles. However, in my view it remains clear that there is yet more to be done.

1.4 In April 2016, the Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act came into force, with major implications for the Health Board and the way in which it conducts its business. As part of the Health Board's implementation of the requirements of the Acts, the Board's strategic goals have been aligned to the 7 well-being goals, and these have been adopted as our organisation's well-being objectives. Four well-being assessments have been carried out via collaborative working on the Public Service Boards, and the emerging findings from these assessments will help to refine the well-being objectives. The development of well-being plans is underway, and will run in tandem with the development of the IMTP. This programme of work and the culture shift it demands will be a significant task which will bring its own set of challenges. Further information is available via http://www.wales.nhs.uk/sitesplus/documents/861/16_92%20External%20Partner

[ship%20Governance.pdf](http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2016.2.17%20Public.pdf) , on page 2, item 17.44 via <http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2016.2.17%20Public.pdf> and on page 1, item 17.62 via http://www.wales.nhs.uk/sitesplus/documents/861/Agenda_bundle%5B1%5D%20Board%2016.3.17.pdf

1.5 Further detail on the challenges faced by the Health Board during 2016/17 is included later in this Statement.

2. Scope of Responsibility

2.1 The Board is accountable, via the Chairman, to the Cabinet Secretary for Health, Well-being and Sport 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 income of £1.3 billion for 2016/17 and a workforce of approximately 16,800 (14,400 whole time equivalents).

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 is responsible for the provision of primary, community and mental health 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 Wrexham Maelor Hospital) 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 109 GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales.

3.6 The clinical management of services is delivered by 3 Area Teams, a Mental Health and Learning Disabilities Division, and a single Secondary Care Division comprising 3 hospital site teams, all supported by the corporate departments.

3.7 Recruitment to senior Executive posts is now complete. All Board Member positions are now filled. Further information is available via

<http://www.wales.nhs.uk/sitesplus/861/page/40834>

4. Special Measures

4.1 The then Deputy Minister for Health issued a Special Measures Improvement Framework to the Health Board on 29.1.16, setting out expected improvement milestones up to November 2017, divided into three phases, in the following areas, which are still in the process of being further strengthened:

-) Leadership
-) Governance
-) Strategic & service planning
-) Engagement
-) Mental health
-) Maternity services
-) Primary care.

4.2 The Framework also set out the criteria that the Health Board must meet in order to be considered for de-escalation (return to routine arrangements) in the future. In response to the Improvement Framework the Health Board established the Special Measures Improvement Framework Task & Finish Group to oversee improvements, and drafted an action and progress log. This log, which also incorporates Public Accounts Committee recommendations, describes the actions taken to date and future actions to achieve the expectations set out in the framework.

4.3 The Board receives monthly updates on Special Measures http://www.wales.nhs.uk/sitesplus/documents/861/16_70.1%20Special%20Measures%20improvement%20framework.pdf

and, phase 1 (November 2015 to April 2016)

http://www.wales.nhs.uk/sitesplus/documents/861/16_91%20Special%20Measures%20Improvement%20Framework%20End%20Phase%201%20Report%20v1.0.pdf and phase 2 (May 2016 to November 2016)

http://www.wales.nhs.uk/sitesplus/documents/861/Agenda_bundle%20Health%20Board%2017.11.16%20v2.0%20REVISED%20reduced%20file%20size.pdf are complete, with the end of phase reports submitted to the Board and Welsh Government. The Task & Finish Group held a 'Deep Dive' day, which involved requiring Executives and Senior Managers to submit additional information on

progress against Special Measures expectations, and to attend to give a presentation and to be held to account as appropriate. The Task & Finish Group scrutinised the evidence presented in detail, and this fed into the End of Phase 2 report. Over the past year, the Board has also undertaken a comprehensive Board Development Programme as part of Special Measures (see section 12 later in this document).

4.4 I report on progress against the Improvement Framework expectations at each monthly Board meeting. The Health Board is committed to achieving the necessary transformation.

4.5 To assist me in my role as Accountable Officer, and to contribute to improvements under Special Measures, a programme of work to strengthen governance arrangements is ongoing. For example, a fundamental review of Executive Team (ET) and Executive Management Group (EMG) terms of reference took place during the year to strengthen the overall governance processes and structures.

Further information on strengthening governance is available via

http://www.wales.nhs.uk/sitesplus/documents/861/16_40.2%20Strengthening%20Governance.pdf

4.6 Actions relating to phase 3 (December 2016 to November 2017) are being driven forward and in addition, completed actions from previous phases continue to be monitored in order to ensure sustainable improvement. The outcome of the Third HIW/WAO Joint Review was awaited at the time of writing, however I received correspondence from Welsh Government on 12.4.17, noting that progress had been made in respect of governance arrangements, Board effectiveness, staff & public engagement, maternity services and GP out of hours services. It was also stated that further work is required on the challenges in Mental Health, concerns handling & lessons learnt, service planning and developing stronger working relationships with key partners.

5. Financial Position

5.1 The Board approved a 2016/17 budget which included a deficit of £30m as a planning assumption on 30.3.16. During the year, the Health Board overspent against its Revenue Resource Limit by £29.8m, resulting in a cumulative overspend of £75.9m over the three-year statutory breakeven period ending 31.3.17.

5.2 As a result of Welsh Government Special Measures, the Health Board received additional financial support of £4.8m to support the process of addressing the underlying causes of Special Measures and the financial implications of the Improvement Framework.

5.3 The issues facing the Health Board have built over the long term; and the necessary improvement will likewise take time. Implementing a disciplined approach to planning and delivering sustained improvements in the longer term will be important, while remaining focused on patient experience through delivering safe services of a high quality.

5.4 The continuation of the Programme Management Office (PMO) approach (introduced in late 2014/15 to support service change schemes designed to improve productivity and make savings where appropriate, whilst ensuring good quality patient care) supported the Board to deliver savings of £33.5m in 2016/17. Of these savings, £19.178m were recurring and £14.364m were non-recurring.

5.5 This PMO approach will be developed further during 2017/18 to provide a disciplined approach to change management, supported by new software. The recruitment process for a substantive Turnaround Director will be concluded and this Director will be responsible for ensuring the effective development and implementation of the Health Board's transformation programme, managing the PMO and service improvement resources.

5.6 In March 2017, the Health Board approved an Interim Financial Plan for 2017/18 which identified a deficit of £26m, after delivering savings of £35.4m. Addressing the structural deficit will require a focus on stabilising the financial position, and delivering an improvement trajectory over a longer period as part of developing the Annual Operating Plan and ultimately an Integrated Medium Term Plan.

6. Integrated Medium Term Plan (IMTP)

6.1 In breach of its statutory duty, the Health Board does not as yet have an approved IMTP, but is working to develop one for approval by Welsh Government by March 2018. For 2016/17, an Annual Operational Plan (AOP) has been agreed, and this approach has been endorsed by Welsh Government. The AOP sets out the 11 key deliverables for improvement from the national priorities of staying healthy, timely care, individual care, safe care, effective care, dignified care and staff & resources. The aim was to ensure that the Health Board could deliver safe and sustainable services to the population of North Wales and address and improve health and healthcare services.

6.2 In respect of a general assessment of progress against the Annual Operating Plan, although a challenging year, positive progress has however been made in relation to the requirements of the Special Measures Improvement Framework, focusing on mental health services, maternity, engagement with communities and staff and Board responsibilities for governance. Clear improvements have been made in each of these areas whilst

managing our resources in line with the budget set for the year. We have responded positively to challenges in primary care, implementing new models such as healthy Prestatyn whilst supporting existing GP Practices through new clinical roles and enhanced community teams. Within planned care we are on track to deliver the waiting times targets agreed with Welsh Government with notable success in delivering an 8 week maximum wait for diagnostic tests. We have made some progress in unscheduled care, but this remains an area of challenge for the Board and further improvement is required against key performance and quality measures.

6.3 Alongside the Annual Operating Plan there is a clear timeline for the development of the Health Board's overall strategy which will provide the strategic context for the IMTP. As part of the development of this overall strategic direction and plan, the Health Board has developed three Strategic Framework documents to meet the requirements of Phase 2 of Special Measures. These cover Primary care and Community Services, Mental Health Services and Maternity, Neonatal and Paediatric services and were considered and approved by the Health Board at its meeting in November 2016. An extensive programme of engagement with a wide range of stakeholders has taken place to underpin the development of the strategy and IMTP. Progress on the Plan and Strategy is monitored by the Strategy, Partnerships and Population Health Committee and Board on a regular basis. Further detail is available via

http://www.wales.nhs.uk/sitesplus/documents/861/16_90%20Annual%20Operating%20plan%20key%20deliverables.pdf

and item 16/209 via

http://www.wales.nhs.uk/sitesplus/documents/861/Agenda_bundle%20Health%20Board%2017.11.16%20v2.0%20REVISED%20reduced%20file%20size.pdf

and item SPPH16/208

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20SPPH%2024.11.16%20Public%20V1.0.pdf>

7. Emergency Preparedness

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 specific or incident specific plans which describe the response of the organisation to an emergency defined as a major incident.
-) a governance structure which provides oversight and coordination of our emergency preparedness arrangements. This structure links into the non statutory Local Resilience Forum which provides the coordinated planning and preparedness across all agencies involved in civil protection activity.

-) a programme of exercises and training to support our staff who have specified roles within our major emergency arrangements which delivers command and control competencies in line with National Occupational Standards, bespoke training relating to pre-hospital medical response and generic induction awareness.
-) a 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.

Further information is available here:

<http://howis.wales.nhs.uk/sitesplus/861/page/44943>

8. Partnership Working

8.1 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;
-) BCU 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 Boards;
-) Mid Wales Healthcare Collaborative

The Health Board is currently reviewing emerging partnership governance risks, with a view to incorporating the detail into the Corporate Risk & Assurance Framework.

9. The Role of the Board

9.1 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.

9.2 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.

9.3 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 Strategic Goals and Well-being Objectives

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

9.4 Our purpose, vision and strategic goals 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.

9.5 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.

10. Board Composition

10.1 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:

<http://www.wales.nhs.uk/sitesplus/documents/861/standing%20orders%20v14.00%20approved%20by%20audit%20committee%20july%2015%20and%20board%20aug%2015%20%20excl%20schedule%202.1%20and%204.1%20no%20trac.pdf>

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

10.3 During the reporting period of this Annual Governance Statement, the Board has achieved greater stability following a number of key appointments including a substantive Executive Medical Director, Executive Director of Nursing & Midwifery and Executive Director of Therapies & Health Science. Board membership is documented at Appendix 1, together with related information including Board Members' Champion roles.

10.4 Public appointments to the Board have also been made in-year, as detailed in Appendix 1.

11. Board Effectiveness and Standards

11.1 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.

11.2 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).

11.3 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. <https://bcu-ghi.cymru.nhs.uk/>

11.4 In the interests of good governance, scrutiny and challenge, all Health Board Committees are chaired by an Independent Member.

11.5 The Board's annual cycle of business/ work plan was reviewed and updated in February 2017

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2016.2.17%20Public.pdf>

11.6 As stated earlier in section 4, I have received correspondence from Welsh Government, and this noted that progress has been made in respect of Board effectiveness. The Wales Audit Office Structured Assessment 2016 also noted that Board effectiveness had improved during the past year, with the Board beginning to behave like a team, with self-reflection, learning and improvement actions taking place:

<https://www.wao.gov.uk/publication/betsi-cadwaladr-university-health-board-structured-assessment-2016>

12. Board Development

12.1 The Health Board has committed a minimum of a day per month over the last year to Board Development, as part of a special measures programme led by Mrs Ann Lloyd. A bi-monthly half day was also devoted to Board briefings to update members on key strategic, service and mandatory training issues. Topics covered as part of the Board Development Programme included Board effectiveness and maturity, strategic planning, service sustainability, organisational culture, risk management, service issues and workforce matters.

12.2 Building upon this, an external consultant has been commissioned to provide a 12 month Board Development programme. This commenced in March 2017 and will cover topics such as transformational change, partnership working and strategic & service planning.

13. Board and Committee Arrangements

13.1 The Board's committee structure comprises seven committees and two sub-committees, namely the

-) Audit Committee
-) Remuneration & Terms of Service Committee

-) Mental Health Act Committee with its Mental Health Act Power of Discharge Sub-Committee
-) Finance & Performance (F&P) Committee
-) Quality, Safety & Experience (QSE) Committee
-) Strategy, Partnerships and Population Health (SPPH) Committee.
-) Charitable Funds Committee, with its Charitable Funds Advisory Group Sub-Committee.

13.2 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.

13.3 The Health Board has established a Committee Business Management Group (CBMG) to oversee effective communication between its Committees. This avoids duplication and ensures that all appropriate business is managed effectively and efficiently through the governance framework, meeting statutory requirements and taking account of emerging best practice.

13.4 Health & Safety (H&S) reporting has been strengthened in year, with the maturing Strategic H&S Committee now reporting to the Quality, Safety & Experience Committee. See item QS16.123.1 via:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20QSE%2013.9.16%20V1.0%20PUBLIC.pdf>

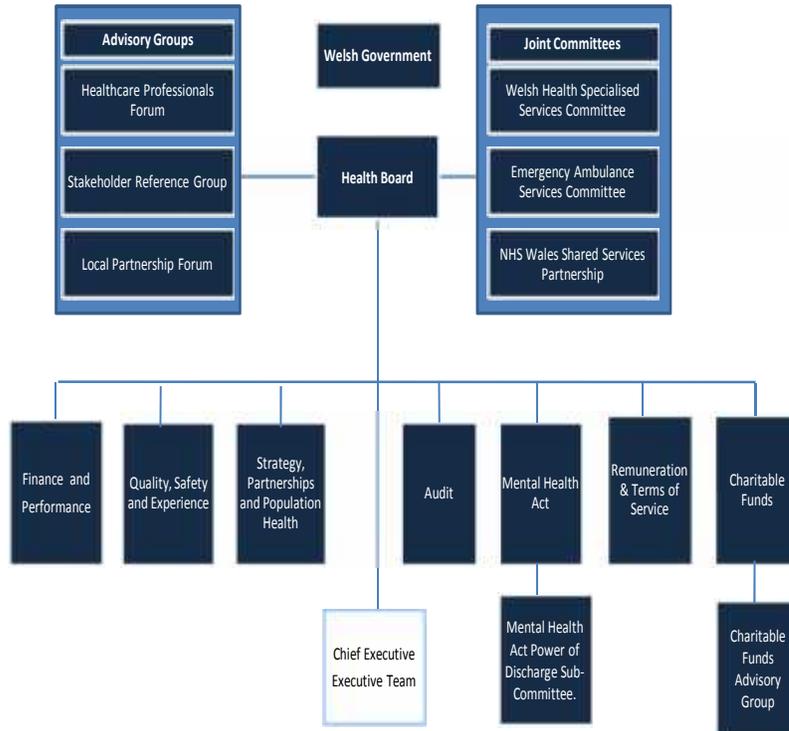
13.5 The Wales Audit Office (WAO) Structured Assessment found that committee effectiveness improved during 2016, with evidence of better scrutiny and challenge. As the new committee structure introduced in March 2016 has matured, WAO noted improved flows and assurances to the Board from its committees and commented that this, along with revised standards, etiquette, assurance reports, the Board Development work, new Board members, and improved behaviours, was beginning to be reflected in the quality of Board and committee scrutiny.

13.6 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 attend and contribute to committee meetings as follows:

-) Quality, Safety & Experience Committee – HPF Chair
-) Strategy, Partnerships and Population Health Committee – SRG Chair.

13.7 The Health Board's Committee and Advisory Group structure is illustrated below in Figure1.

Fig.1 The Health Board's Committee and Advisory Group Structure



13.8 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 below.

13.9 Meetings of the Health Board and Committees held in 2016/17:

Meeting	Date													
	21.4.16	9.5.16	23.6.16	21.7.16	18.8.16	22.9.16	20.10.16	17.11.16	15.12.16	19.1.17	16.2.17	16.3.17	6.9.16 AGM only	
Health Board														
Quality, Safety & Experience (QSE) Committee	12.4.16	10.5.16	14.6.16 *	12.7.16	9.8.16	13.9.16	11.10.16	8.11.16	6.12.16	10.1.17	7.2.17	7.3.17		
Finance & Performance (F&P) Committee	26.4.16	24.5.16	5.7.16	26.7.16	23.8.16	27.9.16	25.10.16	22.11.16	20.12.16	24.1.17	21.2.17	21.3.17		
Strategy, Partnerships & Population Health (SPPH) Committee	26.5.16	28.7.16	10.10.16	24.11.16	26.1.17	30.3.17								
Remuneration and Terms of Service Committee	16.5.16	18.7.16	17.10.16	16.1.17	23.3.17									
Mental Health Act Committee	27.5.16	22.7.16	4.11.16	3.2.17										
Charitable Funds Committee	24.6.16	12.9.16	12.12.16	13.3.17										
Audit Committee **	31.5.16	14.7.16	15.9.16	8.12.16	9.3.17									

* The latter part of the meeting was not quorate – no decisions were taken whilst inquorate

** The Audit Committee met in private from April – September 2016. In line with Welsh Health Circular (WHC/2016/033) the committee met in public session from 8.12.16

13.10 Each Board Committee produces an annual report. A new, more detailed format and an earlier submission timeline for these reports was agreed in 2016/17. The revised arrangements for the cycle of committee annual reporting originated from a request by the Chair of the Audit Committee for reports to be submitted to the Board earlier in the year. It was subsequently agreed that in future, the Audit Committee would receive all the committee annual reports in advance (May meeting) and would then submit an overarching assurance report to the Board. Further information on the new arrangements is available from item AC16/92 via <http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle2.pdf> The 2015/16 annual reports were received by the Board in September 2016 – see item 16/174 via <http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20Bundle%20Health%20Board%2022.9.16%20Public%20V1.0.pdf> . They detailed the business, activities and main issues and risks dealt with by the Committees or escalated to the Board during the previous year.

13.11 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.

13.12 The significant matters considered by the Committees, and examples of actions taken during 2016/17 were as follows. These key issues feature as highlights in Committee Chairs' Assurance Reports, an example of which, item 17/60.2, can be accessed via http://www.wales.nhs.uk/sitesplus/documents/861/Agenda_bundle%5B1%5D%20Board%2016.3.17.pdf

13.13 Audit Committee

-) Financial Conformance Reports
-) Internal Audit Progress Reports/Charter and Annual Plan/Report and Options
-) Wales Audit Office update and Performance reports including Structured Assessment and Annual Audit Report.
-) Updates against internal and external audit recommendations (tracker tool)
-) Clinical audit progress reports/plan.
-) Post payment verification reports.
-) Counter fraud progress reports/annual plan/annual report.
-) Various national reports and publications for Information.
-) Review of Committee terms of reference and cycle of business; self-assessment and annual report.
-) Corporate Risk and Assurance framework review including reviewing Corporate Risk Register and Risk Management Strategy review.
-) Adopting of Standards of Business Conduct Policy and Annual Review of Declarations of Interest.

-) Annual Governance Statement/Annual Quality Statement/ Annual Accounts/ Accountability Reports.
-) Standing Orders/Standing Financial Instructions, financial statements and Annual Report review and amendments.
-) Review Performance Management Strategy and Operational Framework.
-) Reviewed and proposed new arrangements for Committee annual reporting.

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

-) In order to address the issue of better assurance required for the Board, the Committee reviewed the Board Assurance Framework and is developing an Assurance Map on behalf of the Board.
-) In response to previous concerns regarding the need for timely implementation of audit report recommendations, the Committee has employed more rigorous review of the Audit Tracker Tool. The Committee has also held Executives to account by requiring them to attend meetings to present evidence of progress on key issues, for assurance purposes.

Minutes are available via:

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

13.14 Charitable Funds Committee

-) Investment Manager's Report
-) Charitable Funds Annual Accounts & Annual Report and Wales Audit Office ISA 260 Report and opinion
-) Fundraising and finance strategy and reports
-) Charitable funds budget
-) Minutes of Charitable Funds Advisory Group
-) Presentations and requests for expenditure approvals
-) Briefings and governance papers.

An example of how the Committee has acted upon significant issues that have arisen include:

-) The Committee discussed concerns raised regarding governance arrangements relating to an external charitable fundraising campaign which had received financial support from the Health Board. As a result, Wales Audit Office was requested to carry out a review, the findings of which were used to learn lessons. This resulted in the Committee agreeing a Collaborative Working Protocol to strengthen future governance and decision-making.

Minutes are available via:

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

13.15 Mental Health Act Committee (MHAC)

-) Regular reporting and scrutiny of Mental Health Act and Mental Health Measure performance data including a fundamental review of the data and format of presentation of the reports.
-) Oversight and detailed discussion of the reports prepared in respect of the Hospital Manager's Update and provision of support provided to Associate Hospital Managers' to assist them in carrying out their role.
-) Deprivation of Liberty Safeguards (DoLS) reports including Authorisation Applications and risks in meeting legislative timeframe
-) Children & Adolescent Mental Health Services (CAMHS) reports including performance updates, challenges and service developments
-) Update reports received on the progress of the Street Triage project, including the Section 136 Progress Report
-) Oversight on the arrangements and service developments for the approval and re-approval of Approved Clinicians and Section 12(2) Doctors in Wales, including additions and removals made to the register
-) Review of the Independent Mental Health Advocacy (IMHA) Monitoring Report
-) Updates on Healthcare Inspectorate Wales visits/report
-) Updates on training issues (including the arrangement of training workshop for members of the Committee and its Sub-Committee)
-) Minutes of the previous meetings and summary action plan, including review of issues of significance to inform the Chair's report
-) MHAC terms of reference and Power of Discharge Sub-Committee's terms of reference review including a review of the frequency and timing of meetings.
-) MHAC Annual Report 2015/16
-) MHAC cycle of business and work plan 2016/17.
-) Oversight of the work of the Power of Discharge Sub-Committee.

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

- J In respect of Section 136 relating to under 18s, the Committee has continued to express concern about the increasing numbers of under 18s being detained under a Section 136 order. The Committee continues to monitor the position and actions being undertaken to address the situation and has commended the steps being taken by the Director of Mental Health and Learning Disabilities in his ongoing dialogue with North Wales Police.
- J In respect of Deprivation of Liberty Safeguards (DoLS) the Committee has reviewed DoLS data for the last two financial years, the Independent Mental Capacity Advocate (IMCA) role and supporting data, Best Interest Assessor appointments and training, risk review and next steps in terms of the Service realignment. The safeguarding risk register has been reviewed within the Safeguarding Group chaired by the Executive Nurse and the risk relating to DoLS has been discussed at length. The risk level remains unchanged at this moment in time pending completion of the training and full recruitment of the Best Interest Assessors. This has been fully discussed at the Quality and Safety Group.
- J In respect of Healthcare Inspectorate Wales (HIW) Reports, HIW issued their Annual Report for 2015/16 in August 2016. Within it there were references to reviews undertaken which specifically relate to the Mental Health Act. Whilst monitoring of the report and the actions has been addressed by the Quality, Safety and Experience Committee, it was recognised that the specific elements relating to the Mental Health Act should have been presented to MHAC and therefore a change to future reporting arrangements was agreed.
- J In respect of performance monitoring, the Mental Health & Learning Disabilities Division continues to improve the Mental Health Act/Mental Capacity Act and Mental Health Measure performance report and the Committee has commended the work undertaken to date.

Minutes are available via:

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

13.16 Finance & Performance Committee

- J Financial Management eg Monthly Finance reports; Quarterly External Contracts update reports; Continuing Healthcare Fees 2016/17;
- J Performance Management and accountability eg Monthly Integrated Quality and Performance reports; Performance Management Strategy 2016 update;
- J Capital Expenditure and Working Capital eg Monthly Capital Programme reports; Discretionary Capital Programme 2016/17;

-) Informatics and Information Governance eg Informatics Operational Plan; Welsh Patient Administrative System (WPAS) implementation update.
-) Workforce e.g staff seasonal flu vaccination summary report 2015/16; Workforce information system update report;
-) Governance eg Committee annual report; Shared Services Partnership Committee assurance reports; review of corporate risks assigned to the Committee.

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

-) The Committee discussed concerns regarding the financial position, which were picked up by the Executive Team, as a result of which efforts were redoubled to make savings and I required project initiation documents for all savings schemes. The outcome of this was that the planned deficit of £30m was achieved, with a £29.8m overspend.
-) The Committee discussed referral to treatment time (RTT) performance and waiting times, particularly in relation to Orthopaedics. Subsequent to this, an Orthopaedics Plan has been drafted.

Minutes are available via:

<http://www.wales.nhs.uk/sitesplus/861/page/77166>

13.17 Quality, Safety & Experience Committee

-) Regular reports from the Director of Quality Assurance (incorporating Healthcare Inspectorate Wales and other external reports, Trusted to Care, volunteering, quality improvement priorities, matters raised at the Quality Assurance Executive, safety dashboards)
-) Health & Care Standards monitoring reports
-) Endorsement of Service User Experience Strategy 2016-19
-) Listening and Learning reports including a specific patient story
-) Progress report into standards for accessible communication
-) Putting Things Right annual report
-) Public Sector Ombudsman for Wales annual letter and reports
-) Coroner reports
-) Welsh Risk Pool report into concerns and claims management
-) Regular infection prevention and control reports including report of further review by Prof B Duerden
-) Monthly integrated quality & performance reports providing key performance data and exception reports across all relevant domains
-) Specific “deep dive” presentations
-) Approval of cycle of business and review of terms of reference
-) Review of the Health Board’s university status
-) Health and safety annual report and mid year update

-) Consideration of relevant internal audit reports (eg; Quality Improvement Strategy, GP Out of Hours)
-) Endorsement of new and/or updated policies or procedures eg; Being Open Policy,
-) Safeguarding reports (including specific report on adult safeguarding)
-) Mental health assurance and service development reports including Tawel Fan mortality review (in committee)
-) Quarterly reports on continuing health care
-) Annual Quality Statement
-) Assurance reports into monitoring of women's services
-) Review of corporate risks allocated to the Committee
-) Annual reports eg Health Protection Team

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

-) It was determined by the Committee that the pace of reduction in the prevalence of C.Diff and MRSA/MSSA infections was inadequate and the topic was therefore re-escalated back to monthly reporting to drive improvement. Additional work was carried out on antimicrobial stewardship, learning from root cause analysis, and the "Asepsis – Act Now" campaign to rapidly improve clinical practice.
-) Concerns were raised about the instability of the nursing home market place in North Wales and the reduction in nursing care beds which impacted negatively on delayed transfers of care performance. The matter was passed on to the Executive Team, who identified an Executive Sponsor, tasked senior leads with a range of actions relating to liaison with providers, and I offered to meet with key individuals from the nursing home sector in order to seek solutions to the pressures.
-) The Committee was concerned by risks highlighted by a Safeguarding report, resulting in revision of the corporate risk register and the establishment of new interim management arrangements for the Safeguarding team.

Minutes are available via:

<http://www.wales.nhs.uk/sitesplus/861/page/77166>

13.18 Strategy, Partnerships and Population Health Committee

-) Developing whole systems strategy for health and healthcare in North Wales
-) Volunteer Strategy
-) Draft strategies eg Staff Engagement Strategy
-) Welsh Language Strategic Plan

-) Living Healthier : Staying Well (including report on survey findings; strategy development;
-) Workforce themes from Annual Operational Plan
-) Wylfa B Development
-) Planning Principles 2017-18
-) Provision of healthcare to HMP Berwyn
-) Strategic Frameworks (primary/community, maternity/paediatrics/neonatal and mental health)
-) Seasonal Plan 2016-17
-) Business Continuity Policy
-) Well-Being of Future Generations (Wales) Act 2015
-) North Wales Population Assessment
-) Annual Reports eg Carer's Measure
-) Monitoring Reports eg Welsh Language (including new Standards)
-) Partnership Working eg Well North Wales
-) Review of allocated corporate risks

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

-) The reporting mechanisms from local Public Service Boards (PSBs), including the timeliness of reporting, were discussed and as a result the partnership governance arrangements of PSBs and other Health Boards in Wales were reviewed, for comparison and lessons learned purposes.
-) Concerns were discussed regarding the recruitment of prison officers for safe staffing of the designated rehabilitation prison HMP Berwyn and also the potential impact on health services. As a result, individual Executives and the Board met with the Prison Governor to secure assurances on the issues raised.
-) The Committee discussed the potential impacts on health services from the Wylfa B development. As a result, work took place involving GPs, to explore primary care model solutions, and I also sought a meeting with Horizon representatives to seek assurances.

Minutes are available via:

<http://www.wales.nhs.uk/sitesplus/861/page/77166>

13.19 Remuneration & Terms of Service Committee

-) Consideration of Voluntary Early Release Scheme applications
-) Evaluation of very senior manager and Director posts outside of JESP range – in year this had included the interim Executive Director of Therapies & Health Sciences and Director of Turnaround; and substantive arrangements for the Executive Medical Director and Executive Director of Nursing & Midwifery;
-) Approval of Committee Annual Report for 2015-16

-) Approval of Remuneration Report 2015-16
-) Employment position of former Chief Executive
-) Job Planning for Medical Staff
-) Waiting List Initiatives
-) Relocation expense allowances of overseas recruitment
-) Internal locum hourly remuneration rates
-) NHS Contract and leavers including data on displaced staff
-) Pay Flexibility in terms of Significant Additional Responsibilities for Executives and Directors.

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

-) Committee members queried the extent to which the Committee had fulfilled its obligation to comment specifically upon objectives for Executive Directors and other Very Senior Managers. It was felt that this had not been fully achieved over the past year and therefore this was self-assessed as an 'amber' rating and in order to improve this position it was agreed to introduce an Objectives Assurance Report for the Committee.
-) In early 2016, the Committee considered the fact that two key Executive posts – the Medical Director and Director of Nursing & Midwifery – had become vacant. Matters of principle, fairness, equality and allocation of duties were resolved in order to secure satisfactory interim post holders, thus providing stability to the Board pending substantive appointments.

Minutes are available via:

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

13.20 Advisory Groups:

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, an example of which can be found here 16/115.3:

http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20_public_revised.pdf

13.20.1 Stakeholder Reference Group

-) Primary Care Strategy; Strategic Equality Plans; Deloitte's Report 2013/4
-) BCUHB Engagement Strategy; BCUHB Mental Health Strategy; BCUHB Integrated Quality & Performance
-) BCUHB Financial Position; HMP Berwyn; Medicines Management; BCU Special Measures Improvement Plan

-) BCUHB Whole Systems Strategy; Public Health Wales – Well North Wales; BCUHB Welsh Language Standards
-) Welsh Ambulance Trust Annual Report (WAST); BCUHB Communications & Engagement; Bevan Advocates
-) BCUHB Living Healthier, Staying Well – Strategy Development Update
-) BCUHB Mid-Year Finance Position; Unscheduled Care/Winter Plan; Delayed Transfers of Care
-) BCUHB Primary & Communities Services Development; BCUHB Corporate Planning including Operational Plan 2017/18 & Living Healthier, Staying Well; Adverse Childhood Experiences (ACEs) in Wales
-) Corporate Planning including Engagement; BCUHB Mental Health Strategy; HMP Berwyn; Public Health Wales Population Assessment

Minutes are available via:

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

13.20.2 Local Partnership Forum

-) Workshops
 -) Special Measures
 -) Management structure
 -) Corporate Planning including Annual Operating Plan, Living Healthier , Staying Well
 -) Job Evaluation
 -) Finance
 -) Draft Annual Quality Statement 2015/16 and 2016/17
 -) Primary Care Strategy
 -) Mental Health Strategy
 -) Workforce Engagement Strategy
 -) Recruitment Attraction Strategy
 -) Private Patients Policy
 -) Standards of Business Conduct Framework Policy
 -) North Wales prison healthcare project update.

Minutes are available via:

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

13.20.3 Healthcare Professionals Forum

-) The role of HPF and its members
-) How the HPF could enable contribution to the Health Board's thinking at an earlier stage
-) Escalation of HPF concerns
-) Updates on the Annual Operating Plan (AOP) and Whole Systems Strategy
-) Primary Care Strategy

-) North Wales Recruitment and Retention Strategy
-) Well North Wales
-) Corporate Planning
-) Infection Prevention and Control
-) Prevention of Inpatient and Community Falls
-) Development of Quality Dashboards
-) Research & Development

Minutes are available via:

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

13.21 Joint Committees

The Board also receives and considers regular summaries, copies of minutes or reports from the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and the NHS Wales Shared Services (NWSSP) Partnership Committee. These can be accessed via:

<http://www.wales.nhs.uk/sitesplus/861/page/75045>

14. The Purpose of the System of Internal Control

14.1 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.

14.2 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 2017 and up to the date of approval of the annual report and accounts.

15. Capacity to Handle Risk

15.1 The Health Board has a challenging risk profile due to the diversity of services provided, ranging from primary and community services through to acute hospital wards as well as mental health services and a medium secure unit. 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.

15.2 The Health Board has in place a structure to identify, assess and control its risks. I have delegated responsibility for ensuring that the Health Board is provided with competent advice and support in the development of effective systems and

arrangements to help facilitate the Board's approach to risk management and strategy to the Director of Corporate Services. The Board Secretary has specific delegated authority for the Board Assurance Framework and Corporate Risk Register which for reporting purposes and in the absence of an Integrated Medium Term Plan have been amalgamated this year and described in more detail below.

16. Corporate Risk and Assurance Framework

16.1 During Summer 2016 work was undertaken to examine the various levels of reporting within the Risk Register database (Datix), with the Executive Team revising the structure relating to the different levels at which risks across the organisation will be managed. This replaced the former three tiers of Corporate, Strategic and Operational. The organisation is now working to a 5 tier approach, details of which are included within the Risk Management Strategy, guidance and procedures which have been updated during the year, with the revised Strategy being agreed by the Audit Committee on behalf of the Board in September 2016.

16.2 All Executive Directors are required to ensure the management of risk within their particular area of responsibility and this is explicit within the revised 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.

16.3 At the September 2016 meeting of the Audit Committee, members proposed a move to an integrated Corporate Risk & Assurance Framework (CRAF) approach which essentially combines the former Board Assurance Framework (BAF) document and Corporate Risk Register (CRR). It was felt this would remove duplication of effort and ensure that a single document could provide detail on assurances and gaps, and actions to address these gaps. This approach was approved by the Board in September 2016.

16.4 In January 2017 the Board received the first iteration of the new CRAF. The information contained within the CRAF has been drawn directly from Datix (to ensure Datix is used as the definitive source across the organisation) using the latest risks as documented on the former CRR. The CRAF is intended to be a succinct document providing a brief narrative update, with the detail being provided in the respective assurance reports to the various committees.

16.5 Each risk on the CRAF shows the links to the Principal Risk and has been informed by the work of the Board at a development session conducted in October 2016. Assurances within the CRAF have been populated from information contained within the former BAF where appropriate and then reviewed and updated by the relevant lead.

16.6 The Health Board has adopted a risk appetite statement which describes the risks it is prepared to accept or tolerate in the pursuit of its strategic goals. The Board recognises this is not a fixed concept and may change over time - see section 4 of the Board Assurance Framework in Appendix 4 of the following document:

http://www.wales.nhs.uk/sitesplus/documents/861/16_40.2%20Strengthening%20Governance.pdf

16.7 In defining the risk appetite, the Board adopted a maturity matrix for risk scoring which includes elements relating to quality, reputation, finance and regulation. The Board continues to keep the CRAF under review. Each risk generated has a number of actions identified to manage and mitigate the risk. Risks have been assigned to an identified Executive Director and Board level Committee to ensure they are scrutinised on a regular basis. Controls are in place to address all these risks, which are reported to, and monitored by, the Board and its Committees. In addition a further level of scrutiny has been introduced this year with the Directorate registers now being reviewed by the Executive Management Group on a cyclical basis.

16.8 The Health Board involves its public stakeholders in managing risks that impact on them. For example, there is ongoing public engagement as an integral part of the development process of the Living Healthier, Staying Well strategy, focusing on reducing risks to the most vulnerable in society and also addressing risks arising from e.g long waiting lists. Item 16/209 via the link below also demonstrates the extensive engagement in respect of the development of strategic services e.g the mental health strategy (identified as a significant special measures risk):

http://www.wales.nhs.uk/sitesplus/documents/861/Agenda_bundle%20Health%20Board%2017.11.16%20v2.0%20REVISED%20reduced%20file%20size.pdf

In addition, the population assessment carried out in 2016 involved input from the public on how best to meet social care and health needs in future plans.

17. Principal Risks

17.1 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.

17.2 In addition, one new risk has been identified and escalated during 2016/17 (entered on the Register in May 2016) in relation to Safeguarding. This was previously a risk on the Corporate Risk Register, entered in November 2013 but de-escalated in November 2015 as a result of increasing confidence that the Safeguarding risk as originally identified on the CRR was being managed and mitigated and that the actions being taken were demonstrating some improvement.

17.3 The decision to re-instate the Safeguarding risk on the CRAF was taken when it became apparent that the planned actions were not mitigating the former risks as anticipated. Furthermore, during the year the Board requested that the risk in relation to the IMTP be divided into two elements reflecting strategy development and development of the IMTP. The details of the current controls and the further actions being taken for each of the risks identified is detailed within the Health Board's CRAF which is publicly available via <http://www.wales.nhs.uk/sitesplus/861/document/301428>

17.4 As previously explained, each risk identified within the CRAF is categorised under one of the nine principal risks (PR) lists; for example, PR1 'failure to maintain the quality of patient services' covers the organisation's top clinical risks of Infection Prevention and Control, Continuing Health Care, Maternity Services and Mental Health Services. Key clinical services risks were identified as follows under Special Measures:

18. Key Special Measures Risk: Maternity Services at Ysbyty Glan Clwyd

18.1 Following judicial review proceedings regarding a proposed temporary change to maternity services and the subsequent full public consultation during Summer 2015, it was determined that the risks originally identified had been sufficiently mitigated through the recruitment of additional medical and midwifery staff, underpinned by a robust shift by shift monitoring of quality and safety risks. Significant progress has continued to be made against the expectations set out in the Special Measures Improvement Framework. The service has been further stabilised through successful recruitment to the position of Consultant Midwife and an experienced Senior Medical Consultant, making it more robust and sustainable.

18.2 The Health Board is working with an external provider to drive and deliver sustained improvements in consultant behaviour in Ysbyty Glan Clwyd, to enhance multidisciplinary working and minimise clinical risk to mothers and babies. Clarity about the future strategy and service plan for redesigning maternity, neonatal and paediatric services has been achieved through the production of the Strategic Framework. A key element of this is the role of the Sub-Regional Neonatal Intensive Care Centre (SURNICC). The full business case for this development was approved by Welsh Government and the main development works have now commenced in line with the project timeline.

19. Key Special Measures Risk: Mental Health Services

19.1 One of the Board's key areas of focus throughout the year has been Mental Health services and the associated risks in relation to leadership, governance and the quality and safety of services. To mitigate these risks, actions to date include the formation of a Mental Health and Learning Disabilities Division with the appointment of a substantive director with effect from 5.5.16. This post reports directly to the Chief Executive and the Cabinet Secretary has granted approval for it to become an Associate Board Member position, signalling the Health Board's clear commitment to Mental Health Services and increasing visibility and accountability at Board level. Other senior appointments have also been made to the leadership team.

19.2 The Board recognises the significant scale of the challenge in sustainably improving mental health services across North Wales. Ongoing progress is being made within the Mental Health and Learning Disabilities Division. Particular emphasis is being placed on addressing the key risks through the development of effective leadership and governance structures, supported by systems and processes to underpin operational delivery, service development and the delivery of high quality, safe care. Compliance with the Mental Health Act and Mental Health (Wales) Measure has improved. Improvements have also been made to internal governance arrangements within the Division. A new strategy for mental health services is under development, with expert external input. A formal patient engagement strategy for Older Adults' Mental Health has also been developed. A mental health experience sub-group has been established, to utilise service user and carer experience of services to shape and inform future service development and improvement. A new involvement project was commissioned by the Health Board and the Area Planning Board from the 1st April 2016, with the aim of improving equity of service provision across mental health and substance misuse services within North Wales.

19.3 All recommendations identified by HIW following inspections of mental health and learning disability sites have either been progressed or fully completed. A Director of External Investigations, reporting to the Chief Executive, has been appointed to coordinate the Health Board's input to the wider governance review of older people's mental health services led by Donna Ockenden, and the Health & Social Care Advisory Service (HASCAS) investigation into the concerns and complaints raised by members of the families of patients treated on Tawel Fan ward. This work is ongoing and remains a significant undertaking.

20. Key Special Measures Risk: GP Out of Hours / Primary Care Services

20.1 Good progress has been maintained with regard to all special measures expectations relating to Primary Care. Work is underway to mitigate the key

risks, through the development of an integrated primary and community care strategy, active management of GP recruitment, innovative models of primary care, implementation of the General medical Services (GMS) Sustainability Framework, implementation of the 5 domain Practice Risk Assessment and Area Cluster Risk assessments. The Area Teams review the risk assessments on a regular basis and prioritise actions to mitigate levels of risks. Where practices are highlighted as facing significant risks the primary care teams in the area will enter into discussions with the practice to seek to further understand the issues they are facing and seek to assist them in the short and medium term if possible. This work will provide a strong foundation upon which to build cluster plans for sustainable GMS services for the future as cluster planning processes mature and strengthen to take account of all the risk assessment information available on which to base their action plans.

20.2 There is increasing evidence of effective cluster working, with each cluster having agreed priorities which are now being implemented. Funding is being used to improve access and to support any struggling practices so that patients can be seen nearer/in their own homes and spend less time on waiting lists. The Health Board is working towards full compliance with the new Wales Quality and Monitoring Standards for the delivery of GP out of hours services, which are reported on a monthly basis to Welsh Government. The Special Measures Improvement Framework Task & Finish Group received detailed assurance on the progress being made to improve access and response times, internal governance arrangements and the fill rates for rotas. In addition, work has progressed to engage with partner agencies using all available skills and resources to support patients close to home in the out of hours period.

21. The Control Framework

21.1 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.

21.2 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.

The Board has agreed a risk appetite statement referred to earlier in this document in section 16.

22. Standing Orders

22.1 The Health Board has agreed Standing Orders for the regulation of proceedings and business. The Standing Orders can be accessed from the link below:

<http://howis.wales.nhs.uk/sitesplus/861/page/41916>

22.2 The Standing Orders are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice. Together with the adoption of a scheme of matters reserved to the Board, a scheme of delegation to officers and others and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define - its 'ways of working'. These documents, together with the Board Assurance Framework, 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.

22.3 The Audit Committee has undertaken an annual review of the Standing Orders. The Committee approved amendments that have been reported to the Health Board for ratification.

22.4 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).

22.5 During 2016/17 key issues identified in the conformance report in addition to the above included assurance on the Financial Assurance Framework, Carbon Reduction Credits, Department for Work and Pensions issues, taxation issues and updates on outstanding debts.

23. External Audit

23.1 Wales Audit Office published the following reports and documents relating to the Health Board (either directly or as part of an All Wales review) during 2016/17. The Health Board has formally responded to each of these and actions arising from recommendations are tracked using actions plans and the Audit Tracker Tool database, with progress formally monitored by the Audit Committee:

-) Structured Assessment 2016 – Issued December 2016
-) Annual Audit Report 2016 – Issued February 2017
-) Medical Equipment Management – Issued October 2016
-) NHS Consultant Contract – Follow up of previous audit recommendations – Issued November 2016
-) Financial Contribution to the ‘Lap of Wales’ – BCUHB – Issued December 2016
-) Hospital Catering and Patient Nutrition – A review of progress (All Wales) – Issued September 2016
-) Meeting demand for Orthopaedic Services: Key questions for NHS Board Members (All Wales) – Issued August 2016
-) All Health Boards and NHS Trusts in Wales – Structured Assessment 2015: Comparison of Performance Reporting to Boards (All Wales) – June 2016
-) Managing Medicines in Primary and Secondary Care (All Wales) – Issued December 2016

These publications are available at the following website:

<https://www.wao.gov.uk/publications>

24. Corporate Governance Code

24.1 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.

24.2 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 issued by Welsh Government in January 2014. 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.

24.3 The Code of Good Practice can be accessed via the following link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220645/corporate_governance_good_practice_july2011.pdf

25. Quality and Governance Arrangements

25.1 In September 2016 the Health Board published its Annual Quality Statement 2015/16 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:

<http://www.wales.nhs.uk/sitesplus/861/page/40903>

25.2 The Executive lead for Quality & 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 & Health Science.

25.3 The Quality & Safety Group (QSG) replaced the Quality Assurance Executive (QAE) Group in February 2017. The QSG was established to oversee 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.

25.4 During 2016/17 the Director of Corporate Services had responsibility for Putting Things Right (PTR) regulations. The most recent Annual Report on PTR was presented to the Board in September 2016 and can be accessed via the following link (16/175):

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20Bundle%20Health%20Board%2022.9.16%20Public%20V1.0.pdf>

Over the next year, the PTR reporting timescale will be brought into line with the new (earlier) annual report and accounts timescale.

The Board also received regular update reports on PTR through the Integrated Quality & Performance Report, which reflects the Health Board's performance against key Government and local targets and continues to be developed and refined (16/177):

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20Bundle%20Health%20Board%2022.9.16%20Public%20V1.0.pdf>

and through other specific PTR papers to the Quality, Safety & Experience Committee, covering topics such as policy, themes, trends and learning:

http://www.wales.nhs.uk/sitesplus/documents/861/QS16_81%20Concerns%20Procedure.pdf

Principles for remedy are covered in the PTR disclosures made in the AQS, accessible via the link provided above.

25.5 Work has progressed in year to improve clinical leadership and ownership of the PTR process which has included work to establish a Patient Advocacy & Liaison Service. In addition, the Health Board has been working to systematically

improve lessons learnt with the development of a Learning Framework. The Concerns function is also to transfer under the leadership of the Executive Nurse Director in order to strengthen the triangulation of themes and the ability of the Health Board to learn from concerns, complaints and incidents.

26. Engaging With Stakeholders

26.1 Improving visibility and engagement has been a key priority and a very active programme of public engagement took place during 2016. In addition, more than 25 '3D' staff engagement sessions have been held in order to strengthen the links between the Board and staff working throughout North Wales. The 3D approach to employee engagement seeks to bridge the gap between employee aspirations and employer expectations. The intention is to develop an organisation in which engagement is a continuous feature, in order to rebuild relationships and regain trust:

http://www.wales.nhs.uk/sitesplus/documents/861/15_284%20Engagement%20Review%20and%20Plan%20-%20BCUHB%20Nov%202015%20_final_.pdf

The Health Board has been seeking the views of stakeholders on its engagement strategy. As a result of this work, a Public Engagement Strategy has been approved and this provides the framework moving forward. The Strategy can be found at:

http://www.wales.nhs.uk/sitesplus/documents/861/16_70.2%20Special%20Measures_Engagement%20Strategy.pdf

26.2 In addition, the Health Board continues to engage with, consult and involve a wide range of stakeholders in a variety of ways, most notably:

-) The Board's Stakeholder Reference Group includes representation from the third and independent sectors and from community groups. Regular meetings enable this Group to keep abreast of developments and advise the Board of the views of the wider community;
-) Formal Board-to-Board meetings take place with the Community Health Council (CHC) - 3 such meetings took place during the past year, in addition to 2 Chair-to-Chair meetings of the Health Board and CHC Chairmen;
-) Meetings with the 6 Local Authority Council Leaders and Chief Executives take place on a quarterly basis;
-) The Board engages on an ongoing basis with staff and trade unions across all professional groups. This includes regular communications issued to staff, consultations and meetings of the Local Partnership Forum, Healthcare Professionals Forum, Local Medical Committee, Local Negotiating Committee as well as other primary care contractor committees;
-) Health Board meetings are held in public on a monthly basis; members of the public and other observers are welcome to attend;
-) A system is in place for engaging with AMs and MPs and responding to queries or concerns they raise on behalf of their constituents.

26.3 The Board approved a Staff Engagement Strategy in August 2016 and an implementation plan. This has been developed with the direction of the Staff Engagement Working Group, a tri-partite body comprising Board Members, Trade Union representatives and senior managers. An update report on progress was submitted to the Board at its January 2017 meeting. The staff engagement work programme will be further developed in response to the 2016 NHS Wales Staff Survey Results.

Key highlights of the Staff Engagement work programme include

-) Proud of Campaign at the main hospital sites
-) Launch of the Proud to Lead Leadership Behaviours Framework
-) Launch of the Gwobr Seren Betsi Star Award
-) Identification of Listening Leads
-) Appointment of Staff Engagement Ambassadors
-) Launch of Discover, Debate, Deliver the Health Board's listening and engagement methodology
-) the Generation 2015 Ward Managers Leadership Development programme is now on its sixth cohort
-) Launch of revised Performance Appraisal & Development Review process with a strong focus on the Health Board's values and behaviours.

27. Health and Care Standards for Wales: Governance, Leadership & Accountability

27.1 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.

27.2 On 22.3.16 Welsh Government issued a technical update note with regards to the governance leadership and accountability standard. Previous advice had been that 2014/15 was to be the final iteration of the module and that Health Boards were to make local arrangements to assess this standard in the interim. As the Health Board was placed in Special Measures in June 2015, evidence of progress against this standard has been focussed and monitored as an integral part of the Special Measures Improvement Framework.

27.3 As part of this process the Board, with advice from Ann Lloyd as Independent Adviser, has as mentioned earlier engaged in an ongoing Board Development Programme focussed on improving Governance, Leadership and Accountability. This has included self-assessment questionnaires, individual interviews with Board Members, and workshops to discuss the results and assessment of individual and collective performance. The Board Development Programme which reflects the expectations within the Special Measures Improvement Framework is tailored to achieve the developments necessary.

27.4 As stated earlier in this Statement, the Board receives regular updates on the progress being made against the Special Measures Improvement Framework and these are available on the website. Progress is also monitored at a national level through tripartite meetings between Welsh Government, Wales Audit Office and Healthcare Inspectorate Wales.

27.5 In broad terms the Health Board is still developing plans and processes but can demonstrate progress albeit there remain some key areas for improvement, such as completion of all senior appointments below Board level and finalisation of structures confirming how corporate functions work with operational teams. As such an indicative assessment against the historic Governance and Accountability Module Scoring Matrix would be determined as a 'Level 3'.

28. The Health & Care Standards (HCS): Revised Framework

28.1 Following the launch of the revised HCS Framework, together with the twelve key Quality Indicators issued by the Older People's Commissioner, the Health Board continues to incorporate the recommendations into its current monitoring arrangements of the monthly ward to Board audits.

28.2 The Health & Care Standards Quality Themes are mapped to the Integrated Quality & Performance Report, and progress, monitored (including results of the ward to board audits) via this report on a monthly basis by the Board. : http://www.wales.nhs.uk/sitesplus/documents/861/Item%2016_58%20IQR.pdf

28.3 A Ward to Board HARM Dashboard (utilising information from the Quality Data Hub) has been developed in 2016/17. This Dashboard will be launched across all Wards from Spring 2017. The development of Quality Dashboards for the Health Board will support the implementation of the Quality Improvement Strategy and help develop a culture where the aim of zero harm is considered the norm. The Dashboards are being developed in close collaboration with staff who will be using them on a daily basis (Ward Managers, Matrons etc). Consultation events / sessions are ongoing regarding content and format at each phase of development ensuring a bottom up approach to development that will lead to full commitment and sustainable change.

28.4 The development of a HCS Dashboard has commenced, with the aim of providing real time assurance across BCUHB against each of the HCS standards utilising information from the Quality Data Hub.

28.5 The HCS and Older People's Commissioner (OPC) recommendations are now mapped to each of the HIW recommendations and reported to the Quality, Safety & Experience Committee on a quarterly basis and Quality and Safety Group on a monthly basis. Work is also ongoing with the Community Health Council to

map the questions asked during inspections to both the HCS standards and OPC recommendations. See QS17/80 via:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20QSE%209.5.17%20Public%20V2.01.pdf>

29. Quality Improvement Strategy

29.1 The BCUHB Quality Improvement Strategy (2014 to 2017) focuses on three domains including the patient experience, the safety of our services to improve health outcomes and the quality of outcomes delivered through clinical excellence. A review, refresh and refocus is now taking place across the organisation to engage staff in discussions about the second phase of our Quality Improvement Strategy which will be for the period 2017-2020.

29.2 The Service User Experience Team has implemented the revised All Wales Framework for Assuring Service User Experience during 2016/17. To ensure a balanced approach, the Health Board has refined the methods used to capture patient feedback, to include real time feedback, implementation of All Wales inpatient and outpatient survey, generic comment cards and patient stories. Regular reports on themes, trends and lessons learned from feedback (including complaints) are discussed and disseminated via the Listening and Learning from Experience Group. Going forward a real time feedback system is being procured, to enable the collection of real time data across the Health Board. The Patient Advice and Support Service (PALS) to be implemented in Summer 2017 will further enhance the gathering of feedback and a more customer focused approach. Work is ongoing to incorporate the patient experience feedback into the dashboard.

29.3 Significant work has been undertaken during 2016/17 to further develop the triangulation of information from leadership and safety walkabouts 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, the Older People's Commissioner's standards and priority objectives. To support this triangulation, the Quality team have been working with Informatics to develop a dashboard which will enable the Board, Divisions and wards to look at their data to support areas of improvement. This is being finalised for going live in Summer 2017.

29.4 Further work across secondary care and Area teams through Governance arrangements will be needed to evidence local triangulation and implementation of improvement to demonstrate lessons learned.

30. Other Control Framework Elements

30.1 Equality Diversity & Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with, by:

-) The values of fairness, respect, equality, dignity and autonomy (commonly known as FREDA), set out within the equality duties and the principles of human rights which underpin our strategic direction; they also featured prominently in the development of a set of organisational Values;
-) The approval of the Equality, Diversity and Human Rights Policy and Procedure for Equality Impact Assessment;
-) The review and revision of an Equality and Human Rights Strategic Plan for the Health Board 2016-2020; including Equality Objectives developed following extensive public engagement and in collaboration with public sector partners across North Wales;
-) Regular meetings of the Equalities and Human Rights Strategic Forum which monitors compliance against the equality outcomes and objectives of the action plan, which are underpinned by the public sector equality duties. Issues of Significance and compliance weaknesses are communicated to Chairs of Board Sub-Committees, the Executive Team, Area Directors, Directors of Secondary Care and Mental Health Services for action.
-) Progress is also presented to the external Equality Stakeholder Reference Group four times each year. This group includes representation from members of the public with an interest in equality issues; Progress is also reported annually to the Community Health Council;
-) The provision of Equality Impact Assessment Training including targeted support and guidance, for example, for service review projects;
-) Strengthened EqIA scrutiny and governance arrangements by the establishment of a group to provide advice and scrutiny on Equality Impact Assessments relating to key BCUHB Strategies and Service Plans. Membership of this group includes external stakeholders as well as representatives from key BCUHB functions (Planning, Engagement, Communications, Public Health, Equalities) and nominated members of our Equality and Human Rights Operational Group.
-) The implementation of the Fairness, Rights & Responsibilities e-learning package. This has been mandated for all staff to raise awareness of equality and human rights and the equality duties, and to encourage staff to better understand how these issues can impact upon their roles in the organisation;
-) The submission of an Equality, Diversity and Human Rights Annual Report to the Board.

30.2 Pension Scheme

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.

30.3 Post Payment Verification

30.3.1 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.

30.3.2 An adjusted 3 year rolling programme of Post Payment Verification visits for General Medical Services and General Optical Services has been agreed, in accordance with NHS Wales agreed protocols.

30.3.3 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.

30.3.4 Regular updates against the agreed work plan and an Annual Report are received by the Audit Committee detailing the analysis of recoveries by Contractor, which is anonymised.

30.4 Carbon Reduction Delivery Plans

30.4.1 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.

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

-) Sustainable development.
-) Compliance with relevant legal and government requirements.
-) Prevention of pollution.
-) Mitigation against the impact of climate change.

-) A culture of continuous improvement.

30.4.3 Effective environmental management is achieved through the following processes:-

-) Promotion of the environmental policy to all relevant stakeholders.
-) Identification of all significant environmental aspects and associated legal requirements, including those resulting from service change and new legislation.
-) Establishing and monitoring objectives and targets aimed at reducing environmental and financial impacts, in line with those issued by the Welsh Government.
-) Provision of appropriate training to all relevant personnel.
-) Regular internal and external audits.
-) Regular review of the effectiveness of the EMS by the Environmental Steering Group.
-) Working with local, regional and national partners to achieve a consistent public sector approach to environmental management and ensure best practice procedures are identified and implemented.

30.4.4 The Health Board has met each phase of the three year Welsh Government target to achieve certification to the BS EN ISO14001:2004 Environmental Management System (EMS). The final target was to roll out the EMS to community health centres by December 2014. This was achieved following a successful audit by UKAS accredited external auditors in November 2014. BCU is now in its second year of continual assessment audits. BS EN ISO14001:2004 Standard has now been superseded by BS EN ISO14001:2015, external audits at all sites covered in the scope of the EMS will ensure a smooth 3 year transition.

30.4.5 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.

30.4.6 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.

30.5 Local Counter Fraud Service

30.5.1 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.

30.5.2 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.

30.5.3 During 2016/17 the Local Counter Fraud team has undertaken a range of activities, leading to the outcomes and benefits realised as set out below:

-) 56 Fraud Awareness Events have been undertaken across the Health Board.
-) 16 Fraud Deterrence Activities have been undertaken across the Health Board.
-) 191 Fraud Prevention Activities have been undertaken across the Health Board.
-) £6,040.21 criminal compensation costs have been awarded by the Court.
-) £5,315.00 investigation costs have been awarded by the Court.
-) £42,090.87 civil recovery or voluntary repayments have been secured by the Local Counter Fraud team.
-) The Home Office Immigration Service has informed the Local Counter Fraud team that Welsh Government has informed the Home Office that they would like the system which is in place at the Health Board for overseas visitor patients, to be replicated at other Health Boards across Wales. The work with the Home Office Immigration Service continues on an ongoing basis to ensure that the resources of NHS Wales are accessed by NHS patients who are eligible, in line with Welsh Government guidance.

30.6 Ministerial Directions

30.6.1 From October 2014, Ministerial Letters were replaced by Welsh Health Circulars (WHCs) and can be accessed by the following link:

http://gov.wales/topics/health/nhs_wales/circulars/?lang=en

30.6.2 A range of WHCs were published by Welsh Government during 2016-17 and are centrally logged within the Health Board with a lead Executive Director being assigned to oversee implementation of any required action e.g WHC2016/033 was acted upon and this led to the Audit Committee changing its practice of meeting in private, to meeting in public. All Independent Members are provided with a copy of WHCs upon receipt, and also alerted through a weekly Forward Look via the Communications Team. This allows Committee Chairs to ensure that the Board or one of its Committees is also sighted on the content as appropriate.

30.6.3 In addition, Ministerial Directions continue to be received and actioned by the Health Board. A logging and tracking system is in place, and was enhanced during 2016 to include more detail on the adoption of requirements as set out in the Directions. The Health Board was not impeded by any significant issues in implementing the actions required over the past year. Directions can be accessed by the following link:

<http://gov.wales/legislation/subordinate/nonsi/nhswales/2015/directions-7/?lang=en>

31.7 Data

31.7.1 Data Security

31.7.1.1 Responsibility for information governance in the Health Board rests with the Director of Corporate Services who acts as the Senior Information Risk Owner (SIRO) with the Assistant Director of Information Governance and Assurance acting as the Data Protection Officer. The Deputy Medical Director is the Caldicott Guardian.

31.7.1.2 The Health Board's information governance status was regularly reviewed by the Finance and Performance Committee with specific note to mandatory training compliance. The Health Board has undertaken a Caldicott self-assessment using a recognised tool, maintaining a Class 4 star rating and 88% compliance against the tool, which is the same score as that achieved in 2015/16.

31.7.1.3 The Health Board self-reported 4 data security breaches that triggered referral to the Information Commissioner's Office and Welsh Government, however the Board did not incur any financial penalties during the year. These related to two incidents involving non secure transportation of confidential information, 1 in respect of incorrect advice provided regarding information sharing arrangements and one in relation to a national data security breach involving a radiation monitoring provider.

31.7.1.4 As part of the process to ensure lessons are learnt following incident investigation, the Information Governance Team has taken a number of steps, including:

-) quarterly information governance bulletins are disseminated across the organisation and available on the staff intranet site.
-) alerts are issued to all staff to remind them of their responsibilities under safe transportation of patient & personal information requirements
-) local team processes have been strengthened to ensure that papers are gathered up at the end of meetings
-) a review of databases has been undertaken and access restrictions strengthened as a result

31.7.2 Data Quality

31.7.2.1 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.

31.7.2.2 During 2016/17 the Patient Administration System (PAS) was replaced at Ysbyty Glan Clwyd. This was a positive move towards the standardisation of information sources and data collection processes across the Health Board. However, it represented a major exercise requiring the technical management of data migration and the re-training of staff on the use of new business processes, and as such has resulted in some initial data quality issues since implementation in November 2016. For example, waiting list data required detailed analysis before reporting could be re-established and other data were reported together with a cautionary warning. These issues have been discussed by committees of the Board and Internal Audit has been engaged to review the implementation and support the lessons learnt process ahead of a similar replacement programme planned for Wrexham Maelor Hospital in 2017.

31.7.2.3 The monthly Integrated Quality & Performance Report presented to the Board includes data on both performance against plan for the year as well as demonstrating the reported performance in the current and previous period. This assists the Board in scrutinising areas where variance is greater than would be expected and also enables contributors to the report to highlight any data quality issues in their exception reports. 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.

32. Review of Effectiveness

32.1 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.

32.2 My review has also been informed by

-) Feedback from Welsh Government
-) External inspections by Healthcare Inspectorate Wales
-) Independent reviews
-) 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.
-) Being relatively new to the organisation, reviewing systems in operation here in the Health Board when compared to other Health Organisations where I have worked at a senior level.

32.3 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:

-) Board Development Sessions on Risk and Assurance
-) The Audit Committee: The Chair of the Audit Committee participates in the All Wales Audit Committee Chairs Group to identify issues and share good practice. The Audit Committee Members have previously received specific training facilitated by Wales Audit Office to improve knowledge and effectiveness. As previously mentioned, revised arrangements were also agreed for the cycle of committee annual reporting to enable the Audit Committee to review all Committee reports and in turn include assurance to the Board by way of its Annual Report.
-) Internal Audit: The Audit Committee has approved an Internal Audit Charter with NHS Wales Shared Services Partnership, a Strategy and a risk based audit plan for 2015 to 2018. The plan is kept under review by the Head of Internal Audit and the Board Secretary and any proposed changes are reported to the Audit Committee. At each of the Audit Committee meetings a progress report is presented and scrutinised. (See the Head of Internal Audit's Opinion in section 33).

32.4 Following on from discussions at the Board, Directors were asked to map out the internal governance structures operating within their respective areas (i.e. those bodies established by the directorate as opposed to groups/bodies which members from the directorate attend). These were reviewed and revised to ensure a level of consistency across the organisation and include Executive Lead responsibilities for assurance reporting from Health Board-wide Strategic Management Groups.

32.5 Each Directorate is expected to have in place Senior Leadership Team meetings. These meetings should work within broad terms of reference whereby it is explicit that such matters as listed below are considered and triangulated:

-) quality, safety & experience – including concerns and incidents, continuing healthcare, learning from experience, feedback from leadership walkabouts
-) finance & performance – including performance and accountability reviews, estates and capital

-) workforce and organisational development – including team brief, relationships with Staff side, workforce planning, training & development, appraisals and revalidation
-) risk management

32.6 In addition, the Chief Operating Officer has established and chairs an Operational Management Group to oversee operational delivery.

32.7 The information above is not intended as an exhaustive list; rather, it represents a framework to drive consistency and good governance. We recognise that the way in which these duties will be discharged will vary dependent on the scope and size of each directorate. These arrangements were routinely reviewed by Internal Audit in 2016/17.

32.8 A review of the terms of reference for the Quality Assurance Executive was undertaken and this Group was formally disbanded and replaced by the new Quality & Safety Group (QSG), reporting directly to the Executive Team.

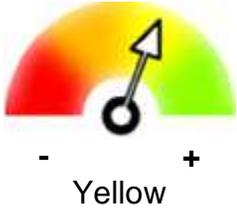
33. Internal Audit

33.1 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.

33.2 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 Health Board in reviewing effectiveness and supporting our drive for continuous improvement.

33.3 The Head of Internal Audit has concluded:

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

	<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.</p>
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33.4 Basis for Forming the Opinion

33.4.1 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.

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

33.4.3 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; and
-) Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations.

33.4.4 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.

33.4.5 In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported (none received ‘no assurance’ during the reporting period). 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.

33.4.6 The following 9 internal audits received limited assurance:

-) East Area governance arrangements
-) Medical equipment & devices- compliance with manufacturers' maintenance requirements
-) Asset management life cycle- procurement through to disposal
-) Informatics service desk
-) Health records security (in partnership with Informatics and Health & Safety)
-) General Medical Services- Health Board managed General Practitioner practices (draft)
-) Staff personal appraisal and development reviews (PADRs) (draft)
-) Estates and Facilities management- backlog maintenance (draft)
-) Welsh Patient Administration System (WPAS) (draft).

33.4.7 All internal audits have an agreed management action plan with identified timescales for the actions to be completed. Progress is driven via the maintenance of an electronic tracking tool and is reported to and monitored by the Audit Committee. In respect of the limited assurance audits, management action has been taken to strengthen governance arrangements.

34. Structured Assessment 2016

34.1 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. This was presented to the Audit Committee in December 2016 and key messages shared with the Board in January 2017 and subsequently discussed as part of the Annual Audit Report, presented in February 2017. The External Audit Annual Report summary conclusions are detailed below (details of the full report can be accessed via the Wales Audit office website):-

-) The Auditor General for Wales issued an unqualified opinion on the 2015/16 financial statements of the Health Board, although in doing so, brought several issues to the attention of officers and the Audit Committee and placed a substantive report alongside his audit opinion.
-) In reviewing the Health Board's financial planning arrangements, the Auditor General found that the Health Board continued to monitor and report performance against its budgets and savings plans effectively, although it was highly unlikely to achieve financial balance at the end of 2016/17.

-) The Health Board was laying some sound foundations to secure its future and the pace of change was increasing, although it was considerable further work to do in important areas.
-) Performance audit work had identified opportunities to secure better use of resources in key areas.

34.2 Overall WAO's structured assessment work found that the Health Board had laid some foundations to secure its future and that the pace of change was increasing, although it remained in a challenging financial position and had considerable further work to do across a range of important areas. The Health Board received the formal recommendations from the 2016 Structured Assessment work in January 2017 which are summarised as follows:-

-) Recommendation (R1) – Financial reporting – Review the timing of Board meetings, with a view to improve the timeline for financial reporting to the Board.
-) R2 – Board assurance – The Health Board should build upon its assurance mapping work and work towards a board assurance map to complement the corporate risk register, and ultimately the IMTP.
-) R3 – Board effectiveness – The Health Board should review its Board development programme and consider how it can be used to improve the balance and quality of support and challenge provided by independent members to drive improvement.
-) R4a – Learning lessons – The Health Board should look at further steps to improve clinical leadership and ownership of Putting Things Right processes, to support the improvement needed in response times and learning from complaints, incidents and claims.
-) R4b – Learning lessons – The Health Board should strengthen its processes for systematically reporting, cascading and implementing lessons learnt.
-) R5 – Culture – Work to support a positive and open culture from ward to board needs to expand beyond the most challenged teams to help the wider organisation understand and apply positive values and behaviours.
-) R6 – Strategy and Planning – The Health Board must maintain focus on developing its strategy and plans to ensure it meets its own challenging timescales.

34.3 By mid May 2017 the Health Board had completed and implemented the requirements of R1 and R3, and completed actions in line with recommendations and timeframe in respect of R2, but it is recognised that this work will continue. Work is continuing at pace to address the remaining recommendations R4a, R4b, R5 and R6. The full detail of those recommendations, together with the initial management response is included in the Structured Assessment report available via:

35. Conclusion

As Accountable Officer, based on the review process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control (see section 32). Taking into account the evidence detailed in this Statement, together with feedback from Welsh Government and Ann Lloyd as part of special measures, from Wales Audit Office via their Structured Assessment and Joint Review with Healthcare Inspectorate Wales and from Internal Audit's improved assurance assessment (sections 11, 12 and 33), I have concluded that, in terms of effectiveness, the key mechanisms within the Health Board's system of internal control are satisfactory.

The last twelve months have been difficult and challenging for the organisation and whilst there is evidence of progress being made there remain several areas, as outlined in this Statement, that partially account for the Health Board remaining in Special Measures and these need to continue to be actively addressed.

The key areas for improvement and focus in the year ahead will be those set out in the Special Measures Improvement Framework as described earlier in section 4 and I am confident of the willingness and commitment of all staff within the organisation to deliver success that translates into better performance and outcomes for patients.

A step change is also required in our willingness to look to the long-term, to collaborate with partners and involve citizens in the development of services. In the context of the requirements on the Health Board relating to the Social Services & Well-Being (Wales) Act and the Well-Being of Future Generations (Wales) Act, effective partnership governance and culture shift will become more challenging. The Health Board will focus on best practice in good governance in the public sector and work with others to develop and test new audit approaches to assess progress and provide evidence of intended outcomes.

The Annual Governance Statement has been developed in accordance with the Health Board's governance arrangements and was approved by the Audit Committee on 30.5.17. 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:

A handwritten signature in black ink, appearing to read 'Gary Doherty', with a long horizontal flourish extending to the right.

Gary Doherty
Chief Executive and Accountable Officer

Date: 1st June 2017

Appendix 1 – Board and Committee Membership 2016/17

A number of changes to Board membership, including interim and acting up arrangements, have occurred during 2016/17 and are reflected in the table below.

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Dr Peter Higson	Chairman		<ul style="list-style-type: none">) Chair of the Board) Chair, Remuneration and Terms of Service Committee 	<ul style="list-style-type: none">) Veterans
Mrs Margaret Hanson	Vice-Chair	Primary Care & Mental Health	<ul style="list-style-type: none">) Vice Chair of the Board) Chair, Mental Health Committee) Chair to May 2016, Member wef June 2016, Strategy, Partnerships and Population Health Committee to May 2016) Vice Chair, Remuneration and Terms of Service Committee) In attendance, Stakeholder Reference Group to May 2016) Chair, Quality, Safety & Experience Committee wef June 2016 	<ul style="list-style-type: none">) Cleaning, Hygiene and Infection Management) Older People) Safeguarding
Mr John Cunliffe	Independent Member	Information Communication Technology	<ul style="list-style-type: none">) Board Member) Member Audit Committee) Vice Chair, Finance and Performance Committee 	
Ms Jenie Dean	Independent Member	Trade Union	<ul style="list-style-type: none">) Board Member) Vice Chair Audit Committee wef June 2016) Member, Mental Health Act Committee wef June 2016) Vice Chair, Quality, Safety and Experience Committee) Vice Chair, Finance and Performance Committee to May 2016) Member, Remuneration and Terms of Service Committee) Ex-Officio Local Partnership Forum 	<ul style="list-style-type: none">) Violence and Aggression) Equality
Mrs Marian W Jones	Independent Member	Community	<ul style="list-style-type: none">) Board Member) Vice Chair, Audit Committee to May 2016 	<ul style="list-style-type: none">) Public and Patient Involvement

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
			<ul style="list-style-type: none">) Acting Chair, Quality, Safety and Experience Committee to May 2016) Member to May 2016, Chair wef June 2016 Finance and Performance Committee) Chair, Charitable Funds Committee 	
Cllr Bobby Feeley	Independent Member	Local Authority	<ul style="list-style-type: none">) Board Member) Member, Quality, Safety and Experience Committee to May 2016) Member, Strategy, Partnerships and Population Health Committee wef June 2016) Member, Audit Committee) Member, Mental Health Act Committee wef June 2016 	
Mr Ceri Stradling	Independent Member	Community	<ul style="list-style-type: none">) Board Member) Chair, Audit Committee) Member, Remuneration and Terms of Service Committee) Member to May 2016, Vice Chair wef June 2016, Charitable Funds Committee 	
Mrs Bethan Russell-Williams	Independent Member	Third Sector	<ul style="list-style-type: none">) Board Member) Vice-Chair Mental Health Act Committee) Member to May 2015, Vice Chair wef June 2016, Strategy, Partnerships and Population Health Committee) Member, Finance & Performance Committee wef June 2016) Welsh language
Mrs Lyn Meadows	Independent Member	Community	<ul style="list-style-type: none">) Board Member) Member, Finance and Performance Committee to May 2016) Member to May 2015, Chair wef June 2016, Strategy, Partnerships and Population Health Committee) Concerns

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
			<ul style="list-style-type: none">) Member Quality, Safety and Experience Committee wef June 2016) In attendance, Stakeholder Reference Group wef June 2016 	
Mrs Cheryl Carlisle	Independent Member	Community	<ul style="list-style-type: none">) Board member) Member Charitable Funds Committee) Member Finance and Performance Committee) Member Quality, Safety and Experience Committee 	<ul style="list-style-type: none">) Carers) Children and Young People
Prof Jo Rycroft - Malone	Independent Member	University	<ul style="list-style-type: none">) Board Member 	
Mrs Nicola Stubbins	Associate Member	Director of Social Services, Flintshire	<ul style="list-style-type: none">) Associate Board Member 	
Mr Gary Doherty	Chief Executive		<ul style="list-style-type: none">) Board Member) In attendance, Remuneration and Terms of Service Committee) In attendance, Audit Committee) Joint Chair, Local Partnership Forum) Member, Charitable Funds Committee 	
Mr Russ Favager	Executive Director of Finance		<ul style="list-style-type: none">) Board Member) In attendance, Audit Committee) Lead Director/Member, Charitable Funds Committee) Lead Director/In attendance, Finance and Performance Committee 	
Mr Andrew Jones	Executive Director of Public Health to July 2016		<ul style="list-style-type: none">) Board Member) In attendance, Quality, Safety and Experience Committee) In attendance, Strategy, Partnerships and Population Health Committee) In attendance, Stakeholder Reference Group) In attendance, Healthcare Professionals Forum to July 2016 	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Miss Teresa Owen	Executive Director of Public Health wef January 2017		<ul style="list-style-type: none">) Board Member) In attendance, Quality, Safety and Experience Committee) In attendance, Strategy, Partnerships and Population Health Committee) In attendance, Stakeholder Reference Group 	
Mr Martin Jones	Executive Director of Workforce & Organisational Development (OD)		<ul style="list-style-type: none">) Board Member) Lead Director/In attendance, Remuneration and Terms of Service Committee) In attendance, Finance and Performance Committee) In attendance, Strategy, Partnerships and Population Health Committee) Lead Director / Member, Local Partnership Forum 	
Mr Geoff Lang	Executive Director of Strategy		<ul style="list-style-type: none">) Board Member) Lead Director / In attendance, Strategy, Partnerships and Population Health Committee) Member, Charitable Funds Committee) In attendance, Finance and Performance Committee 	
Dr Evan Moore	Executive Medical Director / Deputy Chief Executive wef September 2016		<ul style="list-style-type: none">) Board member) In attendance, Quality, Safety and Experience Committee 	
Dr Mark Walker	Interim Executive Medical Director to August 2016		<ul style="list-style-type: none">) Board Member) In attendance, Quality, Safety and Experience Committee) Lead Director / In attendance Healthcare Professionals Forum to September 2016 	
Ms Morag Olsen	Chief Operating Officer		<ul style="list-style-type: none">) Board Member 	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
			<ul style="list-style-type: none">) Lead Director, in attendance, Mental Health Act Committee to May 2016) In attendance, Finance and Performance Committee) In attendance, Quality, Safety and Experience Committee) Member, Local Partnership Forum 	
Mrs Vicky Morris	Interim Executive Director Nursing & Midwifery and Therapies and Health Sciences to July 2016		<ul style="list-style-type: none">) Board member) Lead Director / In attendance, Quality, Safety and Experience Committee) In attendance, Strategy, Partnerships and Population Health Committee) Member, Local Partnership Forum) In attendance, Healthcare Professionals Forum 	
Mrs Gill Harris	Executive Director Nursing and Midwifery wef August 2016		<ul style="list-style-type: none">) Board member) Lead Director / In attendance Quality, Safety and Experience Committee) In attendance Strategy, Partnerships and Population Health Committee) Member Local Partnership Forum) In attendance Healthcare Professionals Forum 	
Mr Adrian Thomas	Executive Director Therapies & Health Sciences Interim wef Sept 2016 Substantive wef Feb 2017		<ul style="list-style-type: none">) Board member) Lead Director / In attendance Healthcare Professionals Forum wef January 2017) In attendance Quality, Safety and Experience Committee 	
Mr Andy Roach	Associate Board		<ul style="list-style-type: none">) In attendance at Board 	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
	Member / Director of Mental Health and Learning Disabilities wef June 2016) Lead Director / In attendance Mental Health Act Committee wef June 2016) Member, Local Partnership Forum wef June 2016	
Mr Chris Wright	Director of Corporate Services) In attendance at Board) In attendance, Quality, Safety and Experience Committee) Lead Director, Stakeholder Reference Group	
Mrs Grace Lewis-Parry	Board Secretary) In attendance at Board) Lead Director/In attendance, Audit Committee	
Advisory Group Associate Members				
Cllr Phil Edwards	Associate Member	Chair of the Stakeholder Reference Group) Associate Board Member) In attendance Strategy, Partnerships and Population Health Committee	
Prof Michael Rees	Associate Member	Chair of the Healthcare Professionals Forum) Associate Board Member) In attendance Quality, Safety & Experience Committee	

Appendix 2 - BCUHB Health Board member attendance at Board Meetings held in public 2016/17

Y = Present A = Apologies P = Part attendance

		21.4.16	19.5.16	23.6.16	21.7.16	18.8.16	22.9.16	20.10.16	17.11.16	15.12.16	19.1.17	16.2.17	16.3.17		AGM 6.9.16
Dr Peter Higson Chairman	Member	Y	Y	Y	Y	Y	A	Y	Y	Y	Y	Y	Y		Y
Mrs Margaret Hanson Vice Chair	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		A
Ms Jenie Dean Independent Member	Member	Y	Y	Y	Y	A	Y	Y	Y	Y	Y	Y	Y		Y
Clr Bobby Feeley Independent Member	Member	Y	Y	A	Y	Y	Y	Y	Y	Y	P	Y	Y		Y
Mrs Marian W Jones Independent Member	Member	Y	A	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
Prof Jo Rycroft- Malone Independent Member	Member	Y	A	Y	A	A	A	A	A	A	Y	A	Y		A
Mr Ceri Stradling Independent Member	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
Mrs Bethan Russell- Williams Independent Member	Member	A	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
Mrs Lyn Meadows Independent Member	Member	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	Y	Y		Y
Mr John Cunliffe Independent Member	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y

		21.4.16	19.5.16	23.6.16	21.7.16	18.8.16	22.9.16	20.10.16	17.11.16	15.12.16	19.1.17	16.2.17	16.3.17		AGM 6.9.16
Mrs Cheryl Carlisle Independent Member	Member	Y	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	A		Y
Mr G Doherty Chief Executive	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
Dr Evan Moore Executive Medical Director / Deputy Chief Executive	Member from Sept 2016						Y	Y	Y	Y	Y	A	Y		Y
Dr M Walker Interim Executive Medical Director	Member to August 2016	Y	Y	A	Y	A									
Mr Russell Favager Executive Director of Finance	Member	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	Y	Y		A
Mr Andrew Jones Executive Director of Public Health	Member to July 2016	A	A	Y	Y										
Miss Teresa Owen	Member from Jan 2017										Y	Y	A		Y
Mrs Vicky Morris Interim Executive Director Nursing, Midwifery, Therapies and Health Sciences	Member to July 2016	Y	Y	A	Y										
Mrs Gill Harris Executive Director Nursing and Midwifery	Member from August 2016					Y	Y	Y	A	Y	A	Y	Y		A

		21.4.16	19.5.16	23.6.16	21.7.16	18.8.16	22.9.16	20.10.16	17.11.16	15.12.16	19.1.17	16.2.17	16.3.17		AGM 6.9.16
Mr Adrian Thomas Executive Director Therapies and Health Sciences Interim from Sep 2016 Substantive Feb 2017	Member from Sept 2016						P	Y	P	Y	Y	Y	Y		Y
Mr Martin Jones Executive Director of Workforce & OD	Member	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	A	Y		Y
Mr Geoff Lang Executive Director of Strategy	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
Ms Morag Olsen Chief Operating Officer	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
Mr Andy Roach Director Mental Health & Learning Disabilities	In attendan- ce wef June 2016			Y	Y	Y	Y	Y	Y	Y	Y	P	Y		A
Mr Chris Wright Director of Corporate Services	In Attend- ance	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	A	A		A
Mrs Grace Lewis- Parry Board Secretary	In Attend- ance	Y	Y	Y	Y	Y	A	P	Y	Y	Y	Y	Y		Y
Ms Nicola Stubbins representing <i>Directors Social Services</i>	Associate Member	A	P	Y	Y	A	Y	A	A	Y	Y	P	Y		Y
Prof Michael Rees Chair of Healthcare Professionals Forum	Associate Member	A	Y	Y	A	Y	Y	A	Y	Y	A	A	Y		P
Cllr Phil Edwards Chair of Stakeholder Reference Group	Associate Member	Y	Y	Y	Y	A	A	Y	Y	Y	Y	Y	Y		Y

Footnote: Information relating to the Directors' Report is contained throughout this document. With regard to Company Directorships and other significant interests, information on environmental, social & community issues and sickness data – this information is contained within the Health Board's Annual report 2016/17.