

Bundle Health Board 25 May 2023

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- 6.26 HB23.116 CLOSING BUSINESS
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- 6.28 HB23.118 Review of Risks Highlighted within the Meeting
- 6.29 HB23.119 Any other Business (includes questions submitted from public)
Verbal - includes any public questions to the board
- 6.30 HB23.120 Summary of Private Board business to be reported in public
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- 6.31 HB23.121 Date of Next Meeting – 25 July 2023
- 7.32 Exclusion of Press and Public

Resolution to Exclude the Press and Public - "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."



Public Board Agenda

Date 25 May 2023
Time 09:30 – 15.00
Location Reichel Main Hall, Bangor University

Agenda Item	Item	Lead	Action	Time	Paper/ Verbal
1.0 OPENING ADMINISTRATION					
1.1	Welcome, introductions and apologies for absence	Chair	Information	9.30	Verbal Report
1.2	Declarations of Interest on current agenda	Chair	Decision	9.35	Verbal Report
1.3	Minutes of Last Meeting 30 March 2023	Chair	Decision	9.36	Paper
1.4	Action Log	Chair	Decision	9.40	Paper
1.5	Patient Story (Staff story)	Executive Director of Nursing & Midwifery	Assurance	9.50	Paper/ Audio
1.6	Report of the Chair	Chair	Information	10:15	Paper
1.7	Report of the Interim Chief Executive Officer	Interim Chief Executive Officer	Assurance	10:30	Paper
1.8	Special Measures Report (Please note a paper will be uploaded by 24 May to reflect the most up to date position)	Interim Chief Executive Officer	Assurance	10:45	Paper
2.0 STRATEGY					
2.1	Finance Report M1	Executive Director of Finance	Assurance	11.20	Paper
2.2	Anglesey and Gwynedd Wellbeing Plan	Executive Director of Transformation and Strategic Planning	Decision	11.30	Paper
2.3	Community Complex Conditions Service Business Case	Executive Director Therapies and Health Sciences	Decision	11:35	Paper
3.0 QUALITY & SAFETY					
3.1	Integrated Performance Report	Interim Executive Director of Finance	Assurance	11:40	Paper
3.2	Quality & Patient Safety Report	Executive Director of Nursing & Midwifery	Assurance	11:55	Paper
3.3	Vascular Quality Panel report	Executive Medical Director	Assurance	12:05	Paper



3.4	Staff Survey and actions	Deputy Director of People	Assurance	12:20	Paper
Lunch Break					
3.5	Update of Register of Approved Clinicians and of Section 12(2) Doctors	Executive Medical Director	Decision	13:10	Paper
3.6	Nurse Staffing Levels Annual Assurance Report for Spring 2023	Executive Director of Nursing and Midwifery	Assurance	13:25	Paper
4.0 GOVERNANCE AND RISK					
4.1	Reports of Board Committees <ul style="list-style-type: none"> • PFIG • QSE • Audit • Extraordinary RATS 	Independent Member Independent Member Independent Member Chair	Assurance	14:00	Paper
4.2	Remuneration Committee Terms of Reference	Interim Board Secretary	Decision	14:05	Paper
4.3	Corporate Risk Register	Interim Chief Executive	Assurance	14:10	Paper
4.4	WHSSC Governance and Accountability Framework	Interim Board Secretary	Assurance	14:20	Paper
5.0 CLOSING BUSINESS					
5.1	Items to Refer to Committees	Chair	Decision	14:25	Verbal Report
5.2	Review of Risks Highlighted within the Board meeting	Chair	Decision	14:30	Verbal Report
5.3	Summary of Private Board Business	Interim Board Secretary	Assurance	14:35	Paper
5.4	Date of Next Meeting – 25 July 2023	Chair	Information	14:40	Verbal Report
5.5	Exclusion of Press and Public	Chair	Information	15:00	Verbal Report

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Health Board meeting held in public
on 30 March 2023 at Venue Cymru

Board Members Present:

Name	Title
Dyfed Edwards	Chair
Karen Balmer	Independent Member
Clare Budden	Associate Member
Mandy Jones	Deputy Director of Nursing & Midwifery
Molly Marcu	Interim Board Secretary
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Teresa Owen	Executive Director of Public Health
Fon Roberts	Associate Member
Chris Stockport	Executive Director of Transformation and Planning
Steve Webster	Interim Executive Director of Finance
Rhian Watcyn-Jones	Independent Member
Gareth Williams	Independent Member
Mandy Jones	Deputy Executive Director of Nursing and Midwifery
Jane Wild	Associate Member and Chair of the Healthcare Professionals Forum

In Attendance:

Nick Graham	Associate Director of Workforce Planning and Performance
Lowri Gwyn	For Translation
Matthew Joyes	Director of Quality, Patient Safety and Experience
Dylan Roberts	Chief Digital Information Officer
David Seabrooke	Interim Assistant Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships and Stakeholder Engagement
Philippa Peake Jones	Head of Corporate Affairs
David Jenkins	Special Adviser



Agenda Item	Action
OPENING BUSINESS	
23/54 Welcome, introductions and apologies for absence 23/54.1 The Chair reminded the Board that they were welcome to make their contributions in either Welsh or English. 23/54.2 Apologies were received from: Gill Harris, Interim Chief Executive Gareth Evans, Acting Director of Therapies & Health Science Jason Brennan, Deputy Director of Workforce & OD Angela Wood, Executive Director of Nursing & Midwifery	
23/55 Report of the Chair - Dyfed Edwards 23/55.01 The Chair stated that this was the first meeting of the board since the Welsh Government had placed the Health Board in special measures. When he had accepted the position, he acknowledged that there was a great deal of work ahead to address the issues identified. He stated that he was determined to tackle this with energy and determination together with support, respect and kindness with clarity around expectations. The focus of all the actions undertaken would be the health and well-being of the people of North Wales. He thought it important to set out the principles on which the improvement journey would be based. 23/55.02 Since his appointment, the Chair had an opportunity to meet a number of people across the organisation from Bangor to Wrexham and stated that there was a dedicated workforce who go the extra mile and were proud to be part of Betsi Cadwaladr.	
23/56 Declarations of Interest on current agenda Associate Member, Clare Budden declared a non-commercial interest in the Pen y Berth item. The Chair declared his interest in the Canolfan Bro Lleu item as a user of health services in Dyffryn Nantlle, Gwynedd.	
23/57 Draft Minutes of the Health Board Meeting held in public on 26 January 2023 for accuracy	

<p>23/57.01 The draft minutes of the Health Board held on 26 January 2023 were received and agreed as an accurate record, subject to the amendment around Clare Budden's name and title (Associate Member) and to note that Jane Wild is chair of the Healthcare Professionals Forum.</p> <p>23/57.02 In relation to the Risk Management Group, it was noted that this had been stood down during the industrial action earlier in 2023.</p>	
<p>23/58 Matters Arising and Summary Action Log</p> <p>23/58.01 The Board reviewed the action log.</p> <p>It was suggested that action should not be marked closed until the Board had received full notification of completion.</p>	
<p>23/59 Patient Story</p> <p>23/59.01 The Associate Director of Quality (ADQ) introduced the patient story.</p> <p>23/59.2 Antoni shared his experience as a patient who was offered the opportunity to participate in the new Prehabilitation Service at the Wrexham Maelor Hospital. Antoni shared his experience of accessing this service and encouraged any patients who may find themselves in a similar position to "grasp the opportunity with both hands and go for it" to help get into better shape.</p> <p>23/59.03 It was noted that there were wide range of benefits of the Prehabilitation Service, including benefitting the patient's recovery. Services were considering and developing the best means of delivering the service. It was noted that maintaining communication was critical so patients do not feel abandoned during the wait for their procedure. At this stage it was a pilot programme limited to a small number of areas and further roll out was being considered.</p> <p>23/59.04 The ADQ undertook to provide further information on the number of patients benefiting from this programme. [Post meeting note: As at April 2022, 249 patients had benefited from this service]</p> <p>It was also requested that a staff story be included in the future.</p> <p>It was resolved that the patient story be received.</p>	



23/60 Report of the Interim Chief Executive Officer

23/60.1 The Board received the report which featured the following principal points and the Chair invited the Deputy Chief Executive Officer (DCEO) to present.

23/60.2 The DCEO highlighted:

- Immediately following his appointment, the Chair and DECO have undertaken visits to various sites across the Health Board to meet staff, to emphasise our appreciation for the work they do and to address concerns that they may have regarding the implications of Special Measures. These visits have been positively received and staff have been engaging and open in sharing their views. We will continue to build on this engagement with staff in the coming weeks and months.
- In a recent announcement the Welsh Air Ambulance confirmed that they have now renewed their aviation contract and this has secured the provision of services from Welshpool and Caernarfon, until at least 2026. There is also a proposal that the Welshpool base be merged with the North Wales base to form a single North Wales resource.
- Improving planned care – he apologised to those families who are still waiting for treatment and stated that we are looking at how we deliver care differently and engage with the population.
- He thanked the Community Health Council which ceases tomorrow and looked forward to working with the new body, Llais..
- Industrial action – he thanked staff for what has been a truly difficult time and apologised to patients and families who have had care cancelled. In light of the above the Health Board maintains its readiness to respond to potential further industrial action.
- Thanks was given to the Test, Trace and Protect (TTP) service which was a fantastic example of how the Health Board can implement a service in the matter of days and work closely with the local authorities. This service will be stood down at the end of March and a new Health Protection Service will be established to maintain some of the key benefits offered by TTP but to place them in a wider Health Protection Service.

The Board received the report.



23/62 Board Effectiveness – Audit Wales

23/62.01 The Board received a covering report prepared by the Interim Board Secretary summarising the position to date with the report by Audit Wales. The board received the published Audit Wales report set out in full and the Chair called upon Andrew Doughton and Matt Edwards from Audit Wales to address the report.

23/62.02 It was noted that some of the detail referenced in the Audit Wales report remains sensitive and confidential. The review had been undertaken due to the concerns arising from the audit of the 2021/22 Annual Accounts. Initial work on the annual structured assessment had raised concerns which led to the commissioning of the board effectiveness review.

23/62.03 The report set out deteriorating relationships, including deep seated fractures within the executive team and concerns about the quality of assurances provided by the executive to the board. There had been challenging criticisms from the former independent members. The ability to work cohesively was compromised. There were differences as to risk appetite. The quality of papers presented to the board was variable although the day-to-day administration of meetings was acceptable. Development activity had not succeeded in addressing the issues. There was extensive reliance on interim appointments. A range of short term and medium-term actions were needed to address the issues raised.

23/62.04 The Chair thanked Audit Wales for the report and looked forward in working with them over the coming months to address the issues raised.

23/63 Special Measures Report

23/63.01 The Board received the report from the DCEO setting out the rationale for the Health Board escalation to Special Measures, proposed framework and priorities for action.

23/63.02 The Chair welcomed Jeremy Griffiths and Olivia Shorrocks from Welsh Government to present their report.

23/63.03 It was acknowledged that the Health Board had many good things going on and that staff were delivering good patient care. However, Special Measures was the highest intervention in the escalation framework; the focus was to make improvements in focussed areas such as those highlighted in the Audit Wales report (referenced above)s. It was noted that exit criteria for Special Measures would be developed and that, if required, further special advisers would be appointed. It was emphasised that the Welsh Government was not running the

health board. There would be an accountability framework and regular progress reports.

23/63.04 There were three phases set out in the framework - stabilisation, standardisation and sustainability which were set out. Stabilisation would be the focus of the first six to nine months of Special Measures.

23/63.05 It was noted that Special Measures did not affect the Health Board's statutory duties but it did allow the Welsh Government to offer support in the right places and autonomy would be earned through de-escalation.

23/63.06 Olivia Shorrocks added that Welsh Government had put the entire Health board into Special Measures. The challenge of coming together as one organisation had not been addressed and there were significant issues of concern.

23/63.07 Welsh Government had not seen pace of change in terms of financial control, vascular services, urology, mental health and emergency care. The recovery programme had not been addressed.

23/63.08 The Chair thanked Welsh Government representatives for the update and as a unitary board acknowledged that the organisation would take ownership of the issues presented. He again emphasised that we are all on the same side in the need to ensure the best possible health service for North Wales.

23/63.09 The Chair stated that the Health Board, as a unitary board, would take ownership of the Special Measures programme. We all have a part to play to improve matters and would need to communicate and engage effectively with all staff across the organisation. We have 19,000 leaders and a great opportunity to make a difference and a need to ensure the best possible health service for this area.

23/63.10 Independent Member, Gareth Williams added that governance and the internal culture of the Health Board came across as important aspects of the work to be undertaken. It was acknowledged in relation to a question from Associate Member, Clare Budden that culture change would take longer than the six-month phase identified. The Staff Survey and other measures would be important benchmark to define progress. The Director of Partnerships and Stakeholder Engagement added that the Stronger Together work programme will be useful in supporting the provision of further feedback.

<p>23/63.11 The DCEO welcomed the special measures approach and emphasised the Board's commitment in responding. It was noted that executive leads had been identified for each of the domains in the framework.</p>	
<p>QUALITY & SAFETY</p>	
<p>23/64 Integrated Performance Report</p> <p>23/64.01 The Board received the Integrated Performance Report. The Interim Director of Finance (IDF) noted that it focused on a number of areas of adverse performance with some benchmarking information provided. The Chair, welcomed the Interim Director of Performance (IDP) to address the report.</p> <p>23/64.02 The following principal points were made:</p> <ul style="list-style-type: none"> • Planned care: we will not achieve the Welsh Government target for this year, but can confirm that the trajectory is improving slightly. There are still some 4,000 patients waiting in excess of three years. Waiting lists continue to grow and we need to understand the scale of the challenge • Unscheduled care – the performance in February 2023 against the 4-hour A & E target was 72% for the first time in two years (over 70%). Ambulance handovers in excess of 12 hours continue at high levels, with 2,064 being reported in February 2023. • Diagnostic waits have remained at the same level as at the beginning of the year. • Outpatient follow up – we have a transformation programme to support 77,000 patients who are 100% past their due date. • Ophthalmology – The percentage of ophthalmology appointments attended which were within their clinical target date or within 25% beyond their clinical target date for February 2023 is 50.6% against a national target of 95%. The highest in year performance was 54.5% in August 2022. A redesign of current patient pathways and outsourcing of activity are actions being taken to mitigate clinical risk. • Mental Health – CAMHS, the wait for first appointment will come back to target as of March, but there are still challenges around staff recruitment. 	

23/64.03 In relation to a question from Independent Member, Rhian Watcyn-Jones, the IEDF commented that there was a range of constraints impacting on the services, some of which was chronic staff recruitment problems some of which was estate related. He suggested that this needed to be approached at service level and could benefit from a deep dive into individual areas.

Further points were made as follows:

- It was important to ensure that service managers were all focused on the indicators that the director of performance was concerned with.
- The Board Assurance Framework (BAF) would be updated for the new financial year to reflect the pressures described here.
- There was concern about children's neuro-development assessments, including families who had gone into debt. By going private for initial consultations.
- The DCEO expressed his concern that behind the numbers and charts were real patients and real people.

23/64.04 The Chair summarised that we have work to map out special measures keeping a focus on performance, being clear to identify what needs specific detailed attention. Whatever it takes – we need the clarity – and ensure we put a lot of energy into identifying the issues. The Health Board needed to focus on where we are and this is where we want to get to and how we will get there together.

23/64 Quality & Patient Safety Report

23/64.01 The Board received the report from the Executive Director of Nursing and Midwifery and the Chair called upon the Deputy Director of Nursing and Midwifery (DDNM) to present. A supplementary report had been issued providing information about recent cases and developments.

23/64.02 It was noted that there is partial assurance due to ongoing learning and improvement as set out on the Board Assurance Framework. This is being addressed through the patient safety improvement programme and the quality strategy which is being finalised. There is detailed information that is given to the Quality Safety and Experience Committee and a patient experience report.

23/64.03 National reportable incidents remain constant, general themes falls pressure ulcers and recognition of deteriorating patients. On surgical safety, never events have reduced as significant work has been undertaken around the World Health Organisation checklist. The number of overdue incident reports,



including complaints is significantly below the expectation – report highlights what is being done to get better. There is one safety alert that is now closed.

23/64.04 There was significant concern regarding system learning and embedding that learning and sustaining it. Our priority is making sure systems are in place and that staff can do the right thing consistently.

23/64.05 It was noted that on nationally reportable incidents, 74 were open and 40 overdue and the board asked about the seriousness of this. Some are significantly overdue, but would be completed by August (apart from two) with a significant number completed by the end of April.

23/65 Vascular Report

23/65.01 The Board received the report from the Medical Director (MD) updating the Board on progress to improve the sustainability, quality and experience of Vascular Service and describing the improvement work via the development of specific pathways for key conditions, and the longer-term transformation work. Many of the issues that apply to vascular services apply to other areas in the organisation.

23/65.02 The Chair invited Dr Tom Davis, Interim Medical Director for the Central IHC to address the report and who reminded the Board that a number of reviews had taken place including the Vascular Quality Report and review of clinical pathways such as emergency ischemic limb management. The work by multi-disciplinary teams continued to be supported by Stoke and Liverpool and they provide a level of assurance to our patients.

23/65.03 It was noted that the National Vascular Register Report was important and more so as we move forward as we will need to use our benchmarking where there are areas of good performance.

23/65.04 Independent Member, Karen Balmer asked about how a report with 77 recommendations were prioritised and progressed. Independent Member, Gareth Williams asked if the dual consultant out of hours operating is still in place?

23/65.05 The MD confirmed that dual consultant operating has not historically been the practice in all UK vascular networks, but we have taken that as our normal for all daytime elective however this has now changed following risk assessment. The limitations of the National Vascular Registry data were acknowledged.



<p>23/66 Well-being Plan for Flintshire and Wrexham</p> <p>23/66.01 The Board received a report from Executive Director, Transformation and Strategic Planning (DTSP) setting out the Flintshire and Wrexham Public Services Board (PSB) draft Wellbeing Plan 2023 – 2028 for approval. This was one of three such boards in the Health Board's area.</p> <p>23/66.02 The Plan had been developed to respond to the updated Wellbeing Assessments for the Flintshire and Wrexham area produced in 2022. It seeks to address the key areas which pose the greatest need or challenge for communities and where the PSB can make the greatest contribution towards social, environmental, cultural and economic well-being, adding value to existing partnerships and core services.</p> <p>23/66.03 It was noted that there are three public service boards in North Wales and the Board is focussing on two objectives in the plan which are commended as the right ones.</p> <p>The Plan was approved and acknowledged that it will be signed off by the PSB.</p>	
<p>23/67 Update of Register of Approved Clinicians and of Section 12(2) Doctors</p> <p>23/67.1 The report from the MD detailed an update of the Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales for 5th November 2022 to 21st December 2022. It was noted that BCUHB processes and ratifies these on the whole of Wales.</p> <p>23/67.2 The Board approved and ratified the updates for this period and agreed to delegate the sign off of Section 12(2) Doctors to the MD to be ratified retrospectively the relevant Board meeting.</p>	
<p>STRATEGY & RISK</p>	
<p>23/68 Approach to Annual Plan 2023/24</p> <p>23/68.01 The DTSP explained that the purpose of the report was to provide an update on the development of the Annual Plan for 2023/24. The Health Board has confirmed it is not in a position to submit a balanced and approvable IMTP and therefore will instead be submitting an Annual Plan for Welsh Government, whilst retaining a three-year focus on planning for the Health Board.</p>	

23/68.02 A submission has been accepted by the Welsh Government confirming the need for additional time to finalise key elements of the 2023/24 Plan, including the inclusion of actions relating to Special Measures, and to allow the new Chair and Independent Members of the Board to set the ambition and ensure appropriate scrutiny of the Plan.

23/68.03 The DTSP confirmed that there would be a draft plan supplied to the board for a planned workshop in April. It was also noted that a working draft plan is being submitted this week. This approach was acknowledged by Welsh government representatives.

23/69 Budget 2023/24 and Capital Programme

Initial Budget 2023/24

23/69.01 The Board received a report from the IDF to provide a briefing on the initial financial plan for 2023/24.

23/69.02 The report describes the resources delegated to the Health Board by Welsh Government, and, based upon the current service configuration, the anticipated commitments against these resources alongside the expected savings and other financial improvements that will be delivered over the year.

23/69.03 The Health Board's Standing Orders require that a budget must be approved in advance of the start of a financial year. The report proposed an initial financial plan for 2023/24, as it reflects a significant deficit financial position and will therefore not be acceptable to Welsh Government in this form.

23/69.04 The IDF highlighted the following:

- The underlying deficit is £196m, the Health Board has had a number of cost pressures, inflation pressures and has made a lot of investments which have been funded through non-recurring funding including covid and unscheduled care funding.
- We have had increased income of c1.5% but the underlying inflation is still high and energy costs, primary care prescribing as examples. We have £22m inflation funding – unavoidable cost pressures are £58m.
- We have identified £18m savings and have reduction in investments that were planned £13m and a stretch of £7m. One of our challenges is about getting back to the basics of efficiency and savings.



23/69.05 He noted that there were urgent decisions around continuing health care rates – but we were not in a position to bring a formal paper – wanted to have a capability to make some interim increases.

23/69.06 In relation to a question from Independent Member, Rhian Watcyn Jones it was noted that recruitment issues had led to slippage. In relation to a question from Independent Member Gareth Williams it was noted that the work-up for regional treatment centres had been funded by revenue as a strategic outline case for capital had been unsuccessful. He felt that we are spending too much money on design

23/69.07 The DCEO commented that our track record on delivering saving schemes has not been good and that within Special Measures – we cannot let the finance team be the owners – needs to be working practice of the whole health board.

It was agreed to accept the report and approve the plan for the next financial year and the steps that it proposed and delegate to the DCEO to make uplifts within the budget.

23.69.08 Capital programme 2023 - 2028

23.69.09 The IDF introduced the item indicating that the capital plan is around our discretionary capital of £12.7m. For context, the total value of our equipment is £150m, our buildings £540m.

23.69.10 The Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five-year capital programme for the period 2023/24 to 2027/28 and in particular the investments prioritised for 2023/24. The capital programme has been considered by the PFIG Committee, which recommended the Health Board to approve it.

23.69.11 There was £4.3m for estates and we have allowed for slippage of 12.5%, gives us £18m, funding was allocated on that basis.

The capital programme was Approved.

23/70 Finance Report M11

23/70.1 The board received a report from the IDF setting out the draft unaudited financial performance of the Health Board for the eleven months from 1st April 2022 to 28th February 2023.



23/70.2 The cumulative position for the year is a deficit against plan of £8.2m, (0.42% of the allocation). The Health Board is forecasting a break-even position by the end of the financial year. This is due to receiving additional funding of £4.3m for COVID Discharge Support, £1.7m for Dispensing Fees and £1.7m Queen's Funeral Bank Holiday funding allocation to cover retrospective costs. In addition, the balanced forecast outturn position is also based on retaining slippage of £4.7m against sustainability funding, £1.2m against Value Based Healthcare funding and £0.4m surplus on COVID costs.

23/70.3 Savings delivered in the eleven months to February 2023 is £25.9m against a plan of £21.6m and a total target of £27.1m. The savings forecast is £27.1m, which is £7.9m below the original target of £35m for the year. Of the £27.1m forecast, £15.9m are non-recurring.

23/70.4 The forecast has changed from £10m deficit to break even due to slippage. WG have provided more funding and allowing the HB to retain slippage. We have more income, which is improving the position. On this basis we will achieve our three-year financial duty.

The Board noted the report.

23/71 Strategic Outline Case - Nursing and Residential Care Home at Penyberth, Penrhos a Public Sector Partnership in Gwynedd

23/71.01 The Board received the report from the IDF.

23/71.02 The Strategic Outline Case (SOC) has been developed and led by Gwynedd Council in close partnership with the Health Board to address the current fragile care provider market in the wider Pwllheli / Llŷn peninsula area through an innovative and more sustainable public sector partnership model with regard to the provision of nursing care placements. The scheme would provide a new 57 bed care home. Lead and run by Gwynedd Council. With nurse staffing provided by the Health Board. This was a new model within Wales. And there are risks around whether it would be a viable model. The outline business case would test these factors further. Including by learning from similar schemes outside Wales.

23/71.03 It was noted that the West Integrated Health Community is discussing with the council if there are other areas that can be adapted. In the East area of the health board, they have expanded on Home First which has reduced the demand for care home places.



The Board approved the strategic outline case.	
<p>23/72 Capital Funding Bid for the Amethyst Sexual Assault Referral Centre (SARC), Colwyn Bay</p> <p>23/72.01 The Board received the report from the IDF requesting that Welsh Government makes a capital investment of £619,000 to allow the Amethyst sexual Assault Referral Centre in Colwyn Bay to achieve accreditation ISO standard by October 2023. The Health Board was requested to approve the capital funding bid for submission.</p> <p>The Board approved the capital bid.</p>	
GOVERNANCE	
<p>23/73 Reports of Board Committees</p> <p>22.73.01 The Board received reports of committees as follows:</p> <p>QSE 20 January presented by the Deputy Executive Director of Nursing MHCCC 9 February presented by the Executive Director of Public Health PFIG 18 January and 22 February presented by the Interim Executive Director of Finance TI Steering Group 22 February and 6 March presented by the Executive Medical Director</p>	
CLOSING BUSINESS	
<p>23/74 Items to Refer to Committees</p> <p>There was nothing to note.</p>	
<p>23/75 Review of Risks Highlighted within the Board meeting</p> <p>Maintain momentum on targeted intervention as we move to Special Measures – align to Corporate Risk Register</p> <p>Financial Plan – align to Corporate Risk Register and BAF</p>	



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<p>23/76 Summary of Private Board Business - 26 January 2023</p> <p>23/76.1 The Health Board had considered the following matters in private session on 26 January 2023:</p> <p>Risk Register (Cyber risk) Isle of Anglesey County Council Domiciliary Care Scheme Chair's Assurance Report from Remuneration and Terms of Service Committee – 22 December 2022 Canolfan Lleu – Strategic Outline Business Case Plas Gororau – contract award</p> <p>It was resolved that the report be noted.</p>	
<p>23/77 Date of Next Meeting – 25 May 2023</p>	
<p>23/78 Questions from the Public</p> <p>A number of questions from the public were received in advance of the Board. One questioner attended and his question was put and responded to. The detail of the questions would be appended to the minutes.</p>	
<p>23/79 Exclusion of Press and Public</p> <p>Resolution to Exclude the Press and Public - "Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	

Questions to Health Board 30/3/2023 – responses issued individually from OBS 11/4/23

Reference Number	Question	Answer
23.03/01	<p>Can I please ask how can the Board function effectively and efficiently to safeguard patient health and safety and work within strict Welsh Government pathway guidelines, eg Urgent Suspected Cancer referral. U S C Whilst the Executive Members that were in post in 2022 are still in post today 30th March 2023?</p> <p>I have been personally failed by the system and today I am on Palliative care.</p> <p>Mr Chairman I eagerly await the boards response to my question today.</p>	<p>Thank you for your question and for attending the Board meeting.</p> <p>Given the nature of the concerns, the Health Board has a strict policy that we do not discuss individual patient cases in public. As your Senedd Member has written to us this week we will respond to those concerns.</p> <p>With regards to the reference to Executive Members, the Chair has addressed this matter during the meeting.</p> <p>We are sincerely sorry for the delays in Mr Ws' care and an investigation has been completed and shared with him. Our dermatology service has seen significant delays arising from the impact of the pandemic and we are doing all we can to address this issue. We are in the process of responding to further questions received from Mr W.</p>
23.03/02	<p>I am submitting the question below for the public section of the Board meeting.</p> <p>Complaints and delays in providing information to families and the coroner.</p> <p>Despite this issue being ongoing for many years including a period of time the Boards new special advisers were supporting the Board through the first instigation of Special Measures why are families still having to fight to get information about the deaths of their loved ones</p>	<p>Thank you for your question.</p> <p>The accountability for ensuring a timely, open and transparent service remains the responsibility of the Health Board. The advice and perspective of the special advisers is hugely important in ensuring changes urgently needed are effective, timely and that</p>



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Reference Number	Question	Answer
	<p>when in the care of the Health Board and also the coroner for inquests. The persistent lack of progress being made shows a total disarray through the organisation. What assurance can you give that now some of the same special advisers have been brought in again that they will rectify the problems as they reported success two years ago to help lift Special Measures?</p>	<p>they become, and remain, the way we operate going forwards</p> <p>We sincerely apologise for the delays that patients and families have experienced in our complaint and incident investigations. During the pandemic, a number of staff were redeployed to support front line services and particularly the vaccination effort in early 2022 which resulted in a large number of investigations becoming delayed, and while the Health Board has been working hard to address this, we fully acknowledge the work has taken too long and results in delays across the entire process. We are placing additional focus and support to our services to ensure overdue investigations are eliminated and that reports are provided to patients, families and other stakeholders such as the coroner within the timescales we set for ourselves.</p>
23.03/03	<p>Please could I have the following answered at the Board meeting-</p> <p>Special Measures – what is good?</p> <p>The Minister has reinstated Betsi back into Special Measure again yet she nor the Board paper today on the subject gives any clarity about what good will look like and what are the targets to lift Betsi out of Special Measures- using terms such as we are aiming for improvements, things will get better etc are platitudes statements that mean nothing as there is no accountability. who is setting the targets and when will they be published in a format that the public and the Betsi staff understand?</p>	<p>This question is a matter for Welsh Government to respond to rather than the Health Board.</p> <p>This is covered specifically on the agenda and is also supplemented by a presentation which will be uploaded onto the Health Board's website for completeness.</p>

Reference Number	Question	Answer
23.03/04	<p>Dear Dyfed</p> <p>As you know as a result of and Ombudsman's decision I am supposed to be working with BCUHB regards OPMH. and lessons to be learned from my Mum's case.</p> <p>When I checked last Wednesday, the papers were not available please could you accept this question for Thursday. It relates NRIs. As per my PSOW 'brief' in particular it relates to Falls and unexpected death of a patient known to MHL D</p> <p>NRIs are defined by the NHS but not reported using NHS definitions please can you clarify</p> <p>MHL D Deaths are being reported with descriptors changed are we comparing like for like or Apples and pears. Were the six deaths reported as "unexpected deaths" Dec/Jan the deaths of 6 patients known to MHL D"? were these in patients as per 2011/12*!</p> <p>Falls Mum suffered 6 falls two injury reported two found on floor two, two witnessed and BPs 68/40 in a hypertensive patient recorded I have been asked to look at this area of care These Collapses, are they recorded as falls?</p> <p>and a supplementary</p> <p>I am told next Q&S Committee will not be until June Urgent issues related to the HSE investigation/findings into the death of a patient 20/4/21 include recommencing RCA on MHL D Deaths (item 19 HSE recommendations did such investigation cease as a result of Poole report after the 17 deaths Q 4 11/12.*</p> <p>Are BCUHB MHL D deaths a National outlier?</p>	<p>The Board papers have been published on our web site. Due to changes within the Board membership, the last QSE Committee was stood down however we are exploring holding a meeting sooner than June 2023.</p> <p>It would not be appropriate for the Health Board to comment publicly on the HSE investigation at this time so as not to undermine their role as an independent regulator. We anticipate further information will be made available by the HSE in the near future.</p> <p>In relation to the recording of incidents, we can confirm all incidents are recorded on the Datix system. From April 2022, the Health Board implemented out the "Once for Wales" RL Datix Cymru system which has standard codes used across Wales. This means that even though wording in various reports may change, the underlying data is mapped to standard codes used across Wales. Prior to this, each Health Board and Trust had local systems which used different coding making comparison difficult across Health Boards.</p> <p>We are in the process of reviewing the format of our reports on quality and the points raised will be used as part of that review to improve the clarity of how data is presented, and we thank you for the comments.</p> <p>The deaths referred to in the report were not inpatient deaths and occurred with patients open to mental</p>

Reference Number	Question	Answer
	<p>NRI Data in Last 4 Board Reports</p> <p>Jun Jul</p> <p>Fall with severe harm (n=9) Grade 3 or above healthcare associated pressure ulcer develops (n=4) Unexpected death of patient (not sic) known to mental health services (n=2)</p> <p>Aug Sep</p> <p>Falls n=5 Grade 3 or above Healthcare Acquired Pressure Ulcer n=4 NO REPORT Unexpected death of patient (not sic) known to mental health services</p> <p>Oct Nov</p> <p>Falls n=5 Suspected suicide (patient known to mental health services) n=2</p> <p>Dec Jan</p> <p>Grade 3 or above Health Acquired Pressure Ulcer =1 Falls =13 Unexpected death = 6 Is this Unexpected death of patient (not sic) known to mental health services? Patient injury (not fall) = 3. ?</p>	<p>health community services, or discharged within the 12 months prior.</p> <p>A patient fall resulting in harm would be recorded on the Datix system as a patient fall. This would trigger a review using an assessment tool, a review at a local scrutiny meeting and, if the harm was significant, then a further more detailed investigation which would be reviewed by a corporate panel.</p>

Reference Number	Question	Answer
23.03/05	<p>Further to the request for questions from the public, to be answered by the Chair at the meeting, I submit the following:</p> <p>Question 1</p> <p>Vacancy rates and budget overspend: Can you explain how given a near 10% staff vacancy (1400 across the region), missing funds and a deficit budget how you propose to turn the Betsi monster around? Has the Minister given an assurance that all deficits will be cleared so that the new Board have a fresh financial start?</p> <p>Question 2</p> <p>One of the major criticisms that is now well evidenced in documents from the previous Independent Members is that the Minister and Officials did not respond to various pleas for assistance last year- what assurance has the Board now been given that the Minister and Officials will be responsive to the demands that are clearly going to come for both financial and operational support and not neglect major issues that they have in the past?</p> <p>Question 3</p> <p>Now the new Board appointments have been in position for one month without any handover from the previous Independent Members what are the three top priorities for the Board to tackle?</p> <p>I would be grateful if you could confirm receipt of these questions</p>	<p>Thank you for your questions</p> <p>The Health Board's financial position was discussed at the Board meeting as an initial budget for 2023/24 was set, projecting a significant deficit. This will continue to be discussed with Ministers but there is no indication that deficits will be cleared.</p> <p>This question is a matter for Welsh Government to respond to not the Health Board</p> <p>The Board is prioritising the areas set out in the Special Measures Framework, which will include the :</p> <ul style="list-style-type: none"> • Clinical governance, patient experience and safety • Governance, board effectiveness and audit • Workforce and organisational development • Financial governance and management

Reference Number	Question	Answer
23.03/06	<p>Question for Betsi Cadwaladr University Health Board for the meeting on 30th March.</p> <p>When will vascular services return to Ysbyty Gwynedd for patients with foot ailment due to diabetes? At the moment there is no service there except for the podiatrists who are struggling without the support of specialists on the hospital site in Bangor. It's not practical (or safe) to deliver these patients to Glan Clwyd.</p> <p>'The centralisation of vascular services was meant to improve services for patients wasn't it? But services for diabetic patients have gone from being world famous for its successes (before centralisation) to a perplexing atrocity for patients and have been a complete failure.</p> <p>When is this going to be resolved?</p>	<p>The pathways for ensuring that patients with circulation issues resulting from diabetes have been agreed and are being implemented across all 3 Integrated Health Communities. The access for patients in the West remains below the standard that it should be and this is a priority for the Health Board. A timeframe for this happening will depend on recruitment of staff.</p>
23.03/07	<p>My question to the Board</p> <p>Special Measures Report</p> <p>It is self-evident that the previous use of Special Measures, initiated in 2015, followed by Targeted Intervention, failed to achieve what was intended. As a result of this failure the Special Measures process is now being repeated.</p> <p>Albert Einstein said that the definition of insanity is doing the same thing over and over and expecting different results.</p> <p>Does the Board agree with Albert Einstein? If not, how does the Board plan to achieve a different outcome?</p>	<p>Whilst it is disappointing that the Health Board is back in Special Measures, the Board is committed and focussed on implementing improvements at pace as part of the Special Measures framework.</p> <p>Previously the scope of the Special Measures framework consisted of:</p> <ul style="list-style-type: none"> • Governance, leadership and oversight • Mental health services • Maternity services at Ysbyty Glan Clwyd



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Reference Number	Question	Answer
		<ul style="list-style-type: none"> GP and primary care services, including out-of-hours (OOH) services <p>There is a specific paper on Special Measures on the agenda which provides an oversight on the scope of the framework, which is wider than the one implemented in 2015.</p> <p>Wherever possible, lessons learnt from the prior process will be incorporated into the current Special Measures framework.</p>
23.03/08	<p>Audit Wales Board Effectiveness Review Report</p> <p>In accepting the Immediate Areas of Action required in this report, will the Board Members read and review the Robin Holden Report, and then study the legacy of corporate failure involved in its cover-up, as a vital contribution to understanding what went wrong and ensuring that those responsible no longer occupy positions within the mental health service?</p>	<p>It is inappropriate to comment on alleged individual culpability in relation to the Robin Holden report or indeed any prior similar pieces of work.</p> <p>As part of their on-boarding new Independent Board Members will review recent reports relevant to the scope of the Board effectiveness review.</p> <p>This will aid the completeness of the organisation's action plan.</p>

Health Board meeting (Public) Action Log – after 30 March meeting

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
<div><div>P</div> Complete</div> <div><div>G</div> On track</div> <div><div>A</div> Slippage on</div> <div><div>R</div> Delivery not</div>						
Actions from 26 January 2023 Board meeting						
7	Executive Medical Director	Scheduled Care Review the risk relating to the waiting list	February 2023	Update 20/3/23 – Risks associated with waiting lists are being reviewed collectively. They will be reviewed by the Risk Management Group in April with any recommendations for change presented to the Board in May. Update 18/5/23 – this work is reflected in the updated risk register contained in the papers for 25/5/23	Closed	
10	Deputy Executive Director of Workforce and OD	Cabinet Report Discuss requirements for further agenda item on People Strategy at March meeting	February 2023	Update 9/3/23 -: Future Committee meetings under review in light of Special Measures Update 18/5/23 - further update to be provided to the Board at its July meeting	Ongoing	



Teitl adroddiad: Report title:	Patient Story			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 25 May 2023			
Crynodeb Gweithredol: Executive Summary:	<p>A patient or carer story is presented to the Health Board to bring the voice of the people we serve directly into the meeting. The audio story will be played at the meeting. A short summary is included in the attached paper.</p> <p>This time we have placed an emphasis on how our workforce can have an impact on the patients experience.</p>			
Argymhellion: Recommendations:	The Health Board is asked to note this report.			
Arweinydd Gweithredol: Executive Lead:	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: Report Author:	Mandy Jones, Deputy Executive Director of Nursing Rachel Wright, Patient and Carer Experience Lead Manager			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				
<p>In line with best practice, a patient or carer story is presented to the Committee to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.</p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Quality			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	N/A			
Yn unol â WP7, a oedd Eqla yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an Eqla been identified as necessary and undertaken?	N/A			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	BAF21-10 - Listening and Learning
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	BAF21-10 - Listening and Learning
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i> N/A	
Rhestr o Atodiadau: <u>APPROVED - Welsh Language Patient Story 17.01.23</u> <i>List of Appendices:</i> Appendix A- Patient Story Summary	

Betsi Cadwaladr University Health Board Patient Story: Mrs Morris's Story

“The Welsh language made me feel comfortable and reassured”

An audio-visual story told by Mrs Morris will be played at the meeting.

Overview of Patient Story

Mrs Morris shares her experience of her care in Ysbyty Gwynedd, in particular Conwy Ward.

Mrs Morris has lived away from North Wales for 50 years. Returning for Christmas, Mrs Morris became unwell on Christmas Eve, unable to catch her breath and needing help. Following triage and treatment in the Emergency Department, Mrs Morris was admitted and spent Christmas on Conwy Ward.

Mrs Morris would like to share this experience with the aim of highlighting the importance of the opportunity to speak her first language Welsh with nursing staff and other patients and how this made her feel ‘more comfortable and reassured’ and safe.

Mrs Morris highlights the exemplary nursing care that she received and her positive experience of patient nutrition and hydration.

The Deputy Ward Manager for Conwy Ward describes the importance of offering every patient on the ward the ability to communicate in their first language of choice to ensure patients understand every aspect of their treatment and feel empowered to make choices and decisions regarding their care.

Key Messages

- Positive experience of patient care in Ysbyty Gwynedd and in particular, Conwy Ward
- Importance of the opportunity to speak first language Welsh with both nursing staff and other patients to support patient comfort and reassurance
- Importance of the Welsh Active Offer and the promotion of Cymraeg on the ward to support patient communication
- Importance of identifying Welsh speaking staff on wards
- The helpfulness and professionalism of staff
- An example of exemplary care by a Health Care Assistant
- A positive experience of patient nutrition and hydration

Summary of Learning and Improvement

This Patient Story has been shared with the Surgical Matron and Ward Manager of Conwy Ward. The positive feedback regarding Thomas the Health Care Assistant on Conwy Ward highlights the important role of HCA's in patient care and aligns to the Health Board hosting its first conference dedicated to celebrating the contribution of Healthcare Support Workers in April 2023.

This Patient Story has been shared with BCUHB's Head of Welsh Language Services and Welsh Language Officer. The Welsh Language Team run a number of schemes to help support and promote the use of the Welsh language for patients and carers across BCUHB. One way the team do this is with the 'Language Choice Scheme'. The scheme utilises orange magnets with the 'Cymraeg' logo to identify Welsh speaking patients who would prefer to speak Welsh. Wherever possible, these patients are paired with Welsh speaking staff to help facilitate the delivery of care through the medium of Welsh.

The Welsh Language Service have also recently relaunched the 'Ffrindlaith' scheme, which pairs fluent Welsh speakers with staff who are learning Welsh. The aim of this scheme is to give Welsh learners the chance to practice and to gain enough confidence to use their spoken Welsh in the workplace and to use it regularly with colleagues, patients and service users.

It states in the Welsh Government's More Than Just Words (2022-27) framework that all NHS staff in Wales must complete a language awareness course. BCUHB's Welsh Language Team were tasked by Welsh Government to construct an online mandatory training course for all NHS Wales staff. The 'Welsh Language Awareness' e-learning module launched across Wales in February 2023 and all BCUHB staff are now required to complete the course. After completing the course, all BCUHB staff will develop an awareness of the Welsh language and an understanding of how it can be used in the workplace. The importance of patient experience is highlighted within this training. Another vital part of the More Than Just Words framework is the Active Offer. 'An Active Offer simply means providing a service in Welsh without someone having to ask for it'. It simply puts the emphasis on staff to be proactive and ensure that a Welsh-medium service can always be provided for our patients without them having to ask for it. All of the above aligns with BCUHB'S legal obligation to comply with the Welsh Language Standards. The Welsh Language Standards are a set of statutory requirements which are specific to the Health Board. They state clearly our responsibilities to provide bilingual services to patients and the public. Under the standards, we must not treat the Welsh language less favourably than the English language.

The BCUHB Welsh Strategic Forum operate a Bilingual Monitoring Scheme to monitor Welsh language compliance across the organisation. This includes methodologies such as mystery shoppers reviewing patient facing information and resources such as letters, signage and greetings by staff. Findings of the Bilingual Monitoring Scheme are reported to the BCUHB Welsh Strategic Forum and local Integrated Health Community Patient and Carer Experience Groups.

This Patient Story has been shared with the Head of Dietetics (Central), BCUHB Professional Lead for Dietetics and Chair of the Health Board 'Fundamentals - Improving Nutrition Catering and Hydration Standards' (FINCHS) Group. The BCUHB FINCHS Group provides a forum for multi-professional stakeholders to discuss and action issues relating to the provision of oral nutrition and hydration to patients at ward level. The group aims to promote continual improvement, ensure that health care standards are met through the systems and processes established for BCUHB and that they are aligned to Welsh Government standards which have been developed to drive such quality. The group is well

represented across North Wales by an engaged and enthusiastic team of professionals, passionate about meeting FINCHS' aims. Patient and carer experiences are reported into FINCHS Group on a quarterly basis to help inform organisational learning and improvement. This story will be shared with the group to reinforce the importance of the comfort provided to patients of integrating excellent nutrition and hydration structures into ward care.

The Health Board supported International Nutrition and Hydration Week (13th - 19th March 2023). Staff across BCUHB joined together to highlight great areas of nutrition and hydration practice, promote related quality improvement initiatives within their area of work and support patients and carers with key nutrition and hydration messages.

The Patient and Carer Experience Team will share this feedback and seek assurance from departments by way of evidence that learning has been embedded. The Patient and Carer Experience Team extend their gratitude and appreciation to Mrs Morris for sharing her experience.



Staff and patients with the Welsh logo – the first picture is of a patient called Shauna Fish from Porthmadog and the pic underneath is Margaret Whale, a patient from Maesgeirchen, both of which took advantage of the Language Choice Scheme and received services in Welsh). The other is a picture of the magnets used to identify Welsh speakers.



Teitl yr adroddiad: <i>Report title:</i>	Chairs Report		
Adrodd i: <i>Report to:</i>	Health Board		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	25 May 2023		
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides an update for Board Members on key issues within the organisation, external work with partners and services recognised through nominations and awards. Topics include:</p> <ul style="list-style-type: none"> • Special Measures • Governance arrangements • Connecting with people <p>Update on visits and meetings</p>		
Argymhellion: <i>Recommendations:</i>	That the Board notes the content of the report.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chair		
Awdur yr Adroddiad: <i>Report Author:</i>	Chair		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>			
Cyswllt ag Amcan/Amcanion Strategol:		Meetings cover a range of strategic priorities.	
Link to Strategic Objective(s):			

Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	There are no specific implications arising from this report.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable at this stage.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable at this stage.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	The issues raised impact across a range of risks.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	There are no specific implications arising from this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	There are no specific implications arising from this report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol) Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	The issues raised impact across a range of risks.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential Committee (where relevant)</i>	Not applicable.
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations Not applicable to this report.	
Rhestr o Atodiadau: List of Appendices:	

Report of Chair to Betsi Cadwaladr University Health Board May 25 2023

Since my appointment as Interim Chair on February 28 I have invested my time in 3 areas: -

Special Measures

We have worked closely with Welsh Government to understand the needs of the Special Measures programme and how we should organise in order to ensure that we monitor progress and deliver. Clarity around the journey of progress from Executive Team, through committees to Board is important, as is communicating with our staff and the public. We have had opportunity to discuss this work with Welsh Government colleagues and Independent Advisors. We must ensure a sharp focus on outcomes and sustainable improvement in key areas. Eluned Morgan, the Minister for Health and Social Services, has oversight of the work and chairs regular meetings to assess progress.

Governance

We are very pleased to welcome Carol Shillabeer as our new Interim Chief Executive Officer during Gill Harris's absence, due to illness. Carol is presently Chief Executive Officer of Powys Teaching Health Board and is committed to working with us to support our improvement work over the coming months. I look forward to working closely with Carol over the next period.

Phil Meakin has been appointed as Interim Board Secretary and has been tasked with reviewing the role and functions of the Office of the Board Secretary and building a team to support the important work around governance and administrative support. Welsh Government have commissioned a piece of work to look at our current arrangements which will help inform the way forward.

Current numbers of Independent Members mean that we can sustain 3 committees - Performance, Finance & Information Governance Committee, chaired by Gareth Williams; Audit Committee, chaired by Karen Balmer and Quality, Safety and Experience Committee, chaired by Rhian Watcyn Jones. The three committees have met for the first time this month and I am grateful to Karen, Rhian and Gareth for their work and support. I am pleased that Professor Mike Larvin has also recently taken up his post as Independent Member as University representative. Mike's contribution and connection with the development of the Medical School at Bangor University will be particularly important. Welsh Government has also recently confirmed the appointment of additional Independent Members Clare Budden, previously Associate Member, representing the Third Sector and Lesley Singleton.

Connecting with People

On taking up my role at Betsi Cadwaladr University Health Board I made a decision to spend much of my time getting out and about meeting people during my first months. I have done this not only to connect with people, but also to learn of people's hopes and concerns. I have met up with staff and others right across the region and have acknowledged the commitment and dedication of our workforce. I have also been sharing my thoughts and information with staff via a weekly video message available on Betsinet.

Similarly, I have met with Senedd Members in the region, mostly in person, as I recognise that relationships with elected representatives are also key. Many of the MS's contact us on a daily

basis, raising cases on behalf of their constituents. The dialogue we have with them and their staff is important and can help inform us of issues that need to be addressed. Equally, we can inform elected representatives of developments and ensure they are aware of the progress we are making

Below is a summary of some of my meetings and visits for the period up to May 14, 2023

28 th February	Carlton Court for introductory meeting with Interim Chief Executive, Board Secretary and staff
1 st March	Visit to Ysbyty Glan Clwyd with Gill Harris
2 nd March	Meeting with John Bouton, Improvement Cymru
3 rd March	Meeting staff at Ysbyty Gwynedd
6 th March	Meeting with Executive Team; Meeting with Audit Wales
7 th March	Visit to Wrexham Maelor Hospital and Heddfan with Gill Harris
8 th March	Visit to Ysbyty Gwynedd and Hergest with Gill Harris
15 th March	Cardiff - Meetings with Members of Senedd
16 th March	Cardiff – Meeting with Minister for Health and Social Services; Meeting with Minister and Health Board Chairs
21 st March	Attendance at Primary Care Day in Rhyl Pavilion
23 rd March	Presenting award to a member of the facilities team at Ysbyty Gland Clwyd
29 th March	Meeting with Deputy Minister for Mental Health
30 th March	Board Meeting at Venue Cymru
31 st March	Meetings at MS constituency offices
31 st March	Meeting with Trade Union Leads
3 rd April	Attended Kindness and Empathy Awards at Bryn y Neuadd; Meeting with Minister for North Wales, Lesley Griffiths MS
4 th April	Gwynedd Consultants and Specialists Committee Ysbyty Gwynedd
6 th April	Meeting with team to discuss Helipad development at Ysbyty Gwynedd; Meeting with Judith Paget, Welsh Government Director General; Meeting with Alan Brace, Independent Advisor
11 th April	Local Partnership Forum Meeting; Meeting with Simon Jones, Chair Digital Health and Care Wales
13 th April	Meeting with David Jenkins, Independent Advisor
17 th April	Meeting with Chris Subbe at Ysbyty Gwynedd re Improvement work; Meeting with Llais officers and members at Ysbyty Gwynedd Meeting with Cyngor Gwynedd Leader, Chief Executive and Director of Social Services
18 th April	Meeting with Alyson Constantine, Director of Operations, Central
19 th April	Visit to West End Medical Centre, Colwyn Bay; Visit to Medical and Dental Centre, Colwyn Bay
20 th April	Patient Cancer Focus Group Meeting
24 th April	BCU Medical Leadership Conference;

	Meeting with Dylan Roberts, Chief Digital and Information Officer
25 th April	Board Workshop at Ysbyty Gwynedd
26 th April	Meeting with Member of Senedd; Children's Charter launch event, Prestatyn
28 th April	Extraordinary Meeting of Remuneration and Terms of Service Committee
2 nd May	Local Authority Independent Member representative interviews
2 nd May	Shortlisting panel for Nursing Awards
3 rd May	Meeting with Minister for Health and Social Services and officials re Special Measures Monthly meeting with Audit Wales
4 th May	Planning session – Welsh Government officials and Board
9 th May	Meeting with Member of Senedd; Visit to Chirk Hospital; Visit to Ruthin Hospital
10 th May	Meeting with Alan Lawrie, National Programme Advisor for Primary Care
11 th May	Visit with Facilities and Domestic Staff team at Ysbyty Glan Clwyd; Stronger Together event at St Asaph



Teitl yr adroddiad: <i>Report title:</i>	Chief Executive's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	25 th May 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides an update for Board Members on key issues within the organisation, external work with partners and services recognised through nominations and awards. Topics include :</p> <ul style="list-style-type: none"> • Special Measures • Emergency Ambulance Services Committee (EASC) – Air Ambulance • Provision of services at Tywyn Hospital • Visit from the Welsh School of Surgery • Quality Strategy Development • Improving access to Mother and Baby Unit services • Staff Recognition - Consultant Nurse wins National awards 			
Argymhellion: <i>Recommendations:</i>	That the Board notes the content of the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Interim Chief Executive			
Awdur yr Adroddiad: <i>Report Author:</i>	Interim Chief Executive			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol:	Meetings cover a range of strategic priorities.
Link to Strategic Objective(s):	
Goblygiadau rheoleiddio a lleol:	There are no specific implications arising from this report.
Regulatory and legal implications:	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.
In accordance with WP7 has an EqlA been identified as necessary and undertaken?	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.
In accordance with WP68, has an SEIA identified as necessary been undertaken?	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	The issues raised impact across a range of risks.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	There are no specific implications arising from this report.
Financial implications as a result of implementing the recommendations	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	There are no specific implications arising from this report.
Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	Not applicable.
Feedback, response, and follow up summary following consultation	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol)	The issues raised impact across a range of risks.
Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)	Not applicable.
Reason for submission of report to confidential Committee (where relevant)	
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	

Not applicable to this report.

Rhestr o Atodiadau:
List of Appendices:

Health Board – 25th May 2023

Report Title: Interim Chief Executive's report

Situation

The purpose of the report is to keep Board Members updated with regard to issues affecting the organisation and highlight topical issues which are of interest to the Board.

Some issues raised in this report feature more prominently within reports of the Executive Directors as part of the Board's public business.

Background

This report provides an update for Board Members on issues affecting the organisation, external work with partners and services recognised through nominations and awards.

There are specific papers on the Health Board meeting agenda which address other priority issues and therefore these issues are not referred to in this report.

Assessment and Analysis

External / Partnership Activities

Special Measures

In response to being placed in Special Measures, we have prioritised work to identify areas for early delivery in each domain. We have identified Executive Directors to lead the response in each domain and they established connections with the Independent Advisors to draw on their knowledge and expertise. We have established our governance arrangements to oversee this work and ensure that it is connected to the Committee structure of the Board, to provide assurance on improvements delivered.

Details of actions progressed to date and the priorities established for each domain are included in a separate detailed report to the Board.

Emergency Ambulance Services Committee (EASC) – Air Ambulance

Previous reports have referenced the work ongoing through EASC to undertake a strategic review of the Air Ambulance Service's operations with a view to maximising the use of the charity's assets in order to reach as many patients as possible. As part of this review a proposal emerged that the Welshpool base be merged with the North Wales base to form a single North Wales resource.

Engagement activity is now ongoing and a number of engagement events including public meetings and drop-ins have been held in recent weeks across the Health Board area and in Powys. To date, events have been held in Dolgellau, Bangor, Pwllheli, Tywyn, Colwyn Bay and Wrexham. In addition there have also been virtual sessions held online and an online survey is ongoing. The engagement timetable [here](#) demonstrates the extent of the engagement effort that has taken place.

The Health Board has supported EASC by sharing information to promote the events and by attending and assisting at some of the sessions. As the first phase of the engagement activity draws to a close, the next step is for the feedback to be collated and analysed. Following this, the work on developing options, informed by the engagement, will be taken forward. It is anticipated that a second phase of the engagement activity will take place later in the summer to test the options that the Chief Ambulance Services Commissioner arrives at. Updates on developments will be available on our website [here](#).

Provision of services at Tywyn Hospital

Due to significant shortages in registered nurse staffing a decision was taken in April to temporarily close the inpatient beds at Tywyn Hospital. Staff resources were combined with those at Dolgellau to open additional beds on that site. We have been in ongoing discussions with staff and stakeholders in the Tywyn area to seek to address the current challenges we face.

The Health Board is working closely with local councillors and stakeholders to ensure that challenges and barriers to recruitment can be resolved collaboratively. Immediate actions to enhance recruitment in the South Meirionnydd area include the use of recruitment banners, leaflets and postcards which have been developed to advertise posts and target those visiting the area. The banners are currently placed across key locations in the West of North Wales including locations in Tywyn. A targeted recruitment drive on social media is soon commence. This strategy will see posts advertised on key groups based on roles, location and interests. This will ensure that roles are advertised to the wider population of the UK, with targeted adverts focussing on geographic areas where a high number of individuals have previously re-located from.

Long term recruitment plans are being developed to ensure longevity of services, including establishing links to the Nursing Undergraduate degree at Aberystwyth University,

attendance at local school and college career events and development of internal staff with a view to developing and inspiring candidates for the future workforce.

Work is being carried out on a collaborative basis between Community Nursing, Community Hospital and Primary care services to develop an innovative workforce model to provide services within South Meirionnydd for the future. At Tywyn Hospital, training is underway to develop staff competencies to allow for the delivery of additional services such as spirometry and dressings clinics, IV therapy and the expansion of Tuag Adref (Homeward bound) services to enable the continuation of access to care closer to home for the residents of the area. A clinical workshop is planned for 17th of May 2023 to support in the further development of interim services at Tywyn Hospital whilst the inpatient ward is currently closed.

Visit from the Welsh School of Surgery

Following a recent visit to the Health Board, Professor Jon Barry, Director in Wales for the Royal College of Surgeons of England wrote to the Minister for Health and Social Care to share reflections from the visit. Prof. Barry acknowledged the challenges faced by the Health Board in some specific services but reflected that “ on a day-to-day basis, my recent visit was one that encouraged me. “

He drew particular attention to the developing plans for an elective surgical hub in Llandudno, noting the positive benefit this could have for recruiting higher level surgical trainees in specialties such as orthopaedics.

He added that “As part of the visit with the School of Surgery we were privileged to meet and hear from a range of colleagues within the region, and again, on the ground it is currently generally a positive place to work and train. I was also pleased to hear certain services such as cochlear implant work is being provided cross-border with patients from the northwest seen at Glan Clwyd.” Prof Barry described clinical teams as demonstrating dedication and commitment in often difficult circumstances.

Despite the challenges some clinical teams currently face it is pleasing to hear such supportive external commentary and recognition, which emphasises the need for the Health Board to continue to support our teams to deliver the best possible care to our patients.

Internal Activities

Quality Strategy Development

The Health Board’s Quality Strategy sets out our vision, commitment and priorities for quality. The previous Quality Strategy expired during the pandemic period and work is now ongoing to develop a new strategy. Undertaking this work now will allow full alignment to recent changes such as the introduction of the Duty of Quality, which came into force on 1st April 2023 and allow a clear focus on improvements required under Special Measures.

The development of the strategy will take place over 4 phases, each informed by significant engagement with staff and stakeholders . The timescale is set out below –

- Preparation phase – May and June
- Engagement phase – June and July
- Refinement phase – September and October
- Approval phase – November and December

We will be drawing upon experience elsewhere to support this key piece of work. The NHS Wales Executive Quality Team is supporting this work, particularly in relation to quality management systems and learning. Other Health Boards who have recently completed similar work have also been approached to share their experiences and learning. Oversight of this work will be through the Quality Delivery Group and the Quality Safety and Experience Committee. The final Strategy will be presented to the Board for formal approval.

Improving access to Mother and Baby Unit services

New and expectant mums from North Wales who need specialist hospital care for severe mental health problems will be able to access treatment closer to home, when a new mother and baby unit opens its doors next year. The Health Board has been collaborating with partners in NHS England to support the development of this much needed facility.

Modelling of population demand shows that just two ring-fenced inpatient beds are required to serve the population of North Wales and therefore the Health Board has worked with partners in NHS England on a joint solution that improves access for women in North Wales, Cheshire and Merseyside.

The new unit will be on the site of the Countess of Chester Hospital and will significantly reduce travel times for patients and families from across North Wales. Currently patients are offered admission to specialist units in Manchester, Chorley, Birmingham and Nottingham, as well as the Uned Gobaith Mother and Baby Unit (MBU) in Swansea.

The eight-bedded purpose-built facility will support new and expectant mothers in a therapeutic environment which has been purposefully designed for people experiencing maternal mental health difficulties, such as postnatal depression, psychosis, or a relapse of an existing mental health condition. It will meet best practice guidance from the Royal College of Psychiatrists, which suggests that MBUs should provide between six and eight beds, in order to ensure a sustainable and high-quality service.

Staff Recognition

Consultant Nurse wins National awards

A Consultant Nurse from Wrexham Maelor Hospital's Emergency Department has received two awards for his research into how to safely rescue someone from a car incident. Rob

Fenwick, Emergency Department Consultant Nurse, Tim Nutbeam, Consultant in Emergency Medicine, at University Hospitals Plymouth NHS Trust and Devon Air Ambulance, led on the EXtrication In Trauma (EXIT) Project, to help improve the approach used to rescue people in a car incident with the aim of reducing worldwide death and disability.

The EXIT Project findings, from a series of nine studies on road safety, have been incorporated in the national ambulance and fire service guidelines, and the Project received two awards from The Trauma, Audit and Research Network's (TARN) and The Prince Michael International Road Safety.

Rob said: "Road traffic collisions are a leading cause of death and injury in the UK and following a road traffic collision many patients will remain trapped in their vehicle. Historical methods of caring and removing patients from vehicles after a collision were designed to keep the patient as still as possible at all costs, but this approach leads to significant delays in patients receiving optimal and timely care.

"Our studies found that trapped people are more injured and more likely to die. Prolonged extrication techniques based on movement minimisation are perhaps not justified given the low rate of spinal cord injury and the high rate of other injuries"

The EXIT project, funded by Road Safety Trust, has developed evidence-based guidance for the extrication of patients trapped in motor vehicles to support rescue teams to make informed decisions on an individual basis.

Recommendation

That the Board notes the content of the report.



Teitl adroddiad: <i>Report title:</i>	Organisational Response to Special Measures Escalation			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	25th May 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an update on Special Measures, outlining the background behind the escalation, the process that has been followed to develop a response, the approach being taken, the latest iteration of the high level plan and the proposed governance and oversight arrangements.			
Argymhellion: <i>Recommendations:</i>	1) The Board is asked to NOTE the process undertaken to develop the draft Special Measures Response Plan. 2) The Board is asked to APPROVE: a. The Approach taken to Stabilisation, i.e. 3 x 90-day cycles b. The Outcomes to be achieved and the actions to be implemented c. The governance and oversight arrangements.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Director of Transformation and Improvement & Special Measures Programme Director			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol:		To support Special Measures		
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:		Not applicable		

<i>Regulatory and legal implications:</i>	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i>	
Rhestr o Atodiadau: Dim <i>List of Appendices:</i> Appendix A – Draft Response Plan outcomes and associated deliverables	

Organisational Response to Special Measures Escalation

1) Introduction

This report presents the draft first 90-day organisational Response Plan following an increase in escalation to Special Measures. The report outlines the background and key areas of concern that resulted in escalation; a summary of the process used to develop the draft response; the approach to improvements from stabilisation to sustainability; the response plan immediate actions and suggested governance and oversight. The Response Plan, once considered by the Board will be submitted in draft to Welsh Government.

2) Background

On 27th February 2023 the Minister for Health and Social Services, Welsh Government announced that Betsi Cadwaladr University Health Board would be escalated to Special Measures. The organisation has previously been at the Targeted Intervention level of escalation and therefore has now been escalated to the highest level under the Escalation and Intervention arrangements.

The Minister for Health and Social Services indicated in the statement announcing Special Measures escalation particular concern regarding leadership, culture and performance. It is understood that in total there are 8 areas of concern, including:

- 1) Governance and board effectiveness
- 2) Workforce and organisational development
- 3) Financial governance and management
- 4) Compassionate leadership and culture
- 5) Clinical governance, patient experience and safety
- 6) Operational delivery
- 7) Planning and service transformation
- 8) Mental health

In the immediate period following the escalation, Welsh Government has deployed a number of Independent Advisers as part of an Intervention and Support Team in the areas of finance; clinical leadership and patient safety; Board leadership and effectiveness; primary care; and community/patient engagement. Further input has been provided to support operational delivery

and a further Independent Adviser is anticipated to join the Intervention and Support Team with expertise in mental health.

A series of commissions is underway to enable further detailed review in a number of key areas including:

- 1) **Mental Health Inpatient Safety**. The review has taken place and the Health Board is expecting the report imminently.
- 2) **Executive Portfolios**. The review is currently at scoping stage and would be expected to get underway in the coming weeks.
- 3) **Use and recruitment of 'Interim' Staff**. This review is currently underway and expected to report in approximately 4 weeks.
- 4) **Planning**. This review is currently being scoped and is expected to commence in July, with the report available in time for the next planning round (September 2023).
- 5) **Contract procurement management**. This review is due to commence shortly.
- 6) **Patient Safety**. This review is underway and is expected to present initial findings in the next 2 weeks.
- 7) **Clinical Governance systems**. This review is at scoping stage and is expected to commence during June 2023.
- 8) **Stocktake review of progress against previous Mental Health Reviews**. This is currently being scoped and is not expected to report for several months.
- 9) **Review of Office of the Board Secretary**. This review is already underway and is expected to report in approximately 4 weeks.
- 10) **Vascular review**. This review is currently being scoped.

3) Process for developing an organisational response

The organisation has undertaken a structured process in developing a response to Special Measures escalation. Discussion has taken place with Welsh Government officials on several occasions particularly given their role in deploying an Intervention and Support Team, with a workshop held with the majority of the Independent Advisers, Welsh Government officials and Board members. Further input is being deployed by Welsh Government in the form of the reviews listed above that will assist in identifying further areas for improvement.

Within the health board, internal workshops have been held in relation to the subject areas included within the Welsh Government areas of concern (listed above). The output of the workshops has been considered in terms of the organisation response, with the majority of the feedback to be included either in the Special Measures Response Plan or within the draft Annual Plan which is due to be developed by the end of June 2023. Furthermore, an Executive Group

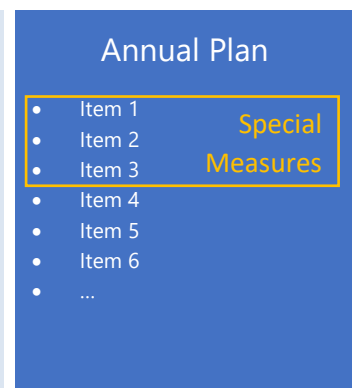
‘Special Measures Review Group’ has been established to coordinate actions and review progress in this early phase of work.

As new Independent Members join the Board, a further informal session with IMs has taken place to discuss the draft Special Measures Response Plan.

4) Special Measures Response: Approach

In preparing the organisational response to the escalation the approach to responding and moving forward has been carefully considered. Special Measures is an escalation level within the Welsh Government Escalation and Intervention Framework and is therefore not a ‘programme or project’. It is essential that it is seen in this way in order to enable a continuous improvement approach across the whole of the organisation, not limited to those areas listed.

Not all improvement and development work will be included in the Special Measures Response Plan. The Integrated Medium Term Plan (IMTP) or Annual Plan, where the duty to produce an IMTP cannot be met, acts as the core vehicle for planning and taking forward key, prioritised developments. An Annual Plan is currently being developed for 2023/24 period and is anticipated to be presented for Board approval at the end of June 2023.



Welsh Government recognises that the organisation will need to undergo a period of stabilisation. This is particularly important given there are further reviews being undertaken with the potential for further issues to be addressed. The response to Special Measures therefore takes a ‘Stabilisation to Sustainability’ approach with ‘Stabilisation’ outlined as 3x90 day cycles. This enables the Response Plan to develop further as a result of additional insights provided by the commissions described above.

It is essential that the key actions implemented during the stabilisation phase lead through and combine with actions needed for sustainability. During the implementation of the first 90-day cycle, planning for the second and where possible the third 90-day cycle will take place. It is key that building the longer-term effectiveness of the organisation must start during the stabilisation phase.

The approach presented is ‘outcomes-focused’ built upon key, well-evidenced elements of organisational effectiveness. This requires evidence of impact and tangible outcome rather than merely a list of actions being implemented. An outcomes-focused approach is key in order to properly engage the organisation in building for sustainability.

5) Response plan

The work undertaken by Welsh Government, the Intervention and Support Team and the Health Board has been drawn together into the draft Response Plan.

The proposed outcomes are:

Outcomes	
1	A well-functioning Board
2	A clear, deliverable plan for 2023/24
3	Stronger leadership and engagement
4	Improved access, outcomes and experience for citizens
5	A learning and self-improving organisation

The table of proposed deliverables under each of the outcomes is provided in Appendix A. The draft Response Plan is ambitious and will stretch the organisation. Given, however, the seriousness with which the Board takes the escalation, the organisation will focus on delivering the actions through prioritisation of existing work and resources wherever possible. A system of close tracking of progress will be implemented and where delays occur, reviews to remedy those will take place.

6) Governance and oversight

The implementation of the Plan will be led by the Chief Executive (interim) and the Executive Team working closely with Independent Members of the Board as part of a Unitary Board. This means that deployment of the Plan on a day to day basis rests with the Chief Executive and Executive Team with the oversight/assurance of the Board Committee playing a key role in providing support, scrutiny and challenge. The development of the Board will be a collective endeavour led by the Chair.

The following Committees of the Board, reporting to the Board itself, will also have a key role in the oversight/assurance of the implementation of actions, their impact and outcomes. Each Committee will receive a report that is tailored to the remit of the Committee.

The relevant Committees are:

- Audit Committee
- Performance, Finance and Information Governance (PFIG) Committee
- Quality, Safety and Experience (QSE) Committee
- Partnerships, People and Population Health (PPPH) Committee

The Board Committee Structure is currently under review and therefore there may be changes in reporting and oversight in due course.

The Executive will regularly consider risks to delivery seeking to mitigate those wherever possible, thus assessing delivery confidence. It is recognised that some elements of delivery are not wholly within the health boards control, and where other partners are involved, the health board will work alongside to enable progress.

7) Conclusion

The Board is presented with the draft Special Measures Response Plan for the first 90-day cycle of the Stabilisation Phase. There has been significant consideration and dialogue regarding the approach to be taken, the outcomes and the focus for the first 90 days. Whilst it is a stretching plan it demonstrates a commitment to make swift, purposeful progress. Should the Board approve the draft plan, it will be submitted to Welsh Government by the end of the week.

8) Recommendations

- 1) The Board is asked to **NOTE** the process undertaken to develop the draft Special Measures Response Plan.
- 2) The Board is asked to **APPROVE**:
 - a. The Approach taken to Stabilisation, i.e. 3 x 90-day cycles
 - b. The Outcomes to be achieved and the actions to be implemented
 - c. The governance and oversight arrangements.

Appendix A – Draft Response Plan outcomes and associated deliverables

Outcome 1: A well-functioning Board		Area of concern	Lead Executive
1.1	Strengthen Board governance and effectiveness: <ul style="list-style-type: none"> Support and enable review of Office of Board Secretary (Governance), refresh committee terms of reference and embed special measures in all committees 	Governance, board effectiveness and audit	Board Secretary
1.2	IM recruitment: Complete recruitment to IM roles (temp)	Governance, board effectiveness and audit	Board Secretary
1.3	Board inductions: Implement phase 1 induction for all Board members	Governance, board effectiveness and audit	Board Secretary
1.4	Board development: Develop phase 1 Board development programme	Governance, board effectiveness and audit	Board Secretary
1.5	Board committees: Establish Board committees, complete committee induction and development of work plans	Governance, board effectiveness and audit	Board Secretary
1.6	Risk: Commence review and revision of risk appetite and approach	Governance, board effectiveness and audit	Board Secretary
1.7	Permanent Board recruitment: Commence plans for the recruitment of a permanent Board - including progressing the recruitment of the permanent Chief Executive	Governance, board effectiveness and audit	Board Secretary

Outcome 2: A clear, deliverable plan for 2023/24		Area of concern	Lead Executive
2.1	Annual Plan: Produce a clear and deliverable Annual Plan for the organisation for the rest of 23/24, that delivers improvements in Ministerial priority areas	Planning and service transformation	Planning & Transformation
2.2	Financial Savings: Commence delivery of an agreed efficiency savings plan that minimises the financial deficit	Financial governance and management	Finance

2.3	Future Financial and Value Opportunities: Commence an assessment of the potential financial opportunities for 2024/2025 and 2025/2026	Financial governance and management	Finance
2.4	Local plans: Develop and commence deployment of Divisional/Integrated Health Community integrated plans that operationalise the priorities of the Annual Plan	Planning and service transformation	Planning & Transformation
2.5	Planning Review: Support and enable a Review of planning	Planning and service transformation	Planning & Transformation
2.6	Contract procurement and management Review: Support and enable the Review of Procurement	Financial governance and management	Finance
2.7	Finance function maturity: Undertake benchmarking to inform future Finance structure and practices	Financial governance and management	Finance

Outcome 3: Stronger leadership and engagement		Area of concern	Lead Executive
3.1	Exec Portfolios Review: Support and enable a Review of Executive Portfolios (commencement date and person not yet confirmed)	Workforce and OD	Workforce & OD
3.2	Operating Model stocktake: Undertake a 'stocktake' of the implementation of the Stronger Together Operating Model restructure, identifying areas to strengthen and consolidate	Workforce and OD	Workforce & OD
3.3	Interim Finance Director recruitment: Progress recruitment of interim Finance Director	Workforce and OD	Chief Executive
3.4	Senior HR Cases: Resolve outstanding Respect and Resolution and similar processes related to senior leadership	Workforce and OD	Chief Executive
3.5	Exec Team development programme: Working with Health Education and Improvement Wales, consider options, agree and commence a Programme for Executive Team development	Compassionate leadership and culture	Workforce & OD
3.6	Senior Leadership development programme: Working with HEIW, consider, agree and commence a Programme for	Compassionate leadership and culture	Workforce & OD

	organisation wide senior leadership development		
3.7	Interims Review: Support and enable the Review of Interims (report expected mid-June)	Workforce and OD	Workforce & OD
3.8	Clinical Engagement: Review mechanisms for clinical engagement, drawing up recommendations for improvement.	Clinical Governance, patient experience and safety	Therapies and Health Science
3.9	Priority community groups engagement: Working with the Independent Adviser (Cath Broderick), develop a structured approach to renewing engagement with specific priority community groups	Clinical Governance, patient experience and safety	Partnership, Engagement & Comms
3.10	Address the fragmented care record concerns: Develop tactical and strategic plans for the development of an integrated electronic patient record to address issues of harms, inefficiency and quality of care.	Planning and service transformation	Chief Digital & Information Officer

Outcome 4: Improved access, outcomes and experience for citizens		Area of concern	Lead Executive
4.1	Patient Safety Review: Support and enable the Review of Patient Safety Care	Clinical Governance, patient experience and safety	Nursing and Midwifery
4.2	Planned Care: Establish a revised Planned Care Programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability including GIRFT and other efficiency opportunities. Achieve a standard 99% of all over 156 week waits by end Q2 (booked not necessarily seen)	Operational Delivery	Integrated Clinical Services
4.3	Orthopaedics: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case for submission to Welsh government.	Operational Delivery	Planning & Transformation
4.4	Vascular Review: Support and enable the Vascular review	Clinical Governance, patient experience and safety	Medical Director

4.5	Service improvements: Review, revise and implement clear improvement plans for Vascular, Urology, Ophthalmology, Oncology and Dermatology & Plastics	Clinical Governance, patient experience and safety	Medical Director
4.6	MH Stocktake Review: Prepare for and support commencement of an external stocktake of progress against previous MH Reviews	Mental Health	Public Health
4.7	Inpatients Safety Review: Receive the report of the Mental Health Inpatient Quality and Safety Inspection and commence implementation of improvement actions.	Mental Health	Public Health
4.8	CAMHS and Neurodiversity action plan: Agree and commence implementation of a CAMHS and ND action plan to improve performance in the following areas : <ul style="list-style-type: none"> ▪ CAMHS Mental Health Measure ▪ ND assessment waiting times 	Mental Health	Integrated Clinical Services
4.9	Urgent and Emergency Care 6 goals and winter planning: Revise and implement urgent and emergency care plans (6 goals) and commence planning for winter preparedness for urgent and emergency care with partners	Operational Delivery	Integrated Clinical Services

Outcome 5: A learning and self-improving organisation		Area of concern	Lead Executive
5.1	Develop a 'Learning Organisation' Framework: building on work already started, that identifies the culture, systems and processes to enable learning.	Workforce and OD	Workforce & OD
5.2	Learning from incidents: Ensure there is an effective procedure for learning from incidents and preparations for inquests and HSE are clear and effective. (Linked to 5.4)	Clinical Governance, patient experience and safety	Nursing and Midwifery
5.3	Clinical Governance Review: Enable and support the NHS Executive to undertake a review of clinical governance	Clinical Governance, patient experience and safety	Nursing and Midwifery
5.4	Transformation & Improvement support: Realign transformation and improvement support to enable greater focus on priority improvement areas	Planning and service transformation	Planning & Transformation

5.5	Healthcare Public Health programme: Scope an enhanced programme of Healthcare Public Health that seeks to systematically identify areas of focus for quality improvement, working with Public Health Wales.	Planning and service transformation	Public Health
5.6	Special Measures assurance approach: Develop and commence implementation of an Assurance Approach for the Special measures response. Including the implementation of an organisational Maturity Matrix.	Governance, board effectiveness and audit	Board Secretary
5.7	Intelligence led organisation: Develop proposal to raise the organisation's maturity in using data and intelligence to improve service planning and identification of emerging service issues	Planning and service transformation	Chief Digital & Information Officer



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Special Measures

Health Board – 25th May 2023

Overview

- 1 Introduction & Background
- 2 Process for developing an organisational response
- 3 Special Measures Response: Approach
- 4 Response Plan
- 5 Governance and oversight
- 6 Conclusion & Recommendations

Introduction & Background

- BCUHB was escalated into Special Measures on 27th February 2023

8 areas of concern

1. Governance, board effectiveness and audit
2. Workforce and organisational development
3. Financial governance and management
4. Compassionate leadership and culture
5. Clinical governance, patient experience and safety
6. Operational delivery
7. Planning and service transformation
8. Mental Health

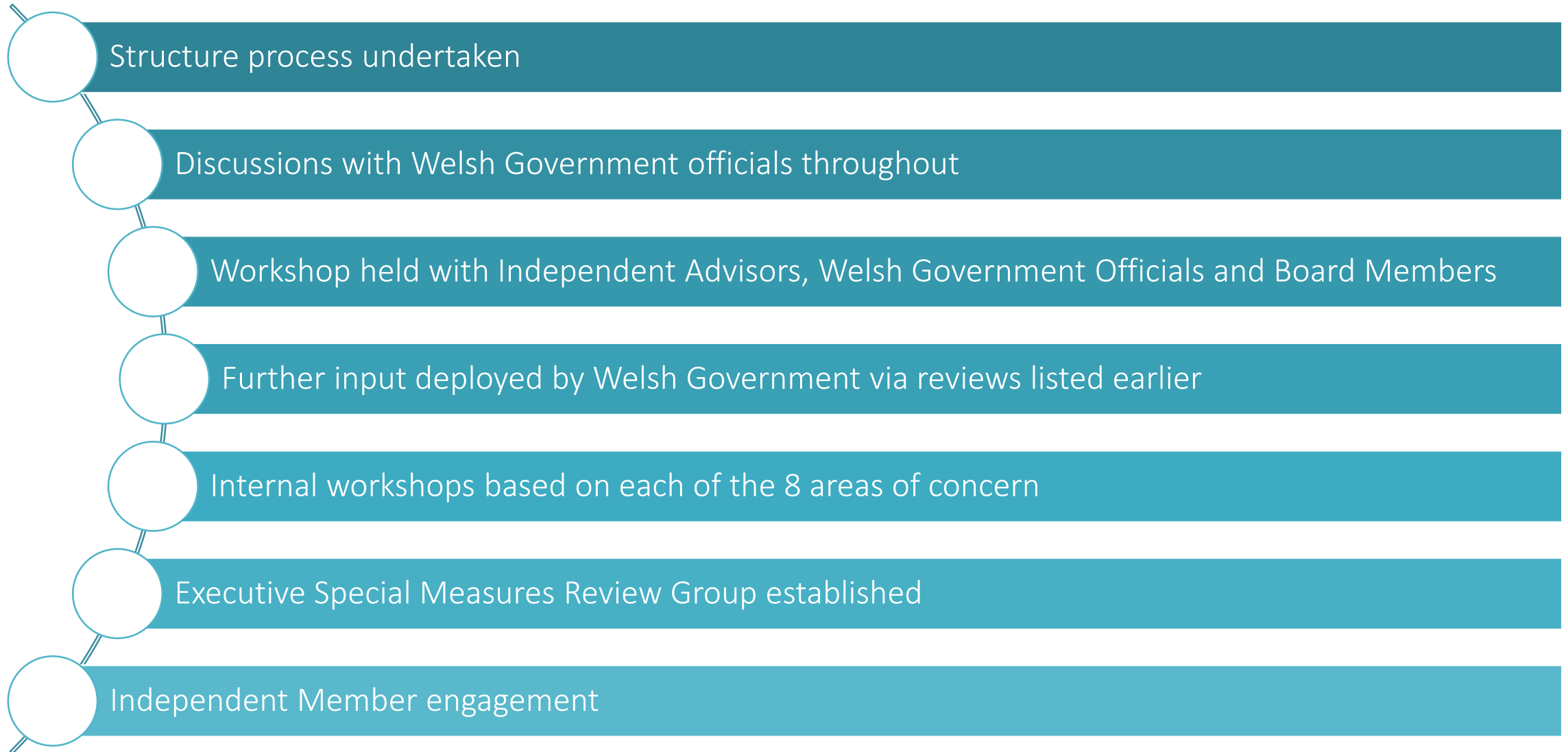


10 independent reviews

1. Mental Health Inpatient Safety
2. Executive Portfolios
3. Interim Staff
4. Planning
5. Contract Procurement Management
6. Patient Safety
7. Clinical Governance Systems
8. Mental Health Reviews Stocktake
9. Office of the Board Secretary
10. Vascular

- Welsh Government has deployed a number of Independent Advisers as part of an Intervention and Support Team
- Report presents the draft first 90-day organisational Response Plan
- Once considered by the Board it will be submitted in draft to Welsh Government

Process for developing an organisational response



Special Measures Response: Approach

- Everything won't sit in the Special Measures Response Plan, the **Annual Plan is the core vehicle for planning**

Annual Plan	
• Item 1	Special Measures
• Item 2	
• Item 3	
• Item 4	
• Item 5	
• Item 6	
• ...	

- 'Stabilisation to Sustainability' approach – 'Stabilisation' outlined as 3 x 90 day cycles

- Key that building the **longer-term** effectiveness of the organisation must **start during the stabilisation phase**

- Important to take an '**outcome-focused**' approach

Response Plan – 1st 90 day cycle

Outcome 1: A well-functioning Board		Area of concern	Lead Executive
1.1	Strengthen Board governance and effectiveness	Governance, board effectiveness and audit	Board Secretary
1.2	IM recruitment	Governance, board effectiveness and audit	Board Secretary
1.3	Board inductions	Governance, board effectiveness and audit	Board Secretary
1.4	Board development	Governance, board effectiveness and audit	Board Secretary
1.5	Board committees	Governance, board effectiveness and audit	Board Secretary
1.6	Risk	Governance, board effectiveness and audit	Board Secretary
1.7	Permanent Board recruitment	Governance, board effectiveness and audit	Board Secretary

Outcome 2: A clear, deliverable plan for 2023/24		Area of concern	Lead Executive
2.1	Annual Plan	Planning and service transformation	Planning & Transformation
2.2	Financial Savings	Financial governance and management	Finance
2.3	Future Financial and Value Opportunities	Financial governance and management	Finance
2.4	Local plans	Planning and service transformation	Planning & Transformation
2.5	Planning Review	Planning and service transformation	Planning & Transformation
2.6	Contract procurement and management Review	Financial governance and management	Finance
2.7	Finance function maturity	Financial governance and management	Finance

Response Plan – 1st 90 day cycle

Outcome 3: Stronger leadership and engagement		Area of concern	Lead Executive
3.1	Exec Portfolios Review	Workforce and OD	Workforce & OD
3.2	Operating Model stocktake	Workforce and OD	Workforce & OD
3.3	Interim Finance Director recruitment	Workforce and OD	Chief Executive
3.4	Senior HR Cases	Workforce and OD	Chief Executive
3.5	Exec Team development programme	Compassionate leadership and culture	Workforce & OD
3.6	Senior Leadership development programme	Compassionate leadership and culture	Workforce & OD
3.7	Interims Review	Workforce and OD	Workforce & OD
3.8	Clinical Engagement	Clinical Governance, patient experience and safety	Therapies and Health Science
3.9	Priority community groups engagement	Clinical Governance, patient experience and safety	Partnership, Engagement & Comms
3.10	Address the fragmented care record concerns	Planning and service transformation	Chief Digital & Information Officer

Response Plan – 1st 90 day cycle

Outcome 4: Improved access, outcomes and experience for citizens		Area of concern	Lead Executive
4.1	Patient Safety Review	Clinical Governance, patient experience and safety	Nursing and Midwifery
4.2	Planned Care	Operational Delivery	Integrated Clinical Services
4.3	Orthopaedics	Operational Delivery	Planning & Transformation
4.4	Vascular Review	Clinical Governance, patient experience and safety	Medical Director
4.5	Service improvements	Clinical Governance, patient experience and safety	Medical Director
4.6	MH Stocktake Review	Mental Health	Public Health
4.7	Inpatients Safety Review	Mental Health	Public Health
4.8	CAMHS and Neurodiversity action plan	Mental Health	Integrated Clinical Services
4.9	Urgent and Emergency Care 6 goals and winter planning	Operational Delivery	Integrated Clinical Services

Outcome 5: A learning and self-improving organisation		Area of concern	Lead Executive
5.1	Develop a 'Learning Organisation' Framework	Workforce and OD	Workforce & OD
5.2	Learning from incidents	Clinical Governance, patient experience and safety	Nursing and Midwifery
5.3	Clinical Governance Review	Clinical Governance, patient experience and safety	Nursing and Midwifery
5.4	Transformation & Improvement support	Planning and service transformation	Planning & Transformation
5.5	Healthcare Public Health programme	Planning and service transformation	Public Health
5.6	Special Measures assurance approach	Governance, board effectiveness and audit	Board Secretary
5.7	Intelligence led organisation	Planning and service transformation	Chief Digital & Information Officer

Governance and oversight

- The implementation of the Plan will be led by the Chief Executive (interim) and the Executive Team working closely with Independent Members of the Board as part of a Unitary Board

Oversight & assurance via Board sub committees

1. Audit Committee
2. Performance, Finance and Information Governance (PFIG) Committee
3. Quality, Safety and Experience (QSE) Committee
4. Partnerships, People and Population Health (PPPH) Committee

- Each Committee will receive a report that is tailored to the remit of the Committee
- The Executive will regularly consider and manage risks, thus assessing delivery confidence
- BCUHB will work with partners on elements of delivery are not wholly within the Health Board's control

Conclusion & Recommendations

Conclusion

- The Board is presented with the draft **Special Measures Response Plan** for the **first 90-day cycle** of the Stabilisation Phase
- Significant consideration and dialogue regarding the **approach** to be taken, the **outcomes** and the focus for the first 90 days
- Whilst it is a **stretching** plan it demonstrates a commitment to make **swift, purposeful progress**
- Should the Board approve the draft plan, it will be **submitted to Welsh Government by the end of the week**



Recommendations

1. The Board is asked to **NOTE** the process undertaken to develop the draft Special Measures Response Plan.
2. The Board is asked to **APPROVE**:
 - a. The **Approach** taken to Stabilisation, i.e. **3 x 90-day cycles**
 - b. The **Outcomes** to be achieved and the **actions** to be implemented
 - c. The **governance** and **oversight** arrangements.

Teitl adroddiad:	Month 12 2022/23 and Month 1 2023/24 Finance Report
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 25 May 2023
Date of Meeting:	
Crynodeb Gweithredol:	The purpose of this report is firstly, to provide a briefing on the draft unaudited financial performance of the Health Board for the twelve months from 1st April 2022 to 31st March 2023, and secondly, to provide a briefing on financial performance in April 2023.
Executive Summary:	<p>April 2022 to 31st March 2023</p> <p>The draft unaudited year end position for 2022/23 achieved a surplus of £0.4m.</p> <p>At Month 11, the Health Board's forecast was revised to report a balanced forecast outturn position to reflect additional unexpected income allocations and other gains. The allocations are as follows:</p> <ul style="list-style-type: none"> • £1.7m Queen's funeral bank holiday funding • £4.3m COVID-19 Discharge support funding • £1.7m Dispensing Fees • £1.1m fortuitous gain on VAT recovery • Retention of funding for Performance and Transformation Strategic, Planned Care Sustainability, Value Based Healthcare and other ring-fenced funding. <p>An Accountable Officer (AO) Letter was submitted to Welsh Government on the 12th April providing details of these areas.</p> <p>Total savings delivered is £31.2m against a full year plan of £25.9m and a total target of £35.0m. Accountancy Gains totalled £9.7m at Month 12 and there were no red schemes.</p> <p>Appendix C includes details on the delivery of the approved capital programme. It provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. It is confirmed that we have met the Capital Resource Limit</p>

	<p>target for 22/23 of £24.761m, subject to audit, with a remaining balance of £29,000.</p> <p>April 2023</p> <p>The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m.</p> <p>The April position is reporting an in-month deficit of £12.2m, which is £1.0m higher than the £11.2m profiled financial plan for Month 1, due essentially to outsourcing costs. Outsourcing costs are £1.0m over the profiled £27.1m resource for planned care sustainability. This results from patients being transferred to private providers before the decision was made to pause certain aspects of outsourcing to keep costs within the £27.1m available. A key action required is an updated plan for planned care delivery by the end of June.</p> <p>Savings are minimal against a Month 1 target of £2.6m (of which £2.1m is assumed in the financial plan). Divisions are focusing on their local plans and budgets and this may reflect savings not being formalised as at Month 1. To support this, non-pay expenditure is under plan at M1, and so overall expenditure excluding outsourcing is on plan. A review of the local plans due later in May, to identify the savings plans within them will be key.</p> <p>At this early stage, the year-end forecast position is to deliver a deficit of £134.1m, which is in line with the initial financial plan for the year.</p>			
Argymhellion:				
Recommendations:	It is recommended that the report is noted			
Arweinydd Gweithredol:	Steve Webster, Interim Executive Director of Finance,			
Executive Lead:				
Awdur yr Adroddiad:				
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd:	Arwyddocaol <i>Significant</i>	Derbyniol <i>Acceptable</i>	Rhannol <i>Partial</i>	Dim Sicrwydd <i>No Assurance</i>

Assurance level:	<input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need. The capital programme is in accordance with the Integrated Medium Term Plan (IMTP). The planned projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		Not Applicable		
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>		Naddo N Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. The health board continues to assess the requirement for carrying out Equality Impact Assessments on a capital project by project basis		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		Naddo N Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. The health board continues to assess the requirement for carrying out Social-economic and Impact Assessments on a capital project by project basis.		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>		There is a risk that the Health Board does not meet its statutory financial duty for 2022-23. BAF 2.3. The Health Board continues to experience occasions where capital tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored		

	monthly to ensure that financial commitments align to available funding.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable Appendix C. The report sets out the capital investment required to deliver the agreed projects together with the progress, variances and mitigating actions to deliver the agreed discretionary programme and to meet the identified cost pressures and risks.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	Appendix A, B & D. BAF 2.3 Risk of the Health Board's failure to meet the break-even duty. Appendix C. BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets Corporate Risk Register: 20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol

<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices: Ai Finance report month 12, 2022/23 Aii WG Monitoring report month 12, 2022/23 B Savings report month 12, 2022/23 C Capital Programme month 12, 2022/23 Di Finance report Month 1, 2023/24 Dii WG Monitoring report month 1, 2023/24	

Finance Report March 2023 – M12

Steve Webster

Interim Executive Finance Director



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Positives & Key Assurances

- Unaudited year end revenue position achieved a surplus of £0.4m.
- To achieve a break-even position in 22/23 will ensure that the Health Board meet its statutory financial duty to breakeven over the 3-year period and all historic debts prior to achieving the breakeven duty will be cancelled. This was announced by the Minister for Health and Social Services in June 2020.
- Key financial targets for cash and capital were all met. The Health Board achieved the cumulative PSPP target to pay 95% of valid invoices within 30 days of receipt in three of the four measures of compliance.


Issues & Actions

- 2022/23 Draft annual accounts are currently being completed and will be submitted to Welsh Government and Audit Wales on 5th May. Audit Wales will file the audited accounts with Welsh Government on 31st July.
- All figures reported throughout this report are subject to the closure and submission of the final accounts for 2022/23 and audit by Audit Wales.
- As per the Accountable Officer letter, a potential concern considered by the Health Board is the risk of a prior year adjustment to the 2022/23 accounts (in respect of the 2021/22 financial year).

Key Messages

- ❖ The draft unaudited year end position for 2022/23 achieved a surplus of £0.4m.
- ❖ At Month 11, the Health Board's forecast was revised to report a balanced forecast outturn position to reflect additional unexpected income allocations of £1.7m Queen's funeral bank holiday funding, £4.3m COVID-19 Discharge support funding, £1.7m Dispensing Fees, £1.1m fortuitous gain on VAT recovery and the retention of funding for Performance and Transformation Strategic, Planned Care Sustainability, Value Based Healthcare and other ring-fenced funding, when costs to the full level of funding could not be directly identified and attributed to this funding. An Accountable Officer (AO) Letter was submitted to Welsh Government on the 12th April providing details of these areas.
- ❖ Total savings delivered is £31.2m against a full year plan of £25.9m and a total target of £35.0m. Accountancy Gains totalled £9.7m at Month 12 and there were no red schemes.

Summary of Key Numbers – Month 12

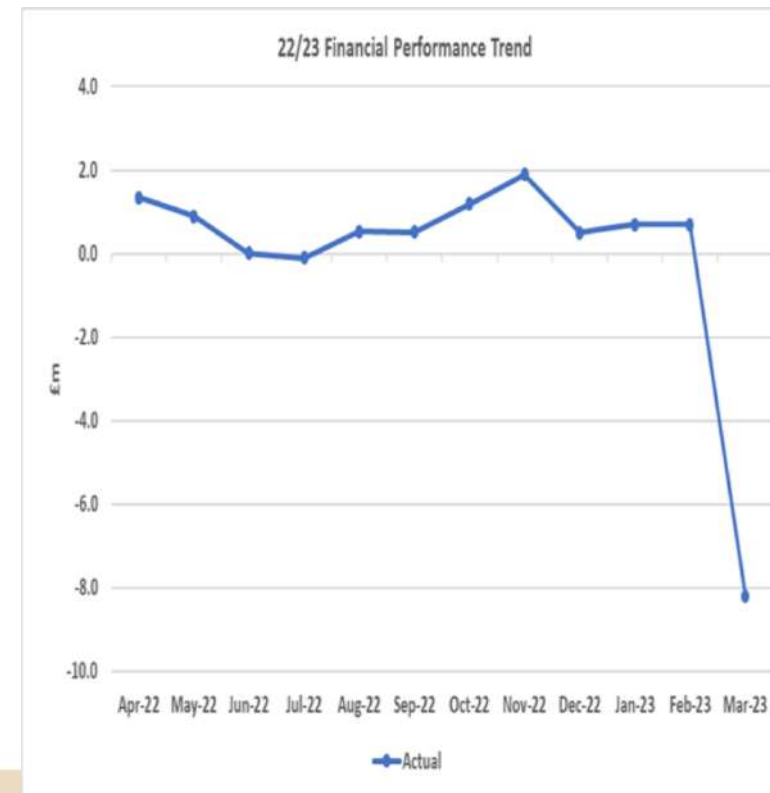
<div>Month 12 Position</div> <div>In Month:</div> <div>In Month - £8.5m Surplus</div> <div>(Pending Audit)</div>	<div>2022/23 Position</div> <div>Year to Date:</div> <div>Year End - £0.4m surplus</div> <div>(Pending Audit)</div>	<div>Divisional Performance Month 12</div> <table><tr><td>West IHC</td><td>£13.4m adverse</td></tr><tr><td>Central IHC</td><td>£13.5m adverse</td></tr><tr><td>East IHC</td><td>£13.7m adverse</td></tr><tr><td>Womens</td><td>£1.1m adverse</td></tr><tr><td>MH & LD</td><td>£5m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£5.9m favourable</td></tr><tr><td>ICD PrimaryCare</td><td>£1.9m favourable</td></tr><tr><td>ICD Regional Services</td><td>£2.3m adverse</td></tr><tr><td>Support Functions & Other Budgets</td><td>£41.7m favourable</td></tr></table>	West IHC	£13.4m adverse	Central IHC	£13.5m adverse	East IHC	£13.7m adverse	Womens	£1.1m adverse	MH & LD	£5m adverse	Commissioning Contracts	£5.9m favourable	ICD PrimaryCare	£1.9m favourable	ICD Regional Services	£2.3m adverse	Support Functions & Other Budgets	£41.7m favourable
West IHC	£13.4m adverse																			
Central IHC	£13.5m adverse																			
East IHC	£13.7m adverse																			
Womens	£1.1m adverse																			
MH & LD	£5m adverse																			
Commissioning Contracts	£5.9m favourable																			
ICD PrimaryCare	£1.9m favourable																			
ICD Regional Services	£2.3m adverse																			
Support Functions & Other Budgets	£41.7m favourable																			
<div>Savings</div> <div>In-month: £5.2m against target of £7.9m</div> <div>£2.7m adverse</div> <div>YTD: £31.2m against target of £35.0m</div> <div>£3.8m adverse</div>	<div>Balance Sheet</div> <div>Cash: Achieved</div> <div>Capital: Achieved CRL</div> <div>PSPP: Non NHS invoice Target achieved</div>	<div>COVID-19 Impact</div> <div>£44.8m cost YTD</div> <div>£45.3m forecast cost.</div> <div>£45.7m Funded by Welsh Government</div> <div>£0.9m Surplus</div>																		
<div>Income</div> <div>£152.1m against budget of £142.2m</div> <div>£9.9m Favourable</div>	<div>Pay</div> <div>£1011.8m against budget of £1006.3m</div> <div>£5.5m Adverse</div> <div></div>	<div>Non-Pay</div> <div>£1,133.4m against budget of £1,129.4m</div> <div>£4.0m Adverse</div>																		



Revenue Position

	Actual M7 £m	Actual M8 £m	Actual M9 £m	Actual M10 £m	Actual M11 £m	Actual M12 £m	2022/23 Cumulative			
							Budget £m	Actual £m	Variance £m	Variance %
Revenue Resource Limit	(158.9)	(158.9)	(160.1)	(160.8)	(164.7)	(239.7)	(1,993.5)	(1,993.5)	0.0	0.0%
Miscellaneous Income	(12.0)	(12.4)	(12.2)	(13.0)	(14.6)	(15.7)	(142.1)	(152.1)	-9.9	7.0%
Health Board Pay Expenditure	79.4	79.7	75.1	80.8	81.5	142.6	1,006.3	1,011.8	5.5	0.5%
Non-Pay Expenditure	92.7	93.5	97.7	93.7	98.6	104.2	1,129.4	1,133.4	4.0	0.4%
Total Deficit / (Surplus)	1.2	1.9	0.5	0.7	0.7	(8.5)	0.0	(0.4)	-0.4	

- The Health Board's financial plan for 2022/23 was to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38.4m Sustainability funding has been received to support planned and unscheduled care.
- At Month 11, the Health Board revised its forecast deficit of £10.0m to report a balanced forecast outturn position to reflect additional unexpected income allocations to cover retrospective costs for £1.7m Queen's funeral bank holiday, £4.3m COVID-19 Discharge support funding and £1.7m Dispensing Fees funding. In addition, the Month 12 position includes a £1.1m fortuitous gain on VAT recovery and the retention of funding for Performance and Transformation Strategic, Planned Care Sustainability, Value Based Healthcare and other ring-fenced funding when costs to the full level of funding could not be directly identified and attributed to this funding. An Accountable Officer (AO) Letter was submitted to Welsh Government on the 12th April providing details of these areas.
- The full year, draft unaudited position of the Health Board is a surplus of £0.4m and the draft in-month position is a surplus of £8.5m. The end of year financial position is subject to the closure and submission of the final accounts for 2022/23 and the subsequent audit by Audit Wales.



Revenue Position

A number of exceptional items have been included in the Month 12 position, which include:

- £10.3m - 1.5% non-consolidated pay award paid in March
- £13.6m - 1.5% Consolidated Pay Award year end adjustment.
- £37.4m - Year end adjustment in respect of the notional 6.3% employers' superannuation adjustment.

Offsetting the above increases in expenditure are the following gains in Month 12:

- An additional £3.2m of the Annual Leave accrual was released in month. Of the total, £2.0m was released to cover backfill costs and £1.2m was an accountancy gain.
- The review and data cleanse of purchase order accruals resulted in reduced accruals of £7.8m, of which £1.5m is an Accountancy Gain.
- £1.1m total fortuitous gain on VAT recovery for Home Oxygen Therapy Services, of which £0.9m relates to previous years

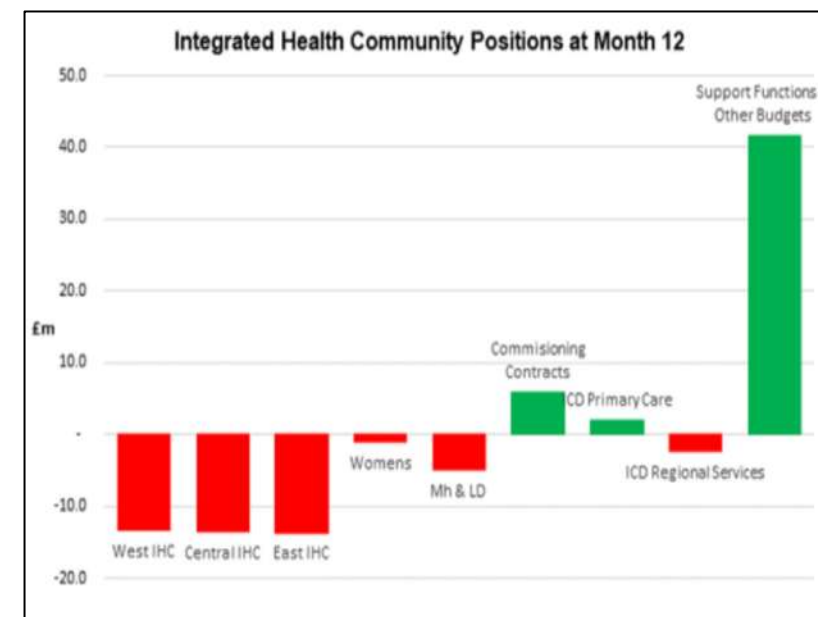
The table also shows the in-month movement compared to forecast:

	Forecast £'m	M12 Actual Income £'m	M12 Actual Spend £'m	Variance £'m
February reported position (Deficit)	-8.1	1,888.6	-1,896.8	-8.2
Month 12 movements				
Operational outturn	2.5	190.2	-192.0	-1.8
Exceptional items & Technical adjustments				
Increase in Study leave accrual	-2.0		-1.9	-1.9
Retaining balance of Value Based Healthcare	1.2	1.2		1.2
Additional accrual for No Purchase Order No pay	-1.0		-0.6	-0.6
Additional exceptional costs relating to legal cases	-1.9	4.1	-4.1	0.0
Release of Annual leave - accountancy gain			1.2	1.2
Release of Annual leave - covering backfill costs	0.5		2.0	2.0
Release due to Purchase Order review - accountancy gain			1.5	1.5
Release due to Purchase Order review - in year release	7.3		6.3	6.3
VAT Rebate - Home Oxygen Therapy Services	0.8		0.9	0.9
VAT on Lease Cars	0.4		0.4	0.4
IFRS income adjustment	0.3			0.0
Increased Surplus due to reduction in COVID spend			0.5	0.5
Increased surplus in Energy funding			0.5	0.5
6.3% superannuation		37.4	-37.4	0.0
Pay award - Non consolidated 1.5% (Paid)		10.2	-10.3	-0.1
Pay award - Consolidated 1.5% (Accrued)		12.1	-13.6	-1.5
Total March	8.1	255.2	-246.6	8.6
Total 22/23 Surplus Outturn Position	0.0	2143.8	-2143.4	0.4



Divisional Positions

	In Month			Cumulative		
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan
	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(239,734)	(239,734)	0	(1,993,514)	(1,993,514)	0
WEST INTEGRATED HEALTH COMMUNITY						
Management	64	208	(144)	445	524	(80)
West Area	15,427	17,242	(1,815)	177,176	182,778	(5,602)
Ysbyty Gwynedd	10,609	11,683	(1,074)	117,211	124,316	(7,105)
Facilities	1,104	1,123	(19)	11,894	12,476	(582)
Total West	27,205	30,256	(3,052)	306,726	320,094	(13,368)
CENTRAL INTEGRATED HEALTH COMMUNITY						
Management	62	178	(116)	444	494	(50)
Central Area	20,458	19,215	1,242	234,922	233,414	1,509
Ysbyty Glan Clwyd	12,841	14,461	(1,620)	144,269	158,093	(13,824)
Facilities	1,266	1,322	(56)	13,880	15,042	(1,162)
Total Central	34,627	35,177	(550)	393,516	407,043	(13,527)
EAST INTEGRATED HEALTH COMMUNITY						
Management	75	91	(17)	551	448	103
East Area	22,750	24,937	(2,187)	266,488	272,481	(5,992)
Ysbyty Wrexham Maelor	10,713	11,549	(836)	123,393	130,474	(7,082)
Facilities	1,159	1,172	(14)	12,541	13,290	(750)
Total East	34,697	37,749	(3,053)	402,973	416,694	(13,721)
Total Midwifery and Women's Services	3,833	4,203	(369)	43,349	44,479	(1,130)
Total Mental Health and LDS	13,150	15,759	(2,609)	150,134	155,124	(4,990)
Total Commissioning Contracts	22,346	22,064	283	263,536	257,679	5,857
INTEGRATED CLINICAL DELIVERY PRIMARY CARE						
Covid Programmes	1,236	1,236	0	17,838	17,838	0
Dental North Wales	2,947	1,772	1,174	34,430	33,207	1,223
Community Dental Services	563	534	29	6,125	5,391	734
ICD Primary Care Management	13	0	13	103	47	56
Other Primary Care	(526)	(594)	68	(2,038)	(1,944)	(94)
Total Integrated Clinical Delivery Primary care	4,233	2,948	1,285	56,458	54,538	1,919
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES						
Provider Income	(1,821)	(1,990)	169	(21,330)	(21,707)	376
Diagnostic and Specialist Clinical Support	5,674	6,620	(946)	70,487	72,315	(1,829)
Cancer Services	5,653	5,626	27	55,563	56,455	(892)
Total Integrated Clinical Delivery	9,505	10,255	(750)	104,719	107,063	(2,344)
Total Service Support Functions and Other Budgets	90,138	72,784	17,354	272,104	230,411	41,693
Total	0	(8,539)	8,539	0	(389)	389



- The unaudited year end position is a surplus of £0.4m.
- Key impacts affecting divisional cumulative positions include additional pay costs due to variable pay costs, particularly Agency costs.
- Non Pay pressures continue within CHC, due to more complex packages driving an increase in costs and increasing out of area packages, prescribing costs and a number of general non pay inflationary pressures.
- Non delivery of CRES impact.

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). All allocations have been received with no further anticipated allocations expected.
- Total 22/23 COVID-19 funding allocation received is £45.7m, leaving a £0.9m surplus further to Welsh Government allowing surplus funding to be retained. Loss of dental income funding (£0.2m), COVID Enhanced Flu (£0.2m) and Nosocomial allocation (£0.4m).
- Also, within the allocations received includes £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38M has also been received for Planned and Unscheduled Care Sustainability Fund.

Description	£m
Allocations Received	1,993.5
Total Allocations Anticipated	-
Total Welsh Government Income	1,993.5

COVID -19 Funding	£m
Total COVID-19 costs in 2022/23	44.8
Total Covid -19 funding	44.8
Received	45.7
Anticipated	-0.9



Expenditure

Pay Costs													Cumulative		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	11.4	10.0	11.0	10.8	11.0	14.1	11.5	9.9	11.7	12.0	11.9	21.4	149.3	146.7	(2.6)
Medical & Dental	17.6	17.3	17.9	18.2	18.0	21.7	18.6	19.7	16.7	18.6	18.6	31.6	223.1	234.0	10.9
Nursing & Midwifery Registered	23.7	22.9	23.4	23.3	22.8	28.8	24.3	25.0	22.9	24.5	24.9	42.4	317.9	309.6	(8.3)
Additional Clinical Services	11.2	10.6	10.7	11.0	10.6	15.0	11.6	11.7	10.8	11.8	12.2	6.1	138.3	149.1	10.8
Add Prof Scientific & Technical	2.9	2.9	2.9	3.0	3.0	3.5	3.1	3.2	3.0	3.1	3.1	21.5	44.9	39.9	(5.0)
Allied Health Professionals	5.0	4.7	4.7	5.0	4.9	6.1	5.3	5.4	5.2	5.4	5.4	9.8	64.6	67.2	2.5
Healthcare Scientists	1.3	1.2	1.3	1.3	1.3	1.5	1.3	1.4	1.1	1.3	1.3	2.1	17.6	16.5	(1.1)
Estates & Ancillary	3.5	3.7	3.5	3.6	3.5	5.0	3.8	3.3	3.7	3.8	3.9	6.6	49.5	48.0	(1.5)
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	1.0	0.8	(0.2)
Health Board Total	76.6	73.4	75.5	76.3	75.1	95.8	79.4	79.7	75.1	80.8	81.5	141.6	1,006.3	1,011.8	5.5
Other Services (Incl. Primary Care)	2.0	2.4	2.2	2.3	2.5	2.8	2.9	2.8	2.6	2.6	2.9	4.1	24.7	31.0	6.3
Total Pay	78.7	75.8	77.6	78.5	77.6	98.6	82.3	82.5	77.7	83.4	84.4	145.7	1,031.0	1,042.8	11.8

Non-Pay Costs	2022-23												Cumulative		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	18.1	18.1	16.8	18.2	17.6	18.3	19.1	22.3	18.9	19.7	19.0	17.6	228.0	223.7	4.3
Primary Care Drugs	8.7	8.8	9.9	10.1	10.3	10.5	9.9	9.9	10.2	10.4	10.3	11.8	106.3	120.8	(14.5)
Secondary Care Drugs	7.0	7.3	5.4	6.7	7.2	7.2	7.0	7.4	7.1	7.4	7.5	5.7	79.5	82.9	(3.3)
HC Services Provided by Other NHS	25.1	24.3	26.2	27.9	24.7	25.7	24.6	21.5	27.9	27.2	31.1	26.1	317.2	312.3	5.0
Continuing Care and FNC	9.4	9.4	9.4	10.2	9.6	5.5	8.7	8.8	8.9	7.0	6.9	10.3	97.3	104.1	(6.8)
Other Non Pay (incl Clinical & General Supplies)	18.1	19.7	18.5	15.5	25.6	21.5	20.3	22.1	21.7	19.1	20.6	24.3	258.3	246.9	11.4
Non-pay costs	86.4	87.5	86.1	88.6	95.0	88.7	89.6	92.1	94.7	90.7	95.4	95.8	1,086.6	1,090.7	(4.0)
Cost of Capital	2.5	2.5	2.5	5.9	3.3	3.3	3.3	1.5	3.1	3.1	3.1	8.4	42.7	42.7	0.0
Total non-pay	88.9	90.0	88.6	94.5	98.4	92.1	92.9	93.6	97.8	93.8	98.5	104.2	1,129.4	1,133.4	(4.0)

Variable Pay	2022-23												Total
	M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	M6 £m	M7 £m	M8 £m	M9 £m	M10 £m	M11 £m	M12 £m	
Agency	4.6	5.0	5.5	5.5	6.2	6.4	6.8	6.9	6.5	6.7	5.6	7.0	72.7
Overtime	1.8	1.8	0.9	1.3	1.1	1.6	1.5	1.3	1.2	0.9	1.5	1.7	16.5
Locum	1.7	2.1	1.8	2.5	2.0	2.0	2.2	2.5	2.2	2.1	2.3	2.6	26.0
WLIs	0.3	0.4	0.4	0.5	0.4	0.3	0.5	0.6	0.5	0.4	0.5	0.5	5.3
Bank	2.8	2.5	2.3	2.3	2.0	3.2	2.6	2.4	2.0	2.5	2.8	4.4	31.7
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.0	0.9
Additional Hours	0.3	0.3	0.4	0.3	0.4	0.3	0.2	0.4	0.4	0.3	0.3	0.4	4.0
Total	11.7	12.2	11.2	12.5	12.1	13.9	13.9	14.1	12.8	13.0	13.1	16.7	157.2

- Total Pay costs are £145.7m in March, an increase of £61.3m from February which includes:

- £10.3m - 1.5% non-consolidated pay award paid in March
- £13.6m - 1.5% Consolidated Pay Award year end adjustment.
- £36.4m - Year-end adjustment in respect of the notional 6.3% employers' superannuation adjustment.

- An additional £3.2m was of the Annual Leave accrual was released in month. Of the total, £2.0m was released to cover backfill costs and £1.2m was an accountancy gain.

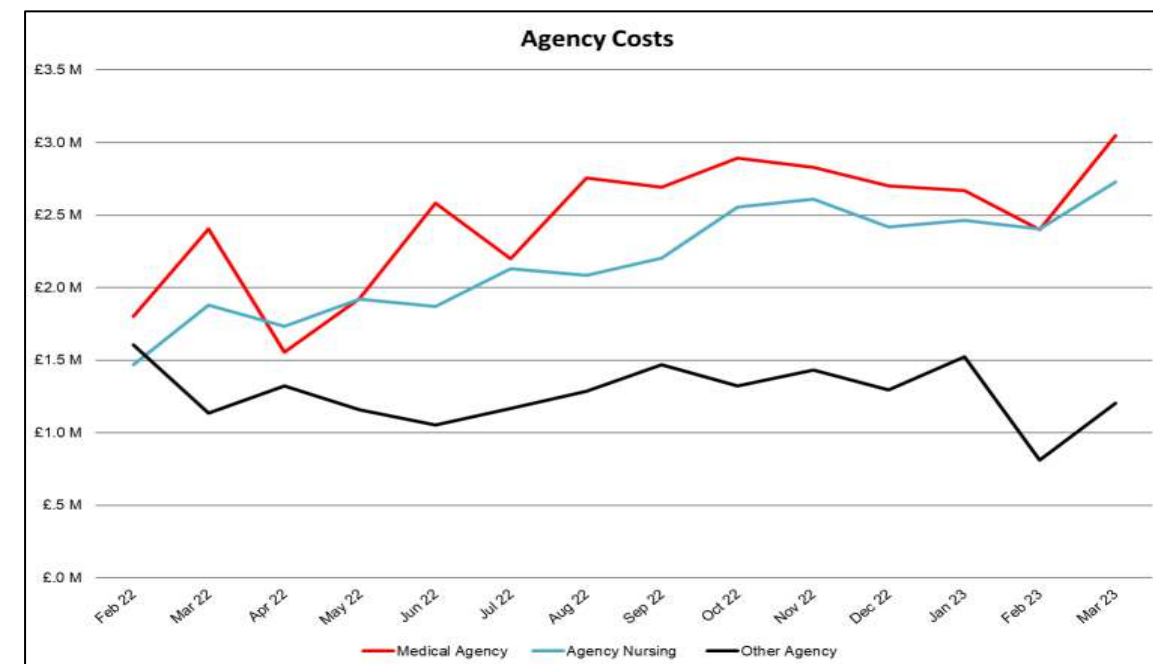
- Total Variable Pay is £16.6m, an increase of £3.5m from previous month. Agency costs have increased by £1.4m. Overtime has also increased by £0.2m and Bank spend has increased by £1.6m from previous month.

- All three sites continue to experience medical and nursing staffing pressures due to vacancies, which is reflected in the increase in both overtime and Bank spend.

Pay Costs



- The 22/23 additional 3% pay award offer comprises of 1.5% is Consolidated Pay Award and 1.5% is non-Consolidated. £10.3m has been paid in March for the 1.5% non-consolidated pay award. A provision of £13.6m has also been accounted for within the Month 12 position for the 1.5% Consolidated Pay Award year which is to be paid within the new financial year. The Pay Award has been funded by Welsh Government; however the funding for the 1.5% consolidated award is £1.5m lower than projected costs.



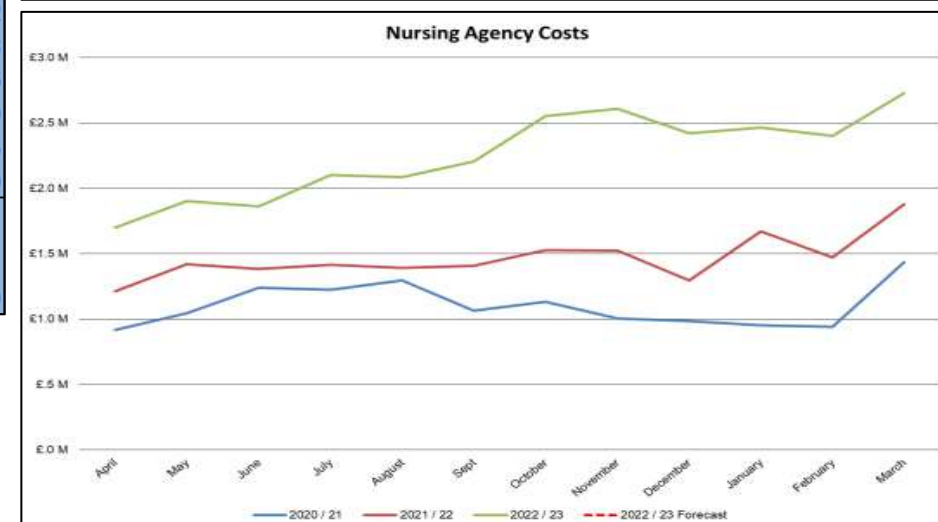
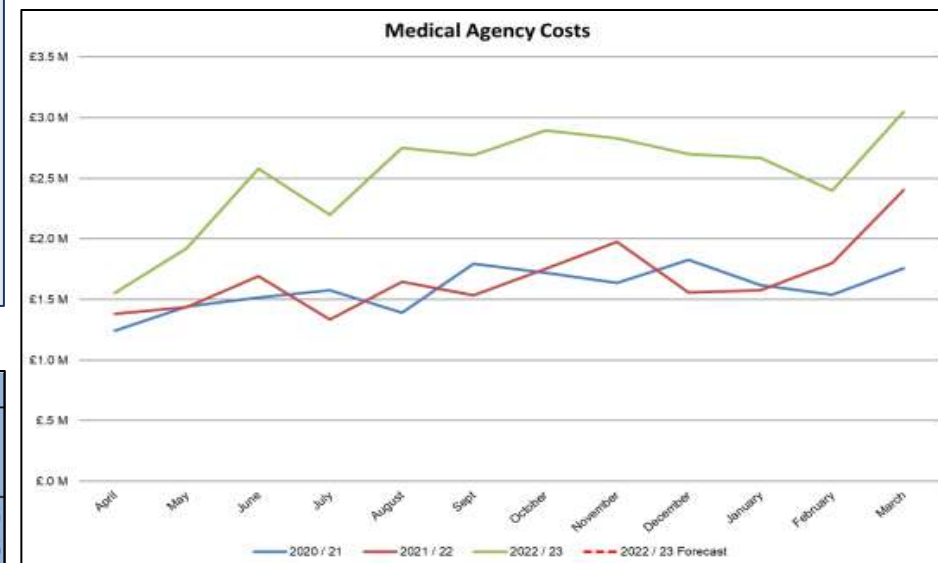
- Agency costs for March are £7.0m which is £1.4m higher than February. The increase in Month 12 Agency costs is not unusual in comparison to previous years due to increased annual leave requests in March and therefore additional cover required. In addition, there are three extra working days in March compared to February.
- Medical agency costs have increased by £0.6m to an in-month spend of £3.1m.
- Nurse Agency costs is £2.8m in March, an increase of £0.4m from February.



Pay Costs - Agency

- Total agency costs are £7.0m in March, having increased by £1.4m from previous month, and is £1.1m higher than the average monthly expenditure in this financial year. Of the £7.0m, the 3 hospital sites accounted for £3.9m of the costs. .
- March Agency spend is 4.8% of total pay. Total 2022/23 Agency expenditure is £72.7m (7.0% of total pay), which is £23.9m higher than in 2021/22.
- Medical agency spend is £3.1m for the month, an increase of £0.6m from February.
- Agency nursing spend is £2.8m for the month, an increase of £0.4m from February.

- The below graphs shows movements in both Medical & Agency Nursing costs from 2020/21 and 2021/22.

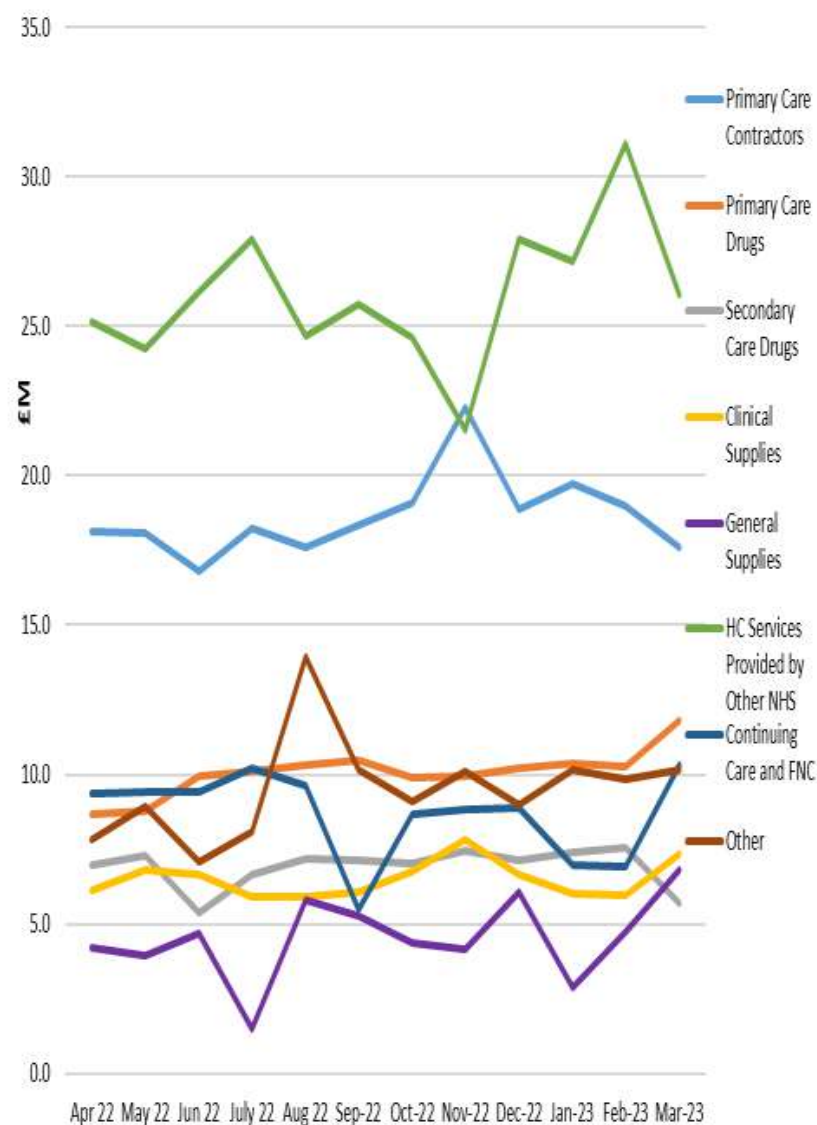


	22-23 Actual												Total Year to Date
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
West Area	118	155	156	191	195	127	384	205	127	112	211	155	2,136
Ysbyty Gwynedd	570	564	565	568	651	710	779	785	776	809	844	1023	8,645
Central Area	294	379	175	380	553	487	543	420	508	561	154	638	5,092
Ysbyty Glan Clwyd	914	1,110	1,261	1,376	1,238	1,613	1,542	1,805	1,365	1552	1066	1807	16,648
East Area	576	574	1,042	357	939	758	886	975	879	814	893	733	9,425
Ysbyty Maelor Wrexham	760	812	808	1,005	923	1,062	1,084	1,072	1,000	1105	1029	1041	11,700
Mental Health & LDS	446	436	505	598	680	570	535	819	774	740	665	827	7,593
Other	931	976	989	1023	980	1068	1075	821	1067	975	780	815	11,500
Total Agency	4,609	5,004	5,502	5,497	6,159	6,394	6,828	6,901	6,495	6,669	5,642	7,038	72,740



Non-Pay Costs

Non Pay Expenditure (Excluding Capital Costs)



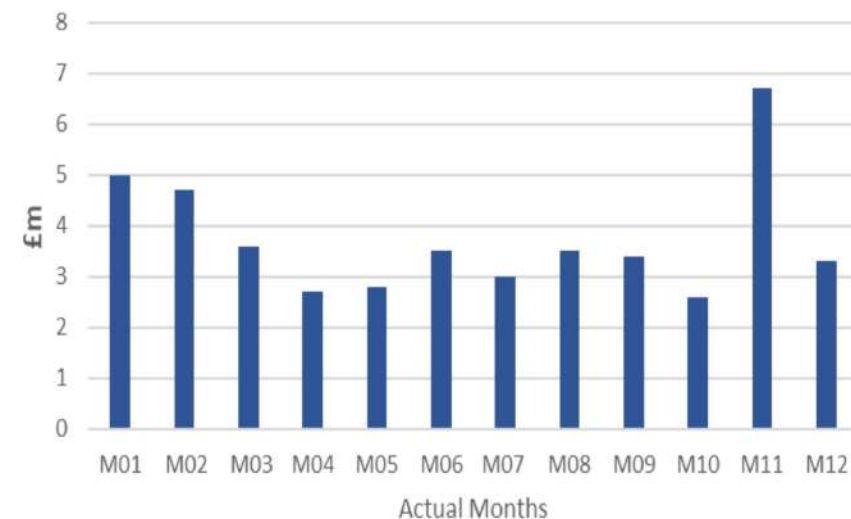
Total Non-Pay Expenditure: March expenditure is £95.8m (excluding capital charges), which is £0.4m higher than previous month. Key movements include:

- **Primary Care Contractor:** Expenditure is £1.4m (7.5%) less than previous month. The reduction in Month 12 spend is primarily due to £1.3m Dental Contractors hand-backs. GMS Enhanced Services has also reported a £0.4m reduction against forecast due to lower than expected activity and £0.5m reduction in Premises costs due to actual rent costs moved from GMS to capital in line with IFRS 16 requirements.
- **Primary Care Drugs:** Expenditure has increased by £1.6m (15.1%) from February. The general upward trend in prescribing costs is due to No Cheaper Stock Obtainable (NCSO) items and is likely to remain a pressure until Antibiotics come off NCSO supply. As prescribing costs are based on a 3-month average cost (November-January), this is being impacted by the high cost over the winter period. This, together with there being 3 more prescribing days in March (23) in comparison to February (20), has led to an increase in Month 12 expenditure.
- **Provider Services Non Pay:** Expenditure has increased by £4.1m (23.0%) from previous month, of which £3.1m is increase in Month 12 Local Authority payments mainly due to RIF (Regional Integrated Fund) which is fully funded from WG. Also, additional costs of £0.6m was reported across a range of medical and surgical equipment, implant and patient appliance categories and additional Therapies equipment totalling £0.6m.
- **Secondary Care Drugs:** Expenditure has decreased by £1.8m (24.3%) of which £1.1m was VAT rebate on Home Oxygen Therapy Services and £0.6m year-end stock adjustment due to stock increase within the Pharmacy top up system.
- **Healthcare Services provided by Other NHS Bodies:** Expenditure is £5.0m (16.2%) less, of which £5.5m is reduction in WHSCC due to backdated WHSCC costs reported in Month 11. Expenditure is in line with previous months average and is £0.9m less than forecast. Movement from forecast is due to £0.4m reduction against Hywel Dda contract, £0.3m reduction in NCA's and £0.2m reduction in the WAST 6 days service contract.
- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £3.4m (48.6%) higher than previous month. Month 12 expenditure includes £0.5m additional provisions for the impact of the NHS pay award on 22/23 CHC and FNC rates, whilst increase in MHLDD dispute cases is £1.7m and local Integrated Health Communities (IHC) fees disputes/claims from providers has also increased by £0.4m. Out of Area Placements continues to be an area of high concern and increase in complexity of packages is also leading to higher costs.

Impact of COVID-19

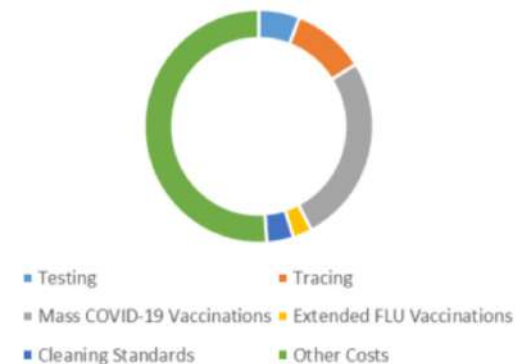
	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	Actual M10	Actual M11	Actual M12	Total YTD 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.0	2.5
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	0.2	0.1	0.2	0.3	4.6
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	1.1	0.8	0.8	1.0	11.8
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.3	(0.1)	0.1	0.3	1.4
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.2	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	1.5	1.4	5.1	1.5	22.9
Total COVID-19 expenditure	5.0	4.7	3.6	2.7	2.8	3.5	3.0	3.5	3.4	2.6	6.7	3.3	44.8
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(3.0)	(3.5)	(3.4)	(2.6)	(6.7)	(3.3)	(45.7)
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.9)

Total COVID-19 Expenditure Per Month



- The total impact of COVID-19 spend in March is £3.3m, a reduction of £3.4m from February, which is due to February spend being higher as a result of retrospective COVID-19 discharge support costs claimed in Month 11.
- Welsh Government income has been received to fully fund these costs, leaving a £0.9m surplus, further to Welsh Government allowing surplus funding to be retained on Loss of dental income funding (£0.2m), COVID Enhanced Flu (£0.2m) and Nosocomial allocation (£0.4m).

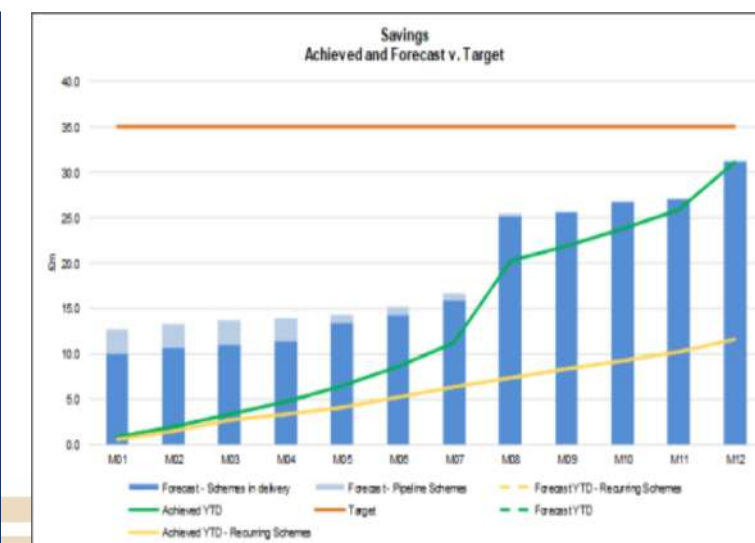
COVID-19 Cost Distribution Forecast 2022/23



Savings

	Savings Target £000	SCHEMES IN DELIVERY									PIPELINE SCHEMES				TOTAL PROGRAMME	
		Year to Date				Forecast					Recurring Plan £000	Non-Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000
		Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000						
Ysbyty Gwynedd	3,124	3,124	300	(2,824)	474	300	(2,824)	474	773	340	0	0	0	0	773	(2,351)
Ysbyty Glan Clwyd	3,951	3,951	379	(3,572)	538	379	(3,572)	538	917	418	0	0	0	0	917	(3,034)
Ysbyty Wrexham Maelor	3,171	3,171	687	(2,484)	1,957	687	(2,484)	1,957	2,645	1,006	0	0	0	0	2,645	(526)
Total of hospitals	10,246	10,246	1,366	(8,880)	2,969	1,366	(8,880)	2,969	4,335	1,763	0	0	0	0	4,335	(5,911)
North Wales Managed Services	3,586	3,586	2,019	(1,567)	453	2,019	(1,567)	453	2,472	2,113	0	0	0	0	2,472	(1,114)
Womens Services	1,375	1,375	115	(1,260)	2,021	115	(1,260)	2,021	2,137	133	0	0	0	0	2,137	762
Secondary Care	15,207	15,207	3,500	(11,707)	5,444	3,500	(11,707)	5,444	8,943	4,010	0	0	0	0	8,943	(6,264)
Area - West	2,940	2,940	1,160	(1,780)	1,542	1,160	(1,780)	1,542	2,702	1,513	0	0	0	0	2,702	(238)
Area - Centre	4,942	4,942	2,287	(2,656)	2,074	2,287	(2,656)	2,074	4,361	2,502	0	0	0	0	4,361	(581)
Area - East	5,080	5,080	1,527	(3,553)	1,688	1,527	(3,553)	1,688	3,215	1,531	0	0	0	0	3,215	(1,865)
Area - Other	235	235	235	0	108	235	0	108	343	235	0	0	0	0	343	108
Contracts	1,804	1,804	0	(1,804)	3,488	0	(1,804)	3,488	3,488	0	0	0	0	0	3,488	1,684
Area Teams	15,001	15,001	5,209	(9,793)	8,900	5,209	(9,793)	8,900	14,109	5,781	0	0	0	0	14,109	(893)
MHLD	613	613	2,457	1,844	252	2,457	1,844	252	2,708	2,458	0	0	0	0	2,708	2,095
Corporate	4,179	4,179	527	(3,651)	4,869	527	(3,651)	4,869	5,396	693	0	0	0	0	5,396	1,218
Divisional Total	35,000	35,000	11,692	(23,308)	19,464	11,692	(23,308)	19,464	31,157	12,942	0	0	0	0	31,157	(3,843)

- The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and program of work.
- Savings delivered in month total £5.2m against a plan of £4.3m and a total target of £7.9m.
- Total savings delivered in 22/23 is £31.2m against a full year plan of £25.9m and a total target of £35m. As all schemes were transactional, the transactional savings target of £17.5m has been met in terms of total savings delivered. However, the proportion of recurring savings delivered totals only £11.7m.
- The FY Outturn of £31.2m delivered a £4.1m increase on the FY Forecast at M12. Of this, £2.7m related to non-recurring Accountancy Gains and £1.1m VAT refund, which was delivered earlier than anticipated. Consequently, the related scheme will be removed from the savings plan for 23-24. Following the implementation of a VERs scheme approved by the RaTs Committee, a related savings scheme totalling £0.2m was approved by the interim Executive Directors of Finance and Workforce for inclusion in the Monitoring Return.
- Accountancy Gains totalled £9.7m at Month 12 and there were no red schemes.



Capital

Ref:	Performance against CRL / CEL	Year To Date		
		Plan £'000	Actual £'000	Variance £'000
	Gross expenditure			
	All Wales Capital Programme: Schemes:			
1	Imaging	4,483	4,749	266
2	Wrexham Redevelopment	2,399	1,184	(1,215)
3	Nuclear Medicine	425	258	(167)
4	Substance Misuse-Holyhead	0	(1)	(1)
5	Digital Medicine	10	10	0
6	Ablett Unit	1,423	1,038	(385)
7	Linacs	1,922	1,793	(129)
8	Emergency Departments	418	357	(61)
9	Energy Saving Schemes	250	220	(30)
10	Year End Funding - Enli Ward	500	812	312
11	Year End Funding - Mortuary	346	135	(211)
12	Endoscopy Training	50	39	(11)
13	Year End Funding-Medical Devices	430	418	(12)
14	Year End Funding-Local Area Network	250	0	(250)
15	Eye Care	68	68	0
16	Ambulance	130	111	(19)
17	Digital Funding	126	123	(3)
	Sub Total	13,230	11,314	(1,916)
	Discretionary:			
43	I.T.	1,713	1,348	(365)
44	Equipment	1,379	1,952	573
45	Statutory Compliance	0	0	0
46	Estates	7,879	9,560	1,681
47	Other	0	0	0
48	Sub Total	10,971	12,860	1,889
	Other (Including IFRS 16 Leases) Schemes:			
49	Donated	460	460	0
50	Internally Generated	0	0	0
51	IFRS16	5,051	5,051	0
69	Sub Total	5,511	5,511	0
70	Total Expenditure	29,712	29,685	(27)
	Donations:			
77	Donations:	460	460	0
78	Sub Total	460	460	0
92	CHARGE AGAINST CRL / CEL	29,252	29,225	(27)
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(27)	

- The approved Capital Resource Limit (CRL) for 2022/23 is £29.252m.
- Actual expenditure for the year was £29.225m, giving a small surplus of £0.027m.
- £0.25m received for Local Area Network (LAN) scheme has been spent in full, but it is shown in discretionary as one scheme.



GIG
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

Month 12 2022/23

Steve Webster
Interim Executive Director of Finance

Betsi Cadwaladr University Health Board



1. FINANCIAL POSITION



1.1 Financial plan

- The Health Board's financial plan for 2022/23 was to deliver a balanced position, which includes the £82.0m strategic support funding from Welsh Government. In addition, £38.4m Sustainability funding has been received to support planned and unscheduled care.
- The £42m Strategic Support was included as recurrent in the MDS. Prior to the submission of the financial plan for 2022-25, the Health Board started discussions with Welsh Government on the continuation of the Strategic Support. The three-year financial plan included in the BCU IMTP submission also assumed that funding for Performance and Transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding (as agreed with the previous NHS Chief executive Andrew Goodall) in order to be able to deliver the required outcomes. Welsh Government subsequently requested the Health Board to reflect the £42m as non-recurrent, which consequently increased the carried forward underlying deficit.
- Following the deep dive review of the forecast outturn at Month 6, the Health Board reported a forecast deficit position of £10.0m. At Month 11, the Health Board's forecast was revised to report a balanced forecast outturn position to reflect additional unexpected income allocations for Queen's funeral bank holiday funding £1.7m, COVID-19 Discharge support funding £4.3m, Dispensing Fees £1.7m, a £1.1m fortuitous gain on VAT recovery and the retention of funding for Performance and Transformation Strategic, Planned Care Sustainability, Value Based Healthcare and other ring-fenced funding, when costs to the full level of funding could not be directly identified and attributed to this funding. An Accountable Officer (AO) Letter was submitted to Welsh Government on the 12th April providing details of these areas.

1.2 Year to Date Financial Position

- The full year, draft unaudited position of the Health Board is a surplus of £0.4m and the draft in-month position is a surplus of £8.5m. The end of year financial position is subject to the closure and submission of the final accounts for 2022/23 and the subsequent audit by Audit Wales.
- The below table shows the in-month movement compared to forecast:

1. FINANCIAL POSITION



	Forecast £'m	M12 Actual Income £'m	M12 Actual Spend £'m	Variance £'m
February reported position (Deficit)	-8.1	1,888.6	-1,896.8	-8.2
Month 12 movements				
Operational outturn	2.5	190.2	-192.0	-1.8
Exceptional items & Technical adjustments				
Increase in Study leave accrual	-2.0		-1.9	-1.9
Retaining balance of Value Based Healthcare	1.2	1.2		1.2
Additional accrual for No Purchase Order No pay	-1.0		-0.6	-0.6
Additional exceptional costs relating to legal cases	-1.9	4.1	-4.1	0.0
Release of Annual leave - accountancy gain			1.2	1.2
Release of Annual leave - covering backfill costs	0.5		2.0	2.0
Release due to Purchase Order review - accountancy gain			1.5	1.5
Release due to Purchase Order review - in year release	7.3		6.3	6.3
VAT Rebate - Home Oxygen Therapy Services	0.8		0.9	0.9
VAT on Lease Cars	0.4		0.4	0.4
IFRS income adjustment	0.3			0.0
Increased Surplus due to reduction in COVID spend			0.5	0.5
Increased surplus in Energy funding			0.5	0.5
6.3% superannuation		37.4	-37.4	0.0
Pay award - Non consolidated 1.5% (Paid)		10.2	-10.3	-0.1
Pay award - Consolidated 1.5% (Accrued)		12.1	-13.6	-1.5
Total March	8.1	255.2	-246.6	8.6
Total 22/23 Surplus Outturn Position	0.0	2143.8	-2143.4	0.4

1.3 Income (Table B)

- Income totals £255.2m for March, an increase of £75.8m from February.
- Total Revenue Resource Limit (RRL) Annual allocation has increased by £75.0m from February's allocation. This includes £38.7m additional 6.3% employer's superannuation costs and £22.0m 22/23 Consolidated & Non-Consolidated Pay Award allocation. Further details on RRL allocation are included in Section 7 (Table E).

1. FINANCIAL POSITION



1.4 Actual Expenditure (Table B)

- Expenditure totals £246.6m for March, £66.7m higher than February expenditure which is offset by £75.8m additional income in Month 12.
- A number of exceptional items have been included in the Month 12 position, which are driving the increase in costs:
 - £10.3m - 1.5% non-consolidated pay award paid in March
 - £13.6m - 1.5% Consolidated Pay Award year end adjustment.
 - £36.4m - Year-end adjustment in respect of the notional 6.3% employers' superannuation adjustment.
 - £1.0m - 6.3% superannuation year-end adjustment in Primary Care
- Offsetting the above increases in expenditure are the following gains in Month 12:
 - An additional £3.2m was released for Annual Leave in month. Of the total, £2.0m was released to cover backfill costs and £1.2m was an accountancy gain.
 - Further to the review and data cleanse of purchase order accruals resulting in reduced accruals of £7.8m, of which £1.5m is an Accountancy Gain
 - £1.1m total fortuitous gain on VAT recovery for Home Oxygen Therapy Services, of which £0.9m relates to previous years.
- Expenditure of £3.3m is directly related to COVID-19 in March, of which £2.3m is Pay and £1.0m is across Non-Pay expenditure categories. COVID-19 Month 12 expenditure is £3.4m less than previous month due to the £4.3m of COVID Discharge support costs claimed retrospectively in Month 11.
- The areas of significant increases in Month 12 spend includes Provided Services Pay (£61.0m), of which includes one off technical adjustments in Month 12 as detailed in below table. Provider Services Non-Pay (£4.1m), Continuing Care and Funded Nursing Care (£3.4m), Losses, Special Payments and Irrecoverable Debts (£5.0m) and Other Private & Voluntary Sector (£0.3m). Offsetting these are decreases in Healthcare Services provided by Other NHS Bodies (£5.0m), Secondary Care Drugs (£1.8m), Primary Care Contractor (£1.4m) and DEL Depreciation\Accelerated Depreciation\Impairments (£1.1m).
- Further detail on key movements in spend is provided in the below table.

Primary care Contractor

- Expenditure in March is £1.4m (7.5%) less than previous month and £2.1m less than forecast. The reduction in Month 12 spend is primarily due to £1.3m Dental Contractors Handbacks.

1. FINANCIAL POSITION



	<ul style="list-style-type: none"> • In addition to the Dental Contract Handbacks, GMS (General Medical Services) Enhanced Services has also reported a £0.4m reduction against forecast due to lower than expected activity and £0.5m reduction in Premises costs due to actual rent costs moved from GMS to Capital in line with IFRS 16 requirements. • Primary Care Contractor expenditure includes £1.0m in respect of additional 6.3% employer's superannuation contributions.
Primary care – Drugs & Appliances	<ul style="list-style-type: none"> • Expenditure has increased by £1.6m (15.1%) from February and is £1.4m higher than forecast for the month. The general upward trend in prescribing costs due to high prescribing costs of No Cheaper Stock Obtainable (NCSO) items is likely to remain until Antibiotics come off NCSO supply. As prescribing costs are based on a 3-month average cost (November-January), this is being impacted by the high cost over the winter period. This, together with there being 3 more prescribing days in March (23) in comparison to February (20), had led to an increase in Month 12 expenditure. • Following receipt of January prescribing data, the Average Cost per Item prescribed increased in January which was £7.61 per item compared to £7.39 per item for December. • The 3-month Average Cost per Item also increased from £7.41 to £7.46 (+0.7%). • Total cost of prescribing in 2022/23 was £120.8m, which is £8.5m higher than in 2021/22.
Provided Services - Pay	<ul style="list-style-type: none"> • Provided Services Pay expenditure has increased by £61.0m (74.8%) from Month 11 and is £64.0m higher than forecast. The movement in pay expenditure includes: <ul style="list-style-type: none"> ➢ £10.3m - 1.5% non-consolidated pay award paid in March ➢ £13.6m - 1.5% Consolidated Pay Award year end adjustment. ➢ £36.4m - Year-end adjustment in respect of the notional 6.3% employers' superannuation adjustment. • Total Pay costs directly related to COVID-19 in March is £2.3m, which is £2.6m less than previous month due to the backdated COVID-19 discharge support costs claimed in Month 11. • Variable Pay has also increased by £3.7m, of which the increase is against Agency (£1.4m), Bank (£1.6m) Locum (£0.5m) and overtime (£0.2m). All three sites continue to experience Medical and Nursing staffing pressures due to vacancies, however the increase in Month 12 Bank, Agency & overtime spend is not unusual due to additional cover required for increased annual leave requests prior to year-end. • Further detail on Agency spend is included in Section 5.1.

1. FINANCIAL POSITION



Provider Services Non-Pay	<ul style="list-style-type: none"> Expenditure has increased by £4.1m (23.0%) from previous month and is £5.0m higher than forecast, which is reported against a range of non-pay categories, however the key increases are: <ul style="list-style-type: none"> ➤ £3.1m increase in Local Authority payments mainly due to RIF (Regional Integrated Fund) which is fully funded from WG. ➤ Additional costs of £0.6m across a range of medical and surgical equipment, implant and patient appliance categories and additional Therapies equipment totalling £0.6m. COVID-19 Provider Services Non-Pay is £0.3m, a reduction of £0.2m from previous month.
Secondary care Drugs	<ul style="list-style-type: none"> Expenditure has decreased by £1.8m (24.3%) from previous month and is £1.9m less than forecast. This movement is primarily due to the £1.1m VAT rebate on Home Oxygen Therapy Services reported in Month 12. In addition, there has been a £0.6m year-end stock adjustment due to stock increase within the Pharmacy top up system.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> Month 12 expenditure is £5.0m (16.2%) less than previous month, of which £5.5m is reduction in WHSCC due to backdated WHSCC costs reported in Month 11. Expenditure is in line with previous months' average and is £0.9m less than forecast. Movement from forecast is due to £0.4m reduction against Hywel Dda contract, £0.3m reduction in NCA's and £0.2m reduction in the WAST 6-day service contract.
Continuing Health care (CHC) and Funded Nursing care (FNC)	<ul style="list-style-type: none"> Expenditure is £3.4m (48.6%) higher than previous month and is £2.0m higher than forecast. Spend is £1.8m higher than from previous months monthly average. Month 12 expenditure includes £0.5m additional provisions for the impact of the NHS pay award on 22/23 CHC and FNC rates, whilst increase in MHLD dispute cases is £1.7m and local Integrated Health Communities (IHC) fees disputes/claims from providers has also increased by £0.4m. Mental Health Out of Area Placements continues to be an area of high concern and significant pressures remain within patient flow due to Delayed Transfers of Care. CHC Process needs to be reviewed as lack of both placements and speed of assessments is of significant concern. An increase in complexity of packages is also leading to higher costs.
Other Private and Voluntary Sector	<ul style="list-style-type: none"> Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers.

1. FINANCIAL POSITION



	<ul style="list-style-type: none"> Expenditure has increased by £0.3m from previous month and £0.4m higher than previous months' monthly average. However, March expenditure is £1.7m less than forecast due to Non-NHS Outsourcing not progressing as well as planned.
Joint Financing	<ul style="list-style-type: none"> Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget and the Mass Vaccination Centres spend. Expenditure is £0.2m higher than Month 11, however it is in line with forecast and previous months run rate.
Losses, Special Payments and Irrecoverable Debts	<ul style="list-style-type: none"> Includes Redress, Clinical Negligence, Personal Injury and loss of property. Expenditure has increased by £5.0m in Month 12 and is £4.8m higher than forecast, of which £4.1m relates to an exceptional funded item.
Capital	<ul style="list-style-type: none"> Includes depreciation and impairment costs. Capital costs is £0.5m less than previous month costs and is £5.9m higher than forecast. This is due to late adjustments, which were followed up with Welsh Government to agree the final non cash balances.

- The brought forward opening Annual Leave accrual value from 2021/22 was £27.2m. All staff that were due payment for selling annual leave from 2021/22 have now been paid via BCUHB Payroll, which reduced the baseline provision to £25.7m. Total Annual Leave accrual released into the position is £14.7m, of which £9.2m is the release of accrual to cover backfill costs and £4.0m is an Accountancy Gain.
- The 22/23 Annual Leave accrual is £12.5m which has been capped at 10 days (excluding A&C and Estates & Ancillary which have been capped at 50% of 10 days). Staff on long term sick and maternity leave have been excluded from this cap due to legislation.
- The 22/23 additional 3% pay award offer comprises of 1.5% is Consolidated Pay Award and 1.5% is non-Consolidated. £10.3m has been paid in March for the 1.5% non-consolidated pay award which is non-pensionable. A provision of £13.6m has also been accounted for within the Month 12 position for the 1.5% Consolidated Pay Award year which is to be paid within the new financial year. The Pay Award has been funded by Welsh Government; however the funding for the 1.5% consolidated award is £1.5m lower than projected costs.

1. FINANCIAL POSITION



- Energy costs are volatile and have been updated in line with WG advice and data received via NWSSP from British Gas. The energy forecast outturn at Month 11 was £25.7m, which has reduced by £0.5m to £25.2m in Month 12.
- A number of items of equipment have been identified as being transferred from the National Equipment Reserve, however as the legal title is still under discussion these have not been accounted for within the Return.

1.5 Performance and Transformation Strategic Support and Other Ring-fenced Funds

- The 3-year financial plan assumed funding for Performance and Transformation was to continue on a recurrent basis, which was also reflected in the submitted 2022/23 MDS tables. However, as requested by Welsh Government this has been reported as non-recurrent within Table A as from Month 4. The Health Board has been clear with Welsh Government that it is committing recurrently against this funding, as it relates to substantive recruitment of specific staff posts to ensure delivery of the required outcomes.
- The Performance and Transformation Strategic Support year to date total attributed spend is £33.5m against a total funding allocation of £42m, thus reporting a shortfall of £8.5m against planned expenditure. A summary of the 22/23 Performance and Transformation fund monthly spend is provided as per below table:

	Actual												Total £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	
Pay	0.6	2.0	1.4	1.3	1.8	1.6	1.9	0.9	1.6	1.4	3.6	5.0	23.1
Non-Pay	0.2	0.8	0.4	0.7	1.0	1.2	1.4	2.8	0.8	0.2	-0.1	1	10.4
Total	0.8	2.8	1.8	2.0	2.8	2.8	3.3	3.7	2.4	1.6	3.5	6.0	33.5

- The shortfall of attributed spend to these funds, together with shortfalls against other ring-fenced funding and balance sheet movements, have effectively financed the recurrent 2022/23 deficit of £114m (total £196m less £82m strategic support), which is within the build-up of the 2023/24 financial plan shared with the FDU.
- As reported within the Month 12 Ring-fenced allocations template, the total shortfall of attributed spend against the other ring-fenced funding is £9.9m, which consists of Sustainability (£6.2m), Value Based Healthcare (£2.4m), Six Goals (£0.2m) and Mental Health SIF (£1.1m) as per below table.

1. FINANCIAL POSITION



	Total Funding £m	Attributed Spend £m	Shortfall of Attributed Spend £m	% Spent
Strategic Support				
Performance Fund	30.00	23.11	-6.89	
Transformation Fund	12.00	10.38	-1.62	
Total Strategic Support	42.00	33.49	-8.51	80%
Other New Ring-fenced Funding				
Sustainability	38.39	32.17	-6.22	84%
Value Based Healthcare	3.35	0.99	-2.36	30%
Six Goals (Urgent Emergency Care)	2.96	2.74	-0.22	93%
Mental Health (SIF)	1.56	0.44	-1.12	28%
Regional Integrated Fund (RIF)	34.20	34.20	0.00	100%
Total Other New Ring-fenced Funding	80.46	70.54	-9.92	88%
TOTAL	122.46	104.03	-18.43	85%

- Total Regional Integrated Fund (RIF) allocation is £34.2m and has been spent in full. The potential sources of RIF funding may differ to other returns depending on whether the narrative mentioned RIF on the allocation letters.
- The below table includes specific items reported within the Month 12 outturn position which are similar in nature to the areas of underspend on ring-fenced funding:

Overspends Funded by Shortfall of Attributed Spend	£m
SDEC (using Six Goals funds)	0.25
Mental Health inpatient nursing costs (using SIF funds)	1.12
Primary Care Prescribing	15.04
Managed Practices	6.88
YGC Targeted Intervention	0.91
Secondary Care Medical staff costs	11.25
Total	35.45

- A number of actions will be taken by the Health Board to ensure ring-fenced funding is spent as planned in future years, for example:

1. FINANCIAL POSITION



- Review of all Performance and Transformation Fund schemes as part of the 2023/24 Financial Plan and disinvestment in schemes that have not been committed and undertake a further review.
- “Backfill” this reduced development expenditure with other areas of development which are already in the recurrent expenditure run rate and are considered priorities but are outside the recurrent budget.
- Improved accountability and oversight through a financial scrutiny group that will check and challenge financial performance (including outside financial improvement targets), including spend against ring-fenced funding.
- High level issues will be brought into performance and accountability meetings with Integrated Health Communities.

1.6 Accountancy Gains (Table B)

- The Health Board is reporting £2.7m Accountancy Gains in March.
- Year to Date Accountancy Gains reported up to end of March is £9.7m.

1.7 COVID-19 (Table B3)

- Total impact of COVID-19 spend in March is £3.3m, a reduction of £3.4m from February. The reduction is due to the review of the categorisation of COVID-19 discharge support and additional bed capacity that was reflected in the Month 11 COVID-19 Tables.
- The £44.8m COVID-19 full year expenditure includes the £4.3m COVID-19 Discharge Support costs claimed in Month 11 (£2.9m for escalation beds in Ysbyty Gwynedd & Women’s Services, £1.0m for Therapies and support costs in Wrexham, and £0.4m for discharge to assess beds within private care homes).
- The below table summarises actual monthly spend by COVID-19 category.

1. FINANCIAL POSITION



	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	Actual M10	Actual M11	Actual M12	Total 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.0	2.5
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	0.2	0.1	0.2	0.3	4.6
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	1.1	0.8	0.8	1.0	11.8
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.3	(0.1)	0.1	0.3	1.4
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.2	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	1.5	1.4	5.1	1.5	22.9
Total COVID-19 expenditure	5.0	4.7	3.6	2.7	2.8	3.5	3.0	3.5	3.4	2.6	6.7	3.3	44.8
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(3.0)	(3.5)	(3.4)	(2.6)	(6.7)	(4.3)	(45.7)
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9

- The planned additional expenditure due to COVID-19 was £51.0m, however the 22/23 total annual COVID-19 expenditure is £44.8m, a reduction of £6.2m from the opening plan.
- Welsh Government income of £45.7m has been received up to Month 12 and total COVID-19 Annual spend is £44.8m, a reduction of £0.5m from previous month annual forecast. Welsh Government has fully funded these costs, but a downturn in expenditure in the latter months has left a £0.9m full year surplus. Welsh Government has agreed to allow the surplus funding to be retained, with the surplus funding being on Loss of dental income funding (£0.2m), COVID Enhanced Flu (£0.2m) and Nosocomial allocation (£0.4m).
- The outturn cost for COVID-19 is £0.5m less than forecast at Month 11. Movements from forecast are detailed in the below table:

	Forecast at Month 11 £m	Outturn at Month 12 £m	Change £m
Testing	2.5	2.5	0.0
Tracing	4.6	4.6	0.0
Mass COVID-19 Vaccinations	11.7	11.8	0.1
Extended Flu Vaccinations	1.6	1.4	(0.2)
Cleaning Standards	1.6	1.6	0.0
Other Costs	23.3	22.9	(0.4)
Total COVID-19 costs	45.3	44.8	(0.5)
Welsh Gov COVID-19 income	(45.7)	(45.7)	0.0
Total Impact of COVID-19	(0.4)	(0.9)	(0.5)

1. FINANCIAL POSITION



- Testing and Tracing expenditure are in line with previous month. COVID-19 Mass Vaccination costs have increased by £0.1m due to a large service charge fee paid in Month 12 for two of the sites used by the vaccination team backdated for 9 months of this financial year. In addition, outstanding invoices for the security company were also claimed in March.
- Extended Flu Vaccinations expenditure has decreased by £0.2m.
- Total outturn within the PPE (Personal Protective Equipment), Long COVID and Other section (A6) on Table B3 is £22.9m, having decreased by £0.4m from the forecast at Month 11 due to slippage against the Nosocomial funding allocation.
- COVID Surge annual outturn at Month 12 has decreased by £0.6m from forecast. Movements in annual COVID Surge expenditure from forecast are detailed in the below table:

COVID Surge	Month 11 Forecast £ m	Month 12 Outturn £ m	Change £ m
A2. Increased bed capacity specifically related to COVID-19	0.7	0.7	0.0
A3. Other Capacity & facilities costs (exclude contract cleaning)	1.4	1.3	(0.1)
B1. Prescribing charges directly related to COVID symptoms	0.1	0.2	0.1
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	9.7	9.7	0.0
D1. Discharge Support	4.3	4.4	0.1
D5. Other Services that support the ongoing COVID response	2.0	1.3	(0.7)
TOTAL	18.2	17.6	(0.6)

2. UNDERLYING POSITION



2.1 Movement from financial plan (Table A)

- The Health Board has faced a significant underlying deficit position, which is a consequence of our historic residual infrastructure and delivery inefficiencies. The underlying position brought forward from 2021/22 was a deficit of £67.8m, with an opening plan deficit of £82.0m.
- Further to the March touch point meeting, the carried forward underlying deficit has increased from £187.6m to £196.2m as per the MDS submission.
- In year pressures included within Table A are:
 - Line 29 – £27.0m Cost pressures in Prescribing, CHC, Agency and Non-Pay pressures.
 - Line 34 – £0.1m GMS overspend.
- The outturn position is reporting a surplus of £0.4m after taking into account the following mitigations:
 - Line 27 - £18.4m Shortfall of attributed spend against planned spend
 - Line 30 - £10.7m Release of Annual Leave Accrual to support increased pay costs (Excluding Accountancy Gain)
 - Line 35 - £1.18m GDS underspend

3. RISK MANAGEMENT



3.1 Risk Management (Table A2)

- The reported position is subject to the closure and submission of the final accounts for 2022/23, and the subsequent audit by Audit Wales.
- As per the Accountable Officer letter, a potential concern considered by the Health Board is the risk of a prior year adjustment to the 2022/23 accounts (in respect of the 2021/22 financial year).

4. RING FENCED ALLOCATIONS



4.1 GMS (Table N)

- At Month 12, the Health Board reported a £0.1m full year overspend position against the ring-fenced GMS budget. This figure includes the year-end adjustment for GPOOH & 6.3% superannuation costs.
- Significant cost pressures remain in two main areas, Managed Practice operating expenses/Locum GP costs and costs of drugs and fees reported through GMS Dispensing (although dispensing fees cost pressures were alleviated due to recent WG funding).
- These cost pressures are offset with under-spends on some Enhanced Services and underperformance against Access Standards. The National winter pressure access scheme costs were less than anticipated, along with costs within LHB Admin, including Paternity/Maternity locum allowances. Premises spend, specifically Trade Refuse and Improvement Grants were also below forecast.
- As at 31st March the Health Board is managing 12 practices (including 4 practices in the West, 2 in Central area and the remaining 6 in East area). The reduction to 12 Managed Practices followed the merger of Rhoslan and Rysseidene Practices in December 2022 to form West End Medical Centre.
- GP Practice COVID vaccination fees now amount to £1.578m year to date, which has been funded via the WG COVID Allocation.

4.2 GDS (Table O)

- At Month 12, the Health Board reported a £1.180m full year underspend position against the ring fenced GDS budget.
- The Main GDS Contracts budget remains under-spent following contract terminations, non-recurrent (NR) contract reductions and payment withholds due to contractor under-performance. Recently applied non recurrent reductions at Month 12 has exacerbated the Main Contracts under-spend position and heavily contributing to the £1.174m in-month position movement.
- Furthermore, the under-spent position has arisen due to the Dental Academy Unit opening later than expected in the Financial Year.
- A sum of £0.5m has been applied as additional COVID funding to cover the deficit in PCR Income. Total COVID funds received amounts to £2.975m, which includes a sum of £2.475m applied non-recurrently at the start of the Financial Year. Overall PCR income

4. RING FENCED ALLOCATIONS



generation amounted to £4.303m, giving rise to a £0.367m under-achievement (even whilst factoring in additional funding resources).

- Whilst Sickness costs were roughly in line with last year's costs (£49k 2022/23 against £43 2021/22), Maternity/Paternity costs were notably lower (£122k 2022/23 against £287k in 2021/22).
- EDS costs have increased over the last year, these include own Commissioned EDS sessions, Dental Helpline and EDS staff costs recharges. Additional staff costs are expected due to unprocessed annual leave payments.
- Orthodontic based activity has increased this year due to in-year commissioned Access sessions.

5. AGENCY/LOCUM EXPENDITURE



5.1 Agency/Locum Expenditure (Table B2 – Sections B & C)

- Total Agency costs for Month 12 are £7.0m, representing 4.8% of total pay. The £1.4m increase reported in Month 12 Agency costs is not unusual in comparison to previous years due to increased annual leave requests in March, and therefore additional cover required. In addition, there are three extra working days in March compared to February. March Agency spend includes £0.3m that is COVID-19 related spend, which is in line with previous month.
- Medical Agency costs have increased by £0.6m to an in-month spend of £3.1m. Of this, £0.2m related to COVID-19 work which is in line with February.
- Nurse agency costs totalled £2.8m for the month, an increase of £0.4m from February. This includes £0.2m for CPVID-19 Nurse Agency costs, same as previous month. Acute sites continue to carry a high level of nursing vacancies.
- Other agency costs totalled £1.1m in March, an increase of £0.3m from previous month.
- Total 2022/23 Agency expenditure is £72.7m (7.0% of total pay), which is £23.9m higher than in 2021/22.

6. SAVINGS



6.1 Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 and C3)

- The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and programmes of work.
- Savings delivered in month total £5.2m against a plan of £4.3m, and a total target of £7.9m (of which £1.4m was transactional with the remainder relating to the Transformation target which was heavily profiled into Quarter 4).
- Year to date savings delivered total £31.2m against a full year plan of £25.9m and a total target of £35.0m. As all schemes were transactional, the transactional savings target of £17.5m was met in terms of total savings delivered. However, the proportion of recurring savings delivered totalled only £11.7m and of this, only £9.8m was budget reducing.
- The full year outturn of £31.2m delivered a £4.1m increase on the full year forecast at Month 12. Of this, £2.7m related to non-recurring Accountancy Gains and £1.1m to a VAT refund, which was delivered earlier than anticipated. Consequently, the related scheme will be removed from the savings plan for 23-24. Following the implementation of a VERs scheme approved by the RaTs Committee, a related savings scheme totalling £0.2m was approved by the interim Executive Directors of Finance and Workforce for inclusion in the Monitoring Return.
- Accountancy Gains totalled £9.7m at Month 12 and there were no red schemes.
- The ongoing reliance on smaller scale savings initiatives remains a concern. Plans for major programmes have not yet been received.

7. INCOME ASSUMPTIONS



7.1 Income/Expenditure Assumptions (Table D)

- All figures included in Table D have been reviewed and amended as necessary following the Month 12 Agreement of Balances.

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) for the year is £1,993.5m. All allocations have been received with no further anticipated allocations expected.
- Total COVID-19 funding allocation received for the full year is £45.7m.

8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS



8.1 Welsh NHS Contracts

- All Welsh Healthcare agreements were agreed and signed off by the deadline of 30th June 2022.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



9.1 Statement of financial position (Table F)

- Details of actual material movements in the Statement of Financial Position during 2022-23 are as follows:

- **Current assets – trade and other receivables (line 7)**

Current trade and other receivables decreased by £28.396m during the year, the most significant element being a reduction of £26.036m in the amount that the Health Board would be able to recover from the Welsh Risk Pool in the event of litigation claims, particularly clinical negligence, being successful.

This information is provided in the Legal and Risk Services monthly quantum reports with the potential costs of cases being reflected in the increased value of provisions reported on Table F.

- **Current assets – Cash and cash equivalents (line 9)**

Cash and cash equivalents decreased by £3.765m during the year made up of a decrease of £4.148m in cash available for capital schemes and an increase of £0.383m in revenue cash

- **Current liabilities – Trade and Other Payables (line 13)**

Trade and other payables decreased by £19.273m during the year which was largely due to a reduction of £14.631m in the accrual for untaken annual leave alongside a reduction in open purchase order balances.

- **Current liabilities – Provisions (line 15)**

Current provisions decreased by £17.722m during the year which was mainly made up of a decrease in provisions for on-going litigation claims of £21.060m offset by a newly created provision of £4.100m for an on-going case.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



9.2 Welsh NHS Debtors (Table M)

Aged Debtors (Table M)

- At the end of Month 12 2022-23 the Health Board held one outstanding NHS Wales invoice for £180.00 that was over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. This invoice was paid on 11th April 2023.



10.1 Monthly Cash Flow Forecast (Table G)

- The closing cash balance as at 31st March 2023 was £2.913m, which was made up of £1.513m cash held for revenue expenditure and £1.400m for capital projects.
- Cash funding received during the year included £29.000m revenue working balance support, £1.000m general capital working balance support and £5.740m IFRS16 capital working balance support.
- No strategic cash –only support was requested from Welsh Government during the year.
- Table G is showing one validation error as the Health Board drew £1.771m less revenue resource cash than was available due to the timing of receipt of final cash allocation letters.



11.1 . Public Sector Payment Policy PSPP (Table H)

- The Health Board achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in two of the four measures of compliance during quarter 4 2022-23 with NHS invoices by number being below target at 88.2% and non-NHS invoices by number being below target at 94.6%.
- The cumulative PSPP target was achieved in three of the four measures of compliance with NHS invoices by number missing the target at 87.0% of invoices paid within thirty days (quarter 3 86.5%).
- The Health Board is continuing to work on resolving underlying reasons for the late payment of invoices including reviewing reasons for any delays in invoices being processed by NWSSP through the Optical Character Reading (OCR) process.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS



12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2022/23 is £29.252m. Actual expenditure for the year was £29.225m, giving a small surplus of £0.027m.
- Please note £0.25m received for Local Area Network (LAN) scheme has been spent in full, but it is shown in discretionary as one scheme.

12.2 Capital Programme (Table J & K)

- The Capital Programme spend by scheme is reported in Table J.
- Disposals (Table K) is reporting a small capital disposal of £0.016m.

13. OTHER ISSUES



13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 12 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the May meeting.

A handwritten signature in black ink, appearing to be 'N Lyons', on a light blue dotted background.

Nick Lyons
Interim Deputy Chief Executive Officer

A handwritten signature in black ink, appearing to be 'S J Webster', on a light blue dotted background.

Steve Webster
Interim Executive Director of Finance



Monitoring Return Review – Action Point 11.1

The table below shows the ring-fenced areas where there are uncommitted values in the Month 11 return.

Ring Fenced Category	Uncommitted Spend Value (£000)	BCU Supporting comments including email update provided 20 th March 23.
Recovery	4,749	Month 11 Narrative: The balanced forecast outturn position also includes slippage against the Planned Care Sustainability funding allocation to be retained. Additional Note: RF Return forecasts that £10.070m recovery spend (committed plus uncommitted) will be invested in month 12
Value Based Health Care (Opening Allocation Paper)	2,471	Month 11 Narrative: Slippage of £1.2m is reported against Value Based Healthcare funding, and the balanced forecast outturn anticipates that this slippage will be retained by the Health Board. Update 20th March 23 email – Projecting to underspend by £2.2m (including £1.2m previously reported slippage), with funding not forecast to be returned to WG.
UEC	709	No comment in Month 11 Narrative. Update 20th March 23 email: Confirm this uncommitted spend will now be incurred.
Mental Health SIF	449	No comment in Month 11 Narrative. Update 20th March email: Confirm projected underspend of £0.300m.

I trust that the Health Board has kept the relevant Policy Leads informed of the latest position against allocations. As we approach year-end, Health Boards can now retain any remaining underspends (spend is not being restricted within the ring-fenced area, in the hope that these funds can be utilised within the overall Operational position). We have communicated previously that Health Boards should also now manage any movements on the Covid and Energy funding positions. If slippage cannot be utilised, then it will form part of your final outturn. (Action Point 11.1)

Response

The Health Board has reported a shortfall in attributed spend against other ringfenced funding as per below table. In addition, £0.9m surplus has been reported against the COVID-19 funding allocation, both of which have contributed towards the final outturn position.

MONITORING RETURN ACTION POINTS RESPONSES



	Total Funding	Attributed Spend	Shortfall of Attributed Spend	% Spent
	£m	£m	£m	
Other New Ring-fenced Funding				
Sustainability	38.39	32.17	-6.22	84%
Value Based Healthcare	3.35	0.99	-2.36	30%
Six Goals (Urgent Emergency Care)	2.96	2.74	-0.22	93%
Mental Health (SIF)	1.56	0.44	-1.12	28%
RIF	34.20	34.20	0.00	100%
Total Other New Ring-fenced Funding	80.46	70.54	-9.92	88%

Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 11.2

The balanced outturn is being supported by additional forecast Accountancy Gains (Annual Leave Accrual, VAT & PO Accruals) totalling £6.726m. Please ensure that these are reflected in the Tracker (C3) at Month 12 (ensure sufficient detail is provided on each separate area). (Action Point 11.2)

Response

The Annual Leave Accrual, VAT & PO Accrual Accountancy Gains have been reflected in the Month 12 Tracker (Table C3). However, please note that the £1.1m VAT adjustment accountancy gain is reported within the procurement savings schemes rather than a standalone scheme.

Underlying Position (Table A1) – Action Point 11.5

I note that you are continuing to report a c/f underlying deficit position of £187.600m. This was discussed at the March 'Touch Point' meeting and I acknowledge that you are working closely with colleagues in the FDU to understand the various drivers, and your future recovery plans. (Action Point 11.5)

Response

The underlying deficit position has now been increased to £196.2m as per the MDS submission.

Pay Expenditure Analysis (Table B2) - Action Point 11.9

Sine Month 10, I note that the annual forecast agency expenditure has reduced by c. £1.900m. The narrative references and explains a lower movement of c. £1.000m. Please ensure the narratives provide full explanations going forward. (Action Point 11.9)

Response

The £1.0m referred to in the Month 11 narrative was the in-month reduction in Agency spend from Month 10 to Month 11. Also, to clarify the annual forecast agency expenditure has reduced by £1.9m as noted in above Action Point 11.9 and we will ensure explanation is provided in full going forward.



Covid-19 Analysis (Table B3) - Action Point 11.10

Since your submission, I note that colleagues have confirmed to Prof. Chris Jones that there is now forecast slippage against the Nosocomial allocation totalling £0.428m. The Health Board can retain and reinvest this slippage; however, if this is not possible then it will form part of your final outturn position. (Action Point 11.10)

Response

The slippage is part of the final outturn position, due to insufficient time and capacity to reinvest elsewhere.

Ringfenced Template – Action 11.11

The return at Month 11 appears to have included forecast allocation underspends within the uncommitted expenditure section. Uncommitted expenditure is when the intended use remains within the ring-fenced area. A forecast underspend is a declaration that it will not be incurred within the ringfenced area and will be re-directed elsewhere within the wider Operation position. Supporting explanations for any over/under spends should also be explained within your commentary. (Action Point 11.11)

Response

The table has been updated to reflect the above.

Savings Month 12

18th April 2023



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Background

A savings target was set for 2022/23 and subsequent 2 years at £35m p.a.

This represents 3% of the Health Board's discretionary expenditure.

The savings must be cash releasing and recurring.

Historically, the Divisions have delivered transactional savings plans.

A Transformation and Improvement team has been established with temporary Welsh Government (WG) funding to drive transformational improvement across the range of required outcomes, non-financial and financial.

The priority is the delivery of targeted patient and staff outcomes in line with the Health Board's strategy, vision and Integrated Medium Term Plan (IMTP). The challenge is to deliver on the £35m financial target at the same time.

The financial target for 2022/23 was split 50/50 between Transformation and Divisional/ Transactional plans, with the expectation that 85% of savings are delivered through transformational change by 2024/25.

The target was not reached by end March and the submission of plans to WG.

The Divisions delivered cash releasing savings plans of £12.5m. Recurring savings inc. Red schemes £8.9m; excl. Red £7.8m

The original transactional target has been met in terms of total savings delivered. However, recurring savings fall short of the target, which presents a challenge.

The purpose of this document is to provide a summary of the position at Month 12.

Financial Year	22/23 £m	23/24 £m	24/25 £m
Transactional Savings	18	12	6
Transformational Savings	17	23	29
Savings Target	35	35	35

FY Plan and Forecast – Update Month 12

- Total target £35m
- FY Plan M1 £12.6 m
- FY Plan M12 £25.9m, up £2.9m from M11
- FY Outturn M12 £31.2m, up £4.1m from £27.1m M11 FY Forecast
- Increase includes:
 - adjustment to the existing accountancy gain relating to the annual leave provision £1.2m
 - a new accountancy gain relating to the PO accrual review £1.5m
 - a new scheme relating to VERS £0.2m
 - a new scheme for the VAT rebate on Home Oxygen Therapy £1.1m
- MHL D delivered £2.7m against target of £0.6m – £2.5m through CHC
- 3 Areas delivered a total of £10.3m
 - £3.8m favourable to Transactional target
 - £2.1m favourable to FY Plan
 - Savings driven through:
 - CHC £3.9m although East impacted by closure of 2 Care Homes
 - Meds Management £2.6m
 - Centre Pay related scheme £0.9m
- 3 Providers savings total £4.3m
 - £0.8m below transactional target
 - £0.1m below FY Plan
 - Savings driven through:
 - the VAT refund £1.1m
 - Procurement £1.8m
 - YMW pay and agency related savings £1.8m

£'000's	Target	FY Plan	Gap	FY Forecast	Gap
Transformation Savings	17,500	-	(17,500)	-	(17,500)
Divisional Savings (Amber & Green)	17,500	25,893	8,393	31,157	13,657
Total	35,000	25,893	(9,107)	31,157	(3,843)

FY OUTTURN (M12)			
£'000's	Recurring	Non Recurring	Total
Amber and Green Schemes			
Cash Releasing - Budget	9,757	5,230	14,987
Cash Releasing - Run Rate	1,669	3,918	5,586
Cost Avoidance	267	98	365
Accountancy Gains	-	9,667	9,667
Income Generation - Budget	-	234	234
Income Generation - Run Rate	-	317	317
	11,692	19,464	31,157
Red Schemes			
Cash Releasing	-	-	-
Cost Avoidance	-	-	-
Income Generation	-	-	-
	-	-	-
Total - Red, Amber and Green Schemes	11,692	19,464	31,157

The FY Outturn includes:

- Recurring savings of £11.7m of which £9.8m are cash releasing and budget-reducing
- Non-recurring Accountancy Gains of £9.7m

Divisional Savings – FY Plan vs FY Forecast vs Actual – Month 12

1) Transformation Savings

- FY Target 17.5m, loaded heavily in Q4
- FY Plan nil
- YTD delivered nil

2) Transactional (Divisional) savings:

Green and Amber schemes:

- FY Target £17.5m Transactional Target
- FY Plan M12 £25.9m
- FY Outturn M12 £31.2m, up £4.1m on M11
- FY Outturn M12 recurring savings £11.7m – up £0.5m on M11
- YTD Actuals £31.2m:
 - £5.3m favourable variance against Plan*
Increase on favourable variance reported last month (£1.0m)
- Month Only:
 - Achieved £5.2m vs £4.3m Plan and £1.4m Transactional Target

£'000's	FY			YTD M12			
Total Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Transformation Savings	17,500	-	-	17,500	-	-	0
Divisional Savings	17,500	25,893	31,157	17,500	25,893	31,157	5,263
	35,000	25,893	31,157	35,000	25,893	31,157	5,263
Divisional Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Recurring	17,500	10,348	11,692	17,500	10,348	11,692	1,344
Non Recurring		15,546	19,464		15,546	19,464	3,919
Total	17,500	25,893	31,157	17,500	25,893	31,157	5,263

- Actual savings delivered total £31.2m against Plan of £25.9m, up £5.2m in month
- The proportion of cash releasing recurring savings delivered total £11.7m, of which only £9.8m is budget reducing (or £7.0m in terms of Plan figures). This contributes to the challenge for next year.
- The FY outturn includes non-recurring Accountancy Gains of £9.7m of which £2.7m was added in month 12.
- A scheme totalling £1.1m relating to a VAT rebate on Home Oxygen Therapy Services has been delivered at the end of the current year. This is earlier than anticipated; consequently the scheme will be removed from the plan for next year.
- The ongoing reliance on smaller scale savings initiatives remains a concern.
- Programme and project delivery capacity and capability issues continue to impact the delivery of larger scale savings.

Divisional Savings – FY Plan vs FY Forecast – Month 12

Movement in Recurring/ Non Recurring

£'000's	IY PLAN			Recurring FYE Plan	FY OUTTURN (M12)			Recurring FYE Forecast	VARIANCE		
	Recurring	Non Recurring	Total		Recurring	Non Recurring	Total		Recurring	Non Recurring	Total
Amber and Green Schemes											
Cash Releasing - Budget	6,988	3,317	10,306	7,218	9,757	5,230	14,987	10,553	2,769	1,913	4,681
Cash Releasing - Run Rate	3,125	2,232	5,357	3,847	1,669	3,918	5,586	2,122	(1,457)	1,686	229
Cost Avoidance	234	98	333	234	267	98	365	267	32	0	32
Accountancy Gains	-	9,347	9,347		-	9,667	9,667		0	320	320
Income Generation - Budget		234	234		-	234	234		0	0	0
Income Generation - Run Rate		317	317		-	317	317		0	0	0
	10,348	15,546	25,893	11,299	11,692	19,464	31,157	12,942	1,344	3,919	5,263
Red Schemes											
Cash Releasing			-		-	-	-		0	0	0
Cost Avoidance			-		-	-	-		0	0	0
Income Generation			-		-	-	-		0	0	0
	-	-	-		-	-	-		0	0	0
Total - Red, Amber and Green Schemes	10,348	15,546	25,893	11,299	11,692	19,464	31,157	12,942	1,344	3,919	5,263

- FY Outturn at M12 stands at £31.2m
 - Increase of £4.1m on the M11 FY Forecast of £27.1m. Movements in month summarised overleaf.
 - Favourable variance against FY Plan - £5.3m*
 - Favourable variance against FY Transactional Target - £13.7m
 - Adverse variance against total FY Target of £35m, which was split equally between Transactional and Transformation
- 3 Areas FY Outturn is £2.1m favourable against FY Plan.
- 3 Providers FY Outturn is £0.1m under FY Plan and £0.8m below transactional target – continuing impact of pressure on Agency spend

FY Forecast – Summary Movements in Month 12

The table below summarises key movements in the Full Year Forecast for green and amber schemes since last month.

Figures in £'000s		
Month 11 FY Forecast		27,105
Existing Schemes:		
Meds Management	39	
Agency Savings (Med & Nursing)	(26)	
CHC	16	
Procurement	1,172	
Annual Leave Accrual	1,157	
Other Schemes	(9)	
Subtotal	2,349	
New Schemes this Month		
VERS	201	
Old PO accrual data cleanse	1,502	
Subtotal	1,703	
Total Movement		4,052
Month 12 FY Outturn		31,156
Notes:		
Medicines Management		
Area	(17)	
Site	10	
Cancer	46	
	39	

FY Outturn increased by £4.1m in Month 12 to **£31.2m**

Procurement

- Following CFO review, a savings scheme totalling £1.131m relating to a VAT rebate on Home Oxygen Therapy Services was delivered in Month 12. This is earlier than anticipated; consequently the corresponding amount included in Procurement's savings plan for next year will be removed.
- The total movement in month was £1.172m.
- Excluding the VAT refund, total in year savings stand at £1.6m of which £0.2m is recurring. Favourable variance to the £1.3m forecast throughout the year.

Medicines Management

- The increase in Forecast this month is largely due to a review of potential cancer drug patent savings.

Annual Leave Accrual

- An amendment to the annual leave accrual (maximum carry over changed to 10 days) resulted in an adjustment of £1.2m to an existing scheme categorised within Accountancy Gains. This brings the total adjustment to £4m.

PO Accrual data cleanse

- Following a review of POs between £1K to £20K, a number of accruals were closed, resulting in a new accountancy gain related scheme of £1.5m.

VERs

- Following the implementation of a VERs scheme approved by the RaTs Committee, a related savings scheme totalling £0.2m was approved by the interim Executive Directors of Finance and Workforce for inclusion in the Monitoring Return.

FY Outturn Reported by Category Month 12

MMR Category	Area - West	Area - Centre	Area - East	Area - Other	Provider - YG	Provider - YGC	Provider - YMW	Provider - NW	Womens	MHLD	Contracts	Corporate	Total
Savings													
Agency - Reduced usage of Agency/Locums paid at a premium	0	200	358	0	0	51	346	0	70	0		0	1,026
CHC and Funded Nursing Care	1,948	1,072	870	0	0	0	0	0	0	2,456		0	6,346
Commissioned Services	0	0	0	0	0	0	0	202	0	0		0	202
Medicines Management (Primary & Secondary Care)	491	905	1,235	0	6	150	91	1,765	0	0		0	4,644
Non Pay - Procurement	51	80	101		584	668	559	170	13	66		414	2,707
Non Pay - Other	0	342	91	235	16	0	190	317	140	156		301	1,788
Pay	169	836	0	0	88	0	1,456	0	1,889	0		339	4,777
Subtotal	2,660	3,434	2,655	235	695	870	2,642	2,454	2,113	2,678	0	1,053	21,490
Accountancy Gains													
Commissioned Services	0	0	0	0	0	0	0	0	0	0	3,488	0	3,488
Non Pay	37	927	560	108	78	47	2	18	24	31	0	375	2,206
Pay	0	0	0	0	0	0	0	0	0	0	0	3,973	3,973
Grand Total	2,697	4,361	3,215	343	773	917	2,645	2,472	2,137	2,708	3,488	5,401	31,157

Corporate	£m's
Locally driven savings	0.4
Procurement savings	0.4
VERs scheme	0.2
Accountancy Gain - PO accruals	0.4
Accountancy Gain - Annual leave accrual, held centrally at time of reporting	4
	5.4

FY Forecast against Target - IHC View - Month 12

The full year outturn for transactional savings plans totals £31.2m. This exceeds the original transactional target of £17.5m. However, the proportion of cash recurring savings delivered totals only £11.7m, of which £9.8m is budget reducing. Furthermore, the total includes non-recurring Accountancy Gains of £9.7m. The ongoing reliance on smaller scale savings initiatives remains a concern. Plans for major programmes have not yet been received.

	Forecast				
Divisional Plans	Amber & Green	Cash Releasing Target (Divisonal Transactional)	Transactional Variance	Total Target	Total Variance
IHC East					
Ysbyty Wrexham Maelor	2,645	1,586	1,059	3,171	-526
Area - East	3,215	2,540	675	5,080	-1,865
	5,860	4,126	1,734	8,251	-6,517
IHC Centre					
Ysbyty Glan Clwyd	917	1,976	-1,059	3,951	-3,034
Area - Centre	4,361	2,471	1,890	4,942	-581
	5,278	4,447	831	8,893	-8,062
IHC West					
Ysbyty Gwynedd	773	1,562	-789	3,124	-2,351
Area - West	2,697	1,470	1,227	2,940	-243
	3,470	3,032	438	6,064	-5,626
North Wales Managed Services	2,472	1,793	679	3,586	-1,114
Womens Services	2,137	688	1,449	1,375	762
MHLD	2,708	307	2,402	613	2,095
Area - Other	343	118	225	235	108
Contracts & Provider Income	3,488	902	2,586	1,804	1,684
	11,148	3,807	7,341	7,613	-272
Corporate	5,401	2,089	3,312	4,179	1,222
Total	31,157	17,500	13,657	35,000	-3,843

Accountancy Gains	£m's
Corporate	4.4
Other	5.3
	9.7
Corporate	
Locally driven savings	0.4
Procurement savings	0.4
VERs scheme	0.2
Accountancy Gain - PO accruals	0.4
Accountancy Gain - Annual leave accrual, held centrally at time of reporting	4
	5.4
Other reported savings	
YMW conducted a deep dive review mid year yielding significant savings in pay and agency	1.8
MHLD CHC and funded nursing care	2.5
IHC West CHC savings significantly exceeded other Areas, with East IHC impacted by closure of 2 Care Homes	1.9
IHC East delivered highest level of savings in Medicines Management	1.2
IHC Centre delivered a Pay related scheme early in the year	0.8
Womens reported significant slippage against vacancies	1.7

FY Forecast against Target - Divisional View - Month 12

The full year outturn for transactional savings plans totals £31.2m. This exceeds the original transactional target of £17.5m. However, the proportion of cash recurring savings delivered totals only £11.7m, of which £9.8m is budget reducing. Furthermore, the total includes non-recurring Accountancy Gains of £9.7m. The ongoing reliance on smaller scale savings initiatives remains a concern. Plans for major programmes have not yet been received.

Total Improvement	Divisional Plans	Forecast	Cash Releasing Target (Divisonal Transactional)	Transactional Variance	Total Target	Total Variance
		Amber & Green				
1,534	Ysbyty Gwynedd	773	1,562	-789	3,124	-2,351
918	Ysbyty Glan Clwyd	917	1,976	-1,059	3,951	-3,034
2,723	Ysbyty Wrexham Maelor	2,645	1,586	1,059	3,171	-526
5,174	Hospital Sites	4,335	5,123	-788	10,246	-5,911
1,591	North Wales Managed Services	2,472	1,793	679	3,586	-1,114
1,453	Womens Services	2,137	688	1,449	1,375	762
8,219	Secondary Care	8,943	7,604	1,340	15,207	-6,264
1,550	Area - West	2,697	1,470	1,227	2,940	-243
3,614	Area - Centre	4,361	2,471	1,890	4,942	-581
3,181	Area - East	3,215	2,540	675	5,080	-1,865
343	Area - Other	343	118	225	235	108
3,488	Contracts & Provider Income	3,488	902	2,586	1,804	1,684
12,176	Area Teams	14,104	7,501	6,603	15,001	-897
1,213	MHLD	2,708	307	2,402	613	2,095
5,272	Corporate	5,401	2,089	3,312	4,179	1,222
6,484	Other	8,109	2,396	5,713	4,792	3,318
-		-		0		0
26,880	Total	31,157	17,500	13,657	35,000	-3,843

Appendices

Annex 1: Flash Report - Savings

	Savings Target £000	SCHEMES IN DELIVERY									PIPELINE SCHEMES				TOTAL PROGRAMME	
		Year to Date				Forecast					Recurring Plan £000	Non-Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000
		Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000						
Ysbyty Gwynedd	3,124	3,124	300	(2,824)	474	300	(2,824)	474	773	340	0	0	0	0	773	(2,351)
Ysbyty Glan Clwyd	3,951	3,951	379	(3,572)	538	379	(3,572)	538	917	418	0	0	0	0	917	(3,034)
Ysbyty Wrexham Maelor	3,171	3,171	687	(2,484)	1,957	687	(2,484)	1,957	2,645	1,006	0	0	0	0	2,645	(526)
Total of hospitals	10,246	10,246	1,366	(8,880)	2,969	1,366	(8,880)	2,969	4,335	1,763	0	0	0	0	4,335	(5,911)
North Wales Managed Services	3,586	3,586	2,019	(1,567)	453	2,019	(1,567)	453	2,472	2,113	0	0	0	0	2,472	(1,114)
Womens Services	1,375	1,375	115	(1,260)	2,021	115	(1,260)	2,021	2,137	133	0	0	0	0	2,137	762
Secondary Care	15,207	15,207	3,500	(11,707)	5,444	3,500	(11,707)	5,444	8,943	4,010	0	0	0	0	8,943	(6,264)
Area - West	2,940	2,940	1,160	(1,780)	1,542	1,160	(1,780)	1,542	2,702	1,513	0	0	0	0	2,702	(238)
Area - Centre	4,942	4,942	2,287	(2,656)	2,074	2,287	(2,656)	2,074	4,361	2,502	0	0	0	0	4,361	(581)
Area - East	5,080	5,080	1,527	(3,553)	1,688	1,527	(3,553)	1,688	3,215	1,531	0	0	0	0	3,215	(1,865)
Area - Other	235	235	235	0	108	235	0	108	343	235	0	0	0	0	343	108
Contracts	1,804	1,804	0	(1,804)	3,488	0	(1,804)	3,488	3,488	0	0	0	0	0	3,488	1,684
Area Teams	15,001	15,001	5,209	(9,793)	8,900	5,209	(9,793)	8,900	14,109	5,781	0	0	0	0	14,109	(893)
MHLD	613	613	2,457	1,844	252	2,457	1,844	252	2,708	2,458	0	0	0	0	2,708	2,095
Corporate	4,179	4,179	527	(3,651)	4,869	527	(3,651)	4,869	5,396	693	0	0	0	0	5,396	1,218
Divisional Total	35,000	35,000	11,692	(23,308)	19,464	11,692	(23,308)	19,464	31,157	12,942	0	0	0	0	31,157	(3,843)

Savings delivered in month total £5.2m against plans of £4.3m and a total target of £7.9m (of which £1.4m was transactional)

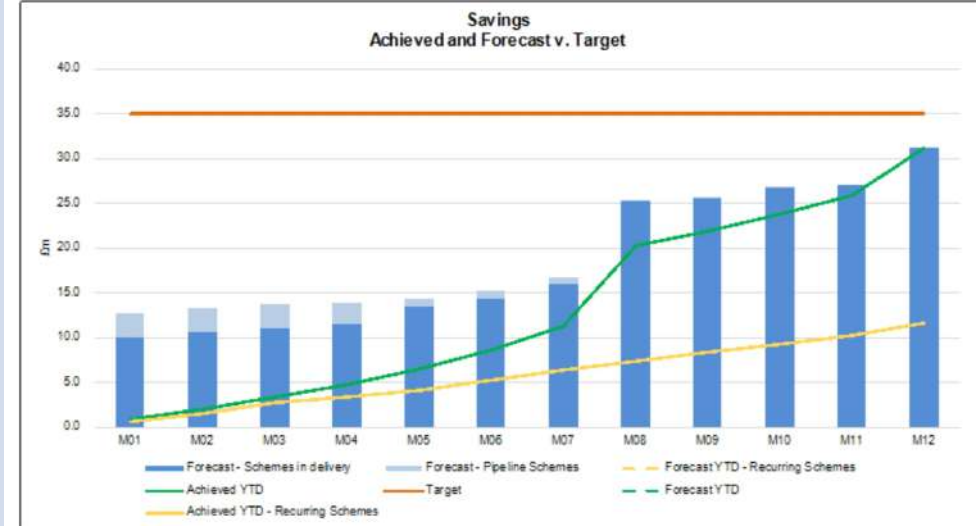
Total savings delivered are £31.2m against Plan of £25.9m and Target of £35.0m. The transactional target of £17.5m has been met in terms of total actual savings delivered. Total savings represent an overachievement of £13.7m against this target.

The total savings of £31.2m increased by £4.1m this month from the FY Forecast of £27.1m reported in the previous month.

The recurring element totals £11.7m of which £9.8m relates to budget reducing schemes. The total also includes non-recurring Accountancy Gains of £9.7m.

The Transformational savings target was profiled towards the final quarter and the lack of plans and delivery of transformational savings caused an under achievement in full to the total target of £17.5m.

The net of the savings against the transactional and transformation targets total £3.8m shortfall to the full £35m target for the year.



Annex 2: MR Narrative

Month	Narrative
12	<p>Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 and C3)</p> <p>The Health Board set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and programmes of work.</p> <p>Savings delivered in month totalled £5.2m against plans of £4.3m and a total target of £7.9m (of which £1.4m was transactional with the remainder relating to the Transformation target which was heavily profiled into Q4).</p> <p>Savings delivered total £31.2m against a Full Year plan of £25.9m and a total target of £35m. As all schemes were transactional, the transactional savings target of £17.5m was met in terms of total savings delivered. However, the proportion of recurring savings delivered totalled only £11.7m and of this, only £9.8m was budget reducing.</p> <p>The FY Outturn of £31.2m delivered a £4.1m increase on the FY Forecast at M12. Of this, £2.7m related to non-recurring Accountancy Gains and £1.1m to a VAT refund, which was delivered earlier than anticipated. Consequently, the related scheme will be removed from the savings plan for 23-24. Following the implementation of a VERs scheme approved by the RaTs Committee, a related savings scheme totalling £0.2m was approved by the interim Executive Directors of Finance and Workforce for inclusion in the Monitoring Return.</p> <p>Accountancy Gains totalled £9.7m at Month 12 and there were no red schemes.</p> <p>The ongoing reliance on smaller scale savings initiatives remains a concern. Plans for major programmes have not yet been received.</p>

Annex 3: Variance Analysis

Divisional Savings – FY Plan vs FY Forecast at Month 12

FY Plan totals £25.9m

FY Outturn has increased from £27.1m in M11 to £31.2m in M12. £5.3m favourable variance to FY Plan shown below. £2.1m relates to Areas. The Forecast for Providers has been reduced to reflect YTD under delivery on Medical & Nursing Agency.

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £	Sum of FOT Variance (£)	
Area - Centre	Procurement - Recurring	IGPROC22001-01	Green	R	66,752	4,485	-62,268	
Area - Centre	Procurement - Non Recurring	IGPROC22001-02	Green	NR	30,387	75,178	44,790	
Area - Centre	Dressings & Woundcare	IGMM22001-05	Green	R	100,000	75,000	-25,000	
Area - Centre	Community Equipment and Consumables	AC22004-01	Green	R	70,000	63,000	-7,000	
Area - Centre	Savings truxima, biktarvy and descovy	IGMM22002-07	Green	R	10,431	14,347	3,916	
Area - Centre	Non recurring financial accounting transaction – prescribing	AC22001-03	Green	NR	200,000	520,000	320,000	
Area - Centre	CHC Transactional Cost containment, including CHC Management & Trigger Tool	AC22006-01	Green	NR	600,000	1,072,430	472,430	
Area - East	Meds Management scheme - AE Primary Care	IGMM22001-07	Green	R	190,000	420,236	230,236	
Area - East	CHC Cost containment	AE22004-01	Green	NR	600,000	582,843	-17,157	
Area - East	CHC Management & Trigger Tool	AE22005-01	Green	R	300,000	287,073	-12,927	
Area - East	Procurement - Recurring	IGPROC22001-01	Green	R	70,456	4,818	-65,638	
Area - East	Procurement - Non Recurring	IGPROC22001-02	Green	NR	35,595	96,097	60,502	
Area - East	Dressings & Woundcare	IGMM22001-08	Green	R	100,000	0	-100,000	
Area - East	Grip and Control - Pay Agency Staffing	AE22006-01	Green	NR	240,000	357,992	117,992	
Area - East	Grip and Control - Non-Pay	AE22007-01	Green	NR	90,000	91,332	1,332	
Area - East	Savings truxima, biktarvy and descovy	IGMM22002-09	Green	R	10,431	37,136	26,705	
Area - West	Medicines Management - Primary Care - Reviews	IGMM22001-02	Green	R	175,000	312,323	137,323	
Area - West	Medicines Management - Primary Care - Cat M prices	IGMM22001-03	Green	R	484,000	161,333	-322,667	
Area - West	CHC Schemes	AW22003-01	Green	R	500,000	661,952	161,952	
Area - West	CHC Schemes - Backlog reviews	AW22004-01	Green	NR	150,000	1,286,530	1,136,530	
Area - West	Grip and control measures - pay	AW22006-01	Green	NR	150,000	169,080	19,080	
Area - West	Procurement - Recurring	IGPROC22001-01	Green	R	27,266	2,026	-25,240	
Area - West	Procurement - Non Recurring	IGPROC22001-02	Green	NR	15,530	49,303	33,773	
Area - West	Savings truxima, biktarvy and descovy	IGMM22002-06	Green	R	11,430	17,562	6,132	2,134,797
Corporate	Procurement - Recurring	IGPROC22001-01	Green	R	236,234	4,510	-231,724	
Corporate	Procurement - Non Recurring	IGPROC22001-02	Green	NR	28,831	409,444	380,613	
MHLD	Right Care Programme	MH22001-01	Green	R	1,000,000	2,455,583	1,455,583	
MHLD	Procurement - Recurring	IGPROC22001-01	Green	R	15,723	1,263	-14,460	
MHLD	Procurement - Non Recurring	IGPROC22001-02	Green	NR	10,084	64,848	54,764	
Provider - NW	Procurement - Recurring	IGPROC22001-01	Green	R	87,390	51,320	-36,069	
Provider - NW	Procurement - Non Recurring	IGPROC22001-02	Green	NR	53,837	118,699	64,862	
Provider - NW	Drug Patent Savings	NWP22001-01	Green	R	522,000	1,160,768	638,768	
Provider - NW	Drug Patent Savings	NWP22001-02	Green	R	391,026	604,116	213,090	2,525,426

Divisional Savings – FY Plan vs FY Forecast at Month 12 cont.

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £	Sum of FOT Variance (£)	
Provider - YG	Medicine - Dressings and Continence Supplies	YG22002-01	Green	R	18,750	0	-18,750	
Provider - YG	Medicine - Oxygen Therapy	YG22003-01	Green	R	18,750	3,000	-15,750	
Provider - YG	YG Management - Roster Efficiency	YG22006-01	Green	R	66,000	0	-66,000	
Provider - YG	YG Management - Redeployments	YG22007-01	Green	R	32,000	64,325	32,325	
Provider - YG	YG Management - Reduction in Sickness	YG22008-01	Green	R	24,000	0	-24,000	
Provider - YG	Procurement - Recurring	IGPROC22001-01	Green	R	139,372	189,087	49,715	
Provider - YG	Procurement - Non Recurring	IGPROC22001-02	Green	NR	52,687	395,314	342,627	
Provider - YG	Medical Agency Reduction	YG22009-01	Green	R	350,000	0	-350,000	
Provider - YG	Secondary Care Drugs savings from 21/22 - difference in fye verses rep	IGMM22002-01	Green	R	4,327	6,265	1,938	
Provider - YG	Savings truxima	IGMM22002-02	Green	R	2,943	0	-2,943	
Provider - YGC	Medical Agency	YGC22001-01	Green	NR	250,000	51,463	-198,537	
Provider - YGC	Nurse Agency	YGC22002-01	Green	NR	250,000	0	-250,000	
Provider - YGC	Admin Agency	YGC22003-01	Green	NR	50,000	0	-50,000	
Provider - YGC	Sickness Management	YGC22005-01	Green	NR	50,000	0	-50,000	
Provider - YGC	Escalation Nursing Reduction	YGC22006-01	Green	NR	30,000	0	-30,000	
Provider - YGC	Procurement - Recurring	IGPROC22001-01	Green	R	176,029	228,580	52,551	
Provider - YGC	Procurement - Non Recurring	IGPROC22001-02	Green	NR	60,917	439,634	378,716	
Provider - YGC	Savings truxima	IGMM22002-03	Green	R	3,924	150,093	146,169	
Provider - YMW	Medical staffing - agency reduction	YMW22001-01	Green	R	50,000	16,667	-33,333	
Provider - YMW	Medical staffing - agency reduction	YMW22005-01	Green	R	75,000	20,000	-55,000	
Provider - YMW	Medical staffing - agency reduction	YMW22012-01	Green	R	25,000	4,000	-21,000	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22002-01	Green	R	250,000	49,948	-200,052	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22006-01	Green	R	200,000	209,319	9,319	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22013-01	Green	R	150,000	12,500	-137,500	
Provider - YMW	Theatres performance	YMW22008-01	Green	R	40,000	34,000	-6,000	
Provider - YMW	Orthopaedic Implants	YMW22009-01	Green	R	10,000	0	-10,000	
Provider - YMW	Sterile Services - Review staffing structure and sustained change	YMW22010-01	Green	R	20,000	35,832	15,832	
Provider - YMW	Procurement - Recurring	IGPROC22001-01	Green	R	162,830	189,034	26,203	
Provider - YMW	Procurement - Non Recurring	IGPROC22001-02	Green	NR	57,600	369,675	312,075	
Provider - YMW	Savings truxima	IGMM22002-05	Green	R	10,791	81,860	71,069	-80,326
Womens	Medical Agency	WOM22002-01	Green	R	60,000	70,000	10,000	
Womens	CoCH Contract - 21/22 unachieved due to block contract	WOM22001-01	Green	R	107,496	0	-107,496	
Womens	Procurement - Recurring	IGPROC22001-01	Green	R	7,081	2,563	-4,517	
Womens	Procurement - Non Recurring	IGPROC22001-02	Green	NR	4,532	10,672	6,141	
Womens	Vacancy FactorVacancy Factor - Administration	WOM22003-01	Green	NR	38,000	165,958	127,958	
Womens	Vacancy Factor - HCA	WOM22004-01	Green	NR	47,000	263,282	216,282	
Womens	Vacancy Factor - RGN & Midwifery	WOM22005-02	Green	NR	580,000	1,003,942	423,942	
Womens	Reduced Travelling expenditure	WOM22006-01	Green	R	30,000	41,000	11,000	683,309
Grand Total					10,077,433	15,340,638	5,263,206	5,263,206

Annex 4: Comparative & Trend Analysis

FY Plan & Forecast: Comparison – Areas

	FY PLAN					FY OUTTURN (M12)			
£'000's	West	Centre	East	Total		West	Centre	East	Total
Medicines Management	670	826	978	2,475		491	830	1,235	2,557
Dressings		100	100	200			75	-	75
CHC	650	600	900	2,150		1,948	1,072	870	3,891
Procurement	43	97	106	246		51	80	101	232
Community Equipment and Consumables/ G&C non-pay		70	90	160			63	91	154
Pay Related	150	1,036	240	1,426		169	1,036	358	1,563
Other		279	184	462			279	184	462
Sub-Total	1,513	3,008	2,598	7,119		2,660	3,434	2,839	8,934
Accountancy Gains	37	607	376	1,020		37	927	376	1,340
Total	1,550	3,614	2,974	8,139		2,697	4,361	3,215	10,273
Target against £17.5m	1,470	2,471	2,540	6,481		1,470	2,471	2,540	6,481
Difference	80	1,143	434	1,657		1,227	1,890	675	3,792

FY Plan & Forecast : Comparison - Providers

	FY PLAN				FY OUTTURN (M12)			
£'000's	YG	YGC	YMW	Total	YG	YGC	YMW	Total
Medicines Management	7	4	20	31	6	150	91	247
Medicine	38			38	3			3
SACC	13			13	13			13
Procurement	192	237	220	649	584	668	559	1,811
Pay Related	496	630	2,230	3,356	88	51	1,802	1,942
Theatres			35	35			25	25
Outpatients			**	-			**	-
Other	78	47	168	293	78	47	168	293
Sub-Total	824	918	2,673	4,415	773	917	2,645	4,335
Target against £17.5m	1,563	1,976	1,586	5,125	1,563	1,976	1,586	5,125
Difference	(739)	(1,058)	1,087	(710)	(790)	(1,059)	1,059	(790)

Divisional Savings – FY Plan vs Prior Years and Target

Notable % variances against current year (transactional) target:

- YG
- YGC
- NW Managed Services
- Corporate

Compare Area targets to prior years:

- West
- Centre
- East
- MHL D (System capacity, cost pressures, vacancies and workforce availability)

	Delivered				Plan	Target	Delivered as a % of Transactional Target				Plan
£'000's	2018-19	2019-20	2020-21	2021-22	2022-23	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23*
Ysbyty Gwynedd	1,928	2,384	1,051	426	1,091	1,562	61%	81%	25%	23%	47%
Ysbyty Glan Clwyd	3,121	2,143	540	364	917	1,976	84%	56%	11%	17%	46%
Ysbyty Wrexham Maelor	2,179	1,682	847	1,155	1,115	1,586	66%	64%	19%	60%	70%
North Wales Managed Services	2,713	2,276	1,311	1,274	866	1,793	76%	87%	30%	91%	48%
Womens Services	921	1,516	249	614	514	688	77%	143%	14%	105%	75%
Secondary Care Divisional	-	-	-	-	-	-					
Secondary Care	10,863	10,002	3,998	3,833	4,153	7,604	72%	76%	20%	49%	55%
Area - West	5,661	4,704	2,298	2,615	1,502	1,470	113%	144%	52%	189%	102%
Area - Centre	5,885	4,863	3,281	4,155	2,397	2,471	108%	98%	51%	219%	97%
Area - East	6,058	5,990	4,281	4,635	2,399	2,540	95%	122%	66%	249%	94%
Area - Other	458	680	300	326	-	118	100%	211%	49%	139%	0%
Contracts	-	500	-	-	100	902					
Area Teams	18,062	16,736	10,160	11,731	6,398	7,501	104%	120%	54%	184%	85%
MHL D	4,123	5,865	3,240	1,784	1,026	307	54%	162%	324%	212%	335%
Corporate	5,300	2,328	993	1,812	1,436	2,089	106%	54%	18%	95%	69%
Divisional Total	38,348	34,932	18,391	19,161	13,013	17,500	85%	100%	41%	113%	74%

*Reflects target of £17.5m

Appendix C

Performance, Finance and Information Governance Committee

27th April 2023

Capital Programme Report Month 11&12 2023 and update of 2023/24 Capital Programme

1. Introduction/Background

The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Health Board by the Welsh Government through the Capital Resource Limit (CRL).

2. Approved funding 2022/23

The agreed capital funding from all sources may be summarised as follows:

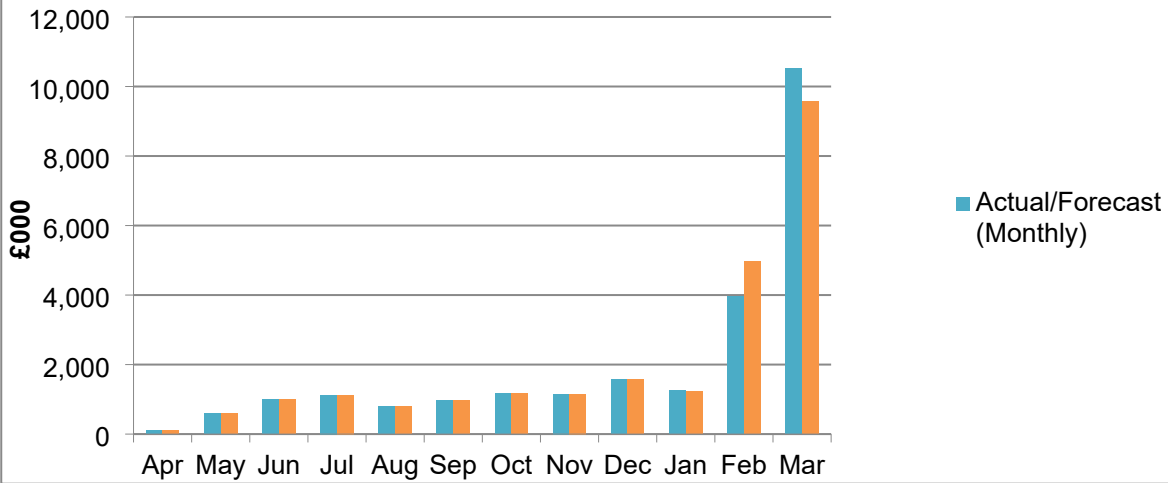
Capital Programme	£ '000
All Wales Capital Programme	13.230
Discretionary Capital	10.971
Total Welsh Government CRL	24.201
Capital Receipts	
Donated Funding	0.560
TOTAL	24.761

3. Expenditure Planned/Actual 2022/23

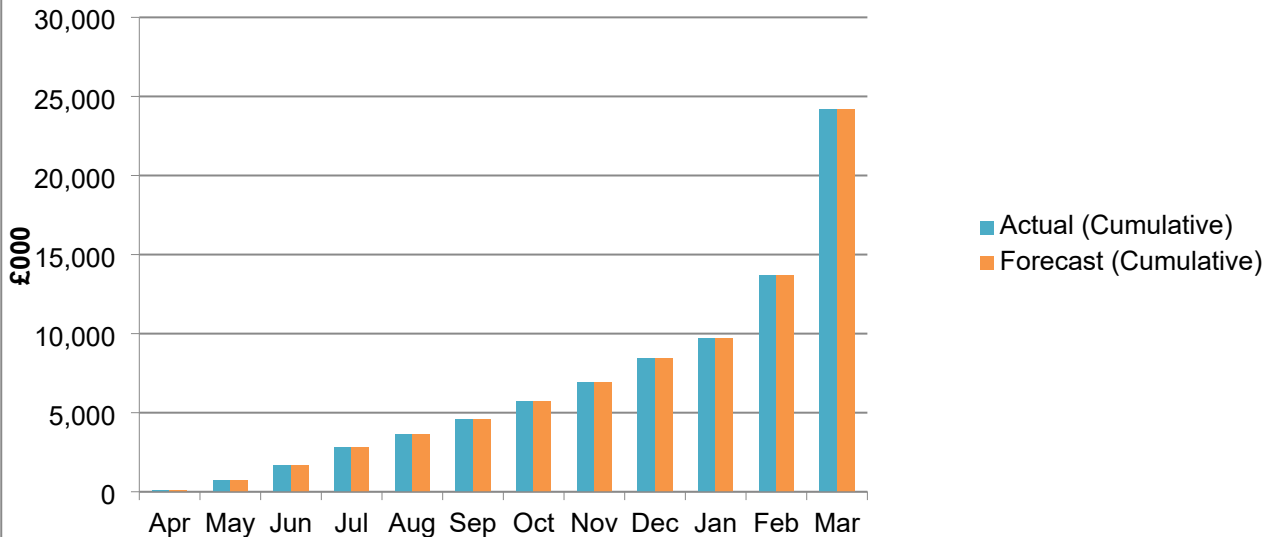
Finance colleagues have confirmed we have met the Capital Resource Limit target for 22/23, subject to audit the balance is £29K.

	CRL Revised	Planned (Monthly)	Forecast (Cumulative)	Actual/Forecast (Monthly)	Actual (Cumulative)
Apr	18,653	112	112	112	112
May	19,451	593	705	593	705
Jun	19,451	989	1,694	989	1,694
Jul	19,451	1,122	2,816	1,122	2,816
Aug	19,461	790	3,606	790	3,606
Sep	21,850	960	4,566	960	4,566
Oct	21,095	1,176	5,742	1,176	5,742
Nov	22,301	1,153	6,895	1,154	6,896
Dec	23,877	1,564	8,459	1,564	8,460
Jan	24,377	1,229	9,688	1,246	9,706
Feb	24,377	4,955	13,665	3,959	13,665
Mar	24,201	9,558	24,201	10,507	24,172

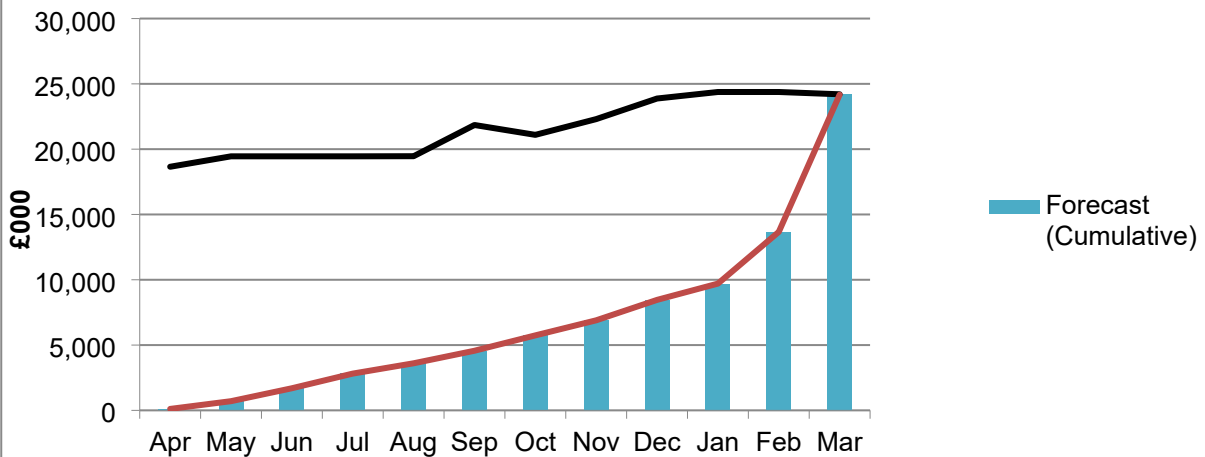
CRL Planned, Actual/Forecast Monthly Performance



CRL Planned, Actual/Forecast Cumulative Performance



CRL Planned and Actual Cumulative Performance



4. Major Capital Schemes >£1m

Scheme	Stage	Value (£m)	Comment
Royal Alexandra Hospital Redevelopment	FBC	67 + inflation	Full Business Case (FBC) with Welsh Government,
Adult and Older Persons Mental Health Unit	OBC	84	Work has commenced to develop the Full Business Case (FBC).
Wrexham Continuity Phase 1	PBC	54	FBC approved at March 2023 Board, and has been submitted to Welsh Government
Ysbyty Gwynedd Compliance Programme	PBC	250+	Restarting project board to respond to Gateway review request.
Nuclear Medicine	SOC	13	Work is ongoing to develop the Outline Business Case (OBC) and the option appraisal to determine the preferred location.
Conwy/Llandudno Junction Primary Care Development	SOC	17	Welsh Government approved and funded development of OBC

5. Approved Funding 2023/24

The agreed capital funding from all sources may be summarised as follows:

Capital Programme	£ '000
All Wales Capital Programme	2.068
Discretionary Capital	11.399
Total Welsh Government CRL	13.467
Capital Receipts	
Donated Funding	
TOTAL	13.467

In addition to this, we are expecting funding for:

- EFAB (4.324m)
- Llandudno Junction Hub £0.92m
- Funding fees to develop a business case for the orthopaedic plan (£0.839m).

6. Discretionary Capital 2023/24

The Capital Programme Management Team (CPMT) have been notified of the approval for the draft capital programme, and progression based on the following CIG controls.

- Capital programme leads (Capital Development, Operational Estates, Medical Devices and Informatics) are to work up all schemes to procurement.

- They may commit 75% of their programme holding 25% in reserve.
- Additional funding and slippage is normally confirmed in month 7. Programme leads are therefore required to review their programmes and select those schemes/purchases that can be delivered within the final 4 months of the year as their reserve (subject only to schemes identified as urgent). In reality for all programmes with the exception of Medical Devices the expenditure profiles are phased across the year and this will have limited, if any, impact.
- The capital finance report will show each of the programmes aligned to the Capital Monitoring Tool. Each programme will be shown as over committed by 25%.
- Expenditure will be monitored monthly by the Capital Programme Management Team with variances escalated to the CIG and PFIG as necessary.

The approved Capital Estates Development programme equates to £5.8m with an agreement to reduce by 25% over commitment so initial allocation is £4.35m. The year-end review of Capital Development programme confirmed the following exceptions and cost pressures for 23/24.

Scheme	Value (£)	Comment
Enlli Phase 3, Critical Care YG	+500,000	Pre tender estimate increased due to scope and inflation increases.
204/206 Abergele Rd	-70,000	Scheme not feasible at this stage
Plas Gororau – Phase 1	+168,000	Underspend/slippage in 22/23
NW Cancer Treatment Centre redevelopment	-520,000	Option to move discretionary commitment to 23/24
ED Void Works – YG	+50,000	Underspend for 22/23
WMH Critical Care – Post contract requests	+50,000	Post contract safety requests
MOPS Rooms for East, Central and West	+150,000	Additional Request for Minor procedure rooms to support Orthopaedic Plan.
ED Patient Benefits	+62,000	Underspend for 22/23
WMH Cardiology Ambulatory Pacing	+110,000	Underspend for 22/23
Minor scheme variations <£50K	-40,000	
Total variations	460,000	

Taking into account the above variations on top of the approved programme £5.8m, the revised funding required is £6.26m against an allocation of £4.35m resulting in an overcommitment of £1.91m.

The Capital Investment Group agreed to manage this by holding Enlli Phase 3 and Immunology both in YG at tendered stage. This would release £1.678m against the £1.91m over commitment. Options for the remaining £0.232m will be managed on risk-based approach to the smaller schemes. The basis for this agreement is a number of the schemes on the programme are already contractually committed and on site. Due to current site pressures Enlli Phase 3 would not be able to commence on site until quarter four of 23/24. The Immunology scheme is programmed to be funded over two years so a start in quarter four would align to that.



GIG
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

Month 1 2023/24

Steve Webster
Interim Executive Director of Finance

Betsi Cadwaladr University Health Board



1. FINANCIAL POSITION



1.1 Financial plan

- The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m. This presents a very challenging financial situation in 2023/24 for the Health Board.
- The three key components making up the 2023/24 initial financial plan are as follows:
 - The £196.2m underlying deficit brought forward from 2022/23
 - Plus, demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards)
 - Less financial improvement from savings and dis-investment
- The £196.2m recurrent deficit represents the £82m non recurrent WG funding committed recurrently, plus further £114.2m resulting from shortfalls in recurrent savings and from recurrent cost pressures and service developments over budget.
- Table 1 below provides a high-level summary of the overall financial position for 2023/24.

Table 1: High-level summary financial position 2023/24

	Recurrent £m	Non- recurrent £m	Total £m
Recurrent deficit brought forward from 2022/23	196.2	0.0	196.2
Demand growth & inflation - income (including strategic support)	-26.2	-128.0	-154.2
Demand growth & inflation – expenditure	70.7	60.1	130.8
Total demand growth & inflation	44.5	-67.9	-23.4
Financial improvement	-38.7	0.0	-38.7
Net 2023/24 position before major decisions	202.0	-67.9	134.1

Note: demand growth & inflation excluding impact of strategic support	44.5	14.2	58.7
-----------------------------------------------------------------------	------	------	------

1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £12.2m, which is £1.0m higher than the profiled Financial Plan for Month 1.
- This essentially results from:

1. FINANCIAL POSITION



- a shortfall in savings (minimal savings reported as at Month 1)
- offset by general underspends and slippage (some of which may be due to savings plans not being formalised as at Month 1)
- and outsourcing costs £1.0m over the profiled £27.1m resource for planned care sustainability. This £1.0m results from patients being transferred to private providers before the decision was made to pause certain aspects of outsourcing to keep costs within the £27.1m available.

1.3 Forecast Position

- The forecast position is to deliver a deficit of £134.1m, which is in line with the financial plan for the year.

1.4 Income (Table B)

- Income totals £160.9m for April, of which the Revenue Resource Limit (RRL) is £148.7m. Further details are included in Section 7 (Table E).

1.5 Actual Year to Date and Forecast Expenditure (Table B)

- Expenditure totals £173.1m for April. This compares to a monthly average of £178.6m in 2022/23, or £172.4m if Month 12 is excluded due to the number of exceptional costs within the Month 12 position.
- Expenditure of £1.3m is directly related to COVID-19 in April.
- Further detail on key movements in spend is provided in the below table.

Primary care Contractor

- Expenditure in April is £0.1m (0.8%) higher than 22/23 monthly average spend. General Dental Services (GDS) is reporting an overspend due to the patient charge target of £7.6m. Further discussion is required with WG as to if the target will be adjusted in 2023/24. If this target is reduced, General Dental Services should then report an underspend due to Dental Contract Handbacks.
- Pressures in General Medical Services (GMS) remain from increased costs of dispensing fees and continued pressures in Managed Practices.

1. FINANCIAL POSITION



Primary care – Drugs & Appliances	<ul style="list-style-type: none"> • Month 1 expenditure is £0.8m (6.4%) less in comparison to last year's monthly average cost. There are 4 less prescribing days in April (19) in comparison to March (23). • Following receipt of February prescribing data, the Average Cost per Prescribing Day has reduced by 0.6%, February was £0.523m compared to £0.527m for January. The 3-month Average Cost per Prescribing Day in February has however increased by 0.1%. • The Average Cost per Item prescribed reduced in February which was £7.48 per item compared to £7.61 per item for January. The 3-month Average Cost per Item however increased from £7.46 to £7.50 (+0.4%). • The overall number of Items Prescribed per Prescribing Day has increased by 1.1%; February had 69,920 items prescribed compared to 69,176 in January. The 3-month Average Items Prescribed per Prescribing Day has reduced from 70,591 to 70,343 (-0.4%).
Provided Services – Pay	<ul style="list-style-type: none"> • Provided Services Pay expenditure is £3.2m (2.3%) less than last year's monthly average cost. However, discounting the £60.3m exceptional adjustment in Month 12 for 2022/23 3% Pay Award impact and 6.3% employers' superannuation, the actual movement is an increase of £1.8m against 2022/23 monthly average pay cost. • April Provided Services Pay expenditure excludes the additional cost of Pay Award impact, which is expected to be fully funded by WG. • Variable Pay is £0.8m less than last year's monthly average, of which reduction is Agency (£0.3m), Bank (£0.3m) and Overtime (£0.2m). Despite variable pay decreasing in April, all three sites continue to experience Medical and Nursing staffing pressures due to vacancies and sickness. PAAR and Flowers payments are also contributing towards pay pressures. • Further detail on Agency spend is included in Section 5.1.
Provider Services Non-Pay	<ul style="list-style-type: none"> • Month 1 Expenditure is £16.0m, which is £1.5m (7.0%) less than last year's monthly average and £0.7m less than the MDS forecast for April. • Key areas of reduction against 2022/23 monthly average costs include £0.6m reduction in Month 1 Energy costs, £0.5m reduction in Local Authority expenditure due to the phasing of Regional Integrated Fund (RIF) spend, £0.2m reduction in Legal/Professional Fees and £0.1m reduction in Vaccines spend. Lower activity in April has also contributed towards a reduction in spend across a range of Provider Services Non-Pay subjective codes in Month 1.
Secondary care Drugs	<ul style="list-style-type: none"> • Month 1 expenditure is £6.5m, a reduction of £0.4m (6.6%) from last year's monthly average spend.

1. FINANCIAL POSITION



	<ul style="list-style-type: none"> This relates to reductions across numerous specialities, tied into the two bank holidays in April and lower patient activity.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> Month 1 expenditure is £0.2m (0.6%) higher than previous month and £0.2m higher than previous year's monthly average. The Month 1 position is based on the previous year's contracts uplifted by the allocated inflation, which is in line with the budget allocation and reporting a breakeven position. Annual forecast is £3.3m above MDS forecast. Contracts have not yet been agreed, which are subject to risk around growth assumptions.
Continuing Health care (CHC) and Funded Nursing care (FNC)	<ul style="list-style-type: none"> Expenditure in April is £10.1m, a decrease of £0.2m (2.2%) from March and an increase of £1.4m (13.6%) from last year's monthly average but is £0.7m lower than the April MDS forecast. The increase in spend across Integrated Health Communities (IHC's) is £0.9m and Mental Health has increased by £0.3m from 2022/23 monthly average cost. There are 23 more patient numbers overall in the Integrated Health Communities (IHC's) compared to Month 12, and 6 less patient numbers overall within MHL. Despite patient numbers reducing in MHL, Mental Health Out of Area Placements continues to be an area of high concern and increase in complexity of packages is also leading to higher costs.
Other Private and Voluntary Sector	<ul style="list-style-type: none"> Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers. Spend in April is in line with last year's monthly average.
Joint Financing	<ul style="list-style-type: none"> Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget. Expenditure is £0.2m less than last year's monthly average.
Losses, Special Payments and Irrecoverable Debts	<ul style="list-style-type: none"> Includes Redress, Clinical Negligence, Personal Injury and loss of property. Expenditure is £0.1m less than last year's monthly average.
Capital	<ul style="list-style-type: none"> Includes depreciation and impairment costs. Capital costs is £1.1m less than last year's monthly average cost, however it is in line with the MDS forecast for April.

- The forecast expenditure excludes the additional Pay Award impact. WG has committed to fully fund pay rises during the year. The value of these is not known, but this should not have

1. FINANCIAL POSITION



a material impact on the overall forecast outturn position, although there is a risk that the actual cost increases are greater or less than the funding.

- An assessment has been made on the value of energy costs in 2023/24 over 2022/23 recurrent budgets. The increases in 2022/23 were funded on a non-recurring basis by WG, but this funding has not been provided in 2023/24. The energy forecast outturn based on 2022/23 usage is £22.9m.

1.6 Performance and Transformation Strategic Support and Other Ring-fenced Funds

- As per the financial plan it is forecast that the Performance Fund (£30m) Transformation Fund (£12m), Sustainability Fund (£27.1m), Planned Care Core Funding (£12.0m), Values Based Healthcare (£3.1m) and Six Goals (£2.96m) will be spent in full. Actual performance against submitted businesses cases will be monitored monthly and used to inform future forecasts.

1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any Accountancy Gains in April.

1.8 COVID-19 (Table B3)

- Total impact of COVID-19 spend in April is £1.3m and full year forecast spend is £19.5m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid.
- Total anticipated COVID-19 income is £16.6, which is therefore contributing a £2.8m deficit within the forecast outturn position. A summary of Month 1 COVID-19 spend and 2023/24 forecast as per Table B3 is provided in below table.

	Actual M01 £m	Forecast 2023/24 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.1	2.2
COVID-19 Vaccination (Immunisation) Programme	0.7	9.6
Nosocomial, PPE, Long COVID & Other	0.5	7.7
Total COVID-19 expenditure	1.3	19.5
Welsh Government COVID-19 income	(1.4)	(16.6)
Impact of COVID-19 on Position	(0.1)	2.8

2. UNDERLYING POSITION



2.1 Underlying Position (Table A & A1)

- The Health Board has faced a significant underlying deficit position, which is a consequence of our cost pressures, decision-making processes, and delivery inefficiencies. The underlying position brought forward from 2022/23 is a deficit of £196.2m.
- To deliver and improve on the £134.1m initial plan requires a number of actions to be taken, which were agreed in the budget, which are not yet fully implemented. Key actions are included below:
 - Actions to develop cross-cutting theme plans, prioritisation of other improvement projects, review of development/investment expenditure, and review of COVID related expenditure formerly funded by WG but now unfunded.
 - Report on available benchmarking to the organisation and the Board and develop active use of benchmarking to support improvement.
 - Develop a considered list of potential further cost reduction options, which would require WG support or could only be taken on a cross-Wales basis.
 - Develop local divisional integrated plans, and develop and implement an updated performance and accountability framework.

3. RISK MANAGEMENT



3.1 Risk Management (Table A2)

- The below are risks to the Health Board's financial position for 2023/24. Where we are clear of specific costs for both risks and opportunities, these are incorporated into the forecasts.

	£m	Level
Risks		
Failure to deliver additional savings not yet identified	£7.0m	Medium
QIA reviews result in some planned limitations of developments not being confirmed	£2.0m	Medium
WG funding for RTC development is not agreed and BCU funds some level of work internally	£2.0m	Low
Critical elements of planned care recovery cannot be funded within the £27.1m funding	£5.0m	High
Costs of addressing special measures status are incurred and not funded by WG	£1.0m	Medium
Total Risks	£17.0m	

- The below are opportunities to the Health Board's financial position for 2023/24.

	£m	Level
Opportunity		
Reduce / Review current investments	tbi	Low
Achievement of greater savings through the plan and approach outlined in the financial plan	tbi	Low
Seek to deliver a greater level of non-recurring underspends	£5.0m	Medium
Potential for excess energy costs to be lower than the £13.7m included in the plan	£3.0m	Medium
Total Opportunities	£8.0m	

4. RING FENCED ALLOCATIONS



4.1 Ringfenced Allocations (GMS - Table N)

- Table not required in Month 1.

4.2 Ringfenced Allocations - (GDS - Table O)

- Table not required in Month 1.

5. AGENCY/LOCUM EXPENDITURE



5.1 Agency/Locum Expenditure (Table B2 – Sections B & C)

- Total Agency costs for Month 1 are £5.8m representing 6.9% of total pay, which is £0.3m less than the average monthly cost for 2022/23, and £1.3m lower than Month 12 Agency costs.
- Medical Agency costs have decreased by £1.0m to an in-month spend of £2.0m. The average monthly Medical agency spend for 2022/23 was £2.5m.
- Nurse agency costs totalled £2.6m for the month, £0.1m lower than in March and £0.5m higher than the monthly average for 2022/23.
- Other agency costs totalled £1.2m in April, an increase of £0.1m from previous month.

6. SAVINGS



6.1 Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 and C4)

- To meet the Financial Plan for 2023/24, savings of £25.2m must be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m. The requirement is for these savings to be cash releasing and recurring.
- The Savings Target has been profiled on a flat 1/12 basis, therefore the Target for Month 1 totalled £2.57m.
- At Month 1, the full year plan value of Green and Amber schemes totals £0.630m. The in-month plan totals £0.0037m. These relate to three Green schemes. There are currently no Amber schemes.
- Of the total Full Year Plan, only £0.06m relates to recurrent savings.
- The Full Year Forecast relating for Green schemes totals £0.632m, of which £0.062m is recurring.
- Actual savings delivered in Month 1 totalled £0.019m. The adverse variance of actual savings to Plan of £0.018m relates to the CoCH Obstetrics Contract scheme. As the block contract directive has not yet been lifted, achieved savings totalled nil.
- Integrated Healthcare Communities (IHC's) and Services reported savings achieved reflected in their Month 1 position but not yet reported as a saving as schemes as have not yet been converted to Amber/ Green. The value of such savings reported at the M1 review totalled £0.258m.
- The Full Year Plan value of Red schemes total £9.3m, of which £7.5m is recurring.
- The Full Year Plan for Green and Red schemes is £9.95m, of which £7.6m is recurring.
- The Full Year Forecast for Green and Red schemes total £9.96m, of which £7.6m is recurring.
- The estimated Full Year Plan value of further pipeline opportunities totals £8.3m. Including these opportunities, the total Full Year Plan stands at £18.2m.
- IHC's and Services have been asked to submit Integrated Divisional Plans on 19th May, which will include financial plans, and this is a key area of focus. This should include the progression of savings schemes which will lead to the submission of documentation for individual savings schemes so that the RAG status of schemes may be converted to Amber or Green.

7. INCOME ASSUMPTIONS



7.1 Income Assumptions (Table D)

- All figures included in Table D are based on 2022/23 outturn.

7.2 Resource Limits (Table E & E1)

- The Revenue Resource Limit (RRL) for the year is £1,859.8m. £148.7m of the RRL has been profiled into April, which is £6.3m less than an equal twelfth.
- Confirmed allocations to date is £1,821.1m, with further anticipated allocations in year of £38.6m. This includes anticipated allocation of £16.6m for COVID-19, with £1.4m of COVID-19 income profiled into April.
- Anticipated SIF Funding is only Year to Date but will be updated for estimated full year in Month 2.

8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS



8.1 Welsh NHS Contracts

- Work is progressing with signing off all Welsh agreements and it is not anticipated that there will be an issue with meeting the deadline for completion of 30th June 2023.
- As per the Monitoring Return guidance, further detail will be provided in the Month 2 return.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



9.1 Statement of Financial Position (Table F)

- Table not required in Month 1.

9.2 Welsh NHS Debtors (Table M)

Aged Debtors (Table M)

- At the end of Month 1 2023/24 the Health Board held two outstanding NHS Wales invoices for a total of £8,606.91 that were over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. Both invoices have been approved for payment and payment is expected to be received W/C 15.05.23.

10. CASH



10.1 Monthly Cash Flow Forecast (Table G)

- Table not required in Month 1.

11. PUBLIC SECTOR PAYMENT POLICY PSPP



11.1 . Public Sector Payment Policy PSPP (Table H)

- Table not required in Month 1.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS



12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2023/24 is £18.711m.

12.2 Capital Programme (Table J & K)

- Table J not required in Month 1.
- Disposals (Table K) contains no Capital Disposals in April.

13. OTHER ISSUES



13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 1 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the June meeting.
- The nominated deputies who have authority to approve the monthly Monitoring Return submission, in the absence of the Chief Executive and/or Executive Director of Finance are:
 - For the Chief Executive Officer: Nick Lyons, Interim Deputy Chief Executive Officer / Executive Medical Director
 - For the Executive Director of Finance: Tony Uttley, Interim Operational Finance Director

A handwritten signature in cursive script that reads "Carol Shillabeer".

Carol Shillabeer
Interim Chief Executive Officer

A handwritten signature in cursive script that reads "Steve Webster".

Steve Webster
Interim Executive Director of Finance



Finance Report

April 2023 – M01

Steve Webster

Interim Executive Finance Director



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Positives & Key Assurances

- Current month position is reporting a deficit of £12.2m, which is £1.0m higher than the profiled financial plan for Month 1.
- Forecast position is to deliver a deficit of £134.1m, which is in line with the draft financial plan for the year.


Issues & Actions

- Savings are minimal against a month 1 target of £2.6m (of which £2.1m is assumed in the financial plan).
- Divisions are focusing on their local plans and budgets and this may reflect savings not being formalised as at Month 1. To support this, non-pay expenditure is under plan at M1, and so overall expenditure excluding outsourcing is on plan. A review of the local plans due later in May, to identify the savings plans within them will be key.
- Outsourcing costs are £1.0m over the profiled £27.1m resource for planned care sustainability. This results from patients being transferred to private providers before the decision was made to pause certain aspects of outsourcing to keep costs within the £27.1m available. A key action is to bring forward an updated plan for planned care delivery by the end of June.

Key Messages

- The April position is reporting an in-month deficit of £12.2m, which is £1.0m higher than the profiled financial plan for Month 1, due essentially to outsourcing costs.
- At this early stage, the year-end forecast position is to deliver a deficit of £134.1m, which is in line with the initial financial plan for the year.
- Reported savings are minimal at Month 1. Review of the savings within the draft divisional plans due to be submitted imminently will be key.

Summary of Key Numbers

<div>Month 1 Position</div> <div>In Month £160.9m against plan of £159.9m. £1.0m adverse over the £11.2m deficit as per the draft financial plan.</div> <div>YTD: Same as above</div>	<div>Forecast</div> <div>Projected Position but this is subject to inflationary risk.</div> <div>£134.1m deficit</div>	<div>Divisional Performance Month 1</div> <table><tr><td>West IHC</td><td>£0.8m adverse</td></tr><tr><td>Central IHC</td><td>£1m adverse</td></tr><tr><td>East IHC</td><td>£0.5m adverse</td></tr><tr><td>Womens</td><td>£0m favourable</td></tr><tr><td>MH & LD</td><td>£0.2m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£0.1m adverse</td></tr><tr><td>ICD Primary Care</td><td>£0.1m adverse</td></tr><tr><td>ICD Regional Services</td><td>£0.1m adverse</td></tr><tr><td>Support Functions</td><td>£1.4m favourable</td></tr><tr><td>Other Budgets</td><td>£0.5m favourable</td></tr></table>	West IHC	£0.8m adverse	Central IHC	£1m adverse	East IHC	£0.5m adverse	Womens	£0m favourable	MH & LD	£0.2m adverse	Commissioning Contracts	£0.1m adverse	ICD Primary Care	£0.1m adverse	ICD Regional Services	£0.1m adverse	Support Functions	£1.4m favourable	Other Budgets	£0.5m favourable
West IHC	£0.8m adverse																					
Central IHC	£1m adverse																					
East IHC	£0.5m adverse																					
Womens	£0m favourable																					
MH & LD	£0.2m adverse																					
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ICD Regional Services	£0.1m adverse																					
Support Functions	£1.4m favourable																					
Other Budgets	£0.5m favourable																					
<div>Savings</div> <div>In-month: £0.0m against target of £2.6m £2.6m adverse</div> <div>YTD: Same as above</div>	<div>Savings Forecast</div> <div>£0.6m against target of £25.2m</div> <div>£24.6m adverse</div>	<div>COVID-19 Impact</div> <div>£1.3m cost YTD</div> <div>£16.6m forecast cost. Funded by Welsh Government (with risk)</div> <div>£NIL impact</div>																				
<div>Income</div> <div>£12.2m against budget of £11.5m</div> <div>£0.7m Favourable</div>	<div>Pay</div> <div>£81.1m against budget of £79.6m</div> <div>£1.5m Adverse</div> <div></div>	<div>Non-Pay</div> <div>£92.0m against budget of £91.8m</div> <div>£0.2m Favourable</div>																				

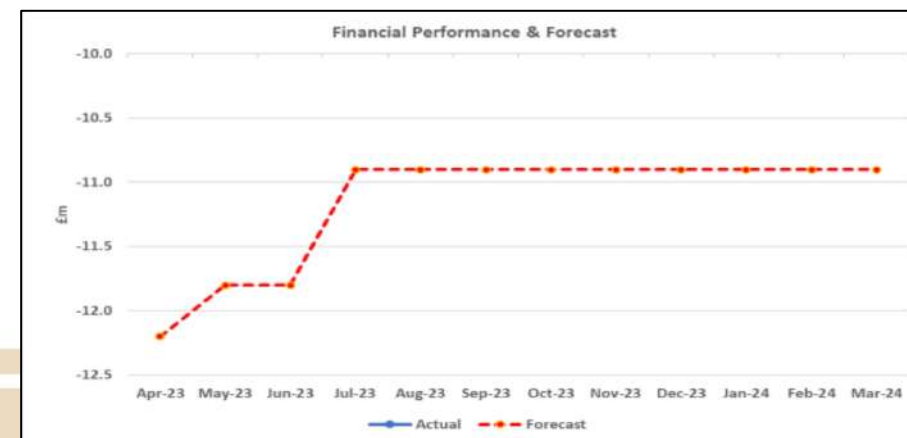


Revenue Position

- The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m. This presents a very challenging financial situation in 2023/24 for the Health Board.
- The three key components making up the 2023/24 initial financial plan are as follows:
 - The £196.2m underlying deficit brought forward from 2022/23 which is a consequence of our cost pressures, decision-making processes, and delivery inefficiencies.
 - Plus, demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards)
 - Less financial improvement from savings and dis-investment
- To deliver and improve on the £134.1m initial plan requires a number of actions to be taken, which were agreed in the budget, which are not yet fully implemented. Key actions are included below:
 - Actions to develop cross-cutting theme plans, prioritisation of other improvement projects, review of development/investment expenditure, and review of COVID related expenditure formerly funded by WG but now unfunded.
 - Report on available benchmarking to the organisation and the Board and develop active use of benchmarking to support improvement.
 - Develop a considered list of potential further cost reduction options, which would require WG support or could only be taken on a cross-Wales basis.
 - Develop local divisional integrated plans, and develop and implement an updated performance and accountability framework.

	Actual	2022/23 Cumulative				Forecast
	M1 £m	Budget £m	Actual £m	Variance £m	Variance %	Actual £m
Revenue Resource Limit	(148.7)	(148.7)	(148.7)	0.0	0.0%	(1,859.8)
Miscellaneous Income	(12.2)	(11.5)	(12.2)	-0.7	6.1%	(137.1)
Health Board Pay Expenditure	81.1	79.6	81.1	1.5	1.9%	971.6
Non-Pay Expenditure	92.0	91.8	92.0	0.2	0.2%	1,159.4
Total Deficit / (Surplus)	12.2	11.2	12.2	1.0		134.1

- The April position is reporting an in-month deficit of £12.2m, which is £1.0m higher than the £11.2m deficit as per financial plan profile for Month 1. This essentially results from:
 - a shortfall in savings (minimal savings reported as at Month 1)
 - offset by general underspends and slippage (some of which may be due to savings plans not being formalised as at Month 1)
 - and outsourcing costs of £1.0m over the profiled £27.1m resource for planned care sustainability. This £1.0m results from patients being transferred to private providers before the decision was made to pause certain aspects of outsourcing to keep costs within the £27.1m available.



Divisional Positions

	In Month			
	Budget	Actual	Variance to Plan	% Variance to Plan
	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(148,705)	(148,705)	0	0%
WEST INTEGRATED HEALTH COMMUNITY				
Management	(506)	92	(598)	-118%
West Area	15,070	14,876	195	1%
Ysbyty Gwynedd	10,139	10,437	(298)	-3%
Facilities	993	1,076	(83)	-8%
Total West	25,696	26,481	(785)	-3%
CENTRAL INTEGRATED HEALTH COMMUNITY				
Management	(608)	93	(701)	-115%
Central Area	19,244	18,939	305	2%
Ysbyty Glan Clwyd	12,822	13,408	(586)	-5%
Facilities	1,222	1,267	(45)	-4%
Total Central	32,679	33,707	(1,027)	-3%
EAST INTEGRATED HEALTH COMMUNITY				
Management	(675)	103	(779)	-115%
East Area	22,169	21,762	407	2%
Ysbyty Wrexham Maelor	10,677	10,746	(69)	-1%
Facilities	1,081	1,182	(101)	-9%
Total East	33,252	33,793	(541)	-2%
Total Midwifery and Women's Services	3,604	3,589	15	0%
Total Mental Health and LDS	12,838	13,013	(176)	-1%
Total Commissioning Contracts	21,668	21,792	(123)	-1%
INTEGRATED CLINICAL DELIVERY PRIMARY CARE				
Covid Programmes	795	797	(1)	0%
Dental North Wales	2,608	2,675	(67)	-3%
Community Dental Services	399	469	(70)	-18%
Other Primary Care	1,620	1,620	0	0%
Total Integrated Clinical Delivery Primary care	5,422	5,561	(139)	-3%
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES				
Provider Income	(1,808)	(1,808)	0	0%
Diagnostic and Specialist Clinical Support	6,211	6,520	(309)	-5%
Cancer Services	4,621	4,450	171	4%
Total Integrated Clinical Delivery	9,024	9,163	(138)	-2%
Total Service Support Functions	13,434	12,020	1,415	11%
Total Other Budgets	2,264	1,757	508	22%
Total	11,178	12,170	(992)	-9%

	Cumulative			
	Budget	Actual	Variance to Plan	% Variance to Plan
	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(148,705)	(148,705)	0	0%
WEST INTEGRATED HEALTH COMMUNITY				
Management	(506)	92	(598)	-118%
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Total Service Support Functions	13,434	12,020	1,415	11%
Total Other Budgets	2,264	1,757	508	22%
Total	11,178	12,170	(992)	-9%

Integrated Health Community Positions at Month 1



- April position is reporting an in-month deficit of £1.0m higher than the profiled financial plan deficit of £11.2m for Month 1.
- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly Agency costs.
- Non Pay pressures continue within CHC, due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.
- Non delivery of CRES is also having an impact.

Description	£m
Allocations Received	1,821.1
Total Allocations Received	1,821.1
Description	£m
Allocations anticipated	
Capital Depreciation - Impairment	1.7
COVID-19	16.6
Real Living Wage (Care Homes)	3.0
Substance Misuse	6.0
IM&T Refresh Programme	1.9
Urgent Primary Care Centres	1.0
SDEC	1.6
MSK Orthopaedic funding	1.2
Community and Primary based Allied Health Professionals (A	1.0
Dispensing Fees increasing	1.5
Service Transfer of LPHT to Health Boards	1.8
Other	1.3
Total Allocations Anticipated	38.6
	£m
Total Allocations Received	1,821.1
Total Allocations Anticipated	38.6
Total Welsh Government Income	1,859.7

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The Revenue Resource Limit (RRL) for the year is £1,859.7m. £148.7m of the RRL has been profiled into April, which is £6.3m less than an equal twelfth.
- Confirmed allocations to date is £1,821.1m, with further anticipated allocations in year of £38.6m. This includes anticipated allocation of £16.6m for COVID-19, with £1.4m of COVID-19 income profiled into April.
- Anticipated SIF Funding is only Year to Date but will be updated for estimated full year in Month 2.
- Also, within the WG allocation received includes Performance Fund (£30m) Transformation Fund (£12m), Sustainability Fund (£27.1m), Planned Care Core Funding (£12.0m), Values Based Healthcare (£3.1m) and Six Goals (£2.96m)

COVID -19 Funding	£m
Total 23/24 COVID-19 Forecast Expenditure	19.5
Received	0.0
Anticipated	16.6



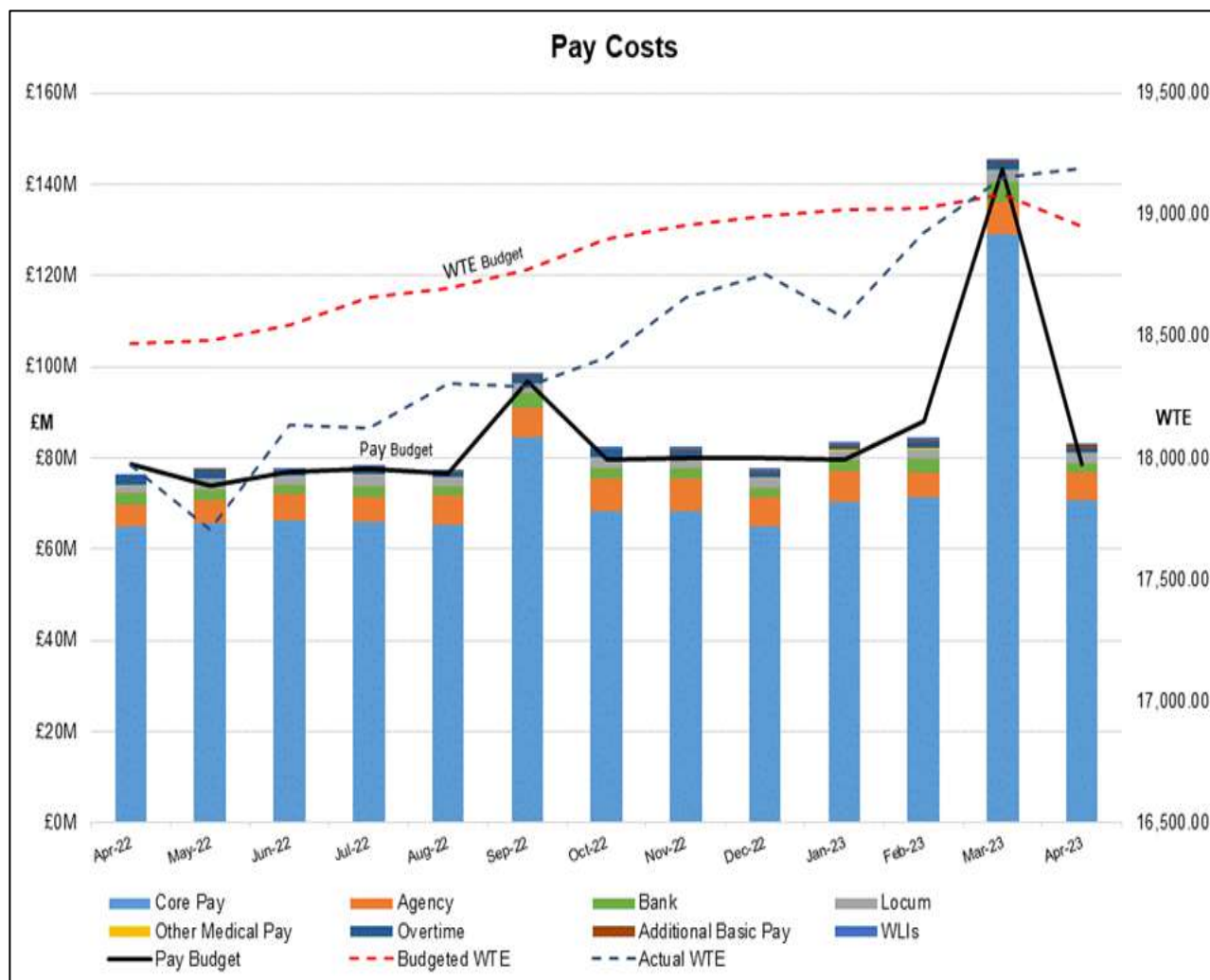
Expenditure – Pay & Non-Pay

Pay Costs						Cumulative			Full Year
	M8	M9	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	12.2	12.1	12.6	12.3	12.1	11.0	11.7	(0.7)	146.2
Medical & Dental	19.7	19.5	20.2	19.7	19.4	18.7	18.8	(0.1)	235.0
Nursing & Midwifery Registrars	25.0	24.8	25.7	25.1	24.7	26.2	24.6	1.6	299.7
Additional Clinical Services	3.3	3.2	3.4	3.3	3.2	10.6	12.0	(1.4)	39.1
Add Prof Scientific & Technical	12.0	11.9	12.4	12.0	11.9	3.4	3.2	0.2	144.0
Allied Health Professionals	5.5	5.4	5.6	5.5	5.4	4.7	5.6	(0.9)	66.0
Healthcare Scientists	1.3	1.3	1.4	1.3	1.3	1.3	1.3	0.0	16.0
Estates & Ancillary	3.9	3.9	4.0	3.9	3.8	3.7	3.8	(0.1)	46.6
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.8
Health Board Total	83.0	82.2	85.4	83.2	81.9	79.6	81.1	(1.5)	993.3
Other Services (Incl. Primary Care)	2.4	2.1	3.4	2.5	2.0	2.0	2.1	(0.1)	0.0
Total Pay	85.4	84.3	88.8	85.7	83.9	81.6	83.2	(1.6)	993.3

Non-Pay Costs	2022-23					2023-24	Cumulative			Full Year
	M8	M9	M10	M11	M12	M1	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	22.3	18.9	19.7	19.0	17.6	18.7	18.7	18.7	0.1	224.3
Primary Care Drugs	9.9	10.2	10.4	10.3	11.8	9.3	9.4	9.3	0.0	119.5
Secondary Care Drugs	7.4	7.1	7.4	7.5	5.7	6.5	6.8	6.5	0.3	84.8
Clinical Supplies	7.8	6.7	6.0	6.0	7.3	6.4	6.5	6.4	0.1	81.6
General Supplies	4.2	6.1	2.9	4.8	6.8	3.6	3.7	3.6	0.1	46.3
HC Services Provided by Other NHS	21.5	27.9	27.2	31.1	26.1	26.2	25.9	26.2	(0.3)	313.2
Continuing Care and FNC	8.8	8.9	7.0	6.9	10.3	10.1	9.5	10.1	(0.6)	102.1
Other	10.1	9.0	10.2	9.8	10.2	8.7	8.8	8.7	0.1	110.9
Non-pay costs	92.1	94.7	90.7	95.4	95.8	89.5	89.3	89.5	(0.2)	1,082.6
Cost of Capital	1.5	3.1	3.1	3.1	8.4	2.5	2.5	2.5	(0.0)	36.8
Total non-pay	93.6	97.8	93.8	98.5	104.2	92.0	91.8	92.0	(0.2)	1,119.4

- **Provided Services Pay:** Expenditure is £3.2m (2.3%) less than last year's monthly average cost. However, discounting the £60.3m exceptional adjustment in Month 12 for 2022/23 3% Pay Award impact and 6.3% employers' superannuation, the actual movement is an increase of £1.8m against 2022/23 monthly average pay cost.
- April Pay expenditure excludes the additional cost of Pay Award impact. The 1.5% consolidated Pay Award backdated to April 22 is expected to be paid in May and will be fully funded by WG. (Further detail on Variable Pay included on Slide 8)
- **Non-Pay Expenditure (excluding Capital Charges):** April expenditure is £89.5m which is £1.3m less than last year's monthly average. (Further detail on Non-Pay costs included on Slide 10)

Expenditure – Variable Pay



- Variable Pay is £0.8m less than last year's monthly average, of which reduction is Agency (£0.3m), Bank (£0.3m) and Overtime (£0.2m).
- Despite variable pay decreasing in April, all three sites continue to experience Medical and Nursing staffing pressures due to vacancies and sickness. PAAR and Flowers payments are also contributing towards pay pressures.

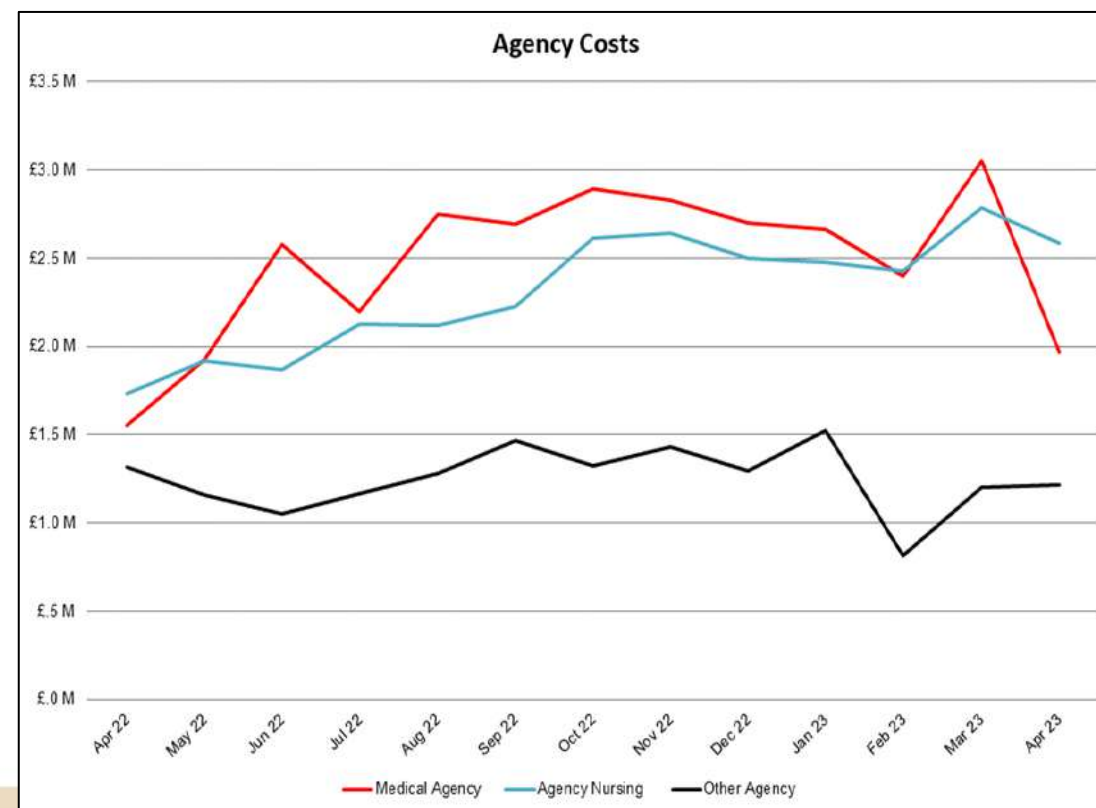
Variable Pay	2022-23					2022-23	2023-24
	M8	M9	M10	M11	M12	Monthly Average Spend	M1
	£m	£m	£m	£m	£m	£m	£m
Agency	6.9	6.5	6.7	5.6	7.0	6.1	5.8
Overtime	1.3	1.2	0.9	1.5	1.7	1.4	1.1
Locum	2.5	2.2	2.1	2.3	2.6	2.2	2.2
WLI's	0.6	0.5	0.4	0.5	0.5	0.4	0.4
Bank	2.4	2.0	2.5	2.8	4.4	2.6	2.3
Other Non Core	0.1	0.1	0.1	0.1	0.0	0.1	0.1
Additional Hours	0.4	0.4	0.3	0.3	0.4	0.3	0.4
Total	14.1	12.8	13.0	13.1	16.7	13.1	12.4



Pay Costs – Agency

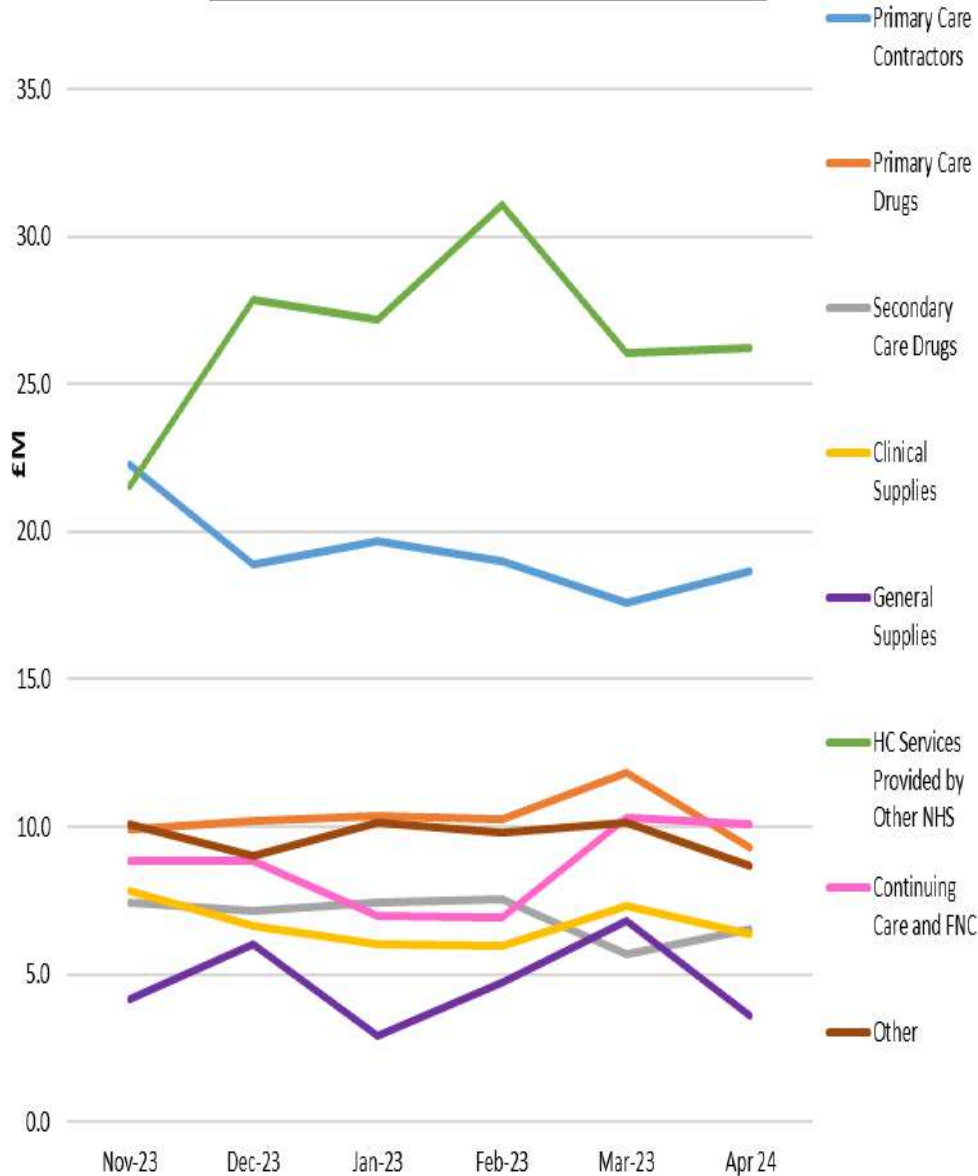
- Total Agency costs are £5.8m in April representing 6.9% of total pay, which is £0.3m less than the average monthly cost for 2022/23, and £1.3m lower than Month 12 Agency costs. Of the £5.8m, the 3 hospital sites accounted for £3.1m of the costs.
- Medical Agency costs have decreased by £1.0m to an in-month spend of £2.0m. The average monthly Medical agency spend for 2022/23 was £2.5m.
- Nurse agency costs totalled £2.6m for the month, £0.1m lower than in March and £0.5m higher than the monthly average for 2022/23.
- Other agency costs totalled £1.2m in April, an increase of £0.1m from previous month.

	22-23 Actual							
	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total Full Year Actual	Apr-23	Total Year to Date
West Area	205	127	112	211	155	2,136	148	148
Central Area	420	508	561	154	638	5,092	416	416
East Area	975	879	814	893	733	9,425	676	676
Ysbyty Gwynedd	785	776	809	844	1023	8,644	884	884
Ysbyty Glan Clwyd	1,805	1,365	1552	1066	1807	16,648	1323	1,323
Ysbyty Maelor Wrexham	1,072	1,000	1105	1029	1041	11,700	851	851
Mental Health & LDS	819	774	740	665	827	7,593	629	629
Womens	168	336	245	265	314	2,704	226	226
Other	823	731	731	515	1021	8,797	619	619
Total Agency	7,071	6,495	6,669	5,642	7,559	72,740	5,771	5,771



Expenditure – Non Pay

Non Pay Expenditure (Excluding Capital Costs)



Primary Care Contractor: Expenditure in April is £0.1m (0.8%) higher than 22/23 monthly average spend. General Dental Services (GDS) is reporting an overspend due to the patient charge target. Further discussion is required with WG on whether the target will be adjusted in 2023/24. If this target is reduced, General Dental Services should report an underspend due to Dental Contract Handbacks. Pressures in General Medical Services (GMS) remain from increased costs of dispensing fees and continued pressures in Managed Practices.

Primary Care Drugs: Expenditure is £0.8m (6.4%) less compared to last year's monthly average due to 4 less prescribing days in April (19) in comparison to March (23).

Provider Services Non Pay: Expenditure is £16.0m and is £1.5m (7.0%) less than last year's monthly average. Key areas of reduction include Energy costs (£0.6m), Local Authority expenditure (£0.5m) due to phasing of Regional Integrated Fund (RIF) spend and Legal/Professional Fees (£0.2m). Lower activity in April has also contributed towards a reduction in spend across a range of Provider Services Non-Pay subjective codes.

Secondary Care Drugs: Expenditure is £6.5m, a reduction of £0.4m (6.6%) from last year's monthly average spend. This relates to reductions across numerous specialities, tied into the two bank holidays in April and lower patient activity.

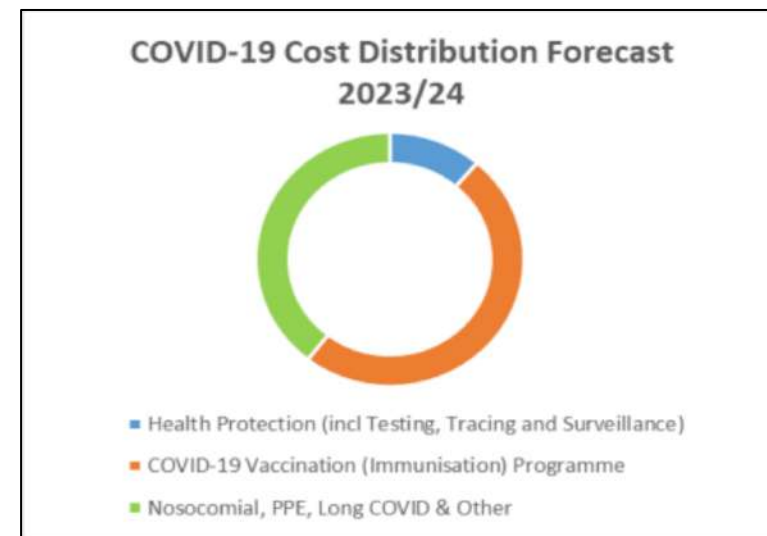
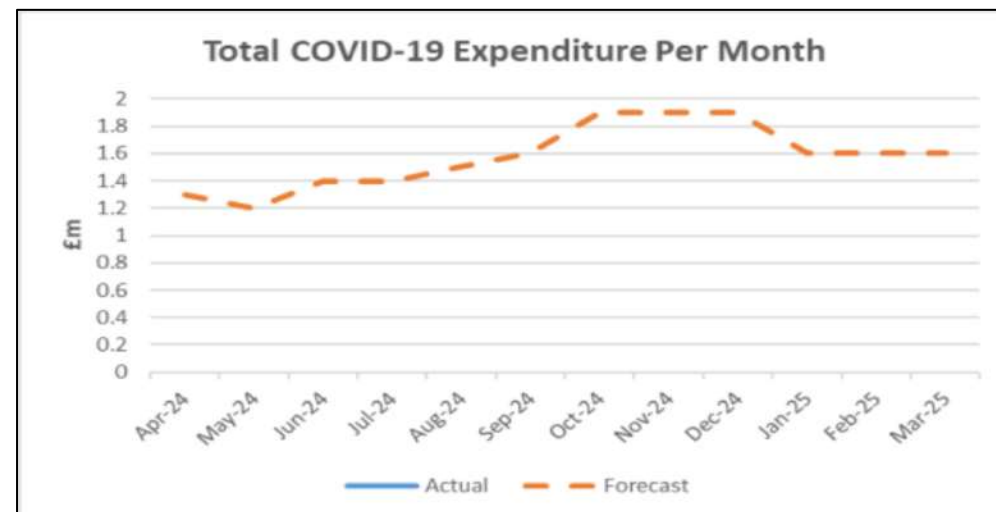
Healthcare Services provided by Other NHS Bodies: Expenditure is £0.2m higher than previous year's monthly average. Contracts have not yet been agreed, which are subject to risk around growth assumptions.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): Expenditure in April is £10.1m, an increase of £1.4m (13.6%) from last year's monthly average. The increase in spend across Integrated Health Communities (IHC's) is £0.9m and Mental Health has increased by £0.3m from 2022/23 monthly average cost. This is partially due to inflation and there are 23 more patient numbers overall in the Integrated Health Communities (IHC's) compared to Month 12, and 6 less patient numbers overall within MHL. Despite patient numbers reducing in MHL, Mental Health Out of Area Placements continues to be an area of high concern and increase in complexity of packages is also leading to higher costs.

Impact of COVID-19

	Actual M01 £m	Forecast 2023/24 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.1	2.2
COVID-19 Vaccination (Immunisation) Programme	0.7	9.6
Nosocomial, PPE, Long COVID & Other	0.5	2.7
Total COVID-19 Expenditure	1.3	14.5
Welsh Gov COVID-19 Income	(1.3)	(16.6)
Impact of COVID-19 on Position	0.0	(2.1)

- Total impact of COVID-19 spend in April is £1.3m and full year forecast spend is £14.5m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid.
- Total anticipated WG COVID-19 income is £16.6m, and full year projected costs in relation to this are currently £14.5m. The forecast will be firmed up in future months, and any surplus in specific COVID-19 funding streams will need to be returned to WG. In relation to other operational COVID related costs, which were funded by WG in 2022/23, but will not be funded by WG in 2023/24, internal funding of £13.3m has been included within the financial plan. We will be seeking to incrementally reduce these unfunded costs over time and will report progress as part of monthly financial reporting.



Savings

		SCHEMES IN DELIVERY										(Red Risk) SCHEMES				TOTAL SAVINGS	
	Savings Target £000	Year to Date Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Non- Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Recurring Plan £000	Non- Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000	
West Integrated Health Community Area - West			0	0	0	0	0	0	0	0	1,580	250	1,830	1,830	1,830	1,830	
Ysbyty Gwynedd			0	0	0	0	0	0	0	0	2,021	239	2,260	2,260	2,260	2,260	
Facilities			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total West	8,048	804	0	(804)	0	0	(8,048)	0	0	0	3,601	489	4,090	4,090	4,090	(1,948)	
Central Integrated Health Community Area - Central			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ysbyty Glan Clwyd			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Facilities			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total West	7,940	663	0	(663)	0	0	(7,940)	0	0	0	0	0	0	0	0	(7,940)	
East Integrated Health Community Area - East			0	0	0	0	0	0	0	0	750	900	1,650	810	1,650	1,650	
Ysbyty Wrexham Major			0	0	0	0	0	0	0	0	850	100	1,016	870	1,016	1,016	
Facilities			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total East	8,070	673	0	(673)	0	0	(8,070)	0	0	0	1,600	1,000	2,600	1,600	2,600	(6,400)	
PAN North Wales Services																	
MHLD	3,267	272	0	(272)	0	0	(3,267)	0	0	0	0	0	0	0	0	(3,267)	
Womens Services	915	70	0	(70)	13	0	(915)	502	502	0	100	0	100	150	602	(253)	
Diagnostic and Specialist Clinical Support	1,015	85	5	(80)	1	62	(953)	9	70	63	68	0	68	69	118	(897)	
Cancer Services	755	63	0	(63)	0	0	(755)	0	0	0	1,215	0	1,215	1,285	1,215	680	
Primary Care	358	20	0	(20)	0	0	(358)	0	0	0	0	0	0	0	0	(358)	
Contracts			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Provider Income			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total PAN North Wales	6,308	428	5	(423)	14	62	(6,246)	570	632	63	1,382	0	1,382	1,434	1,394	(4,852)	
Corporate	2,435	200	0	(200)	0	0	(2,435)	0	0	0	0	0	0	0	0	(2,435)	
Reserves / Stretch Target	(5,667)	(472)		472			5,667		0							5,667	
Total for Services	24,200	2,100	5	(2,095)	14	62	(24,138)	570	632	63	8,064	1,000	9,064	7,740	8,761	(16,449)	
Other Workstreams																	
Procurement - to be allocated											905	240	1,205	2,142	1,205	1,205	
Total Programme	24,200	2,100	5	(2,095)	14	62	(24,138)	570	632	63	7,169	1,240	8,409	9,882	9,966	(16,244)	

- Savings delivered in month 1 totalled £19k against plans of £37k and target for operational services of £2.6m, of which £2.1m is assumed in the financial plan.
- The Total Full Year Operational Savings Target is £30.9m, which includes a stretch target of £5.7m. The savings assumed in the financial plan is £25.2m.
- The requirement is for these savings to be cash releasing and recurring.
- The Full Year Plan value of Green and Amber schemes totals £630k, of which only £60k relates to recurring savings. There are 3 Green schemes and no Amber schemes.
- The Full Year Plan value of Red schemes totals £9.3m of which £7.5m is recurring.
- The Full Year Forecast, including Green and Red schemes totals £9.96m, of which £7.6m is recurring.
- The Full Year Plan value of further pipeline opportunities totals £8.3m. Including these, the total Full Year Plan stands at £18.2m.
- IHC's and Services are progressing local financial plans, due in May. At the same time, there is a focus on the conversion of schemes to Amber or Green.

Risks and Opportunities (not included in position)

	RISKS	£m	Level
1	Failure to deliver additional savings not yet identified	£7.0m	Medium
2	QIA reviews result in some planned limitations of developments not being confirmed	£2.0m	Medium
3	WG funding for RTC development is not agreed and BCU funds some level of work internally	£2.0m	Low
4	Critical elements of planned care recovery cannot be funded within the £27.1m funding	£5.0m	High
5	Costs of addressing special measures status are incurred and not funded by WG	£1.0m	Medium
	Total Risks	£17.0m	

	OPPORTUNITIES	£m	Level
1	Reduce / Review current investments	TBI	Low
2	Achievement of greater savings through the plan and approach outlined in the financial plan	TBI	Low
3	Seek to deliver a greater level of non-recurring underspends	£5.0m	Medium
4	Potential for excess energy costs to be lower than the £13.7m included in the plan	£3.0m	Medium
5	Total Opportunities	£8.0m	
	Total Risks	£9.0m	



Funding	Funding Scheme	Approved CRL	Expenditure Year to Date
All Wales	Wrexham Redevelopment		-
	Imaging		6,504
	Nuclear Medicine	373,000	(15,754)
	Digital Medicine	7,000	-
	Ablett Unit	1,688,000	3,485
	Orthopaedic Hub		-
	Conwy Llandudno Centre		-
	EFAB-Infrastructure		20,149
	EFAB-Decarbonisation		-
	EFAB-Fire		-
All Wales Total		2,068,000	14,384
Discretionary	Med Devices	2,306,000	129,038
	IM&T	2,262,000	3,763
	Estates	6,831,000	41,124
			-
Discretionary Total		11,399,000	173,925
Donated	LOF		-
	C Funds		-
Donated Total			-
Grand Total		13,467,000	188,309



Teitl adroddiad: <i>Report title:</i>	Business Case for a Community Complex Conditions Service			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 May 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Health Board is asked to consider a Business Case for a Community Complex Conditions Service, integrating Long Covid, CFS/ME, Breathing Pattern Disorders, FAs and PPS service under one umbrella.</p> <p>The Health Board is asked to note that recurrent funding for option 4 (the Community Complex Conditions Service) has been confirmed by Welsh Government.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to approve Option 4 in the business case. This option will establish a Community Complex Conditions Service in BCUHB, integrating Long COVID, Chronic Fatigue Syndrome /Myalgic Encephalomyelitis (CFS/ME), Breathing Pattern Disorders, Persistent Physical Symptoms (PPS), and Frequent Attenders (FA) in order to improve patient outcomes, provide sustainability and address current and future demand for services and gaps in service provision</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Gareth Evans, Acting Executive Director Therapies & Health Science			
Awdur yr Adroddiad: <i>Report Author:</i>	Claire Jones, Long Covid Therapy Lead Dr Rachel Skippon, Consultant Clinical Psychologist, Long Covid Psychology Lead Natasha Turner, Operations Manager Long Covid			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>BCUHB adopted a strong principal of co-design, working closely with people with lived experience of Long Covid and clinical practitioners to design the Long Covid Service, which meets the needs and expectations of the local population. The Long Covid Lived Experience Consultation Group is</p>				

<p>now well established and regularly well attended and similar conversations have occurred with established CFS/ME groups.</p> <p>The existing Long Covid service and leadership team is now established and well placed to implement the plan.</p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This business case seeks to address key priorities within:</p> <p>BCUHB's Covid 19 response and recovery Living Healthier, Staying Well Primary and Community Strategy</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>None</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Yes, please see attachment</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N/a</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The top risk associated with the current service is:</p> <p>There is a risk is that funding may not continue after March 2023. This could result in no dedicated service available and an increased demand on other services after March 2023. This would have a detrimental effect on the physical and mental health of Long COVID patients and people suffering with other chronic health conditions. It could also cause reputational damage to the HB/WG if services are stopped. Current risk score is 15.</p> <p>This risk will be reduced to a score of 3 with the approval of this business case.</p> <p>Please see section below for links to BAF</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The cost of Option 4 is £2,169,463 of which £1,893,023 requires new investment.</p> <p>Recurrent funding for option 4 of £1,893,023 has been confirmed by Welsh Government (Appendix 1)</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The remaining vacancies can be advertised on a permanent basis thus increasing the likelihood of successful recruitment.</p>

<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>November 2021 – March 2022 – Engagement and consultation with range of key stakeholders regarding development of Long COVID service to support other conditions and services. This was following discussions within the health board and on an all-Wales basis regarding extension of Long COVID services nationally to support other similar conditions e.g. CFS/ME.</p> <p>February – April 2022 – Development of this business case to secure sustainable funding for the Long COVID service and to extend to support other similar conditions as indicated by Welsh Government.</p> <p>May 2022 – Approval of business case by chair of BCUHB Long COVID Strategic Oversight Group and Acting Executive Director of Therapies and Health Sciences & Chief Finance Officer East Area (Long COVID sits within East Area for management purposes).</p> <p>June 2022 – Submission to Health Board Business Case Review Team panel.</p> <p>September 2022 – Approval for option 3 at Executive Team with strong support to move towards option 4.</p> <p>January 2023 -PFIG Committee request further information on financial support available from WG.</p> <p>March 2023 – Revised case approved by HBLT</p> <p>May 2023 – Business case approved by PFIG</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>BAF 1.5 Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm</p> <p>BAF 3.3 Risk of significant delays to access to Primary Care Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital, resulting in an deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations 1. Implement in full option 4</p>	

Rhestr o Atodiadau:***List of Appendices:***

1. Letter from WG - Funding to support expansion of the Adfeiriad model of care
2. WEDFAN IA Covid 19
3. WEDFAN YGC data
4. Patient feedback
5. EQIA

Division	IHC East
Development or Scheme	Enhancement of Long COVID Service to meet population need (Part A) & address gaps in BCUHB service provision for Chronic Fatigue Syndrome /Myalgic Encephalomyelitis (CFS/ME), Persistent Physical Symptoms (PPS), Frequent Attenders (FA) and Breathing Pattern Disorder (BPD) by developing an overarching Community Complex Conditions Service (Part B)
Author/s	Claire Jones, Advanced Clinical Practitioner, Long COVID Therapies Lead Dr Rachel Skippon, Consultant Clinical Psychologist, Long COVID Psychology Lead Natasha Turner, Long COVID Operations Manager
Version	1.6.4
Date	22.04.23

1. Executive Summary

- The BCUHB Long COVID service opened to referrals in December 2021. In the first fourteen months of being open, the service received over 1594 referrals. Non recurrent Welsh Government (WG) funding had been provided for the service until the end of March 2023. WG have now confirmed recurrent funding from April 2023 (Appendix 1).
- Whilst there remains a high degree of uncertainty around Long COVID, early indications suggest that in people who have previously tested positive for COVID19 the prevalence of Long COVID is around 15% (ONS, 2021). The number of those reporting ongoing symptoms more than one year after COVID-19 infection continues to increase. Based on a population number of 715,000 (579,711 aged over 16) and ONS datasets, it is estimated that there is around 13,320 (10,800 aged over 16) patients living in BCUHB with Long COVID which have persisted for more than 12 weeks. It was anticipated that rates of Long Covid in the community would begin to reduce with widespread vaccination and the dominance of the perceived less severe Omicron variant of the COVID-19 virus. Unfortunately, these developments do not appear to have reduced rates of Long Covid. This is borne out in both

national and international scientific literature (Ghirga, 2022) and the referral rates to the BCUHB Long Covid service, which continue to maintain a steady rate.

- Significant health and socio-economic harms for the individual have been associated with Long Covid, and a significant increase and substantial long-term burden on NHS services was anticipated and is now apparent. Welsh Government, along with the services delivering Long Covid support across Wales, has identified that there is a need to develop services to support patients with similar conditions to Long COVID. People with conditions such as CFS/ME and PPS have historically not been supported sufficiently, or at all, across NHS Wales (Welsh Association of ME and CFS Support, 2021). Despite the often highly disabling nature of these conditions and significant burden they place on various points of the health care system (due to the lack of comprehensive and appropriate service provision). As a result, WG have indicated that Long COVID services across Wales should plan to expand to support other such similar conditions, capitalising on the sharing of resources and expertise being developed in the Long COVID services.
- Prior to the development of the BCUHB Long Covid Service, there was no defined pathway for patients experiencing symptoms of Long Covid. Patients were being referred into various existing services, resulting in complex challenges for already stretched services and limited and varying support for patients. This made it difficult to evaluate the impacts or outcomes of the longer-term effects of COVID-19 on the health of our patient population.
- This Business Case recommends investment into integrating Long COVID, CFS/ME, Breathing Pattern Disorders, FAs and PPS services under one umbrella service. The current Long Covid Service has been funded on a non-recurrent basis but has now received confirmation of recurrent funding from Welsh Government from April 2023.

- **Vision**

- **Part A:** All people presenting with ongoing symptoms of COVID-19 12 weeks or more after a suspected or confirmed COVID 19 infection (i.e. presenting with Long COVID) in North Wales can access the BCUHB Long COVID Service either through self-referral or referral from their health care professional. They will receive specialist biopsychosocial initial assessment, follow up support and intervention to manage and reduce the impact of their condition in a timely manner in locations close to their home. The Long COVID service reduces the burden of these patients on primary and secondary care services by managing challenging symptoms and

reducing secondary care referrals and ensuring the appropriateness of those that are made through specialist management and close liaison with secondary care services.

- **Part B:** In addition to people with Long COVID, all people presenting with CFS/ME, Breathing Pattern Disorder, Persistent Physical Symptoms (PPS) in a pilot range of services (Cardiac Rehabilitation, Pulmonary Rehabilitation, Psychiatric Liaison or identified through a pattern of frequent attendance to health services), in North Wales, can access an integrated Community Complex Conditions Service, which would house specific services to address these conditions but with integrated utilisation of resources and delivery of communal support where appropriate. These comprehensive and integrated services would be addressing the current gaps in service provision for both people with these additional patient populations, therefore increasing equality of access to services and delivering improvements in patient outcomes, with greater sustainability of smaller specialist services.

- **Purpose**

- This business case document makes recommendations based upon an evaluation of the recently established Long COVID service and the Welsh Government desire to develop these Long COVID services to support similar conditions such as CFS/ME. Such conditions share a similar aetiology and presentation, and require similar support delivered by staff with similar skills and experience.
- It describes the case for enhancing the staffing level of the successful Long COVID service to enable it to expand its capacity to meet the sustained demand across North Wales (Part A).
- The business case also describes the existing gaps in and threats to service provision for CFS/ME, Breathing Pattern Disorders, PPS and FA across BCUHB and demonstrates why the creation of an overarching community complex conditions service, integrating these smaller specialist services, would develop the sustainability of the services. The business case outlines how this approach would utilise the resources most effectively to provide supportive and enriched opportunities for staff development and improve patient outcomes by ensuring the services can offer the full range of intervention and support outlined in clinical best practice guidance (e.g. Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management, NG206); while also reducing burden on other services in both primary and secondary care (Part B).

- **Recommendation**

- A Community Complex Conditions Service should be established in BCUHB, integrating Long COVID, CFS/ME, Breathing Pattern Disorders, PPS, and FAs in order to improve patient outcomes, provide sustainability and address current and future demand for services and gaps in service provision. Funding for the balance of option 4 (the full Community Complex Conditions Service) has been confirmed by Welsh Government (Appendix 1).

- **Approval Process**

- **March – July 2021** – Co-development and design of Long COVID Business Case 1 with people with lived experience of Long COVID and range of health professionals from cross the Health Board.
- **July 2021** – BCUHB Long COVID Strategic Oversight Group Approval of Long COVID Business Case 1.
- **August 2021** – Submission and approval of original business case for temporary service provision in line with Welsh Government recommendations and temporary Adferiad funding.
- **November 2021** – Breathing pattern disorder service Business Case approved by BCUHB Long COVID Strategic Oversight Group to be implemented from within existing Long COVID Adferiad budget.
- **November 2021 – March 2022** – Engagement and consultation with range of key stakeholders regarding development of Long COVID service to support other conditions and services. This was following discussions within the health board and on an all-Wales basis regarding extension of Long COVID services nationally to support other similar conditions e.g. CFS/ME.
- **February – April 2022** - Development of this business case to secure sustainable funding for the Long COVID service and to extend to support other similar conditions as directed by Welsh Government (WG, March, 2022 – see Appendix 1).
- **May 2022** – Approval of business case by chair of BCUHB Long COVID Strategic Oversight Group and Acting Executive Director of Therapies and Health Sciences & Chief Finance Officer East Area (Long COVID sits within East Area for management purposes).
- **May 2022** – Submission to HBRT.
- **June 2022** – Submission to Health Board Business Case Review Team panel.
- **September 2022** – Approval for option 3 at Executive Team with strong support to move towards option 4 dependent upon funding.
- **January 2023** -PFIG Committee - requested further information on financial support available from WG.
- **March 2023** – Revised case approved by HBLT

- **The Strategic Case**

- **Overview of the Business Case**

- Long-COVID is defined by the National Institute of Health & Care Excellence (NICE) as “signs or symptoms that develop during or after an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis”. NICE guidelines and WG guidance recommend referral to a ‘Long-COVID Assessment Clinic’ if symptoms persist for 6-12 weeks.
- Whilst there remains a high degree of uncertainty around Long-COVID, early indications suggest that in people who have previously tested positive for COVID19, the prevalence of at least one symptom for 12 weeks or more is around 15% (ONS, 2021). An estimated 1.7 million people living in private households in the UK (2.7% of the population) were experiencing self-reported long COVID (symptoms persisting for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else) as of 7th April 2022. Of these 1.7 million, 1.2 million (69%) first had (or suspected they had) COVID-19 at least 12 weeks previously, and 784,000 (45%) first had (or suspected they had) COVID-19 at least one year previously. The number of those reporting ongoing symptoms more than one year after COVID-19 infection continues to increase.
- Detailed data modelling and analysis of the projected caseloads across North Wales continues to enable right-sizing of services with a degree of confidence, however by way of giving some indication of the potential magnitude of the challenge facing services there has been 182,529 confirmed positive cases and 4,009 hospital admissions resulting from COVID-19 across the BCUHB (as of 24.03.2022). Alongside this, an unknown number of people have experienced COVID-19 symptoms, have perhaps been asymptomatic, or have self-cared at home and not accessed a confirmatory test. Symptoms can continue beyond 12 months following the initial acute infection, and some patients are still experiencing significant, disabling symptoms more than 2 years post COVID-19 onset. Based on a population number of 715,000 (579,711 aged over 16) and ONS datasets, it is estimated that there is around 13,320 (10,800 aged over 16) patients living in BCUHB with Long COVID which have persisted for more than 12 weeks.

- It is clear therefore that significant health and socio-economic harms for the individual have been associated with Long-COVID, and a significant increase and substantial long-term burden on NHS services was anticipated and is now apparent.
- The Institute of Clinical Science and Technologies launched the All-Wales guidance for Long COVID (18.06.21) to support Primary & Secondary Care practitioners. In line with this guidance, BCUHB have developed a Long COVID Pathway and Multi-disciplinary Service aligned with the All-Wales Community Pathway.
- The BCUHB Long COVID service opened to referrals in December 2021. In the first fourteen months of being open, the service received over 1594 referrals. Welsh Government funding had been provided for the service until end of March 2023. Unfortunately, this funding was insufficient to enable the service to provide a comprehensive and timely service to the high numbers of patients being referred. The service also faced difficulty in recruiting sufficient staff to deliver the service as fixed term posts (necessary because of the nature of the funding) are less attractive to potential new staff. This business case seeks to address these issues through recurrent funding for the BCUHB Long COVID service. (Part A)
- Welsh Government, along with the services delivering Long COVID support across Wales, has identified that there is a need to develop services to support patients with similar conditions to Long COVID. People with conditions such as CFS/ME and PPS have historically not been supported sufficiently, or at all, across NHS Wales (Welsh Association of ME and CFS Support, 2021). Despite the often highly disabling nature of these conditions and significant burden they place on various points of the health care system (due to the lack of comprehensive and appropriate service provision). As a result Welsh Government have indicated that Long COVID services across Wales should plan to expand to support other such similar conditions, capitalising on the sharing of resources and expertise being developed in the Long COVID services. This business case seeks approval to enable the expansion of the Long COVID service to provide support and intervention for CFS/ME, PPS, FA and BPD. (Part B)

2.1 The Current Service

Part A.

Prior to the development of the BCUHB Long COVID Service, there was no defined pathway for patients experiencing symptoms of Long-COVID. Patients were being referred into various existing services, resulting in complex challenges for already stretched services and limited and varying support for patients. This made it difficult to evaluate the impacts or outcomes of the longer-term effects of COVID-19 on the health of our patient population.

BCUHB is currently utilising WG Adferiad Funding to deliver a pan-North Wales multi-disciplinary team (MDT) Long-COVID Service. The service opened to referrals on 2nd December 2021. Patients can either self-refer or be referred by their healthcare professional. The Adferiad funding was originally agreed until March 31st 2022 and subsequently extended for a further 12 months until end of March 2023.

BCUHB adopted a strong principal of co-design, working closely with people with lived experience of Long COVID and clinical practitioners to design the Long COVID Service, which meets the needs and expectations of the local population. The Long-COVID Lived Experience Consultation Group is now well established and regularly well attended.

Initially, patients reported that they felt “*very frustrated*” “*lost and confused*” “*not listened to*” and even “*abandoned*”. Feedback from the Group to date has been far more positive and patients now appreciate that their voices have been and are continuing to be heard. The group participated in the co-development of the service, and are now actively participating in ongoing evaluation of the service. This group is now being used as an exemplar of the Long Covid Bevan Commission for the Health Board and BCUHB have been asked to speak at the Improvement Cymru National Conference in May regards the Long Covid Lived Experience model.

The service has been developed in line with relevant national & local strategies to deliver ‘care closer to home’ and to empower & support patients to self-manage their symptoms wherever appropriate & possible.

The pan-BCUHB MDT delivers bio-psychosocial assessment, clinical interventions and case management. The team also provide guided self-management support & referral into existing specialist services and community support as required.

However, the development of the new Long Covid Service has met with a variety of challenges including difficulty recruiting to fixed term posts (necessary due to the time limited funding from the Adferiad fund) and difficulty accessing accommodation from which to deliver the service. It was also anticipated that rates of Long COVID in the community would begin to reduce with widespread vaccination and the dominance of the perceived less severe Omicron variant of the COVID-19 virus. Unfortunately, these developments do not appear to have reduced rates of Long COVID. This is borne out in both national and international scientific literature (Ghirga, 2022) and the referral rates to the BCUHB Long COVID service, which continue to maintain a steady high rate (around 1000 referrals in

the first 6 months of the service opening). Even if the service had managed to fill all of its vacant posts it would still have insufficient capacity to serve all the people who are referred into the service in a timely and comprehensive manner. It is reassuring however that if the service were to gain recurrent funding, we expect this to mitigate the recruitment risk given that there has been a lot of interest in the temporary roles previously advertised. Staff were not able to be released for secondment and we have had success in recruiting to several permanent roles within the service.

Part B.

As described above, WG have indicated that Long COVID services from each health board to extend their services to also support people experiencing similar conditions (Appendix 1). The BCUHB Long COVID service have undertaken a period of consultation with relevant stakeholders including those with lived experience to consider how best to deliver this WG directive. It has been identified that a number of conditions share a range of commonalities that suggest a more connected and integrated service would be beneficial.

CFS/ME, PPS, FA and BPD all share: a common framework for understanding their aetiology; require similar biopsychosocial assessment, diagnosis and interventions/management support; and need their care to be delivered by clinical staff with similar specialist knowledge, skills and experience. Part B of this business case seeks resources to integrate existing services for Long COVID, CFS/ME, FA and PPS and to form a new BPD service to be delivered under an umbrella community complex conditions service. This new umbrella service would maintain the functions essential to each component service (e.g. specialist diagnosis in the CFS/ME service and peer support from others with the same conditions experienced in group interventions) whilst also allowing for shared resources; increasing capacity and breadth of service for all of these patient groups.

Chronic Fatigue Syndrome/Myalgic Encephalomyelitis

People with CFS/ME in North Wales are currently served by a small specialist service. This service has a base in Llanfairfechan and another in Connah's Quay. There is currently 0.67 WTE of a band 8C Consultant Clinical Psychologist in Llanfairfechan along with 0.4 WTE of a band 8a physiotherapist. In Connah's Quay there is 0.2 of a band 8C Consultant Clinical Psychologist and 0.2 of a band 7 physiotherapist. There is no administrative resource attached to the service. The CFS/ME service currently receives approximately 300 new referrals per year. However, as CFS/ME is a long-term condition with recurrent phases of relapse, the service also holds a large caseload of existing/prior patients who can access the service when experiencing a relapse.

Whilst this service currently delivers specialist assessment and diagnosis along with individualised support, it has been identified that with the current resources it has not been possible to provide the full range of support and clinical service recommended in the NICE clinical guidance for CFS/ME (NG206). For example, the current service does not have access to medical diagnostics and consultation, input from occupational therapy, links with social services for community support, or capacity for domiciliary input or annual reviews.

Small services carry with them an inherent sustainability risk due to the limited numbers of highly specialist staff they employ, holding small WTE posts. Any staffing changes can have a significant impact on their capacity and future delivery. Both consultant psychologists in the CFS/ME service will be retiring from the organisation in the next 10 months. Prior to this business case, there has not been a succession plan for these posts. Without the integration and further resourcing sought in this business case, it is possible the CFS/ME service will cease to function effectively.

NICE estimates prevalence of CFS/ME to be at least 0.2-0.4% of the UK population, which is equivalent to 1 in 250 people or 260,000 people in total. Within the UK, there are over 250,000 people with the condition in England and Wales. 25% of these people have a severe disease and are bed bound. The prevalence of CFS/ME in Wales is around 0.3% which would suggest around 9,500 people are affected. Approximately 25% are severely affected. Based on a population of 700,000 for North Wales, 0.3% there are an estimated 2,100 people with CFS/ME.

Persistent Physical Symptoms

Persistent physical symptoms may be more familiarly known as medically unexplained symptoms (MUS). MUS refer to persistent bodily symptoms that cannot be adequately explained by organic pathology (Deary, Chalder & Sharpe, 2007). MUS also refers to symptoms of an identified disease or organic condition which are more severe, more persistent or limit functioning to a greater degree than expected. Although the term MUS has been commonly used in health care, PPS has become more frequently used as it describes what the experience is, rather than what it is not and research indicates that patients prefer PPS and find it less stigmatising (Picariello, Ali, Moss-Morris & Chalder, 2015). PPS is therefore the term used throughout this business case.

Frequent Attenders

Frequent attenders (those attending an emergency department five or more times per year (RCEM, 2017)) impose substantial cost and resource burdens on Emergency Departments (EDs) as well as other first contact providers of care such as GPs. Across the three EDs in Betsi Cadwaladr University Health Board (BCUHB) there were 2724 frequent attenders in 2018 accounting for 18,918 attendances, the highest in any of the Health Boards in Wales (WEDFAN Steering Group, 2019). The mean total

time in ED was 46 hours per frequent attender in BCUHB, compared to the mean of 5.2 hours per patient for all ED patient attendances across Wales.

Frequent attenders are a heterogeneous group, however some common cohorts can be identified within this group, such as people experiencing PPS, people with long term and/or complex physical or mental health problems who's scheduled care has broken down in some form and people who experience significant vulnerability (which can be due to a wide range of factors such as isolation, insecure finances, poor housing, history of trauma, abusive relationships, substance misuse, involvement with the criminal justice system).

Existing Service for PPS and Frequent Attenders

Currently the Health Psychology Liaison Team (HPLT) is funded to support people with PPS and also those who are frequent attenders (FA) to health care services. The HPLT comprises of 0.8 WTE Consultant Clinical Psychologist Lead and 2 x 0.6 WTE Band 8a Clinical Psychologists for this pan BCUHB service. There is no administrative resource or office base for this service. Given the very wide remit of this small service, it has been necessary to take a stepped care approach to supporting these patient groups. This involves delivering consultation, training and clinical supervision to staff some of the services seeing presentations from people who are frequent attenders or those with PPS (these are often the same people), then either co-working or in a small number of cases working directly and independently with those with the most complex presentations. To date HPLT has focused on supporting psychiatric liaison services and inpatient settings and delivering the nationally rolled out multi-agency model for supporting those who are frequent attenders (WEDFAN, 2018).

It has been recognised that patients with PPS present in every speciality (Picariello, 2015) and in primary care (Neal et al, 1998) and that the HPLT has not had sufficient capacity to support the vast majority of patients or services facing these challenging presentations. This is particularly the case in primary care; despite this being where there is most potential for intervening early, often prior to iatrogenic harm and when people are potentially more open to working in a collaborative way to address their needs. Research indicates that PPS account for at least 20% of GP consultations and 30-50% of secondary care referrals (Deary, V., Smithson, J. & Faye, M., 2016; Husain & Chalder, 2021; Naylor et al., 2016). As with the CFS/ME service, the needs of patients with PPS should be met by a comprehensive multi-disciplinary team who can take a holistic approach to their care (NICE, 2021).

Patients who present with PPS do not have a consistent pathway within BCUHB. They may continue to be supported long term by the initial speciality to which their initial presentation took them, equally they may end up referred to mental health services, or not supported by any service and sometimes

when their frequent presentation becomes perceived as problematic by the services they attend, they may even end up in the criminal justice system. Most secondary care specialities are ill-equipped to support the long-term needs of people who present with PPS. Some exceptions to this are chronic pain services, brain injury services and psychiatric liaison (along with CFS/ME and Long COVID services) who already provide support and intervention for people who meet the criteria for small elements of the PPS population within their speciality.

Best practice guidelines indicate that services supporting people with PPS and those who frequently attend services should provide an holistic biopsychosocial assessment and individualised multi-disciplinary support/intervention. This should include helping patients to understand their condition, tailoring interventions to address their particular presentation and providing support to optimise all other areas of their health and well-being and support to optimise their engagement with health care services. To deliver this comprehensive pathway requires a multi-disciplinary, community focused service, engaged with a range of services and stakeholders. At the current time, the HPLT is hampered by being a very small pan BCUHB service, which has a very large remit. As a result, it can only work in collaboration with other services with limited direct input to this patient group. It has limited capacity to increase awareness of PPS across the health board or to provide comprehensive support to all services that could benefit from it. The service has also experienced persistent difficulties in recruitment in part due to the small WTE of the posts and due to the professionally isolated area of practice.

People identified as frequent attenders can present to a wide range of health care services but most often to primary care providers and emergency departments. The Welsh Emergency Department Frequent Attenders Network (WEDFAN) is a national network, which has developed multi-agency model for supporting people who frequently attend services. This model meets the requirements for best practice laid out in a range of best practice clinical guidance (RCEM, 2017). The model has proven to be effective in reducing frequent attendance, reduce burden on services and increasing well-being for patients nationally and in BCUHB (WEDFAN COVID-19 Impact Assessment, 2020, Appendix 2).

The HPLT have been a member of the network since its inception and have supported the development of the model. The team have delivered the frequent attender multi-agency panel model across both the Central and East areas of BCUHB (the YG emergency department lead the West Area panel. This has been funded internally by YG). This was possible due to the receipt of several rounds of short term funding; initially from WG and subsequently from winter monies. This funding enabled the appointment of a frequent attender case manager working closely with the psychologists as part of the HPLT. HPLT participated in a WG funded project delivering the WEDFAN model. The effectiveness of the model in reducing attendances of frequent attenders and reducing their length of stay during

attendances was replicated locally. (WEDFAN Winter Funding 2019/20 YGC BCUHB Data, Appendix 3)

Unfortunately, without the continuance of this funding, it has not been possible to continue providing the national WEDFAN multi-agency panel model of support for frequent attenders in the east and central areas of BCUHB. However, the HPLT continue to work with frequent attenders on an individual basis and in collaboration with psychiatric liaison and other partners.

Breathing Pattern Disorder

Breathing pattern disorders (BPD) are a spectrum of disorders, which include dysfunctional breathing and hyperventilation syndrome (HVS). BPDs are defined as symptoms of breathlessness, which persist in the absence of, or in excess of the magnitude of physiological respiratory or cardiac disease. BPD are common following an illness, which affects the respiratory system. Acute illness such as chest infection, COPD, acute heart failure, surgery or viral illness may have required a change in the work of breathing, e.g. faster rate, deeper inspiration or use of accessory respiratory muscles. Once the patient has recovered, breathing should return to normal, but in some cases, the changes in breathing pattern can become habitual, resulting in chronic dyspnoea. This can lead to secondary symptoms of fatigue, reduced exercise tolerance, anxiety, dizziness, headaches, chest pain, tingling and numbness, resulting in a significant impact on health and quality of life.

Breathing retraining incorporating reducing respiratory rate and/or tidal volume should be offered as a first-line treatment for dysfunctional breathing/hyperventilation syndrome (BTS and ACPRC, 2009). A combined Physiotherapy and Psychological approach helps to address the complex interactions of pathophysiological, psychological and biomechanical causes. It is estimated that 9.5% of the general adult population have a BPD/HVS (Jones et al, 2013) With the added impact of the new post-viral illness of Long COVID; the need for services to support patients with BPD is at an all-time high. While there is currently limited data on how common BPDs are among Long COVID sufferers and breathlessness is one of the most commonly reported symptoms.

A key risk is that patients living in BCUHB with BPD are not able to access support, with limited non-funded services currently only offered in the East area. This is resulting in a postcode lottery, with inequity of services and the health board incurring costs to refer patients to specialist services in England. There is a risk that the demand for BPD support services is unknown The number of patients referred to Physiotherapy service with Dysfunctional Breathing in East for 2019-20 was 33. We are already seeing a large increase in the number of respiratory referrals to Physiotherapy. There are currently 38 referrals to respiratory physio awaiting triage (longest wait = 19 weeks), with 17 being for

the DBS. There have been 18 referrals for respiratory physio in the last 4 weeks. If this referral rate continues, it will equate to 216 patients compared to the 56 referred in 2019/20. It should also be noted that the majority of the referrals come from Respiratory consultants, who are selective in their referrals as they are aware of capacity issues within the service. The demand for services in Central and West areas is currently unknown. There is also potential lack of clarity & understanding of the numbers of acute COVID-19 patients or community COVID-19 transmissions which may result in longer-term chronic health conditions, or an awareness of latent demand in the system due to asymptomatic cases in the community who may have developed long-term chronic conditions This could result in unanticipated demand pressures on Primary Care, Respiratory, Cardiology, Neurology and Pain Management Services Inherent risk score = 20 (DATIX ref 3963 / BAF ref 20-25) There is a risk that establishment of Long-COVID pathways may cause further pressures on services and patient waiting lists, including primary care, respiratory, therapies, cardiology and neurology This may be caused by increasing numbers of referrals for Long-COVID rehabilitation therapies which will add additional unexpected demand at the same time as restarting existing services This may cause an impact on patient waiting times for both Long-COVID and other existing long-term chronic health conditions Inherent risk score = 16 (DATIX ref 3965 / BAF ref 20-25).

Relevant National and Local Strategies

Rather than develop one-stop Long-COVID centres, the devolved NHS in Wales adopted a Community Pathways approach aligned with the WG Strategy: 'A Healthier Wales: Our Plan for Health and Social Care (2019)' and locally, the BCUHB Strategy: 'Living Healthier, Staying Well: Working in Partnership to Deliver Excellent Care Across North Wales (2019-2022)'.

Investment of funding to support emerging impacts of Long-COVID and similar conditions such as CFS/ME, PPS, FAs and BPD will provide a sustainable legacy of improvement into existing and long-term chronic health conditions well beyond the COVID-19 pandemic, in line with the principles of the Future Generations (Wales) Act (2015).

The approach advocated in this business case to create an umbrella service (Part B) enabling the sharing of resources, development of staff and more sustainability for small specialist services follows the principles of prudent health care (Bevan Commission, 2015; Welsh Government, 2019) and is anticipated to create greater benefits for patient outcomes and staff well-being as well as being greater value for money.

2.2 The Case for Change – Benefits of the scheme

Part A

Increasing the capacity of the Long COVID service will enable delivery of timely specialist biopsychosocial assessment and an increased range of support and intervention. Currently demand exceeds what it is possible to deliver in a reasonable time frame.

The current service provides comprehensive assessment and formulation of needs with the offer of two main forms of intervention: brief 1:1 follow-up and/or a 12-week group intervention, which includes psychological and physiotherapy input to enable patients to develop self-management strategies and coping skills for the condition. The 12-week group covers understanding Long COVID, fatigue, breathing pattern disorder, optimising sleep and nutrition, supporting mental health difficulties and well-being, and managing life changes such as work and relationships. As well as benefiting from the skills and knowledge offered by the content of the groups, patients benefit significantly from the peer support they gain from each other.

However, it is recognised that there is a need to stratify this offer to more effectively support the range of needs, which are presented and make best use of resources. Not all patients require the full 12-week programme or all elements of it. Enhancing the resourcing of the Long COVID service would enable delivery of a range of group programmes including short skill based workshops, clinically managed exercise groups, mental health and wellbeing focused groups and workshops. These interventions will include delivery both in-person at a range of community venues and online to increase accessibility, particularly for those whose symptoms prevent them from attending in person. It is anticipated that these more tailored group offers will enable more people living with Long COVID to receive the right support at the right time. It will also enable those with more severe difficulties to progress through the available support rather than receiving one group with no further support. Additionally the increased resourcing of the Long COVID service will ensure the team have capacity to work with patients on an individual basis where this may be required due to complexity or severity of need.

All of these improvements to the service will ensure that it continues to reduce the burden of Long COVID on existing services both in primary care, community services and secondary care. This is achieved by maintaining excellent links and relationships with these other services, consulting colleagues from these services as required and managing much of the symptoms that may have previously resulted in a referral to another service such as patients with breathlessness being referred to respiratory services for example.

Situating the support and intervention for people living with Long COVID in local venues enhances reconnection with their community and the resources it has to offer. All the Long COVID groups are

currently delivered in local leisure centres with this intention in mind. It is hoped that by making these connections, patients are more likely to continue to develop positive well-being despite living with a long-term condition by becoming more involved in what their community has to offer. In this way sustaining the gains achieved from the group intervention and developing independent means of maintaining their wellbeing, reducing dependence on health and care services in the longer term and creating better outcomes for the individual. These aims are in line with the aims of the WG “A healthier Wales” (2021) and BCUHB “Living healthier, staying well” (2018) strategies as well as the aims of the Wellbeing of Future Generations Act (2015) and prudent health care agenda (Bevan Commission, 2015, Welsh Government, 2019).

Part B

For people experiencing CFS/ME, PPS, BPD and those who are FA, clinical pathways and services within BCUHB, are somewhat fragmented and delivered through very small services. The sustainability of these services is at risk due to the size of the services, a small change in staffing (e.g. long-term sickness, retirement etc. of one staff member) can have a significant impact on the running of the services.

The clinical presentations of CFS/ME, PPS, BPD and FA are complex and require highly specialist provision. There is often a lack of awareness of the services delivering this care, along with poor understanding of the needs of these patient groups and the clinical interventions required to support them, within more mainstream health care disciplines and departments. This creates isolation for the staff involved and lack of opportunities for professional development, while also limiting the effectiveness of the support available to patients. Aetiology of CFS/ME, PPS, BPD and Long COVID (all of whom may represent a significant proportion of FA) can be understood using the same explanatory framework known as central sensitisation (Fleming & Volcheck, 2015). While the presentations of these different conditions may vary, Central Sensitisation informs the interventions which are required and can be tailored to individual needs to support effective recovery and management of this umbrella of complex conditions (Gouman et al, 2021; Hussain and Chalder, 2021 and Nijs et al, 2016).

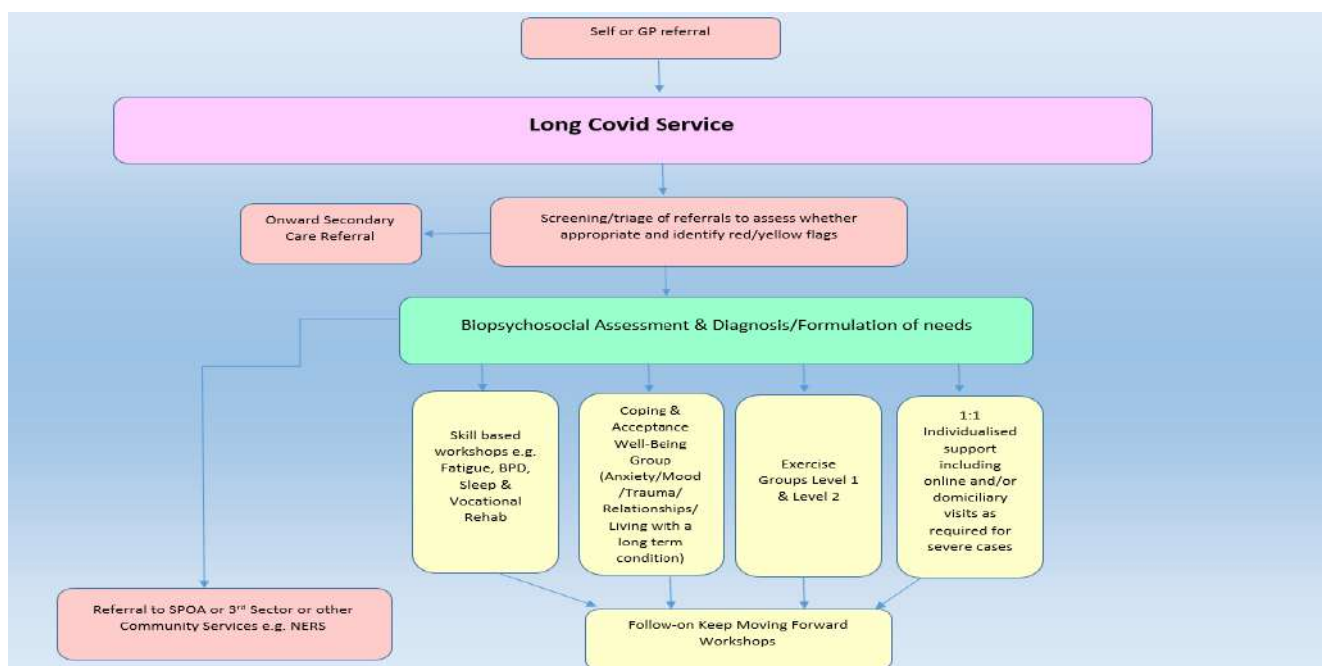
An umbrella community complex conditions service bringing together the management of these patient groups would create a range of benefits:

- Workforce Development – It enables a more experienced, well-supported team of staff.
- Sustainability - It would improve sustainability through shared resources, opportunities for staff development across a range of conditions and improve the likelihood of successful recruitment and retention.

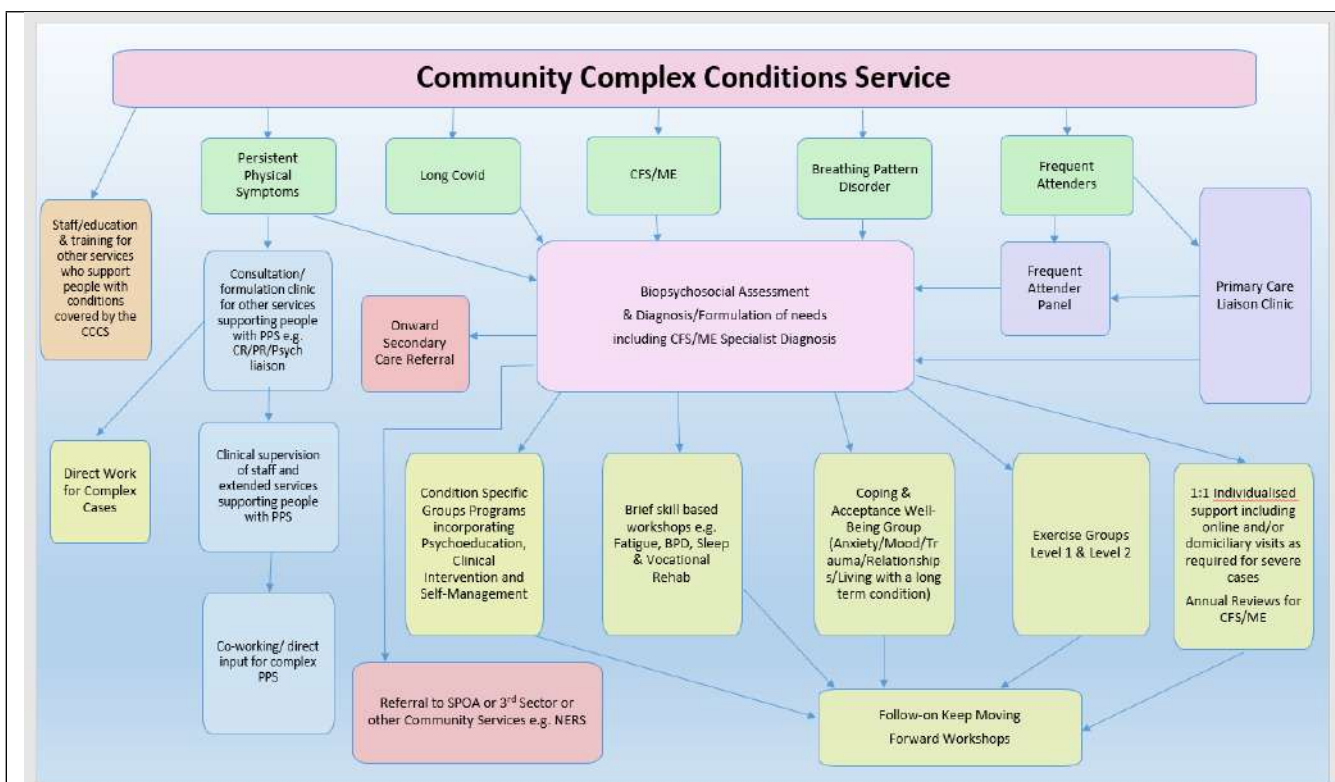
- **Community Resources** - It would enable the development of greater links with communities and community resources, helping the service to transition people from clinical support to community engagement and involvement as their recovery and self-management improves.
- **Support for Other Services** - It would increase the capacity to deliver increased support to a range of services/specialisms who find these patient groups within their services through: increasing awareness of the conditions and specialist support available for them, providing specialist advice, delivering staff education, offering consultation, supervision and co-working.
- **Improved Patient Experience** - For patients with these conditions there would be a more timely, equitable, comprehensive, effective and integrated clinical care pathway.
- **Improved Patient Outcomes** – It is anticipated that all of these improvements, enabling the meeting of best practice guidance, would lead to improved outcomes for patients

2.3 Proposed Service Development

Current model:



New model:



2.4 Areas Affected by the Proposal, Inter-dependencies

The success of the Long Covid Service to date has depended on the positive, collaborative relationships, which have been developed with other existing services including Cardiac Rehabilitation, Pulmonary Rehabilitation, Psychiatric Liaison, Pain Teams, Cancer Services, and Secondary Care specialisms. These relationships have led to appropriate signposting of patients from and to the Long Covid Service and to a more integrated pathway between Primary, Community and Secondary Care.

It is expected that similar relationships and pathways will be developed and integrated with the range of conditions, which it is proposed will be brought into the Community Complex Conditions Service.

In relation to the existing CFS/ME, PPS and FA, there will need to be a co-ordinated transition and integration of services. This will be detailed in subsequent implementation plans and co-developed with those services, allowing for improved compliance with NICE guidance (e.g. NG206, 2021).

Both Long COVID and CFS/ME have a high political and public profile and have attracted significant media attention, both locally and nationally. The Long COVID service leads have engaged a wide range of stakeholders, including those with lived experience, in designing and developing the long COVID service. They have also been active in implementing a communications strategy outlining the

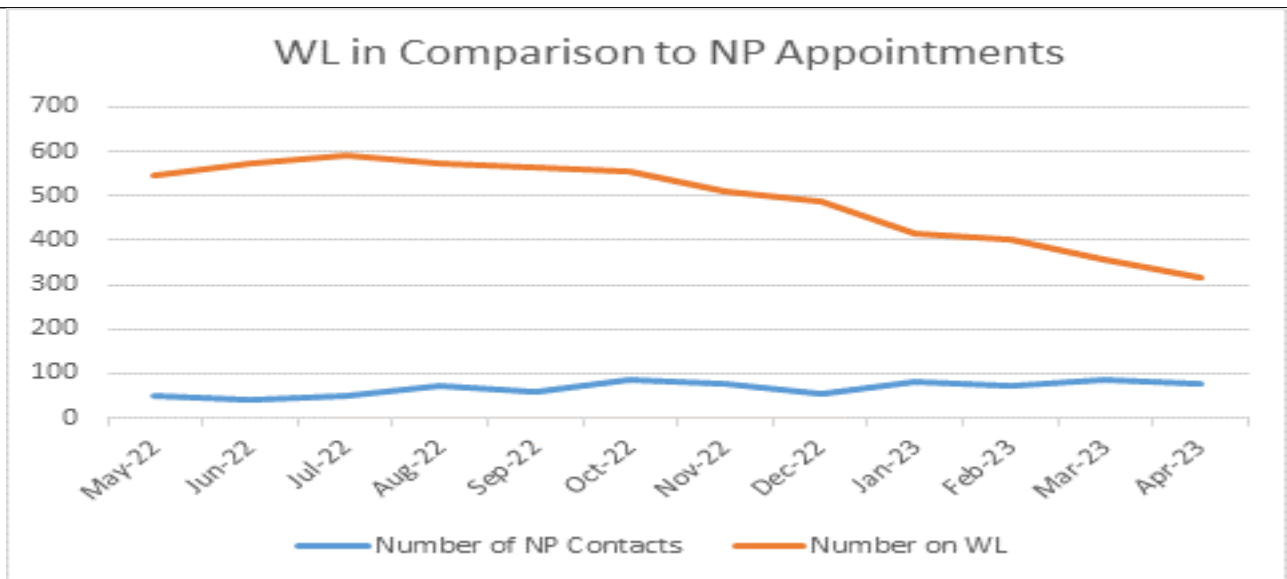
launch of and engagement with the service across both traditional and social media. They are in contact with the Welsh Association of ME & CFS Support (WAMES) regarding the further development of the Long COVID service to work with other similar conditions in order to implement the most up to date NICE guidance.

2.5 Performance, Activity and Contracting

Long Covid is a new, multi-systemic and complex condition. The number of potential, non-specific symptoms of Long Covid is in excess of 100 (ONS, 2022). It is vital to first rule out other causes of symptoms, which often requires a battery of diagnostic tests and clinical examination. The service therefore requires an appropriately qualified multidisciplinary team of professionals who are able to provide holistic, biopsychosocial assessment, support and intervention in the community. This team includes Advanced Clinical Practitioners, Allied Health Professionals, Clinical Psychologists, Assistant Psychologists and a GP. Due to the nature of Long Covid, the service does not sit under one medical specialisms remit, although as mentioned, its delivery and success has been supported by the collaborative relationships with numerous other existing services to ensure safe and effective pathways are maintained. It cannot be outsourced to a third party provider, as no such services exist.

Building on this successful approach, the community complex conditions service (Part B) would therefore be jointly, clinically led by a Consultant Therapist and a Senior Consultant Clinical Psychologist. Together they will hold overall clinical responsibility for this group of patients, owing to the multi-system presentation not falling to any one medical speciality, this approach enables most effective clinical management of the conditions. It also supports the principles of the Allied Health Professionals Framework for Wales (Welsh Government, 2020) and prudent health care (Bevan Commission, 2015; Welsh Government, 2019) to support clinicians to work to the top of their licence delivering effective and prudent best practice. An Operational Manager holds responsibility for the operational delivery of all aspects of the Long COVID Service, and this is necessary given that the service is delivered by a large team, pan-BCUHB

Since launching in early December 2021, the Long COVID service has received in excess of 1500 referrals. It was previously anticipated that the referral rates to the service would start to reduce as a result of the Omicron variant being less severe and a high rate of vaccination. However, this has not been the case, with a steady referral rate continuing. Recruitment has proved challenging with posts advertised on a fixed-term basis and as a result, waiting times for patients to receive a first appointment with the service have been long. In recent months the gap between demand and capacity has closed such that the numbers waiting have decreased.



Data from the most recent Adferiad Report demonstrates a reduction in patients accessing Primary Care since receiving input from the Long Covid Services in Wales (data for Health Boards is grouped together for the purpose of the report):

	Existing service users	New referrals	Follow-up	Discharge
Number of responders	225	597	115	138
% who answered the question	97%	97.50%	95%	93.20%
Minimum value	0	0	0	0
Median (IQR)	4 (2,6)	4 (2,6)	4 (2,6)	3 (1,5)
Maximum value	20	100	30	20

Summary statistics for [Q7]: “How many GP visits/contacts (face-to-face or remotely) have you had in the last 6 months related to COVID-19?” IQR = Inter-Quartile Range.

The small specialist services supporting patients with CFS/ME, PPS and those who are frequent attenders do not currently have sufficient capacity to meet the needs of the patient groups they serve. Neither are they set up as multi-disciplinary teams. Breathing Pattern Disorders do not have a funded, equitable service to support them. The development of a community complex conditions umbrella service would enable the delivery of a multi-disciplinary approach to all of these conditions with greater capacity and a greater range of support and intervention available.

Given that PPS is such a broad remit and patients with this presentation can be found in all medical specialities, it is necessary to deliver this service with some boundaries to pilot effective delivery prior to rolling out more broadly. It is anticipated that this could begin by working in collaboration with cardiac rehabilitation, pulmonary rehabilitation and psychiatric liaison. This would be building on the existing work of the HPLT and the close working relationships, which have been developed through the delivery of the Long COVID service.

2.6 Milestones and Quantified and non-Quantified Benefits

Achieved Milestones and Quantifiable and non-Quantifiable Benefits

The initial service milestones for the Long Covid Service have been partly achieved, following the successful co-design of the BCUHB Long Covid pathway working with patients with lived experience of Long Covid.

The recruitment of:

- 1.0 WTE Therapy Lead/Advanced Clinical Practitioner
- 0.6 WTE Consultant Clinical Psychologist
- 1.0 WTE Clinical Specialist Physiotherapists (permanent contract)
- 2.0 Clinical Specialist Occupational Therapists (permanent contract – due to commence June 2022)
- 0.6 WTE Advanced Clinical Practitioner
- 3.0 Admin Co-ordinators
- 0.2 General Practitioner
- 6.0 Assistant Psychologists (3 in post and 3 due to start in June 2022)

Delivering assessment, individually tailored support and both 1:1 and group interventions across all areas of BCUHB in multiple community venues. All staff complete ACT (Acceptance and Commitment Therapy) Training Within the existing service, some posts remain vacant, mainly due to posts being advertised on a temporary basis.

Future Milestones and Quantifiable Benefits – see 3.2 Benefits of the Options and 4.1 Financial Case and Implementation Timeline

Future Milestones

- Successful recruitment of team
- Securing venues
- Implementation plan
- Integration of CFS/ME service into CCC Services
- Delivery of Breathing Pattern Disorder Service integrated with CCC and delivered across all areas of BCUHB
- Integration of PPS and FA service (currently HPLT) into CCC Service

Quantifiable and non-Quantifiable Benefits

- Continued support for LC patients, a current estimate of 1.9% (10,800) of population of BCUHB
- Increased range and capacity of support for CFS/ME, PPS, FA and BPD
- Reduction in waiting times for access to treatment with no patients waiting over the 14 week target for Therapy Services
- Reduced referrals to secondary care – we have only made 8 referrals to secondary care services since the service launched.
- Reduced primary care contacts – LC not coded effectively in PC to provide actual figures
- Reduced A&E & Primary Care presentations – FA, PPS, BPD
- A Social Return on Investment (SROI) analysis, for two Local Health Boards (similar care model), identified that key outcomes for service users were feeling listened to and believed; being part of a group leading to a sense of community; better health; feeling cared about; and feeling able to cope. The SROIs were calculated as a ratio greater than 5, meaning that for every £1 invested there was a social return greater than £5, with almost all sensitivity analysis scenarios remaining with a ratio greater than 1.
- Positive feedback from patients (see Appendix 4)
- Improved case management for complex patients in the community, closer to home
- Self-referral option to service has reduced impact on PC
- Improved patient engagement and co-development of services through the Lived Experience Consultation Group
- Evidence suggests that COVID increases the risk of cardiovascular events and other secondary health problems (Tanne, 2022). Part of the role of the Long Covid MDT involves cardiovascular

risk management and health and wellbeing promotion, which will contribute to reducing the risk of cardiovascular events and therefore reducing hospital admissions.

3. Formulation and Short-listing of Options

3.1 Overview of Options – Main Business case Options

- **Option 1:** Cease the Long COVID Service
- **Option 2:** Provide recurrent funding for Long COVID service at current service level
- **Option 3:** Provide recurrent funding for Long COVID service to increase the capacity of the service to enable it to better meet local demand to reduce waiting times.
- **Option 4:** Provide recurrent funding for development of Community Complex Conditions Service which would increase the capacity of the Long COVID service to enable it to meet local demand (as in option 3), but also create and resource an umbrella service which would also house CFS/ME service, PPS service, FAs and Breathing Pattern Disorder Service. (Part B)

3.2 Benefits of the Options – Main Business case Options

Option 1: Cease the Long COVID Service

- Funding identified by WG could be used for another priority

Option 2: Provide recurrent funding for Long COVID service at current service level

- Continue to provide the current service to patients on a permanent basis
- An offering of permanent staffing will mitigate the risk of being unable to recruit to temporary posts (this has proven to be a barrier to date with only temporary positions being advertised and remaining vacant). Sustainable option to continue providing a service for the high number of patients already receiving input from the Long COVID service
- Continuation of service provision for new patients requiring a referral into Long COVID Service

Option 3: Provide recurrent funding for Long COVID service to increase the capacity of the service to enable it to better meet local demand to reduce waiting times

Benefits as option 2, with additional benefits as follows:

- Being able to reduce the waiting list
- Increased patient contact with clinicians (see Appendix 4 for patient feedback)
- More clinical interventions to be provided, e.g. group sessions, workshops to support self-management for key impacting symptoms
- Better outcomes for patients
- Reduced demand on other services within secondary care through more appropriate referrals
- Reduction in GP contacts

- Better long term patient health with patients more equipped able to manage their symptoms and risk factors for disease prevention

Option 4: Provide recurrent funding for development of Community Complex Conditions Service which would increase the capacity of the Long COVID service to enable it to meet local demand (as in option 3), but also create and resource an umbrella service which would also house CFS/ME service, PPS service, and Breathing Pattern Disorder Service

Benefits as option 3, with additional benefits as follows:

- Providing a service offering for those who come under the umbrella of CFS/ME, PPS, FAs and BPDs, pooling resources and staff expertise across the three services and addressing the service gaps for these conditions. This is also in line with most recent WG recommendations to extend current LC provision to such conditions (Appendix 1)
- Expertise of staff to be available to a wider patient group across the three services
- Address gaps in service provision
- Better outcomes for a wider group of patients across the three services e.g. improved timeliness of access to services for all these patient groups, and improved patient experience due to being able to offer a service to this patient group which meets NICE guidance
- Reduce impact upon existing services, e.g. Cardiac Rehabilitation, Pulmonary Rehabilitation where there is a lack of Psychology access, allowing them to focus more on disease specific management and hence reduce their waiting lists. It should be noted that such input from the new CCC Service would be an enhancement of what is currently offered by these existing services, and that funding for PR and CR to deal with long waiting lists and gaps in service where staffing is a barrier will need to be considered as part of a separate case.
- The development of the Community Complex Conditions service will enable BCUHB to offer a dedicated service for a range of complex, chronic health conditions including CFS/ME that meets current NICE guidance (NG 206, October 2021), which is something that we do not currently offer now. There is currently no pathway within BCU for PPS/MUS (medically unexplained symptoms) and this would create one.

3.3 Cost and Resource Information for the Options

Welsh Government has recently confirmed recurrent funding from April 2023 onwards of £1,893,023 for ongoing Long Covid services and to support people with other long-term conditions such as Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and Multiple Sclerosis (MS).

Option 1 – Cease the Long COVID Service

The available funding of £1,893,023 from Welsh Government is not drawn down.

Existing staff are redeployed or released at the contract end point with no financial impact on BCUHB. Patients with Long Covid will increasingly access services through primary care and ongoing referrals into secondary care specialists.

Option 2 – provide recurrent funding for Long COVID service at current service level

Costs for continued service levels are shown below.

Department	Band	WTE	Annual cost
ACP	7	2	£115,074
AHP	7	5	£287,685
Psychology	8A	2	£133,992
Psychology	4	5	£184,044
Therapies	8A	1	£66,996
Medical	M&D	0.2	£24,000
Psychology	8C	0.6	£57,133
Admin	7	1	£57,537
Admin	5	1	£39,200
Admin	4	3	£92,022
Total		20.8	£1,057,683
Plus 10% non-pay			£105,817
Accommodation lease costs			£20,400
		Total	£1,183,900

Option 3 – Provide recurrent funding for Long COVID service to increase the capacity of the service to enable it to better meet local demand to reduce waiting times

Costs for the enhanced service model.

Department	Band	WTE	Annual cost
ACP	7	2	£115,074
AHP	7	5.2	£296,216
Psychology	8A	3	£200,988
Psychology	4	4	£122,696
Therapies	4	2	£61,348
Medical	M&D	0.4	£48,000
Psychology	8D	1	£110,008

Therapies	8C	1	£96,035
Admin	7	1	£57,537
Admin	4	3	£92,022
Total		22.6	£1,199,924
Plus 7% non-pay			£70,893
Accommodation lease costs			£30,600
	Total		£1,301,417

Option 4 – provide recurrent funding for development of Community Complex Conditions service (in addition to existing funding for CFS/ME and HPLT services which will come under the new umbrella service) as recommended by WG

New Proposed Staffing model for CCC Permanent Staffing Structure			
Role	Band	WTE	Annual cost
Consultant Psychologist (Lead)	8D	1	£116,397
Consultant Therapist (Lead)	8C	1	£97,794
Clinical Psychologist	8C	1.2	£117,604
Clinical Psychologist	8B	0.6	£48,936
Clinical Psychologist	8A	4.6	£320,793
Advanced Clinical Practitioners	8A	2.2	£152,768
Pharmacist	8A	0.5	£33,750
Frequent Attender Case Manager	7	1	£59,851
MH/LD Specialist Nurse	7	1	£59,851
Allied Health Professionals	7	2.5	£151,512
Advanced Clinical Practitioners	7	1.2	£72,073
OT & Physio's	6	3	£154,821
Assistant Psychologists	4	4	£133,916

Technical Instructors	4	3	£99,809
Medical - GPwSI	M&D	0.4	£48,000
Operations Manager	7	1	£59,851
PALS Officer	5	1	£40,989
Co-ordinator	5	1	£40,989
Administrators	3	4	£117,577
Total staffing resources		34.2	£1,927,281
Plus 10% non-pay			£192,728
Accommodation lease costs			£49,454
		Total	£2,169,463

Less HPLT/CFS Existing Budget -£ 276,440

Budget Required £1,893,023

Option 4 above also includes the current funding for CF/ME service and HPLT service funding that will be brought over into the new umbrella service. These budgets are outlined below;

CFS/ME Service	Band	WTE	Cost
Psychology	8C	0.8	£78,235
Physiotherapy	8A	0.4	£27,000
Physiotherapy	7	0.2	£11,970
Existing budget for HPLT			Cost
HPLT Psychology	8C	0.8	£78,235
Psychology	8A	1.2	£81,000
Total			£276,440.00

3.4 Cost and Resource information for the Options

Option		Recurrent Cost	Existing Budget	Total Investment Required	Recurrent Investment Required	Recurrent Activity
	WTE	£	£	£	£	Capacity Increased

1: Cease long COVID service	0	0	0	0	0	0
2: Provide recurrent funding for Long Covid service at current service level.	20.80	1,183,900	0	1,183,900	1,183,900	0
3: Provide recurrent funding for Long COVID service to increase the capacity of the service to enable it to better meet local demand to reduce waiting times	22.60	1,301,407	0	1,301,407	1,301,407	565 additional patient contacts, including assessment and groups
4: Provide recurrent funding for development of Community Complex Conditions service (in addition to existing funding for CFS/ME and HPLT service which will come under the new umbrella service).	34.2	2,169,463	276,440	1,893,023	1,893,023	1415 additional patient contacts, plus support and education for external services with addition of CFS/ME/BPD/PPS/FAs

3.5 Key Assumptions and Dependencies of the Option

Option	Key assumptions and dependencies
1: Cease Long Covid service	<ul style="list-style-type: none"> Existing caseload and demand is redirected elsewhere. The WG funding is available for another priority
2: Provide recurrent funding for Long Covid service at current service level.	<ul style="list-style-type: none"> Recurrent funding is available from WG

3: Provide recurrent funding for Long Covid service to increase the capacity.	<ul style="list-style-type: none"> • Recurrent funding is available from WG • Successful recruitment into permanent posts • Sufficient and comparable demand which continues into the service
4: Provide recurrent funding for development of Community Complex Conditions service (in addition to existing funding for CFS/ME and HPLT service which will come under the new umbrella service).	<ul style="list-style-type: none"> • Recurrent funding is available from WG • Successful recruitment into permanent posts • Sufficient and comparable demand which continues into the service • Successful development and continued engagement with CFS/ME and HPLT service leads

3.6 Options Appraisal

3.6.1 Criteria for Assessing the Options

- Additional Cost
- Improving patient outcomes
- Meeting patient and carer expectations
- Improved accessibility for important health conditions
- More appropriate secondary care referrals for LC, PPS & CFS/ME
- Patient Experience
- Specialist care closer to home (shorter care pathways)
- Equity of access
- Alignment with WG & HB strategic policy
- Investment will provide longer term sustainable benefit to the health board and the population we serve

3.6.2 Scoring framework for Assessing the Option

Relative Strengths and Weaknesses (indicative scoring, 0= weakness 4=strength).

3.6.3 Selection of Preferred Option

	Option 1: Cease the Long COVID Service	Option 2: Provide recurrent funding for Long COVID service at	Option 3: Provide recurrent funding for Long COVID service to increase the capacity of the service	Option 4: Provide recurrent funding for development of Community Complex Conditions Service

			current service level		which would increase the capacity of the Long COVID service to enable it to meet local demand (as in option 3), but also create and resource an umbrella service which would also house CFS/ME service, PPS service, and Breathing Pattern Disorder Service.
Cost (£/year)	£ 0	£1,183,900	£1,301,417	£2,169,463	
Improving patient outcomes	0	3	3	4	
Meeting patient and carer expectations	0	2	3	4	
Improved accessibility for important health conditions	0	1	2	4	
More appropriate secondary care referrals for LC, PPS & CFS/ME	0	2	2	4	
Patient Experience	0	2	4	4	
Specialist care closer to home (shorter care pathways)	0	3	3	4	
Equity of access	0	2	3	4	
Alignment with WG & HB strategic policy	0	3	3	4	
Investment will provide longer term sustainable benefit to the health board and the population we serve	0	2	3	4	
Total	0	20	26	36	

Recommendation: Option 4:

Provide recurrent funding for the development of a Community Complex Conditions Service which would increase the capacity of the Long COVID service to enable it to meet local demand within national performance target level but also create and resource an umbrella service which would also house CFS/ME service, PPS service, and Breathing Pattern Disorder Service, in line with the Welsh Government expectations (Appendix 1).

4 The Financial Case

4.1 Implementation

It's envisaged that roll-out of option 4 would take place during 2023-24 to ensure effective engagement, safe implementation and successful recruitment of staff. It will require recruitment of new staff and a consolidation of existing services into the new model.

4.2 Value for money

A Social Return on Investment (SROI) analysis was carried out by Cedar for the Adferiad Project, with two other Local Health Boards in Wales. While the Long COVID Service in BCUHB has only been running since December 2021, Cardiff and Vale UHB's and Cwm Taf Morgannwg UHB's Long COVID Rehabilitation Services have been running for slightly over one year, and also have multi-disciplinary teams including physiotherapists, occupational, speech and language therapists. There is also provision from psychologists, GPs and dietitians in some teams. Both services perform one-to-one assessments and interventions using a similar model to BCUHB. C&V UHB have used group interventions from the start and CTM UHB have carried out one face to face group, following user feedback. Additional group provision has been made available via the Welsh National Opera programme at both sites as it has in BCUHB.

The SROI analysis identified that key outcomes for service users were feeling listened to and believed; being part of a group leading to a sense of community; better health; feeling cared about; and feeling able to cope; all in keeping with the A Healthier Wales approach. The SROIs were calculated as a ratio greater than 5, meaning that for every £1 invested there was a social return greater than £5, with almost all sensitivity analysis scenarios remaining with a ratio greater than 1.

Prior to the establishment of the LC service, patients were being referred to individual secondary care services for assessment. For example, the presentation of one Long COVID patient could result in referrals to Cardiology, Respiratory, Neurology, Gastroenterology and various diagnostics services. Feedback from patients revealed that care was felt to be disjointed, with little support and long waits for assessment. The inclusion of Advanced Clinical Practitioners with skills including clinical examination, diagnostics, chronic disease management and non-medical prescribing, has meant that in most cases, referrals to secondary care are avoided with patients being assessed, referred for diagnostics and managed in-house, and any referrals, which are made, are appropriate and made following communication with secondary care clinicians.

The LC service was able to utilise funds from the last financial year to purchase 2 x portable ECG machines. This has meant that ECGs could be performed in-house, without impacting upon the already stretched secondary care cardiology services at all 3 sites in BCUHB. This has resulted in a

significant reduction in patients needing to travel further access the DGHs, and with around 20% of LC patients requiring an ECG, will no doubt have significantly mitigated the risk of increasing waiting lists for those needing to be screened for serious arrhythmias. This approach provides value for money, with opportunistic diagnostics making the most of every contact and creating a more streamlined patient journey. Likewise, chest x-ray and blood tests can be requested and reviewed in house with similar benefits and releasing primary and secondary care capacity. Pulse oximeters are being purchased to allow overnight pulse oximetry for patients suspected to have Obstructive Sleep Apnoea (OSA), which could be further impacting their symptoms. This will reduce impact on diagnostic waiting lists and allow them to be referred directly for virtual review, reducing waiting times for management of OSA for this group of patients by 6 months.

4.3 Financial risk

The current costs for Long Covid had been supported on a non-recurrent basis during 2022-23 by Welsh Government. On February 1st 2023 Welsh Government notified the Health Board of recurrent investment of £1,893,023. This new allocation reduces the financial risk to the Health Board.

5 Service Management

5.1 Governance

During the implementation period the Long COVID Service and staff will continue to be managed across BCUHB as one team. Clinical, professional and managerial leadership will be provided by a Consultant Therapist, Consultant Clinical Psychologist and an Operations Manager reporting to the East Integrated Health Community.

Whilst the Long COVID service sits within the IHC AHPs they will continue to work in close engagement with the Psychology leadership team. This model has worked well in practice – an example of effective working across management teams/structures, with staff benefitting from professional support and leadership yet fully engaged with both primary care colleagues at cluster and practice level and secondary care.

The final structure for the service will be reviewed as part of the implementation.

5.2 Scheme Plan – Implementation Timeline

The roll-out of option 4 of this business case would take place during 2023/24 and ensure effective engagement, safe implementation and successful recruitment of staff.

Once the business case is approved, detailed implementation plans will be developed. The location for the roll out will continue within the current service locations that are in place now. Engagement with the CFS/ME service and HPLT service is ongoing. These services will continue to be fully engaged with developments and with the roll out of the new umbrella service.

5.3 Monitoring Progress

A detailed roll out and implementation plan will be developed including KPIs and timescales and progress against this plan will be monitored by the Long COVID Strategic Oversight Group and reported back through the BCUHB governance structure as required.

Cedar provide regular reports based on a cross-sectional survey administered to users of the Long COVID service provided by the seven local health boards in Wales. This is currently funded by the 'Adferiad' (Recovery) programme. The data collected includes: responders' demographics, any COVID-19-related symptoms they experienced, the number of interactions they had with the healthcare system because of COVID-19 (primary, secondary and rehabilitation care), their general quality of life and their feedback on the interactions they had with the service (PROMS and PREMS). The BCUHB Long COVID Service also collects data for the purpose of measuring clinical outcomes as well as patient experience via the CIVICA system.

Whilst it is not yet known whether the Cedar agreement will continue on a permanent basis, this information will continue to be gathered and utilised to inform service development and improvement by the BCUHB service.

5.4 Evaluation

Evaluation of existing services will continue to ensure a safe, effective and high quality service is delivered.

Key performance data will be collected, analysed and shared routinely at a whole service level and locally within each area. This will include:

- Demand and activity
- Referral rates to the community complex conditions service for each of the conditions
- Appropriateness of onward referral
- Patients experience
- Referrers experience
- Clinical outcome measures

An annual evaluation report will be produced containing the key information listed above, including the evaluation of existing delivery and progress against rollout plans. In addition, service evaluation will feed into ongoing service development plans to ensure that clinical and cost effectiveness is maximised both within the pathways and services themselves but also within the wider HB. An informatics dashboard has been created to show our performance data, including referral numbers, numbers of appointments, and waiting time data.

6 Critical Assumptions, Risk and Issues

- It is critical that core funding is identified for the scheme to continue and expand. Evaluation demonstrates that the scheme releases Primary Care capacity, as well as reducing impact on secondary care and diagnostic services.
- The scheme is well regarded by the public and has been commended by WG. If the decision is made to not to implement, there is a risk of significant negative public and political attention.
- Expansion plans to extend and deliver the service across BCUHB need to be phased to allow for safe and effective implementation and recruitment.
- Excellent relationships have been developed and have been essential to the success of the scheme to date. These specific relationships will continue to be developed with other key stakeholders in primary and secondary care.
- There is a risk that the service may not be able to recruit to all posts, given the current rate of vacancies within the HB. To date, advertising of permanent posts to recruit to the LC service has demonstrated sufficient interest in posts with a number of suitable applicants, in contrast to when these posts were advertised on a temporary basis and sometimes did not attract any applications. It is therefore felt that permanent positions should generate sufficient interest from suitable applicants.

7 Conclusions

The current Long COVID Service continues to receive new referrals. It is anticipated, based on data modelling of rates of COVID-19 and prevalence of Long COVID, that this service demand is likely to continue (Part A). CFS/ME, Breathing Pattern Disorders, FAs and PPS share a similar aetiology and presentation, requiring support delivered by staff with similar skills and experience. Existing gaps in and threats to service provision for CFS/ME, Breathing Pattern Disorders and PPS across BCUHB demonstrates why the creation of an overarching community complex conditions service, integrating these smaller specialist services, would develop the sustainability of the services. It would utilise the resources most effectively and improve patient outcomes by ensuring the services can offer the full range of intervention and support outlined in clinical best practice guidance (NICE, 2021) while also reducing burden on other services in both primary and secondary care (Part B).

A Community Complex Conditions Service should be established with permanent funding in BCUHB, integrating Long COVID, CFS/ME, Breathing Pattern Disorders, FAs and PPS, provided in order to improve patient outcomes, provide sustainability, address current and future demand for services and gaps in service provision.

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Yr Athro/Professor Chris Jones

Cyfarwyddwr Clinigol Cenedlaethol, GIG Cymru
a Dirprwy Brif Swyddog Meddygol
National Clinical Director, NHS Wales and Deputy Chief Medical Officer



**Llywodraeth Cymru
Welsh Government**

To:

1st February 2023

Chief Executives of Health Boards
Health Board Directors of Therapies and Health Science
Health Board Directors of Finance
Health Board Directors of Primary and Community Care
Cc.
Health Board Medical Directors
Health Board Directors of Nursing

Dear Colleagues,

Building Community Capacity - Funding to support continuation and expansion of the Adferiad (Recovery) Model of Care 2023/24 onwards.

The Minister for Health and Social Services has agreed an increase in funding for Adferiad (Recovery) Services to £8.3 million on a recurrent basis. £300K will be top sliced, a proportion of which will include support for the continued availability of the guideline for the long COVID pathway and the self-management Covid recovery app.

This decision affirms Welsh Government's commitment and focus on strengthening community-based services by expanding capacity in primary and community care. It is also in response to the feedback we have received from those involved in the management and front-line delivery of Adferiad services, in particular with regards to:

- Supporting sustainable service planning for the long-term, and overcoming the recruitment and retention challenges within Adferiad services to date, and
- Widening access to the integrated, multi-professional rehabilitation and recovery model of care established for people with long-COVID, to a 'needs based' and 'needs driven' model.

As a positive legacy from the pandemic, it is prudent to build on the success of Adferiad services moving forward, capitalising on the workforce skills and expertise developed as these services have evolved. Widening the access model to people with other medical and long-term conditions, but with similar symptoms and needs to those with long-COVID, speaks to this legacy.

The 'other' conditions amenable to the Adferiad integrated, multi-professional rehabilitation and recovery model of care include, for example: myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS), fibromyalgia and chronic pain. The need for local flexibility is acknowledged to ensure other patient groups with

similar needs and symptoms are provided for, for example, other conditions associated with post viral infection, non-differential conditions and those that are medically unexplained.

Our expectation is that whilst continuing to provide services for people with Long COVID, equitable access to others whose symptoms and medical needs would benefit from the Adferiad model of care are addressed. This must encompass the whole of the patient journey from diagnosis, to specialist assessment when needed, and effective rehabilitation and recovery through Adferiad service provision.

We expect this further investment in Adferiad Services to maximise opportunities for integration and collaboration with other complementary areas of work, locally and nationally, ensuring maximum value for money from this investment. This will include drawing on developments linked to the *Allied Health Professions (AHP) Framework for Wales: Looking Forward Together* and programmes of work and activity driven by the Strategic Programme for Primary Care (SPPC) and supporting the specific priorities set out in the Minister's 2023-24 Planning Framework. Where regional working solutions add further value and opportunities to improve outcomes and experience for people, we expect these to be fully explored and developed.

Accountability

Directors of Therapies and Health Science (DoTHS) should remain accountable for this funding and the services it provides. However, DoTHS and Health Board Directors of Primary and Community Care (DPCC) should work together to embed this as part of the Pan Cluster Planning Groups under the Accelerated Cluster Development programme.

A separate letter will be following in respect of the recently announced [£5m funding to increase Allied Health Professionals](#) and access to community based care. We will be expecting good alignment of these services to improve seamless care.

Funding allocations

The £8m allocation of funding for 2023-24 will be distributed based on previous submissions provided by Directors of Therapies and Health Science and the identified amount required to widen the access model to Adferiad services. This has been adjusted proportionally to reflect that £300K has been top sliced. Each Health Board allocation is outlined at Annex 1.

Reporting and Evaluation

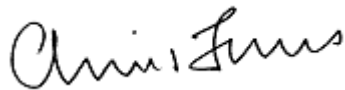
You will need to evidence through your reporting how Adferiad services have continued to develop in line with the expectations set out above, ensuring patient quality of life outcomes and experience remain at the centre. You will also need to evidence how the Adferiad services have adapted to capture the needs of the range of patients referred to above, any other locally identified patient groups, and how best practice has been shared and adopted across NHS Wales. You will need to evidence how this is embedded as part of the pan cluster planning groups under the Accelerated Cluster Development Programme.

In collaboration with Health Boards and people with lived experience, we will review the existing evaluation framework with you, building on this to develop a suitable evaluation framework by July 2023. The aim is to embed this within existing IMTP processes and routine monitoring. Whilst this is being developed, we will work with you to agree an interim reporting structure, building on evaluation to date.

Together with the relevant clinical standards and NICE Guidance, the *Rehabilitation Service Evaluation Framework*¹ will continue to provide the basis of the reporting and evaluation.

For further information or for any queries you have in relation to this letter please contact Tracey.Williams015@gov.wales and Bethan.Davies027@gov.wales.

Yn gywir/Yours sincerely



YR ATHRO/PROFESSOR CHRIS JONES

¹[Rehabilitation service evaluation framework | GOV.WALES](#)

Annex 1: The breakdown of funding allocation per Health Board is as follows:

Health Board	Allocation
ABUHB	£1,216,390
BCUHB	£1,893,023
C&VUHB	£1,144,358
CTMUHB	£1,144,358
HDUHB	£1,226,512
PtHB	£421,727
SBUHB	£953,632
COVID recovery app and other costs	£300,000
Total	£8.3m



WEDFAN Impact Assessment: COVID 19

SUMMARY

- Frequent Attenders account for 85,000 attendances to EDs in Wales a year (Appendix 1 Infographic)
- Case management, led by ED Case Managers, with multi-agency support, reduces these ED attendances by 95% (*data from 5 years of part time case management work across Wales*)
- ED attendances and length of stay are the greater resource demand from this cohort but yearly baseline admissions into hospital beds from these attendances is 13%
- Case Management decreases the conversion rate from ED attendance to hospital admission by 36%
- Case Managers are currently being pulled out of these roles to go back into areas such as general ward nursing, mental health and emergency care
- Frequent Attenders will therefore continue to use services and be admitted at an increased rate (see demographics below) – but now will have no co-ordinated support to help them through this pandemic and reduce this demand
- It is strongly advised that Case Management continues in each ED to ensure demand is reduced as safely as possible across USC during this time of unprecedented challenge, and that there is a nationally led co-ordination of this work to ensure it links in with the strategic aims of the National Programme for Unscheduled Care

Context

Frequent Attenders to Emergency Departments are those who attend EDs 5 times a year or more. In Wales, services are in place to support the higher end of this cohort – those who attend EDs 4 times a month.

These services are managed and supported by the National Programme for Frequent Attenders to USC, and are led by ED Case Managers

There are Frequent Attender Services in each of the health boards in Wales with a Tier 1 ED

Current status in Wales

- 12,362 frequent attenders (5 times a year or more)
- 84,635 attendances in a year
- A total time spent of 386,330 hours in Emergency Departments **in one year** across Wales (equivalent to 44 years)
- 8.5% of all ED attendances in Wales are by a frequent attender



During COVID-19, Frequent attendees are still making contact with Unscheduled Care, due in most part to the demographics from which the most vulnerable are drawn:

- Those with ACE's who have an increased risk due to poor physical health needs.
- Older adults who are isolated and may have a number of co-morbidities
- Patients with health anxiety who require intensive psychological support
- Patients known to mental health services that are at risk of harm and challenging behaviours during periods of stress and emotional turmoil
- Rough sleeping and homeless patients who attend with unmet physical and mental health needs.
- Patients with learning disabilities who have health anxiety or challenging behaviours that can increase further trauma without the correct management plan
- Palliative Care patients
- Persons using substances to help self-manage stressors

The Frequent Attender Case Manager role is to:

- Reduce contacts with Unscheduled Care
- Reduce time spent in the Emergency Department
- Reduce time WAST are on scene with patients
- Reduce time practitioners spend on consultations in the Out of Hours service.
- Co-ordinate multi-agency support across health, local authority, police and 3rd Sector agencies
- Create Multi Agency Anticipatory Care Plans for patients to promote a consistent approach on each contact.
- Hold the ring on communication between agencies, promoting joint decision making
- Provide support to patients on a daily basis as a point of contact rather than 999 or ED

National Support for this work stream

WEDFAN is working with the Emergency Department Quality and Delivery Framework Programme to support the redirection, navigation and streaming of their patient cohort away from USC, particularly during the COVID-19 pandemic

The Operational Support Manager is actively engaged in sourcing and co-ordinating support from a wide range of services/agencies across the public, private and 3rd Sector, in order to continue supporting this work stream and reduce demand on USC, freeing up capacity for both COVID-19 and non COVID patients

It is recommended that this work continues during the pandemic to:

- Support Unscheduled Care services to decrease attendances and length of stay
- Decrease admission conversion rates thereby releasing bed occupancy
- Ensure patients have continued support from available or alternative community services
- Continue to increase the well-being of the patients the service supports
- Continue to work with the other agencies remotely
- Ensure all current Anticipatory Care Plans are updated with actions to incorporate COVID-19
- Continue highlighting and sharing Information Alerts between EDs for frequent attenders of multiple EDs
- Liaise with partner agencies like Police and Counter Fraud for the sharing of risk
- Support the EDQDF with streaming principles and options to align with the Redesigning Access to Emergency Care model

For further information/data, please contact: william.adams3@wales.nhs.uk or anna.sussex@wales.nhs.uk

Attendances to Welsh Emergency Departments involving 5 or more visits per year

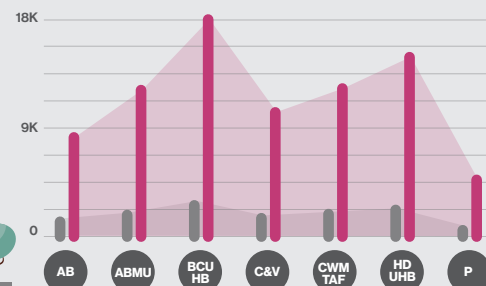
Average attendee



Frequent attenders*



No of Attenders vs No of visits



Length of stay

5.2 hrs per attendee
3.7 hrs per visit

TOTALS FOR ALL ATTENDEES

No of attendees: 746,861

No of visits: 1,048,532

3,902,543 hrs



TOTAL COST FOR ALL ATTENDEES
£401,181,420



Length of stay

32 hrs per attendee
4.6 hrs per visit

TOTALS FOR ALL ATTENDEES

No of attendees: 12,362

No of visits: 84,635

386,330 hrs



TOTAL COST FOR ALL FREQUENT ATTENDERS
£39,714,724



Health board comparisons

Attendances by region

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Attendees: 2,724

Attendances: 18,918

125,686 hrs £12,920,520

HYWEL DDA HEALTH BOARD

Attendees: 2,329

Attendances: 15,633

68,198 hrs £7,010,754

ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

Attendees: 1,882

Attendances: 12,762

63,169 hrs £63,169

BCU HB

P

HD UHB

CWM TAF

AB

ABMU

C&V

POWYS TEACHING HEALTH BOARD

Attendees: 558

Attendances: 4,941

3,058 hrs £314,362

CWM TAF HEALTH BOARD

Attendees: 1,965

Attendances: 12,909

52,822 hrs £5,430,101

ANEURIN BEVAN HEALTH BOARD

Attendees: 1,296

Attendances: 8,648

40,226 hrs £4,135,232

CARDIFF & VALE HEALTH BOARD

Attendees: 1,608

Attendances: 10,824

33,172 hrs £3,410,081



Welsh Emergency Department Frequent Attenders Network

WEDFAN WINTER FUNDING
2019/20

YGC BETSI CADWALDR UHB
DATA

ABSTRACT

Data Findings and Funding
Outcome: Welsh Emergency
Department Frequent
Attender Network

William Adams, Anna Sussex

WEDFAN Operational Support
Manager, National Strategic
Lead

POINTS OF NOTE: (YGC Data)

20 Patients (same patients followed/case managed through funding period)

92% reduction in ED attendances during funding period

84% reduction in length of stay during funding period

75% reduction in inappropriate repetitive investigations during funding period

88% reduction in costs during funding period

Month	Cost	Reduction	Overall Reduction
Month 1	£79,475.19		
Month 2	£25,451.11	£54,024.08	
Month 3	£11,186.04	£14,265.07	£68,289.15

Recruitment

The initial recruitment came under a number of issues. Firstly the current Support Lead, who is a Clinical Psychologist from the Health Psychology Department, could not obtain any confirmation that the Emergency Department would support this pilot. Decision was then made to process the post through the Liaison Psychiatry Department, which is where the current Frequent Attender panel hosts its multi-agency meetings. During the processing of this, the Emergency Department agreed to then support the pilot for recruitment process and line management.

Alcohol Liaison Nurse from Liaison Psychiatry was interviewed in January 2020 and commenced in the post in February 2020.

There were no expressions of interest for the Band 3 post.

Total for Band 7:	£8,297.16
Total for Band 3:	£0.00
Total Spend:	£8,297.16

Total Spend for the recruitment: £8,297.16

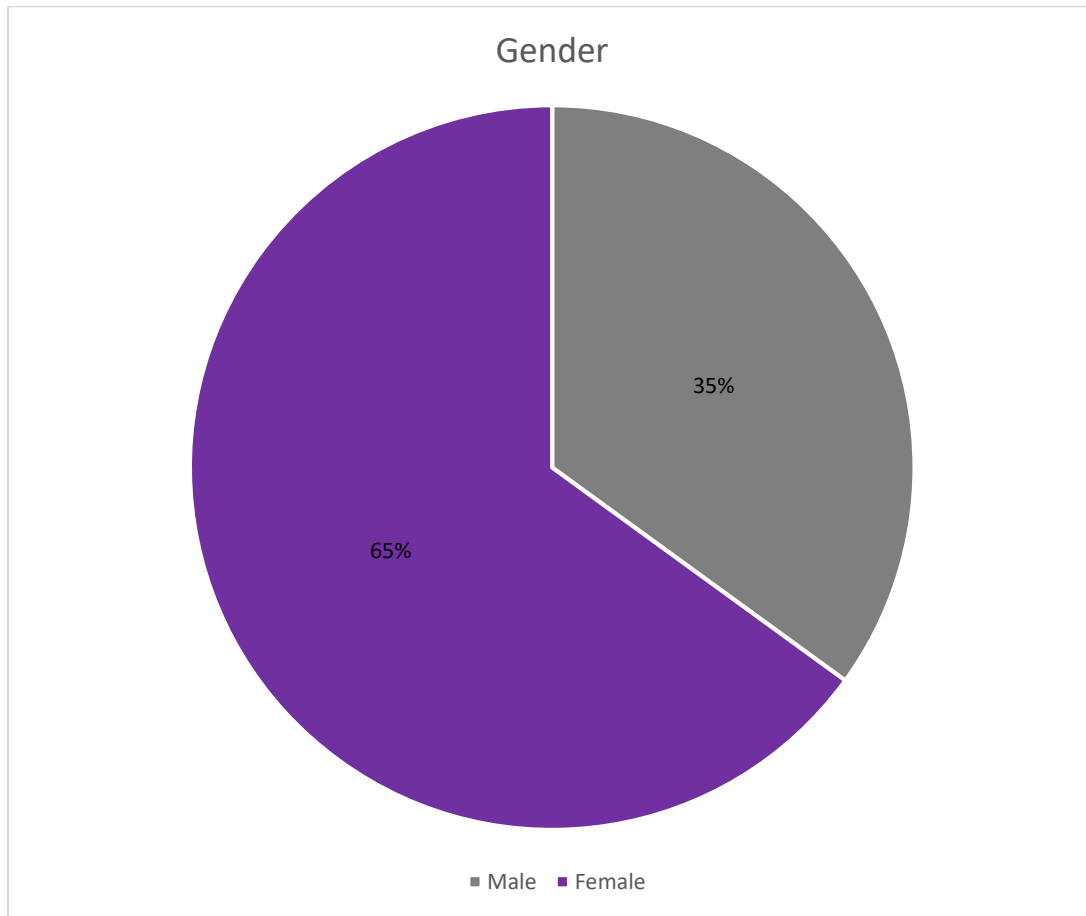
The role of the Case Manager is as follows;

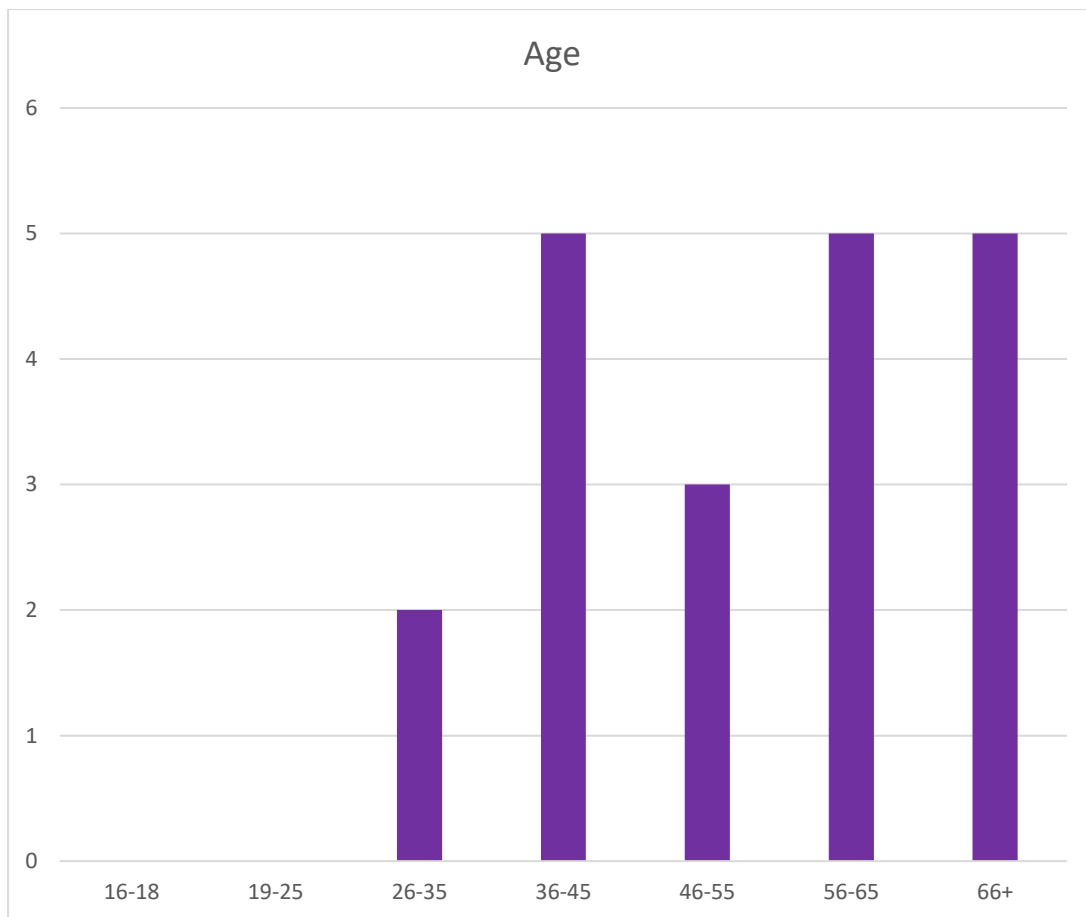
- Reduce contacts with Unscheduled Care
- Reduce time spent in the Emergency Department
- Reduce time WAST are on scene with patients
- Reduce time practitioners spend on consultations in the Out of Hours service.
- Co-ordinate multi-agency support across health, local authority, police and 3rd Sector agencies
- Create Multi Agency Anticipatory Care Plans for patients to promote a consistent approach on each contact.
- Hold the ring on communication between agencies, promoting joint decision making
- Provide support to patients on a daily basis as a point of contact rather than 999 or ED

Data

	Month 1	Month 2	Month 3
NUMBER OF PATIENTS	20	20	20
ED VISITS	83	26	16
WAST CALLS	55	47	0
OOH CALLS	32	0	0
TOTAL OF CONTACTS	201	73	16
COST OF WAST	£13,244.00	£7,238.00	£0.00
COST OF OOHs	£1,248.00	£0.00	£0.00
LENGTH OF STAY IN ED (HOURS)	520	132	80
NUMBER OF INVESTIGATIONS	291	127	71
NUMBER OF CDU STAYS	5	2	0
TOTAL COST OF LENGTH OF STAY AND INVESTIGATIONS	£56,636.82	£16,613.11	£9,586.04
TOTAL ADMISSIONS INTO HOSPITAL FROM ED	15	1	1
TOTAL COST ED/WAST/OOH/ADMISSION	£79,475.19	£25,451.11	£11,186.04

Demographic





Mean Age – 50 years

If the work was to continue, it will:

Support Unscheduled Care services to decrease attendances and length of stay

Decrease admission conversion rates thereby releasing bed occupancy

Ensure patients have continued support from available or alternative community services

Continue to increase the well-being of the patients the service supports

Continue to work with the other agencies remotely

Ensure all current Anticipatory Care Plans are updated with actions to incorporate changes in Emergency Departments modelling.

Continue highlighting and sharing Information Alerts between EDs for frequent attenders of multiple EDs.

Provide a partnership with agencies like Police for the sharing of risk

Positive feedback from patients within the BCUHB Long Covid Service

- Only had 2 sessions. Feels empathy and good understanding of my needs. More frequent session's maybe to improve service. Definitely signs of improvement, able to do some gardening & housework albeit short sessions. Also walking more but uphill a struggle. BP is elevated still under meds review. Still around 145/94 on average. Taking 100mg Losartan daily. Sleep still an issue up for 2-3 hours most nights.
- Claire was exemplary in her care, and the service is wonderful. She was outstanding. Things have such a dull, grey uniformity and it's great to have a shining star. The site is amazing.
- Staff were easy to talk to and informative. Was also nice to hear what others were going through and feel understood. Nothing to improve on. Initially found the journey difficult but understand this cannot be helped.
- All staff very professional, caring and supportive. Haven't heard any treatment suggestions, which we've all been hoping for. Diagnostic testing would be welcomed.
- Very understanding and caring responses under a difficult situation that we are ALL still learning about. Maybe a route into Biomedical area would improve experience. Thank you to everyone who helped me, they were absolutely fantastic and very professional and caring and listened sympathetically.
- Saw a pleasant lady in clinic, not a good enough service just a tick box exercise, need to provide aims and objectives before appointment indicating what you can provide.
- Saw the same person each time in the same place. She was very compassionate in her manner. Far to travel to clinic especially with a hospital in Bangor.

Extract from the "Adferiad" (Recovery) Long COVID National Evaluation (Cedar)

- When asked about their experiences with the Long COVID service, the majority of responders in all groups reported that they '*always*' felt '*their concerns were listened to/understood*', and that they were '*supported to get the help and information they needed*'. More responders said that they were '*always involved enough in deciding what support they received*' than any other answer option. More than 70% of responders rated their overall experience with the Long COVID service above average (i.e. >5), and more than 88% would recommend the service.
- In the free text feedback about service user experience, many responders expressed their gratitude to the Long COVID service for feeling listened to and acknowledged, having received helpful treatment and advice and been put in touch with other fellow sufferers who can understand what they are going through. However, other responders urged the service to become more tailored around different users' needs. They suggested support should expand beyond rehabilitation/symptoms' management and develop tighter links with medical consultants, since this would allow prompt medical testing and diagnosis to inform treatment. Some responders would prefer more face-to-face appointments, now that rules allow, and longer/more frequent sessions. Keeping service users up-to-date with research developments in Long COVID treatment was mentioned as beneficial.

Themes (Positive feedback)

Excellent support from the Long COVID service

- *“The support and understanding and patience was amazing”*
- *“The team have been quick in responding with emails and sending out information. Excellent communication [...] I have recommended service to a friend and I have told my manager about the service so hopefully it will spread awareness.”*
- *“It’s a very good service”*
- *“Great follow up sessions.”*
- *“Positive experience, been great having somebody to understand and reassure. Thank you. You should be applauded for your service and for all that you are going.”*
- *“Can’t thank you enough. It’s good to know someone cares”*
- *“Help provided has been amazing due to new Long COVID. Knowing able to email and contact. accessibility of service has been fantastic”*
- *“The experience has been outstanding; I would like to thank you all. You called me on a down day and picked me back up.”*
- *“Good communication and flexible service”*
- *“I think the Long COVID team/service should be commended.”*
- *“It’s a service that’s very much needed.”*

Responders felt put at ease, listened to and acknowledged by the Long COVID team

- *“Having support knowing not on my own and someone to advise and support recovery”*
- *“They had time to listen and I felt fully supported by their suggestions and the help offered.”*
- *“I have felt completely valued, listened to, consulted about and in control of my recovery.”*
- *“To find that the staff were open, friendly, understanding, patient, empathetic, knowledgeable and supportive was immensely helpful. To feel that someone understands and supports you and reassures you that this is not all in your head and is real and knows how that COVID 19 can be very debilitating, is so reassuring and helps you both physically and mentally.”*
- *“Friendly, supportive staff, empathetic and listening to my concerns. Thank you!”*
- *“I always felt someone was there to listen to me, I didn’t feel ignored.”*
- *“I feel wonderful talking to you; I feel at ease and look forward to when you call.”*
- *“The team were very accommodating, very understanding, caring and they listened to me.”*
- *“The staff are very nice and are trying to help. They were amongst the first to actually listen to my experience and I am very grateful to them.”*
- *“The Long COVID team have been extremely understanding and it’s been very helpful having someone to talk to about my symptoms who does not make me feel like a hypochondriac “*
- *“The service staff were the first NHS staff who listened and empathised with my experience of Long COVID.”*
- *“I was finally listened to, someone believed in me. To be able to talk to someone and go through plans for my rehabilitation, although there is no magic wand I feel that with help and support I will get through this.”*

Responders found the Long COVID service staff knowledgeable and the advice/treatment provided helpful

- *“I feel that this help and support has been invaluable to me and has given me so many strategies to help me cope with my ongoing symptoms.”*
- *“It made a big difference to me, I feel better able to cope and feel better in terms of symptoms”*
- *“you’ve always been brilliant and come up with good ideas of support. You have also chased everything up which has been helpful”*

- *"Strategies to put in place useful"*
- *"Emails were useful to follow up on information given, the exercises I found particularly useful"*
- *"Through the Long COVID Service I have learned more about the condition."*
- *"They [...] worked with me and enabled me to identify how I could constructively move forward supported by them and how I could best support myself. [...] I am not cured, but I am in control - patient centred care and ownership by the patient/client. [...] I have recommended this service to others including young people who are really struggling with Long COVID and related mental health issues."*
- *"Practical advice that facilitated some autonomy over the condition."*

Responders mentioned specific components of the Long COVID service that improved their recovery

- *"I have been given information, advice, physical, emotional and financial support from a wide range of services [...] pain and fatigue clinic, respiratory services, speech and language therapists and Silvercloud supporters. Amazing!"*
- *"Pulmonary rehabilitation for Long COVID was very good in helping me understand what was happening to my body and gave me tips on how to help myself."*
- *"The session in sleep was particularly useful and I wish that had been longer."*
- *"The Rehab team physio who I had a 1:1 phone call assessment with was excellent."*
- *"Breathing exercise were good and memory aides helped."*
- *"[...] I found the activity dairies really useful also as it has helped me to monitor and self-manage better."*
- *"Help from the physio with moving and support with PTSD [Post-Traumatic Stress Disorder]."*
- *"Having someone to talk through the difficulties with mental health issues. Physical activity from rehab – physiotherapy."*
- *"Very good support from occupational therapist when required."*
- *"Going on an EPP [Education Programs for Patients] course was invaluable"*
- *"1-2-1 with psychologist".*
- *"Range of suggestions given by speech to manage symptoms"*
- *"Oral spray for dry mouth from the speech therapists was helpful"*
- *"Just having the support and advise about pacing was great, I just wish I could have had it 12 months earlier. "*

Responders valued the group sessions, which allowed them to get mutual support, sharing and recognition from the interaction with other patients

- *"Meeting others in the same boat was a huge positive."*
- *"The online group sessions with others who are going through the same thing are really helpful to give you the opportunity to share your problems with them and to gain and share tips and strategies from others who have been or are going through the same things."*
- *"Good to connect with others who had Long COVID."*
- *"Group zoom meetings - sharing information with other sufferers"*

Good support from GPs

- *"The GP spent time to understand the problems, arrange tests to rule out other issues, tried different medications and then referral to the Long COVID rehab service."*
- *"The GP acted on suggestions given by the team, an appointment with another service was also arranged directly."*

Responders felt the Long COVID service was personalised around their needs

- *"I felt that the rehab on offer was based on what I needed."*
- *"Friendly, sympathetic medical staff who listened, understood and tried to cater for individual needs."*
- *"Individually tailored rehab".*
- *"It was helpful to discuss ongoing symptoms and receive personalised advice on current management."*

<u>For:</u>	BCUHB Long COVID Service Business Case
<u>Date form completed:</u>	18 th August 2022

PARTS A: SCREENING and B: KEY FINDINGS AND ACTIONS

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

Remember, the term 'policy' is used in a very broad sense to include "...all the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:-

- How does your policy or proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?
- What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce or remove these?
- What barriers, if any, do people who share protected characteristics face as a result of your policy or proposal? Can these barriers be reduced or removed?

- Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.
- How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	Business Case Proposing Enhancement of the BCUHB Long COVID Service to meet population need (Part A) and to address gaps in service provision for Chronic Fatigue Syndrome /Myalgic Encephalomyelitis (CFS/ME), Persistent Physical Symptoms (PPS) and Breathing Pattern Disorder (BPD) by developing an overarching Community Complex Conditions Service (Part B).
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>Stakeholders highlighted that low levels of literacy and pervasive language disorders are known to exist in communities at higher risk of COVID-19, CFS/ME & PPS which can create challenges seeking help.</p> <p>The outline vision of this Programme is to enhance the existing Long COVID Service:</p> <p>To provide the required levels of care and support for our patients and staff to address the longer-term effects of the conditions outlined above.</p> <p>In addressing the issues identified and to deliver the stated vision the following objectives of this programme have been defined:</p> <p>Objective 1: To develop the patient pathways as required to support the local population manage the longer-term health conditions resulting from Long-COVID and improve their outcomes</p> <p>Objective 2: To manage the impact of Long-COVID on our health & care workforce across the BCUHB regions</p> <p>Objective 3: To work with partners to develop the knowledge base around Post-COVID recovery.</p> <p>Objective 4: To deliver sustainable service</p>

		improvements for similar longer-term conditions including CFS/ME, PPS and BPD.
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?	<p>The Long-COVID Strategic Oversight Group will oversee the performance and delivery of the various work streams associated with the pan North Wales BCUHB Long-COVID service to ensure that the population of North Wales is provided with the most appropriate and effective pathways to manage the longer-term chronic pain management conditions arising from the Coronavirus pandemic.</p> <p>The Group will escalate decisions to the Executive Management Team and the Board as required within the scheme of delegation.</p>
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	Welsh Government has resourced Long COVID services across Wales through the Adferiad fund. In the latest funding announcement WG directed Long COVID services to use the funding to support not only Long COVID but also other similar conditions such as CFS/ME. The business case this document is reviewing makes the case for such service development in BCUHB.
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	<p>The following stakeholders have been identified</p> <ul style="list-style-type: none"> • Patients • Primary Care • Community • Nursing • Secondary Care • Respiratory • Cardiology • Neurology • Mental Health • BCU Staff • Workforce / OH • LA Social Care • Care Homes • Wales COVID-19 Evidence Centre: Gathering research and evidence to influence and support the national programme involvement in work streams to develop knowledge base and address socio-economic issues.

		<ul style="list-style-type: none"> • Regional Partners: Interdependencies with Health & Social Care Recovery Group – consider most suitable governance arrangements. • Expert Patient Programme • Chronic Disease Self-Management Programme • Public Health Wales
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>Long COVID and CFS/ME both have a high public and political profile. This can lead to a diverse range of views about how to support these conditions and the potential for misinformation about best practice.</p> <p>The Long COVID service was developed through a comprehensive co-design process. In its delivery it continues to have the benefit of an active lived experience consultation group working together with the clinicians leading the service. This helps to ensure the voice of people with lived experience of the conditions we serve is at the heart of service development and delivery.</p>
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	<p>The proposed service development outlined in this business case will enable BCUHB to provide a comprehensive biopsychosocial multi-disciplinary service, which meets best practice clinical guidance, and delivers care closer to home, for people with a range of complex conditions. It has been widely documented in research literature that people with Long COVID, PPS and CFS/ME have often felt isolated, unsupported and that services did not meet their needs nor have the specialist knowledge and expertise to support them effectively and comprehensively. The service development in this proposal would enable BCUHB to address all of these issues for the people in North Wales experiencing these conditions.</p>

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. It is important to note any opportunities you have identified that could advance or

promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Remember to ask yourself this: If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? For example, will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:-

- population data
- information from EqIAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so, is it positive or negative? (tick appropriate below) <i>for further direction on how to complete this section please click here training vid p13-18)</i>	Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: " Is Wales Fairer (2018)? " You can also visit their	How will you reduce or remove any negative Impacts that you have identified?
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					website here	
<p><i>Guidance for Completion</i></p> <p><i>In the columns to the left – and for each characteristic and each section here and below – make an assessment of how you believe people in this protected group may be affected by your policy or proposal, using information available to you and the views and expertise of those taking part in the assessment. This is your judgement based upon information available to you, including relevance and proportionality. If you answered 'Yes', you need to indicate if the potential impact will be positive or negative. Please note it can be both e.g. a service moving to virtual clinics: disability (in the section below) re mobility issues could be positive, but for sensory issues a potential negative impact. Both would need to be considered and recorded.</i></p> <p><i>The information that helps to inform the assessment should be listed in this column. Please provide evidence for all answers.</i></p> <p>Hint/tip: do not say: "not applicable", "no impact" or "regardless of...". If you have identified 'no impact' please explain clearly how you came to this decision.</p> <p>NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. For the definitions of each characteristic please click here</p>						
	Yes	No	(+ve)	(-ve)		
Age	x		x	x	According to research published by Age UK, around 3.3. million people over 70 in the UK have had their mental wellbeing affected by the COVID-19 pandemic, experiencing feelings of worry, stress, anxiety and loneliness.	Work with Age UK via the Equality Stakeholder Group representative and with the Community Health Council to ensure guidance and materials are inclusive of those issues that may be faced by older people and

				<p>This may impact upon older people when asked to engage in Long COVID recovery programmes and an assurance and reassurance approach will need to be developed to ensure people are not isolated from the programme.</p> <p>It appears that ongoing symptoms of COVID-19 may be more likely to be reported in older people. However, there seem to be different clusters of symptoms in different ages, which means that there could be different presentations for children and younger people and adults compared with people aged over 65. There could be difficulty accessing care for older people who cannot easily ask for help because of mobility or sensory impairments. These factors may lead to older people becoming less likely to seek</p>	<p>address those concerns.</p> <p>Development of a FAQs for staff involved in the programme to include questions based on age.</p> <p>Review and redraft of the objectives to explicitly acknowledge the need for services to be fully accessible to people with protected characteristics. Suggest objective 1.</p> <p>Development of leaflet/flyers describing the Long COVID service and how to access it. These will be made available in community venues now that pandemic restrictions allow for this action. This will improve access for those that maybe digitally excluded.</p>
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					<p>help.</p> <p>Stakeholders highlighted that the prevalence of post-COVID-19 syndrome is unknown in care homes. However, the high incidence of acute COVID-19 infection in these settings and the emerging evidence of higher rates of reported ongoing symptoms in older people suggests that these factors should be considered when drafting recommendations. It was also highlighted that existing services may have exclusion criteria, related to age, which may lead to inequitable access. One stakeholder highlighted that older people with acquired communication impairments or dementia could be less likely to report symptoms and may require additional support (such as speech and language therapy) to facilitate access to</p>	
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					care. Some older people may be less active on digital media (such as social media) and so may not be exposed to campaigns that raise awareness about post-COVID-19 syndrome affecting older people. As a result, older people might be at higher risk of presenting late to services.	
Disability	x		x	x	<p>There may be some situations when pre-existing comorbidities or mental health illness may create challenges for people seeking help and accessing services</p> <p>People with communication, speech and language difficulties may not be able to describe, explain or communicate subtle or complex symptoms, which may not be obvious to those caring for them. These specific and unique issues have the potential to impact on</p>	<p>All pathway development work to fully use evidence of the impact of comorbidities and physical, mental and sensory impairments.</p> <p>Long COVID added as a prompt in EQIA Training, procedure and template.</p>

					<p>healthcare accessibility Some frequently reported symptoms of COVID-19 may result in disability and create challenges for seeking help and accessing services.</p> <p>People living with long COVID may be protected under the Equality Act as a long-term condition that affects people's day to day activity. This will have implications for services and for the Health Board as an employer as we will need to ensure Long COVID is considered in our Equality Impact Assessments.</p>	
Gender Reassignment		x			<p>Evidence shows that transgender people have higher levels of mental health problems. As the long-term effects of long COVID are increasingly understood the intersectionality of this with transgender people – added to</p>	

					<p>the fact that trans people often are more reluctant to access health services.</p> <p>4% of trans respondents have sought medical help for depression or anxiety and 72% have self-harmed now or in the past.</p> <p>This compares to 42% and 52% of the LGBTQ+ sample and 29% and 35% of the heterosexual non-trans sample respectively.</p>	
Pregnancy and maternity	x		x		<p>Women who are pregnant, and parents and carers of young children who are struggling with symptoms, may have difficulty attending their midwifery or health visitor appointments as well as difficulty accessing health and social care services where they could gain advice and assistance. This may increase the likelihood of a</p>	

					delay in seeking help.	
Race	x		x	x	<p>There is evidence of poorer outcomes from COVID-19 in black, Asian and minority ethnic populations. This has been linked to a number of potential factors.</p> <p>Higher rates of comorbidities, such as cardiovascular disease, obesity and diabetes in some black, Asian and minority ethnic populations, which have been associated with COVID-19 mortality.</p> <p>A person's occupation, for example over-representation in key worker roles in health and social care; pre-existing socioeconomic factors (such as housing conditions), which could affect people's ability to maintain infection control and prevention measures, and to follow healthy</p>	<p>Programme to be reviewed alongside and in light of the publication of the Wales Race Equality Action Plan.</p> <p>Evidence to continue to be collated by the programme. All feedback from patients and families to be monitored by protected characteristic.</p> <p>Data on incidents of Long COVID to be reviewed by protected characteristic where this data is available.</p> <p>Requests for translation services and interpretation for services in other languages to be monitored and materials and information to be translated in to the top 5 other spoken languages in</p>

					<p>lifestyles that might assist in reducing risk. While the prevalence of prolonged COVID-19 symptoms in black, Asian and minority ethnic groups is currently not known. It is important to consider these factors when drafting recommendations.</p> <p>People from black, Asian and minority ethnic groups may feel marginalised, have experienced racism, or have had previous experiences with a culturally insensitive healthcare service that could create barriers to engagement with healthcare services.</p> <p>For people whose first language is not English or Welsh, there may be communication difficulties and a need for an interpreter especially for seeking help and effective shared decision making.</p>	North Wales as identified through WITS
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Religion, belief and non-belief		x			People may feel or have experienced stigma based on their religion or belief when accessing healthcare services that may create challenges for seeking help.	
Sex	x		x	x	<p>There are known differences in terms of poorer outcomes from COVID-19 for men compared to women, so it is important to consider potential differences in clusters of symptoms when drafting recommendations. It will be important to gather data on our cohort of long COVID patients to increase our understanding of the differences in impact.</p> <p>Stakeholder's referenced emerging evidence that women are more likely to report ongoing symptoms compared to men. However, it is</p>	Data to be gathered on all patients on the Long COVID pathways by protected characteristics and regularly reviewed by the Programme Board.

					important to consider that male help-seeking behaviours tend to be different and therefore symptoms could be under-reported.	
Sexual orientation		x			People may feel or have experienced stigma based on their sexual orientation when accessing healthcare services that may create challenges for seeking help.	
Marriage and civil Partnership (Marital status)		x			People may feel of have experienced stigma based on their marital status when accessing health care services that may create challenges for seeking help.	

Socio Economic Disadvantage	x		x		<p>Poverty and poor housing may have substantial impacts on accessibility to healthcare resources. Often it is those who have the greatest need for healthcare services who live furthest away from them. This could cause further delay in seeking help.</p> <p>People who are homeless may face challenges accessing care or may present late to services, so they may be more likely to have adverse outcomes to if they accessed services sooner.</p> <p>Stakeholders highlighted that low levels of literacy and pervasive language disorders are known to exist in communities at higher risk of COVID-19, which can create challenges seeking help.</p> <p>Healthcare services are</p>	
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					<p>increasingly using digital methods for people to access care. This could create challenges for people with disabilities, low digital literacy, or people who do not have devices or connectivity to use these services. Online forms are an additional barrier to some people (for example those with communication or dexterity difficulties) in accessing healthcare. This factor may lead to some groups of peoples becoming less likely to seek help.</p> <p>People may feel or have experienced stigma based on their socio-economic background when accessing healthcare services that may create challenges for seeking help. Poverty may also impact on the individual's ability to access online material or apps for GP</p>	
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					<p>appointments and health information, creating a further barrier within a health literacy and access context. One stakeholder highlighted emerging evidence of a link between social deprivation and incidences of COVID-19 that needs to be explored further.</p> <p>Stakeholders highlighted that inequities are faced by groups such as people in prison, Gypsies and Travellers, Armed Forces personnel and people who have been trafficked should be considered when drafting recommendations.</p>	
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Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/42166> and for additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker <https://humanrightstracker.com.>

The Articles (Rights) that may be particularly relevant to consider are:-

- *Article 2* *Right to life*
- *Article 3* *Prohibition of inhuman or degrading treatment*
- *Article 5* *Right to liberty and security*
- *Article 8* *Right to respect for family & private life*
- *Article 9* *Freedom of thought, conscience & religion*

Please also consider these United Nations Conventions:

[*UN Convention on the Rights of the Child*](#)

[*UN Convention on the rights of people with disabilities.*](#)

[*UN Convention on the Elimination of All Forms of Discrimination against Women*](#)

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
x		x		Article 2 – Right to life	People have the right to live to the highest attainable standard of health. Feedback from patients, including recent patient stories captured on video, details the positive impact the service has had on people's life and health in comparison to how	Continued engagement with patients with Lived Experience. Continued co production and co development of the service. Continued

					things were for them before the Long Covid pathway was available. Further development of the service will capture a wider patient group of the population of NW living with a chronic health condition by addressing the current gaps in service provision for this patient group.	engagement with the Patient Experience team and the collation of patient feedback and stories.
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Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language		x			All documentation relating to the scheme will be readily available in Welsh and English.	
Treating the Welsh language no less favourably than the English language		x			All documentation relating to the scheme will be readily available in Welsh and English.	

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives,

or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.

for further direction on how to complete this section please click [here training vid p13-18](#))

The service was originally co-designed and co-produced with patients with Lived Experience. This has and continues to be an integral part of the service development to date. The service continues to work closely with the PALS service and engages with the Lived Experience Pathway group, which meets monthly. The views of the patients have been listened to and acted on throughout.

Have any themes emerged? Describe them here.

Patients that are digitally excluded and with language barriers, disabilities or other socio-economic disadvantages, resulting in lack of information available to these groups on the service and what is available to them.

If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?

The service works closely with the Lived Experience Pathway group and continue to listen to the views of patients. Co-design and Co-production of the service is an integral part of our service development. We will continue to work to ensure all population groups are captured and our service is accessible to everyone who requires it. Our recruitment plan has been adapted to incorporate a patient engagement officer role.

For further information and help, please contact the Corporate Engagement Team – see their intranet page at:- <http://howis.wales.nhs.uk/sitesplus/861/page/44085>

1. What has been assessed? (Copy from Form 1)

for further direction on how to complete this section please click [here training vid](#)

Business Case Proposing Enhancement of the BCUHB Long COVID Service to meet population need (Part A) and to address gaps

<u>p13-18)</u>	in service provision for Chronic Fatigue Syndrome /Myalgic Encephalomyelitis (CFS/ME), Persistent Physical Symptoms (PPS) and Breathing Pattern Disorder (BPD) by developing an overarching Community Complex Conditions Service (Part B).
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2. Brief Aims and Objectives: (Copy from Form 1)	<p>The outline vision of this Programme is to enhance the existing Long COVID Service:</p> <p>To provide the required levels of care and support for our patients and staff to address the longer-term effects of the conditions outlined above.</p> <p>In addressing the issues identified and to deliver the stated vision the following objectives of this programme have been defined:</p> <p>Objective 1: To develop the patient pathways as required to support the local population manage the longer-term health conditions resulting from Long-COVID and improve their outcomes</p> <p>Objective 2: To manage the impact of Long-COVID on our health & care workforce across the BCUHB regions</p> <p>Objective 3: To work with partners to develop the knowledge base around Post-COVID recovery.</p> <p>Objective 4: To deliver sustainable service improvements for similar longer-term conditions including CFS/ME, PPS and BPD.</p>
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From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? Guidance: This is as indicated on form 2 and 3	Yes	
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<p>3b. Could the impact of your policy or proposal be discriminatory under equality legislation? Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.</p>		No
<p>3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?</p> <p>High significance may mean:</p> <ul style="list-style-type: none"> • The policy requires approval by the Health Board or subcommittee of • The policy involves using additional resources or removing resources. • Is it about a new service or closing of a service? • Are jobs potentially affected? • Does the decision cover the whole of North Wales • Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. <p>GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/</p>	Yes	
<p>4. Did your assessment</p>		No

findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Where negative impact has been identified, mitigations are in place to proceed.	
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?		No
	Mitigating actions in place to address.	
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes	
	How is it being monitored?	Long Covid Strategic Oversight Group meets monthly to monitor implementation.
	Who is responsible?	Long Covid Service Leads
	What information is being used?	Engagement with PALS service and data from Patient Experience feedback and reports.
	When will the EqIA be reviewed?	September 2022

7. Where will your policy or proposal be forwarded for approval?	Health Board Executive Team
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8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqIA should be undertaken as a group activity	Name	Title/Role
	Rachel Skippon	Consultant Clinical Psychologist Long Covid Therapy Lead
	Claire Jones	Operations Manager
	Natasha Turner	

Senior sign off prior to committee approval:	Gareth Evans	Acting Executive Director of Therapies
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	None identified.	N/A	N/A
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	Changes to the recruitment plan	Service Leads	Complete
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in	A patient leaflet has been produced to provide information and support to people. A PALS officer for the service will help to capture patients that are digitally excluded or who have language barriers, disabilities	Service Leads	Complete

place?	or other socio economic factors affecting their ability to access information.		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	None identified. Mitigating actions are in place.	N/A	N/A
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	Recruitment of a PALS officer for the service.	Service Leads	September 2022

Teitl adroddiad:	Anglesey and Gwynedd Well-being Plan
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 25 May 2023
Date of Meeting:	
Crynodeb Gweithredol:	Anglesey and Gwynedd Public Services Board (PSB) draft Well-being Plan 2023 – 2028 is presented to the Health Board for approval.
Executive Summary:	<p>The Plan has been developed to respond to the updated Well-being Assessments for the Anglesey and Gwynedd area produced in 2022. It seeks to address the key areas which pose the greatest need or challenge for communities and where the PSB can make the greatest contribution towards social, environmental, cultural and economic well-being, adding value to existing partnerships and core services.</p> <p>The production and implementation of the Well-being Plan is a key task of the PSB and part of the Health Board's statutory duty under the Well-being of Future Generations (Wales) Act 2015. The Plan supports:</p> <ul style="list-style-type: none"> • our strategic well-being goal of improving health and well-being • delivery against the relevant priority areas described within the NHS Planning Framework and ministerial priorities • a joined-up, partnership approach to maximise our contribution to the wider well-being agenda <p>The Well-being Plan is a high level document providing a description of the well-being objectives and the high level themes that will be addressed to support delivery of those objectives.</p> <p>A further, more detailed Action Plan will be produced in the near future and updates on this will be provided.</p>
Argymhellion:	The Board is asked to:
Recommendations:	<ul style="list-style-type: none"> • Receive the Well-being Plan for 2023 – 2028 • Approve the Plan as part of the partner scrutiny and approval process, prior to formal sign off by the PSB and publication by the 31st May 2023
Arweinydd Gweithredol:	David Coyle, Chief Operating Officer
Executive Lead:	Chris Stockport, Executive Director, Transformation and Strategic Planning

Awdur yr Adroddiad: Report Author:	Report Authors: Anglesey and Gwynedd PSB Officer Team Cover sheet: Wendy Hooson – Acting Head of Health Strategy and Planning			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		The production and implementation of the Well-being Plan is part of the Health Board's duties under the Well-being of Future Generations (Wales) Act 2015 and supports the strategic goal of improving health and well-being		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		Production of the Well-being Assessment and the Well-being Plan is a key task of the PSB for which the Health Board is a named participant. The Health Board has a statutory duty as a designated public services body to fulfil the requirements of the Well-being of Future Generations Act.		
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>		Y An Impact Assessment has been undertaken in support of the Plan which encompasses equality		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		Y An Impact Assessment has been undertaken in support of the Plan which encompasses socio-economic impact		

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Risks identified by the PSB include:</p> <ul style="list-style-type: none"> • Risk that the PSB lacks influence or control to deliver against the objectives • Risk of duplication with work ongoing in other organisations • Risk of over-ambitious objectives unable to be delivered • Risk of not achieving approval in line with the statutory deadline of final sign-off and publication by the 31st May 2023
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no immediate financial implications arising from the Plan, although further assessment of any resource or capacity required will be undertaken when taking forward steps in the Plan.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>No immediate workforce implications are identified arising from the Plan.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Engagement and consultation has been undertaken by the PSB to capture views on what is working well and what needs to be focused on for the benefit of future generations. Consultation on the Anglesey and Gwynedd Plan concluded on the 6th March 2023.</p> <p>Internally, the draft Well-being Plan 2023 – 2028 has been circulated to the Executive Team for comment and sign-off prior to submission to Board for formal approval.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> - Consultation on the draft Plan closed on March 6th 2023. - Partner / stakeholder ratification March – May 2023 - Final plan to PSB for formal sign off and publication by May 31st 2023. 	
<p>Rhestr o Atodiadau: List of Appendices:</p> <p>Appendix 1 – Anglesey and Gwynedd (draft) Well-being Plan 2023 – 2028</p>	

ANGLESEY AND GWYNEDD PSB WELL-BEING PLAN 2023 - 2028

1. Introduction/Background

In April 2016, the Well-being of Future Generations (Wales) Act 2015 (the WFG Act) established a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. The PSB is a collaboration of public bodies working together to improve the well-being of their county – to improve economic, social, environmental and cultural well-being by working towards the seven national Well-being goals:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales

PSBs are the key partnerships collectively responsible for improving the well-being of communities across Wales. Membership consists of senior representatives from partner organisations including the Integrated Health Community (IHC) Directors participating in support of their role as senior community leaders. The PSBs work collaboratively as partner organisations to ensure that our strategic plans and corporate objectives are aligned with, and support achievement of, local well-being objectives and vice versa; but also to ensure that the contribution of the PSB adds value over and above statutory organisations' own plans.

The WFG Act places a statutory requirement on each PSB to produce a Local Well-being Plan for their area to set out how the PSB intends to improve the economic, social, environmental and cultural well-being of its area. The Local Well-being Plan should be published no later than one year after the publication of its Well-being Assessment.

2. Corff yr adroddiad / Body of report

The 2023-28 Well-being Plan, attached to this report, sets out Anglesey and Gwynedd's well-being objectives for the next 5 years.

In early 2022 the findings of the Well-being Assessments were reviewed in detail, and strategic issues where the PSB could collectively make a difference as a group of partners were identified. This work was supported by the Co-Production Network for Wales. From this analysis, the PSB came up with a long list of strategic issues.

The PSB used a range of resources to shape thinking about the Well-being plan including the Future Generations Commissioner for Wales' Future Generations Report, Welsh Government's Well-being of Wales and Future Trends Reports.

The plan recognises that across the four intertwined pillars of well-being – environment, culture, society, and economy - there are common challenges of inequalities and social determinants of health. It also acknowledges that partners need to commit to tackle these common challenges across all four pillars to avoid a decline in well-being. The 2023-28 Well-being plan is the latest milestone towards the PSB's long-term ambition to ensure that local communities thrive and are prosperous in the longer term.

Based on learning over the last few years throughout the Covid-19 pandemic along with evidence and data, the PSB has developed three broad well-being objectives and associated ambitions - see table below:

OBJECTIVES	We will work together to mitigate the effect of poverty on the well-being of our communities	We will work together to improve the well-being and achievement of our children and young people to realise their full potential	We will work together to support our services and communities to move towards Zero Net Carbon
AMBITIONS	Develop an understanding of how poverty affects the area and ensure that public bodies are more effective in mitigating the long term effects of poverty	Plan preventative services and activities to support families before the need for intensive intervention arises	Work together locally to support communities in reducing carbon emissions and try to mitigate the impact of climate change
	Gain a detailed understanding of the implications of living in poverty in different areas	Encourage children, young people and their families to improve their health so that they can live healthily and independently within their communities in the long-term	
	Continue to develop the Well-being Assessments to get a detailed picture of where the lack of access to services is more challenging due to poverty	Ensure that children and young people have positive experiences during their childhood and give priority to supporting families to ensure every child gets the best start in life	
		Ensure that partners have a clear vision to get the best results for children and young people	

In addition, Welsh language is a golden thread running through the PSB Plan and will be promoted in all aspects of their work and work with communities to develop services and activities through the medium of Welsh.

3. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

There are no immediate financial implications arising from the Plan, although further assessment of any resource or capacity required will be undertaken when taking forward the next steps in the Plan.

4. Rheoli Risg / Risk Management

Risks related to the publication and implementation of the plan have been identified by the PSB and will be mitigated and monitored by the PSB.

There is a risk to the Health Board and other North Wales organisations which are members of the PSB that priorities in the Anglesey and Gwynedd PSB differ from priorities in other areas. The Plan is however a local plan built on local needs assessment and co-production. The PSB Officers across North Wales work together as a network to share best practice and utilise resources effectively where possible.

5. Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity Implications*

An Impact Assessment has been undertaken in support of the Plan and encompasses equality and socio-economic impact.

Appendix 1



ANGLESEY AND GWYNEDD WELL-BEING PLAN 2023-2028

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1. Foreword from the Chair of the Public Services Board (PSB)

Our vision as a Public Service Board is to work together to ensure that our communities thrive and are prosperous in the long term. The aim of the Well-being Plan is to set out how we are going to achieve this and make a real difference to the lives of the residents of Anglesey and Gwynedd. As public service providers we will work together to achieve a common ambition for the whole region.

The individual organisations will continue to provide services which will deliver their own well-being objectives as well as contribute to the well-being objectives of the Public Services Board. Engaging with communities is core to the success of the plan and the Board commits to providing clear guidance in order to reach its objectives.

We have strong and proud communities with a tradition of helping each other and working together. The role of these communities will be central to delivering the well-being objectives which have been set out in this plan.

The objectives, and steps to deliver them, once finalised, should be linked and support each other due to their cross-cutting nature. All members of the PSB should be able to play their full part in achieving what we expect from the plan.

Since we started looking at what we could do to improve well-being in Anglesey and Gwynedd, the war in Ukraine and the cost of living crisis have made people's lives even harder. We will continue to work with our communities in implementing the well-being plan over the next five years.

Aled Jones-Griffiths

Chair of the Gwynedd and Anglesey Public Services Board

2. Background to the Well-being Plan

In 2015, the Welsh Government made a new law in Wales called the Well-being of Future Generations Act (Wales) 2015. This followed conversations with many thousands of people across Wales about the “Wales we want”.

This law puts the citizens of Wales at the centre of everything public services do to improve the economic, social, environmental and cultural wellbeing of Wales and has the sustainable development principle at its heart. This means that all public services need to work in a way that improves wellbeing for people today without doing anything that could make things worse for future generations of babies, children, young people, adults and older people, in other words all our families, young and old, and our friends and neighbours.

The Act highlights seven national well-being goals and five ways of working in order to give public bodies a common purpose. It also tries to ensure that we are better at making decisions by placing a duty on organisations to think about the long-term, to collaborate and to consider people of all ages when resolving and preventing problems.

Together, the seven well-being goals and the five ways of working have been designed to support public bodies to meet the existing needs of their communities and ensure that the decisions of today do not harm future generations. The seven national well-being goals are:



The Act places a duty on public bodies to work in a sustainable way and to utilise the following five ways of working:

Prevention Long Term Involvement Integration Collaboration



In addition to setting expectations that public bodies work this way, the Act has established a Public Services Board for every local authority area in Wales to ensure that public bodies work together to create a better future for the people of Wales. The Anglesey and Gwynedd Public Services Boards have decided to work together as one Board to ensure that public bodies across the area work together to create a better future for the people of Anglesey and Gwynedd.

The Public Services Board must assess the well-being of our area and create a Well-being Plan with the aim of improving the social, economic, environmental, and cultural well-being of our communities.

Anglesey and Gwynedd Public Services Board Membership:

The Board's five statutory members are:

- Isle of Anglesey County Council
- Natural Resources Wales
- North Wales Fire and Rescue Authority
- Cyngor Gwynedd
- Betsi Cadwaladr University Health Board

The invited members of the Board are:

- Public Health Wales
- Grŵp Llandrillo Menai
- Mantell Gwynedd
- Medrwn Môn
- Eryri National Park Authority
- Bangor University
- Welsh Government
- North Wales registered social landlords representative
- North Wales Police
- North Wales Police and Crime Commissioner
- Wales Probation Service

There is an opportunity to ask other bodies/organisations/ partners to sit on the Anglesey and Gwynedd Public Services Board as specific objectives and actions are identified.

3. The local Well-being Assessments

In May 2022, Local Well-being Assessments were published for Anglesey and Gwynedd. The Public Services Board has divided the two counties into 14 smaller areas and research was undertaken in order to understand and learn more about the well-being of those areas. Eight of these areas are in Gwynedd and six are in Anglesey. The information brings together local data, key messages from engagement work carried out with communities and national research. Information Booklets for each area are available on our website. www.llesiantgwyneddaron.org

The assessment was just a starting point – an overview of well-being to accompany the area booklets which gave the Public Services Board a better understanding of Anglesey and Gwynedd. Having considered the data and the views of local people, the Board concluded that the main priorities for residents of Anglesey and Gwynedd from the assessment were as follows:

- Respond to poverty and the cost of living
- Improving the health and well-being of children and young people
- Improve mental health and well-being
- Climate change – support communities to reach net zero targets
- Promote the use of the Welsh Language
- Enable equal experiences and access to nature
- Future workforce planning that meets the needs of the community and the local economy
- Ensure housing for local people
- Influence the financial priorities of public bodies

Please refer to **Appendix 1** for further details on the key messages from the Well-being Assessments.

4. Our Well-Being Objectives:

Using the evidence in the Well-being Assessment, the Board has identified **three Well-being Objectives**:

- We will work together to mitigate the effect of **poverty** on the well-being of our communities.
- We will work together to improve the well-being and achievement of **our children and young people** to realise their full potential.
- We will work together to support our services and communities to move towards **Zero Net Carbon**.

The **Welsh language** is a golden thread running through our plan. We promote the use of the language in all aspects of our work and work with communities to develop services and activities through the medium of Welsh.

The Public Services Board is an opportunity to share good practice, promote the language and ensure that residents of both counties have access to all public services through the medium of Welsh. An example of this is the work completed by the Welsh Language sub-group to encourage and empower customers to use Welsh when accessing public services. We will also explore solutions to encouraging Welsh speakers to seek jobs where Welsh is a key skill. Further actions in relation to the Welsh language are detailed beneath each of the objectives below.

For each of the objectives, the tables below give more information about why they have been chosen and what steps we are considering taking to deliver them. How they contribute to each of the Well-being Goals will be included in due course.

Well-being Objective 1: We will work together to mitigate the effect of poverty on the well-being of our communities
<p>Ambition:</p> <p>We will develop a detailed understanding of how poverty affects the area and look to ensure that the work happening across public bodies is more effective in mitigating the long-term effects of poverty. We will work together to gain a detailed understanding of the implications of living in poverty in our different areas. We will continue to develop the Well-being Assessments to get a detailed picture of where the lack of access to services is more challenging due to poverty.</p>
<p>What we will do over the course of the five-year plan:</p> <ul style="list-style-type: none"> • We will work together to optimise the use of available data to gain a detailed understanding of the implications of living in poverty in our communities. This should include: <ul style="list-style-type: none"> ○ Understanding the groups in the population and geographical areas that are most impacted by poverty and the mechanisms through which this occurs ○ Mapping out support services (what is the offer of support now) to tackle poverty across both counties ○ Undertaking a gap analysis and identify contributors to support universal and targeted approaches • We will act as a voice for those impacted by poverty and hardship in Gwynedd and Anglesey knowing what communities and citizens need and the information that partners hold. • We will enact socially responsible public procurement, benefitting the local supply chain and promoting a circular economy locally.

- We will offer diverse, quality, well-paid jobs that are a key part of keeping people in their communities, and consequently have a positive impact on maintaining the Welsh language.
- We will commit to developing a fair work mindset, place fair work at the heart of policies and plans, create fair work and be exemplars of fair work in Anglesey and Gwynedd demonstrating the value of such an approach for business and the community and promote access to fair work for all.
- We will increase digital inclusion and promote resilience to cyber-crime by sharing information about online scams.

How will we know that we are making progress?

We are working on a suite of measurable indicators to accompany the detailed action plan in August 2023.

Well-being Objective 2: We will work together to improve the well-being and achievement of our children and young people to realise their full potential.

Ambition:

We will plan preventative services and activities together to support families before the need for intensive intervention arises. We will encourage children, young people and their families to improve their health so that they can live healthily and independently within their communities in the long-term. We will work to ensure that our children and young people have positive experiences during their childhood and give priority to supporting families to ensure that every child gets the best start in life. We will also ensure that there is a clear vision among the partners to ensure the best results for children and young people.

What we will do over the course of the five-year plan:

- We will scope the development of an Early Years Strategy and implement plans to address gaps in service provision and support to ensure every child has the best start in life
- We will promote strategies to support children, young people, and their families to maintain a healthy weight.
- We will act to pass on the Welsh language from one generation to the next by creating opportunities for children, young people, and their families to learn, hear, and use the language beyond the school gates.
- We will look to support opportunities for our young people to develop to be the leaders of the future.
- We will support the North Wales Vulnerability and Exploitation Board which works to protect the population of north Wales including specific work to protect young people.
- We will support the National Strategy for Violence against Women, Domestic Abuse and Sexual Violence.
- We will ensure that children, young people and their families, including those who are vulnerable or in our care, are resilient and prepared for employment, further education, or training. This includes looking at Green Skills and Welsh language skills for the future.
- We will ensure that key partners work together to ensure that rural communities are not deprived of social and cultural opportunities in Welsh.
- We will provide greater opportunities for quality volunteering, work experience and apprenticeships for children, young people and their families.

- We will raise awareness in the system about the impacts of Adverse Childhood Experiences (ACEs) and trauma, and the opportunities to prevent exposure, mitigate risks and address harms.
- We commit to being a Trauma Informed Public Service Board (PSB).
- We commit to promoting the Five Ways to Well-being framework for children, young people and their families in all that we do.

How will we know that we are making progress?

We are working on a suite of measurable indicators to accompany the detailed action plan in August 2023.

Well-being Objective 3: We will work together to support our services and communities to move towards Zero Net Carbon

Ambition:

We will work together locally to support our communities to reduce carbon emissions and try to mitigate the impact of climate change. The Board considers that protecting the natural environment is integral to achieving its priorities and will be a common theme that runs across all the well-being objectives.

What we will do over the course of the five-year plan:

- We will carry out a Local Climate Change Risk Assessment.
- We will seek to deliver decarbonisation activity within our services and communities.
- We will support the work on identifying our local energy networks.
- We will use our landscape to store carbon and mitigate the effects of climate change.
- We will promote and action the North Wales Healthy Travel Charter.
- We will promote green health opportunities through social prescribing.
- We will protect and enhance biodiversity and natural habitats, whilst increasing and encouraging equal access for everyone to our natural environment. This includes access to green countryside spaces, and blue coastal spaces.
- We will maximise the benefits that come with our unique natural assets and grow our sustainable tourism offer.
- We will work with and support communities who want to manage and improve their local environment and empower all, including young people, to improve community spaces.
- We will work together on actions arising from the Welsh Government's (draft) Strategy for public engagement to act on climate change.
- We will work together to increase and improve skills to have a trained local workforce that can respond to the needs of a green economy.

How will we know that we are making progress?

We are working on a suite of measurable indicators to accompany the detailed action plan in August 2023.

5. How we developed the Well-being Objectives:

Having considered the main messages highlighted in the Well-being Assessments, a series of workshops were held over the Summer of 2022 with the members of the Board. With the support of the Wales Co-production Network, the workshops gave members the opportunity to reflect on the previous Well-being Plan while considering the following questions:

A. Looking back at the Well-being Plan 2017-22:

- How did we do against the two objectives/nine themes in the previous plan?

- What has changed and influenced the well-being of our communities in the last 5 years?

B. Looking forward to the Well-being Plan 2023-28:

- Looking at the updated well-being assessments for 2022 what are the key priorities for the PSB?
- Are there priorities where action is already taking place effectively outside the scope of the PSB?
- What can we do to ensure that the PSB adds value together rather than working separately?
- What would ensure that the new Well-being Plan is a success?

As the Board considered the local objectives for the new plan the recommendations of the Future Generations Commissioner were followed including:

‘In setting its local objectives a board must also take into account the latest Future Generations Report as prepared by the Commissioner which will provide an assessment of the improvements public bodies should make in order to set and meet well-being objectives in accordance with the sustainable development principle.’

The Public Services Board decided that the focus should be on those areas where collaboration is needed in order to make a real difference. Having analysed the main messages that emerged in the Well-being Assessment and considered the conclusions of research and other assessments they have prioritised three specific areas in order to realise this vision. In a period of significant reduction in public sector resources, we believe that these are areas where we can work together better to ensure the best results for the residents of Anglesey and Gwynedd.

6. The next steps

The Well-being Plan is a live document which will change and develop over time. Although the well-being objectives and what we will do to achieve these objectives have been set out here, this is only an overview of what we intend to do. Further work will be carried out to develop specific work programmes.

The next step will be to draw-up detailed work programmes and identify Short, Medium and Long-Term actions for the well-being objectives. The Board’s work will be regularly monitored by the Scrutiny Committees of Cyngor Gwynedd and the Isle of Anglesey County Council. An annual report on the progress of this plan will also be produced.

Members of the public have had the opportunity to share their views throughout the process of developing the Well-being Plan. Many comments and points received have been incorporated into the final plan.

Although the formal consultation period has now ended we are still keen to hear your views. To have your say, or if you would like to receive more information about the Gwynedd and Anglesey Public Services Board, please visit www.llesiantgwyneddaron.org post@llesiantgwyneddaron.org

Phone number: 01766 771000

Please ask for: Anglesey and Gwynedd Public Services Board Programme Manager

The Council’s Business Support Service
Council Offices, Shirehall Street Caernarfon, Gwynedd, LL55 1SH

Appendix 1 - Main messages from the 2022 Well-being Assessments:

The booklets look at well-being in the context of the four main headings in the **Well-being of Future Generations (Wales) Act 2015** - namely Social, Economic, Environmental and Cultural. An additional heading has been added, namely 'Population and Language' as the Board recognises the importance of this specific theme for the area.

Population and Language:

- More over 75s are anticipated in future which means that an ageing population needs to be supported and we must ensure that individuals stay healthy for longer for the benefit of the economy and health and care services.
- Anglesey and Gwynedd are considered strongholds for the Welsh language but there has been a decline in the percentage of speakers over the past decade.
- Our communities are concerned about the impact that migration, tourism, the availability of suitable and affordable housing for young people and families are having on the Welsh language.

Environmental:

- The diverse natural environment of Anglesey and Gwynedd is an important resource. Coastline, lakes and rivers, marshes and forests have a positive impact on social, cultural and economic well-being.
- Climate change is a global challenge that is having an impact on the well-being of our residents. It leads to communities under high flood risk, exceptional weather and landslides and puts our nature and habitats under increasing pressure.
- Protecting nature and biodiversity is important for decarbonisation. In Anglesey and Gwynedd, there are diverse habitats and species that store the carbon that contributes to the level of greenhouse gases.
- Agriculture is an important sector in Anglesey and Gwynedd and our farmers need to be supported to develop more sustainable farming to contribute to decarbonisation.
- Maintaining a green future is a priority for the communities of Anglesey and Gwynedd. Residents have highlighted the appetite for eco-friendly areas that maximise our natural resources.

Social:

- There is concern about the level of obesity in 4-5 year olds across the region, with the highest percentage of all North Wales region counties here in our area. Evidence suggests that the percentage is likely to rise as a result of the impact of Covid-19 and lockdown.
- Covid-19 is likely to have a long-term impact on population health. This includes an impact on mental and physical health (for example, Long Covid) and exacerbating a number of existing health inequalities.
- The lack of public transport was highlighted as a huge challenge for rural communities. The frequency of bus services meant that it was difficult for residents to get to facilities and services, and likely to have a worse impact on some groups, for example, disabled people, young people and older people.
- Community spirit is one of the main assets of both counties and this has been highlighted in the willingness of residents to help each other during the Covid-19 period.

- The lack of digital connection is a barrier for the people and businesses in the county. Working and teaching remotely during the Covid-19 period has highlighted the importance of broadband availability.

Economic:

- Changes in work sectors and work pattern are anticipated into the future. There is a need to ensure accessible opportunities for all in occupations such as science and technology.
- A high percentage of people in Anglesey and Gwynedd work in the skilled trades occupations (which include farmers and agri-workers). Brexit and the reduction in grants and financial support has had an impact on this sector.
- Poverty in all its forms is a concern across both counties. We have one of the highest percentages in Wales of fuel poverty. Response to the draft booklets highlighted concern about poverty, at a time when the cost of living in all its forms is rising.
- Low-wage jobs are a major concern and securing high value jobs is a priority for communities and residents of both counties. As well as its impact on the economy, it also makes it difficult to keep young people in the county, thereby affecting the Welsh language.
- House prices and affordability are a key concern of local communities across both counties and have a negative impact on the social, cultural, linguistic and economic well-being of areas. Another concern highlighted by communities is the second house / holiday homes situation. One indicator is the increase in 'hate crime' reported by the Police.
- Tourism contributes to the economies of Anglesey and Gwynedd and is an important work sector, but also an additional challenge for local services and nature. Covid-19 had a negative impact on the country's accommodation and food sector as a result of the restrictions, which has been more pronounced in tourism-dependent areas.
- There is concern about the state of the local economy of 'the high street' or 'town centre'. This has been highlighted in Bangor, Holyhead and several other towns.
- Compared to the all-Wales figure, a high percentage of year 11 school leavers in our area are NEET (known not to be in education, employment or training).
- Childcare provision is important for the economy of our areas. A lack of sustainable provision is affecting communities in some areas of both counties and there is also concern about the availability of Welsh-medium childcare.

Cultural:

- The natural environment is a vital resource that contributes to well-being and health as they enable our residents to be active in the open air.
- A lack of activities for children and young people is a concern for the communities of Anglesey and Gwynedd with a perception that this can lead to anti-social behaviour.
- Green spaces are vital to the wellbeing of our residents, but they need to be made available so they can be used by all.
- World Heritage Sites offer an opportunity to build pride in local areas and history (the Slate Landscape and Castles of Edward I), but there is concern of its impact on tourism and the need to deliver benefits to local communities.
- Residents expressed pride that we have a strong, vibrant culture which is reflected in many societies, eisteddfodau, Young Farmers Clubs, shows and concerts that are held locally.

Link to the website: www.llesiantgwyneddamon.org

Appendix 2: How we'll work in the future

The Gwynedd and Anglesey Public Services Board operates in line with seven leading principles. Five of these are the national sustainable development principles (**the five ways of working**) and two have been added by the Board locally. These principles will help us to work together, avoid repeating past mistakes and get to grips with some of the challenges we will face in the future.

The Welsh language	<i>The Welsh language is a golden thread running through the plan. Indeed, it is a theme that underpins all the Board's work and we promote the use of the language in all aspects of our work and will work with communities to develop services and activities through the medium of Welsh.</i>
Tackle inequality	<i>We will continue to target local and national resources to tackle inequality and disadvantage in order to close the gap between the most privileged communities and the most deprived communities.</i>
Thinking long term	We will continue to gather data to ensure a better understanding of how communities look now and how they will look in the future as a result of factors such as demographic changes. We will also look at which national and regional changes are on the horizon and try to analyse the effect on our communities. By doing so, we can work together as partners and residents to plan services for the future.
Preventing problems	We will use trends data to identify the problems which will face our communities in the future and will develop and implement plans to prevent them. We will work with communities to enable them to do more to prevent issues from developing, and support programmes that can make a real difference in the long term.
Better collaboration	We will try to remove the barriers which prevent effective collaboration. We will also share information and good practice between Board members and our residents about what is being done to realise objectives and priorities. We will consider the Board's membership regularly and will ensure that the right partners are included in order to achieve our objectives.
Promoting integration	We will work in a way that will contribute to more than one goal where appropriate and in accordance with Welsh Government's national wellbeing objectives. We will try to integrate services if evidence shows that this gets the best results for our communities. We will consider other local and regional strategies and plans that work towards the same or similar goals and work together in order to achieve them.
Involve our communities	Our residents and our communities have an important role to play when planning services for the future and we will ensure that their perspectives and experiences are central to the process of planning the work of the Board. We will adopt the National Participation Standards for all ages and ensure that the Board works within those standards. We will ensure that people can communicate with us in their preferred language and medium.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Teitl adroddiad:	Performance Report – Month 12, 2022/23			
Report title:				
Adrodd i:	Health Board			
Report to:				
Dyddiad y Cyfarfod:	Thursday, 25 May 2023			
Date of Meeting:				
Crynodeb Gweithredol:	<p>This Report relates to the Month 12, 2022/23.</p> <p>This paper provides Board members with an update of performance against the Board's Key Performance metrics, the key measures contained within the 2022-23 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales".</p> <p>Key areas of improvement are identified with actions and mitigations being taken by operational teams detailed in the 'Exception Reports' contained within Appendix 1 (IQPR Report) of this paper.</p>			
Argymhellion:	<p>The Board is asked to:</p> <p>Review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.</p>			
Recommendations:				
Arweinydd Gweithredol:	Steve Webster, Executive Director of Finance and Performance			
Executive Lead:				
Awdur yr Adroddiad:	Barbara Cummings, Interim Director of Performance			
Report Author:				
Pwrpas yr adroddiad:	Purpose of report: I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd:	Assurance level: Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol High level of confidence/evidence in delivery of existing mechanisms/objectives	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol General confidence / evidence in delivery of existing mechanisms / objectives	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol Some confidence / evidence in delivery of existing mechanisms / objectives	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth No confidence / evidence in delivery

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>The performance measures included in this report are from the NHS Wales Performance Framework 2022-23.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>This report will be available to the public once published for Board</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>N</p> <p>The Report has not been Equality Impact Assessed as it is reporting on actual performance.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N</p> <p>The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The pandemic has produced a number of risks to the delivery of care across the healthcare system</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators contained within the annual plan will have direct and indirect impact on the financial recovery plan of the Board.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current and future workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This report has been reviewed in parts (narratives) by senior leads across the Health Board and relevant Directors. And the full report has been reviewed by the report author.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p>	<p>This QP report provides an opportunity for areas of under-performance to be identified</p>

Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	and subsequent actions developed to make sustained improvement.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations: Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.	
Rhestr o Atodiadau: List of Appendices: <i>Quality and Performance Report</i>	

PERFORMANCE, FINANCE & INFORMATION GOVERNANCE COMMITTEE
12 MAY 2023
PERFORMANCE REPORT, MONTH 12 – 2022/23

1 Introduction/Background

This paper provides members with a summary of the Board's Performance against the key measures contained within the 2022-23 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales".

The paper will identify areas of performance:

- Subject to enhanced performance recovery or escalation meeting with colleagues in Welsh Government or NHS Wales Executive.
- Key adverse performance improvement metrics, supplemented by Exception Reports provided by operational management teams and included in the respective sections of the Integrated Quality and Performance Report, provided at Appendix 1 for reference.
- Where possible details of the key mitigating actions being taken to support patients / family as they wait for appointments or treatment for excessive waiting time periods.

Board members are asked to note the contents of this report, confirm agreement to any actions proposed, or identify any additional assurance work or actions it would request Executive colleagues to take.

2 Monitoring Board Performance

2.1 Adverse Performance Concerns

a) Unscheduled Care

BCUHB representatives meet fortnightly (individual A&E site separate meetings) with NHSE Wales colleagues in performance recovery meetings.

Performance delivery in March 2023 against the 4 hour AE/MIU target was 65.6%, at BCU level - a deterioration from the position in February 2023 of 70.3%.

There was also significant deterioration in performance in relation to ambulance handover waits. The number of over 1 hour handover delays increased to 2192 in the month, an increase of 813 on February 2023. This was the highest monthly volume of such delays in the whole of 2022/23. Comparative performance across Wales indicates BCU as worst performer in terms of overall volume of 1 hour handover delays, and YGC Hospital as being the worst hospital site against this indicator in Wales.

Whilst some infection prevention decisions have been a small contributory factor, 4hr performance for those that have attended Emergency Departments and have not been subsequently admitted has also continued to deteriorate. Spatial management within each of the 3 department's does present operational management issues and which is reflected by the substantial increase in hourly occupancy numbers. There is also a marked deterioration in 12 hour performance pan BCUHB, with the West IHC having a substantial

deterioration in 12 hr delays. During March this was owing to a level 2 outbreak that reduced bed capacity, further impacting on flow in comparison to Feb 2023.

Metric	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Performance (4hrs)	59.8%	61.8%	60.3%	60.7%	62.9%	61.9%	64.1%	58.7%	68.5%	70.3%	65.6%
West	68.3%	68.8%	69.1%	67.1%	66.6%	63.0%	68.1%	59.4%	68.5%	69.2%	63.4%
Centre	61.0%	64.7%	65.1%	64.2%	65.7%	65.6%	64.9%	62.6%	69.7%	72.8%	71.5%
East	48.7%	49.9%	42.6%	47.3%	55.2%	55.6%	59.3%	53.1%	67.1%	68.0%	59.8%
Attendances (BCU)	14841	14261	14742	14432	13665	14695	13792	14538	12549	12209	14004
West	4739	4487	4756	4651	4280	4500	4033	4276	3728	3657	4328
Centre	5529	5091	5181	5092	4794	5270	4898	5189	4407	4335	4914
East	4873	4683	4805	4689	4591	4925	4861	5073	4414	4217	4762
Over 1 hour ambulance handover delays	1884	1933	2038	1898	1908	2026	1871	2125	1646	1468	2192
West	526	594	662	610	620	662	592	704	372	328	615
Centre	818	812	805	867	830	844	896	816	721	679	925
East	540	527	571	421	458	520	383	605	553	461	652
Over 12 hour waits in A&E from arrival to admission or discharge	3249	3124	3462	3507	3106	3178	2802	3384	2302	2057	2865
West	679	741	842	844	858	873	767	1059	686	612	835
Centre	1331	1294	1327	1455	1319	1313	1227	1355	1084	930	1143
East	1239	1089	1293	1208	929	992	808	970	532	515	887

Summary of Performance at BCU and IHC site level (Source: IRIS Emergency Care System 4/5/23)

Medically fit for Discharge numbers continue to remain excessive at 300, which in essence reflects the full occupancy of a DGH, alongside the discharge profile still occurring at peak during 1700-1800hrs each day, as opposed to earlier in the day.

WAST arrivals have reduced but the data reflects an increase in delays >1hr with the majority occurring during the out of hours period. March performance has been the worst month year to date:

Recovery Actions include:

- A clear focus on not bedding down of SDEC or assessment areas within the Emergency areas
- As part of the IHC escalation plans, assessment areas are to be ring fenced to allow a pull from the ED's and reduce the length of stay within the Emergency departments.
- MFFD reduction will be supported by real-time actions on STREAM when fully rolled out. This is a discharge management reporting system in implementation.
- Enhanced escalation requirements alongside the escalation process when declined immediate release requests occur.

b) Planned Care

Elective Care / Waiting List Reduction

BCUHB undertakes Planned Care Improvement and Recovery Meetings monthly with NHS Wales' Delivery Unit colleagues. These meetings are to review the overall waiting list of the Board and the actions and subsequent progress the Board is making in reducing patient waits

in excess of 52 weeks, 104 weeks and 156 weeks wait for appointment or treatment. This is following earlier progress against delivery and recovery milestones failing to be achieved.

The Board did achieve its revised recovery trajectories for all reduction targets at the end of March 2023.

End of March - RTT	>36 Weeks	>52 Weeks	>104 Weeks	>156 weeks
BCU	57,407	35,968	9,769	3,813
West	18,191	10,678	2,396	1,023
Centre	18,828	12,118	3,089	1,256
East	20,388	13,299	4,287	1,534

Year End RTT Waiting List Cohorts (BCU RTT Monthly Return Mar 2023)

At the end of March 2023:

- The number of patients waiting in excess of 52 weeks for their 1st OP appointment was 35,968, the lowest number year to date, and a reduction of 11,443 since April 2022. BCUHB's waiting list reported 24% of the total number of patients waiting against this measure in Wales in January 2023 (as compared to the BCU population share of 22%).
- The number of patients waiting more than 104 weeks for referral to treatment was 9769, the lowest number year to date, a reduction of 8,026 since the reported position in April 2022. BCUHB's waiting list reported 28% of the total number of patients waiting in Wales against this measure in February 2023 (again versus 22% of total population).
- The number of patients all stages whose waiting time for treatment breached 156 week was 3,813. Latest information indicates that only 110 of these patients have dates for treatment. We had planned (and WG expect) all these patients to be treated by the end of June.

c) Stroke Services

The percentage of stroke patients directly admitted to an Acute Stroke Unit within 4 hours of clock start remains consistent for the latest rolling quarter at 22.5% - the target is 40%. This is an improvement on the same period 12 months ago when performance was as low as 14%.

Current actions being taken to address performance include:

- Specialist Inpatient Rehabilitation Units and Early Supported Discharge for stroke live in each IHC and reporting into SSNAP from Q1 of 2022/23. This will improve flow and reduce length of stay, freeing up capacity in the Acute Stroke Units.
- Ongoing recruitment activity, particularly across Therapy services, to improve the response at all parts of the Pathway
- Direct to CT Pathway being implemented in all acute sites by Q3
- Use of CT scan pathway proforma being reviewed and audited and awareness raising ongoing across medical teams in ED
- Project in progress to implement AI in radiology to support decision-making for stroke patients on thrombolysis and thrombectomy. This will help speed decision-making for thrombectomy referrals.

d) Diagnostic Waits

At the end of March 2023:

- The total number of patients in excess of the 8 week target waiting for their specified diagnostic is 8,119, a slight improvement (-49) on the position reported in April 2022. Performance against the 8 week target by diagnostic service type is provided below:
 - Endoscopy is not currently meeting the 8 week target. However, the overall over 8 week diagnostic endoscopy position continues to improve and has reduced by 569 patients since the beginning of the year (April 22), now reporting at 2,098. Competing challenges to this continue, due to surveillance patient demand and an increase in urgent suspected cancer (USC) demand. Additionally, there are estate risks to decontamination services that need to be addressed. Actions being taken to address these challenges include:
 - Insourcing will continue on each site to support the backlog reduction with a phased approach to reduce as we appoint staff to support a 7 day working model.
 - The new Endoscopy management system (Medilogik) is now live in two of our endoscopy units, this will support the overall performance reporting and create the ability to manage patients across BCU.
 - During 2022-23, increased activity for CT (+25.7%); MRI (+8.9%) and ultrasound (+5.3%) has been delivered, compared with pre-pandemic 2019-20 levels. Demand in each modality has increased as follows: CT (+24.4%); MRI (+9.0%) and ultrasound (+4.9%).

The performance trend for radiology waiting times has remained broadly static in March 2023, with the number of patients waiting over 8 weeks for radiology diagnostics 4232 (-10) in the three main modalities as follows: CT 134 (+12); MRI 1119 (-224); Ultrasound 2968 (+202). Actions being taken to address performance include approval of 12 month renewal of insourcing contracts for CT / MRI and ultrasound, providing sustained additional capacity throughout 2023-24.

- The performance trend for Neurophysiology waiting times has deteriorated in March 2023. The number of patients waiting over 8 weeks is 896, an increase of 105 from the end of February 2023 position. There are 667 consultant-led EMG breaches (+73) and 229 physiologist-led NCS breaches (+32). Waits for cardiology diagnostic tests are significant. The longest waits are for echocardiograms, and we have 1,095 patients breaching 8 weeks, with the longest wait being 42 weeks. The return of 'accommodation' on the Wrexham site and the commencement of this activity will see improvements in waiting times through 2023/24.

e) Cancer

BCUHB representatives meet monthly in Performance and Escalation Meetings with Welsh Government representatives.

Performance has been consistently between 58% and 67% of patients treated within 62 days of suspicion of cancer since April 2022. However, performance has dropped to the lower end of this range ie below 60% in 3 of the last 4 months.

The drop in performance has been due to:

- A consistent increase in suspected cancer referrals meaning patients are not being seen within the local 10 day target for 1st appointment
- Continuing pressures in diagnostic capacity in particular in endoscopy and urology services
- Reduced dermatology capacity, in particular in the West

Actions being taken to recover performance include:

- Rebalancing of capacity to increase the percentage of USC patients seen within 10 days of referral – all specialties have been asked to amend clinic templates in line with latest 80th or 95th percentile demand in order to ensure suspected cancer patients are seen within 10 days. The snapshot below clearly shows the scale of the corrective activity needed to 're-set' first OP capacity and clear the 'backlog' to allow booking of patients within the 10 day pathway milestone.



Latest – 5/4/23 live position from IRIS, Cancer Dashboard.

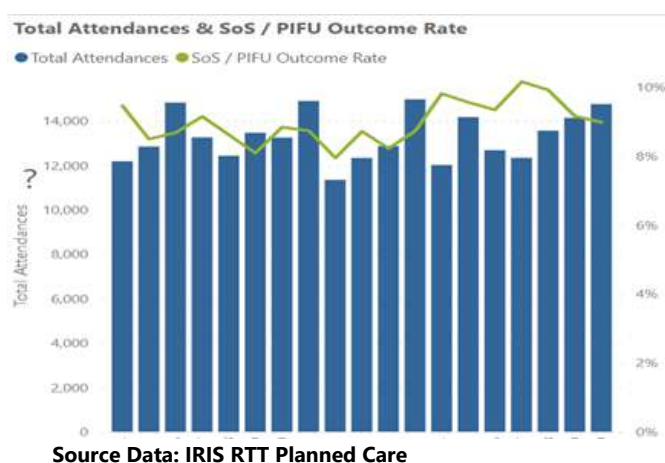
- Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report) and increased prostate biopsy capacity in West and East
- Improvement work to streamline cancer pathways continues including: straight to scan pathway to be implemented on prostate pathway in Q1 2023/24 following recruitment to co-ordinator posts
- Case for single nurse led triage hub for colorectal referrals being developed
- Tele-dermoscopy project being led by Central IHC with support from national team

- Pathway review programme to commence in gynaecology and breast in Q1 2023/24

f) Out-Patient Follow-Up Appointments

At the end of March 2023 there were 80,322 patients whose follow-up appointment had been delayed since their clinical due date by 100%. Since April 2022 this position has increased by 24,614 patients. Latest benchmarking information (Jan 23) indicates BCUHB numbers are 32% of the total volume of such waits across Wales.

A programme of work on redesign of OP pathways to introduce Patient Initiated Follow-Up and other initiatives is underway. As of end of March 2023, the current uptake of these pathways in the 10 priority specialties across BCU has increased from 5.8% (in Nov 22) to now 9.1%.



Planned care teams are also increasing the virtual follow-up's (telephone/video consultations) with 23,117 patients having attended a video consultation year to date. Video Group Clinics are also being implemented and rolled out across 10 specialty areas as per Welsh Government direction. There has been approximately 172 Video Group Clinics undertaken during 2022/23.

g) Ophthalmology

The percentage of ophthalmology R1 (meaning highest priority) appointments attended which were within their clinical target date or within 25% beyond their clinical target date for February 2023 is 50.6% against a national target of 95%. The highest in year performance was 54.5% in August 2022. Latest benchmarking (Jan 23) reports the Trust's performance as 7th across all Wales Health Boards. Performance for March is not published until later this month.

h) Mental Health & Learning Disability (Adult) Services

BCUHB representatives meet Welsh Government colleagues monthly in Enhanced Performance Support meetings. Recovery trajectories are in place for 4 metrics, to achieve 80% for each metric.

The latest performance for February 2023:

- The percentage of mental health assessments undertaken within 28 days of receipt of referral - performance improved in month to 74.4% and is in line with the recovery trajectory.
- The percentage of therapeutic interventions started within 28 days following an assessment – performance has achieved target at 85.1%.
- The percentage of patients waiting less than 26 weeks to start psychological therapy remains above the target level at 89.9%
- The percentage of health board residents in receipt of secondary care services who have a valid care and treatment plan remains above target level at 86.27%.

i) Children and Adolescent Mental Health Services (CAMHS)

BCUHB representatives meet monthly Welsh Government colleagues in Enhanced Performance Support meetings.

Latest performance for February 2023:

- The percentage of mental health assessments undertaken within 28 days of receipt of referral was 57.8% - an increase of 16% on last month's performance though still slightly below the expected improvement trajectory. Additional capacity was put in place during February to recover the January 2023 position and meet the improvement trajectory for full compliance with Part 1a by end of March 2023.
- The percentage of therapeutic interventions started within 28 days following an assessment in January was 27.7% which is slightly below the expected improvement trajectory. This is still on track for delivery by the end of September 2023.

j) Primary care

The dashboard shows data around primary care performance, but there is currently no commentary on issues and actions. This will be addressed in future months.

3 Recommendation

Board members are asked to note the contents of this report and confirm agreement to actions proposed (including within the Exception Reports in Appendix 1), and identify any additional assurance work or actions it would like Executive colleagues to take.

Quality and Performance Report Health Board



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Performance to April 30 2023
Presented on 25 May 2023



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Chapter 1

Quadruple Aim 2:

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



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- 1a: Primary and Community Care



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Measures: Primary & Community Care

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23
QA 2	Primary & Community Care	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPCC models)	Quarterly	As outlined in Health Board's Six Goals Programme Plan	3		1	1	2	2	2	2	3	3	3	3	Latest Data Reported
QA 2	Primary & Community Care	Number of new patients (children aged under 18 years) accessing NHS dental services	Quarterly	4 quarter improvement trend	3,609	New Measure for 2022-23								2,154	3,244	3,934	3,609
QA 2	Primary & Community Care	Number of new patients (adults aged 18 years and over) accessing NHS dental services	Quarterly	4 quarter improvement trend	6,078	New Measure for 2022-23								3,481	4,803	6,065	6,078
QA 2	Primary & Community Care	Number of existing patients accessing NHS dental services	Quarterly	4 quarter improvement trend	27,213	New Measure for 2022-23								34,224	37,726	35,057	27,213
QA 2	Urgent & Emergency Care	Percentage of total conveyances taken to a service other than a Type One Emergency Department	Quarterly	4 quarter improvement trend	2.40%	2.08%	2.56%	2.10%	1.95%	2.20%	2.20%	2.04%	2.15%	2.28%	2.70%	1.96%	2.4%

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	2019-20	2020-21	2021-22	2022-23	2023-24
QA 2	Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Annually	100%	77.1%	41.6%	59.8%	77.1%	Latest Data Reported	

- 1b: Urgent and
Emergency Care



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Measures: Urgent & Emergency Care Page

Count of Latest Pos.	QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
13	QA 2	Urgent & Emergency Care	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patients clock start time	Monthly	Most recent SSNAP UK Qtr mean (40.9%)	23.5%	10.6%	13.6%	27.2%	38.3%	32.4%	21.9%	14.7%	27.5%	25.9%	29.30%	22.2%	22.4%	23.5%
13	QA 2	Urgent & Emergency Care	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Monthly	95%	64.7%	54.9%	59.8%	61.8%	58.4%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	70.3%	65.6%	64.7%
13	QA 2	Urgent & Emergency Care	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Monthly	0	2812	3,584	3,249	3,124	3,462	3,507	3,106	3,178	2,802	3,384	2,302	2,057	2,870	2,812
13	QA 2	Urgent & Emergency Care	Median time (minutes) from arrival at an emergency department to triage by a clinician	Monthly	12 month reduction trend	26	43	37	34	34	27	28	27	26	32	22	24	30	26
13	QA 2	Urgent & Emergency Care	Median time (minutes) from arrival at an emergency department to assessment by a senior clinical decision maker	Monthly	12 month reduction trend	140	188	177	154	175	166	143	142	135	155	93	109	137	140
12	QA 2	Urgent & Emergency Care	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Monthly	12 month improvement trend	68.0%	72.4%	71.1%	69.3%	68.7%	67.2%	66.2%	65.8%	65.3%	64.6%	66.2%	66.6%	68.0%	Latest Data Reported
13	QA 2	Urgent & Emergency Care	Percentage of stroke patients who receive mechanical thrombectomy	Monthly	10%	2.0%	0.0%	5.9%	1.9%	0.0%	0.0%	3.0%	2.5%	1.0%	0.0%	1.0%	2.0%	2.0%	2.0%
13	QA 2	Urgent & Emergency Care	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Monthly	65%	54.9%	46.2%	49.7%	45.6%	42.9%	46.2%	45.5%	45.0%	44.8%	37.7%	53.2%	51.3%	44.3%	54.9%
13	QA 2	Urgent & Emergency Care	Number of ambulance patient handovers over 1 hour	Monthly	0	2048	1749	1884	1932	2037	1898	1908	2027	1871	2125	1646	1466	2192	2048

Performance Overview

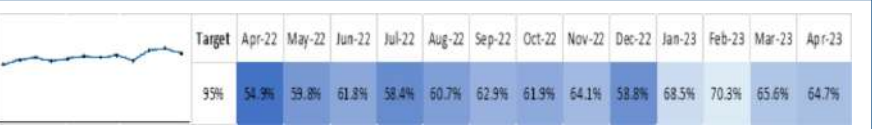
- 4hr/12hr pan BCUHB continues to deteriorate, with minimal improvements noticeable centrally around 4hr performance. Infection prevention elements have been an element of a contributory factor. 4hr performance for those that have been discharged has continued to deteriorate owing to lack of capacity with the Emergency departments which is reflected by the substantial increase in hourly occupancy numbers. There is also a marked deterioration in 12 hour performance pan BCUHB, with the West IHC having a substantial deterioration in 12 hr delays, during March this was owing to a level 2 outbreak that reduced bed capacity further impacting on flow in comparison to Feb 2023.
- Medically fit for Discharge numbers continue to remain excessive of 300 which in essence reflects the full occupancy of a DGH, alongside the discharge profile still occurring at peak during 1700-1800hrs each day.
- WAST arrivals have reduced to IHC’s but the data reflects an increase in delays >1hr with the majority occurring during the out of hours period. Marchs performance has been the worst month year to date

Performance Recovery Actions Being Taken

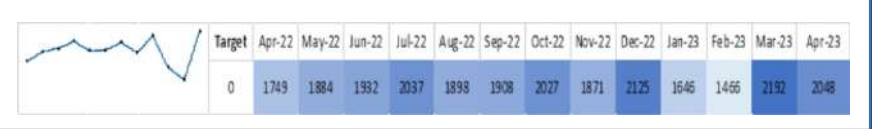
- A clear focus on not bedding down of SDEC or assessment areas within the Emergency areas will allow for a rapid improvement on 4hr performance for those that are discharged, whilst ensuring the capacity to stream across to SDEC reducing the risk of admitting to assess.
- As part of the IHC escalation plans, assessment areas are to be ring fenced to allow a pull from the ED’s and reduce the length of stay within the Emergency departments. Internal professional standards will be re launched with support from IHC Medical Directors to reduce the lost hours whilst awaiting duplicate clerking along with awaiting assessment in the ED.
- MFFD reduction will be supported by real-time actions on STREAM along with a request to IHC’s to ensure senior presence on wards to allow a check and challenge with clear outcomes and MDT input.
- Ambulance handovers – A small group has been created to support immediate actions that ensure clear escalation to IHC directors when delays occur that support clear actions to assist with creating capacity to improve flow alongside escalation process when declined immediate release requests occur. A perfect day occurred on the 20th April to review conveyance/ time lost to ensure all appropriate pathways have been utilised.

Supporting very high-level Data

Measure: ED/MIU 4 Hour Waits



Measure: Patient ambulance handovers over 1 hour



Risks to Operational Recovery

Increasing medically fit numbers that will further impact on flow and capacity that will impact on patient safety and flow.

Infection prevention bed closures, impacting of flow whilst exposing patient and staff to increased risk due to corridor nursing.

Bedding down of assessment areas (Acute/SDEC) that will impact on alternative pathways and moves out from the ED’s

Inability to release ambulances , increasing WAST Clinical safety plan, resulting in increased acuity of self presenters.

Mitigating Clinical Risk - Actions Being Taken

Senior IHC in reach to MFFD meetings to support increased check and challenge along with ensuring clear actions.

Reducing bedded down assessment areas which in turn stops corridor nursing that increases risk of cross contamination.

Amendments to hospital full protocols to remove/mitigate plans for assessment areas from Surge planning.

Performance

- Position held for % patients admitted to stroke unit within 4 hours. Demonstrate that the trend in activity and performance *has been significantly higher during Q2 of 2022/23.*
- The number of patients spending 12 Hrs or more has increased, the pressure on the system is causing this with the lack of through put.*
- Anecdotally there have been Mechanical Thrombectomy referrals (Repatriation of patients from Walton have taken place). However, the data for March 2023 has not been uploaded from SSNAP yet. Overall, however, the trend is very low.*

Actions to address under performance

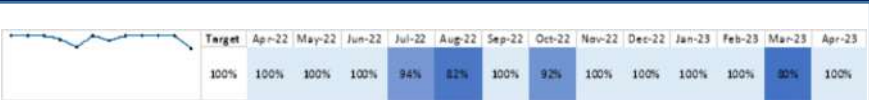
- These need to be intelligent and believable, e.g. provide supporting evidence (attach evidence) or at least reference other work and documents that contain the plan and details that support your actions. Please include a forecast – even if this has margins of error and/or is a work in progress.
- Specialist Inpatient Rehabilitation Units and Early Supported Discharge for stroke live in each IHC and reporting into SSNAP from Q1 of 2022/23. This will improve flow and reduce LoS, freeing up capacity in the Acute Stroke Units.
 - Ongoing recruitment activity, particularly across Therapy services, to improve the response at all parts of the Pathway
 - Direct to CT Pathway being implemented in all acute sites by Q3
 - Use of CT scan pathway proforma being reviewed and audited and awareness raising ongoing across medical teams in ED
 - Project in progress to implement AI in radiology to support decision-making for stroke patients on thrombolysis and Thrombectomy – using Brainomix’s e-stroke product. This will help speed decision-making for Thrombectomy referrals
 - Review of 2023/24 action plans under way across Each IHC to address improvements against the outcome of the Business Case

Supporting very high-level Data

Measure: Stroke unit 4 hour direct admissions



Measure: Percentage of Thrombolysis Rates for Eligible Patients



Risks and Mitigations

- Staffing levels may not be achievable across the Pathway – ongoing recruitment activities in progress
- Overall pressure on ED will have adverse impact on timely decision-making on Thrombectomy – this can be mitigated through ongoing ring fencing of stroke beds, direct to CT Pathway in ED, and awareness of staff in ED for stroke “walk-ins”
- New national stroke guidelines include relaxation of the 6 hour window for mechanical Thrombectomy. This may enable more referrals, confirmation on assurance compliance with this guidance during May across all sites.

- 1c: Elective and Planned Care



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Measures: Elective Planned Care page

Count of Latest Pos.	QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
12	QA 2	Elective & Planned Care	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Monthly	Improvement trajectory towards a national target of 80% by 2026	63.1%	67.2%	62.3%	63.3%	66.1%	61.7%	61.8%	62.3%	59.6%	64.8%	59.8%	58.0%	63.1%	Latest Data Reported
13	QA 2	Elective & Planned Care	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Monthly	Improvement trajectory towards a national target of zero by Spring 2024	2324	2,667	2,563	2,463	2,306	2,260	0	1,964	1,745	1,995	2,093	2,136	2,098	2,324
13	QA 2	Elective & Planned Care	Number of patients waiting more than 8 weeks for a specified diagnostic	Monthly	0	8686	8,168	8,761	8,848	9,078	9,776	9,464	8,068	8,034	9,377	9,333	8,057	8,119	8,686
13	QA 2	Elective & Planned Care	Number of patients waiting more than 14 weeks for a specified therapy	Monthly	12 month reduction trend towards zero by spring 2024	1791	6,364	6,682	6,602	6,151	5,837	5,450	5,087	4,271	3,651	2,387	2,663	2,192	1,791
13	QA 2	Elective & Planned Care	Number of patients waiting over 52 weeks for a new outpatient appointment	Monthly	Improvement trajectory towards eliminating over 52 weeks by 31.12.22	11503	24,223	24,405	24,641	25,379	26,515	26,475	25,419	23,704	21,606	18,327	15,423	12,090	11,503
13	QA 2	Elective & Planned Care	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Monthly	Improvement trajectory towards a reduction of 30% by 31.03.23 against a baseline of 31.03.21	82887	55,708	56,714	59,128	61,480	64,371	63,286	64,927	65,834	70,082	75,926	77,334	80,322	82,887
13	QA 2	Elective & Planned Care	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Monthly	95%	54.5%	47.4%	50.0%	54.0%	54.0%	54.5%	52.2%	52.5%	51.0%	55.2%	49.4%	50.6%	50.9%	54.5%
13	QA 2	Elective & Planned Care	Number of patients waiting more than 104 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of zero by 2024	9425	17795	16824	15943	15301	15392	14677	13922	12947	12667	12012	11011	9769	9425
13	QA 2	Elective & Planned Care	Number of patients waiting more than 36 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of zero by 2026	35468	61685	62866	63273	64871	65959	64788	64070	63356	62626	62728	62045	56754	35468
13	QA 2	Elective & Planned Care	Percentage of patients waiting less than 26 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of 95% by 2026	56.7%	50.5%	50.8%	47.0%	54.0%	46.6%	46.9%	53.4%	53.7%	52.7%	53.0%	54.79%	57.71%	56.73%

Performance

Against the RTT standards, Planned Care has been focusing on the longest waiting patients on an Open pathway and monitoring this trend against the ministerial priorities. The number of patients waiting have reduced to the current position

Stage 1 >52 Weeks position is 3,881 (April 2022 – 53,439)

All Stages >104 Weeks position is 10,141 (April 2022 - 40,971)

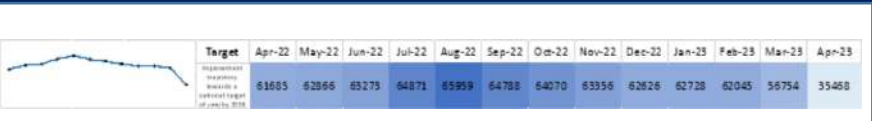
All Stages >156 Weeks position is 12,394 (April 2022 – 17,934)

Actions to address under performance

See Appendix 1

Supporting very high-level Data

Measure: No. of patients waiting more than 36 wks for referral to treatment



Risks and Mitigations

- Risk: Patients – Continue to wait, whilst their condition deteriorates, mitigation – additional capacity being secured for patients to be seen and treated
- Risk: Staffing – PAAR Rate continuing post 1st April, mitigation – Insourcing/Outsourcing

Performance

We are on boarding pathways across many specialties such as See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU). As of end of March 23, the current uptake of these pathways in the 10 priority specialties across BCU has increased from 5.8% (in Nov 22) to now 9.1%.

Planned care is also increasing the virtual follow-up's (telephone/video consultations) with 23,117 patients attended a video consultation with 42 different specialties having this available with more coming on-board towards the end of the Financial Year. Video Group Clinics are also being implemented and rolled out across 10 specialty areas as per Welsh Government. There has been approx. 172 Video Group Clinics undertaken during 2022/23.

Actions to address under performance

The Planned Care Team have presented the use of SOS/PIFU pathways at BCU RTC workshops to support with spread and adoption as well as regular agenda items on Senior Clinician Meetings across the three sites. There is monthly local Steering Group meetings for the Work stream 2 programme with both operational and clinical membership from specialties.

Specialty teams are reviewing how they can place existing follow up patients (pre SOS/PIFU roll-out) onto an SOS or PIFU pathway to support with waiting lists initiatives. Case studies being produced to support wider adoption of this.

Letter to be sent out to all clinical teams with narrative and guidance with how to implement Virtual /Video appointments.

Case studies from both Ophthalmology and CAMHS have been completed and shared at BCU wide Virtual steering group to support with wider adoption.

Team were asked to present increasing virtual activity at the All Wales TEC-Cymru Programme board.

Business case submitted to TEC-Cymru April 23 to apply for funding to support the project.



Supporting very high-level Data

Measure: No. of patients waiting over 52 wks for a new outpatient appointment

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
34225	34405	34641	25979	26315	26475	25419	23704	21806	18327	15423	12780	11508	

Measure: No. of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
55708	56754	59126	61480	64371	68286	64827	63884	70082	75826	77884	80822	82887	

Quality & Performance Report
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Risks and Mitigations

Clinical Engagement is vital and requires frequent senior level clinical leadership to encourage utilisation of both pathways. SOP has been completed and online module under construction to support new and existing staff with how to adopt the pathways where clinically appropriate

Clinical teams not having appropriate equipment and capacity to deliver Video consultations. Revenue funding available from approved business case to support with web-cams and headsets.

Outcomes – data is reliant on the correct outcome/usage of pathways being recorded accurately within WPAS.

Performance

Performance has been consistently between 58 and 67% of patients treated within 62 days of suspicion of cancer since April 2022. However performance has dropped to the lower end of this range ie below 60% in 3 of the last 4 months.

The drop in performance has been due to:

- A consistent increase in suspected cancer referrals meaning patients are not seen within the local 10 day target for 1st appointment
- Continuing pressures in diagnostic capacity in particular in endoscopy and urology services
- Reduced dermatology capacity in particular in the West

Actions to address under performance

Rebalancing of capacity to increase the percentage of USC patients seen within 10 days of referral – all specialties have been asked to amend clinic templates in line with latest 80th or 95th percentile demand in order to ensure suspected cancer patients are seen within 10 days

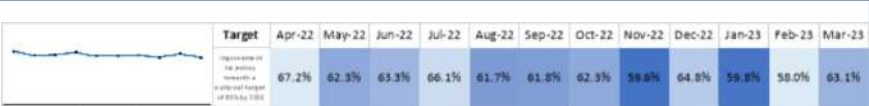
Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report) and increased prostate biopsy capacity in West and East

Improvement work to streamline cancer pathways continues including:

- Straight to scan pathway to be implemented on prostate pathway in Q1 2023/24 following recruitment to co-ordinator posts
- Case for single nurse led triage hub for colorectal referrals being developed
- Teledermoscopy project being led by Central IHC with support from national team
- Pathway review programme to commence in gynaecology and breast in Q1 2023/24

Supporting very high-level Data

Measure: % of patients starting their first definitive cancer treatment within 62 days from point of suspicion



Risks and Mitigations

The Cancer Partnership Board (clinical lead posts) remains unfunded from April 2023 onwards leading to a risk of losing momentum on pathway improvement work. Funding bid submitted as part of annual planning process

Clinical oncology consultant vacancies partially mitigated with locums and new substantive consultant to commence in Q2 2023/24. Discussions ongoing with external providers in North West England to ensure continuity of service

Reduced ENT cancer surgery capacity for a period of 6 months. Discussions ongoing with external providers to ensure continuity of service

Performance

Radiology: During 2022-23, increased activity for CT (25.7%); MRI (8.9%) and ultrasound (+5.3%) has been delivered, compared with pre-pandemic 2019-20 levels. Demand in each modality is as follows: CT (+24.4%); MRI (+9.0%) and ultrasound (+4.9%). The performance trend for Radiology waiting times has remained broadly static in March 2023, with the number of patients waiting over 8 weeks for radiology diagnostics 4232 (-10) in the three main modalities as follows: CT 134 (+12); MRI 1119 (-224); Ultrasound 2968 (+202). Health Board weekend insourcing (through SHS) has led to an increase in demand from this source of 574 requests since the last report, as follows: CT 106; MRI 98; Ultrasound 161; X-ray 148; Others 61.

The performance trend for Neurophysiology waiting times has deteriorated in March 2023. : The number of patients waiting over 8 weeks is 896, an increase of 105 from the end of February 2023 position. There are 667 consultant-led EMG breaches (+73) and 229 physiologist-led NCS breaches (+32).

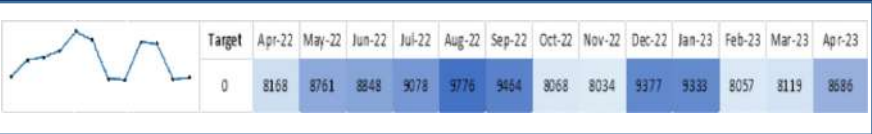
Actions to address under performance

The Radiology IMTP proposal for full 12 month renewal of insourcing contracts for CT / MRI and ultrasound has been supported, providing sustained additional capacity throughout 2023-24. Initial forecasting provides a good level of assurance for sufficient capacity with respect to CT and MRI modalities to achieve the 8 week zero breach target. A lower level of assurance exists for ultrasound, principally due to lower than required staffing levels, in spite of access to insourcing solutions. Higher than forecast demand also is a risk for all three modalities. A weekly waiting list management group will prioritise the elimination the longest waiting patients for each modality, with interim quarterly targets established for 2023-24.

Neurophysiology: Wrexham accommodation for neurophysiology has now been handed over at the end of March 2023. Preparation of this area for clinical activity is an immediate priority. Physiologist staffing levels remain the primary concern. Recent locum appointment did not progress, limiting expected capacity increases. Recruitment to the two vacant posts progressing, with interviews to be held in April. A tender for insourced staffing support has been initiated. Coupled with locum and likely new appointments, these actions will create additional capacity to clear the backlog in 2023-24 and meet likely pent up demand.

Supporting very high-level Data

Measure: No. of patients waiting over 8 weeks for a diagnostic



Risks and Mitigations

Radiology: In spite of sustained record activity, increasing demand means there is a risk that overall capacity will be insufficient to meet demand in 2023-24, particularly in ultrasound. All current solutions will be maintained throughout 2023-24 as a minimum with identification of additional capacity a priority for the team.

Neurophysiology: Recruitment to vacant posts remains the main risk, with other actions set to completed by end Q2 2023-24..

Performance

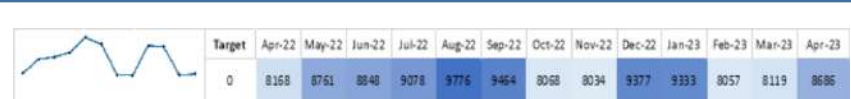
Endoscopy are not currently meeting the 8 week target however, the overall over 8 week diagnostic endoscopy position continues to improve and year end position for over 8 week breaches was 1654. The aim is to ensure the ministerial target is met by the end March 2024.

Actions to address under performance

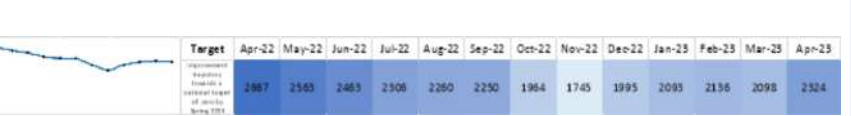
- Insourcing will continue on each site to support the backlog reduction with a phased approach to reduce as we appoint staff to support a 7 day working model.
- The new Endoscopy management system (Medilogik) is now live in two of our endoscopy units, this will support the overall performance reporting and create the ability to manage patients across BCU.
- Our key performance indicators for endoscopy continue to be measured to ensure best utilisation and efficiency of the endoscopy lists.
- The endoscopy Demand & Capacity model has been refreshed and submitted to the National Endoscopy programme team. Work continues to ensure the solutions within this are met.
- Validation of waiting lists to ensure accuracy of lists is ongoing.

Supporting very high-level Data

Measure: No. of patients waiting over 8 weeks for a diagnostic



Measure: No. of patients waiting over 8 weeks for a diagnostic endoscopy



Risks and Mitigations

Risk

- There are estates risks in relation to decontamination facilities on two of our sites.
- Remaining posts as part of the endoscopy business case need final approval to ensure a 7 day in-house model can be achieved.

Mitigations

- Solutions identified for decontamination services, capital investment required.
- Continuation of insourcing required as a phased approach to ensure weekend activity continues until substantive recruitment is completed.

Performance

We are unable achieve the eight-week diagnostic target based on the current mismatch in capacity and referral demand. The current shortage of cardiac physiologists is a UK-wide problem, and is wider than North Wales. Demands on cardiac services were building pre-COVID in part due to an ageing population and the increase in conditions such as heart failure and atrial fibrillation, and also because many treatment pathways now include the requirement for cardiac investigations. This rising demand had been predicted and at the last formal manpower review of cardiac physiology in 2006 a significant uplift in staff had been recommended but had not taken place.

The longest waits are for echocardiograms, and we have 1089 patients breaching, with the longest wait being 39 weeks. Following the West data migration, surveillance patients are being misreported on referral to treatment (RTT) waiting lists, which is inflating figures.

Actions to address under performance

- The service is undergoing demand and capacity modelling for future service provision.
- We are expanding our physiologist led pathways in both community and secondary care.
- Short-term utilisation of locum staff.
- The implementation of the heart failure business case will support several areas of the pathway.
- Ongoing validation to resolve data issues, and by end of April, we will be at 30 weeks wait for echocardiograms.

Supporting very high-level Data

Measure: tbc

No national measure here – being developed locally

Risks and Mitigations

Risk –
A continued increase in referrals for cardiac diagnostics and this delays timely assessment.
Known national workforce recruitment challenges and no funding agreed to over recruit to for fill all-Wales cardiac physiology plan.
Challenges to recruit new staff.

Mitigation-
Ongoing pathway work with the introduction of NT-proBNP blood test to ensure appropriate ordering of echocardiograms.
The departments are booking guided by clinical need.
Operational teams monitor the waiting list closely and work with clinicians to manage patient risk.
International posts supported.

Performance

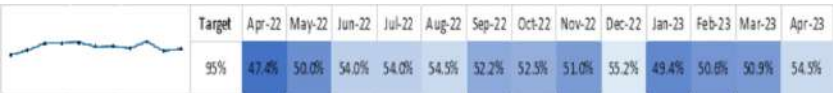
- A. Hospital Capacity-Gaps (Vacancies) trends. Expanded Integrated pathway, redressing 20% Primary care capacity gap.
- B. Data Completeness and quality modelling/forecasting/planning/delivery and performance modelling impacts.
- C. ↓ Resources (staffing and estates) impact on capacity to deliver performance.
- D. National Digital programme “Go Live” delay. (Key enabler of performance improvement and Integrated Pathway expansion).
- E. Clinical and Operational Leadership vacancy and conflicting demand impact on leadership for change planning and delivery of pathways that deliver performance improvement

Actions to address under performance

- A. Ophthalmology Teams progressing 100% Pre-Covid capacity delivery plans. Integrated Teams progressing Transformational pathway delivery.
- B. Ophthalmology Area Teams to redress Clinical Condition data gaps to tolerance of ≤300 null entries by close of November 2022. Target reset to April 2023 due to Administration capacity gaps. (Report attached)
- C. Capacity recovery from Cataract Outsourcing (600 Routine Patients/month) and site action to deliver of ≥5 complex patients/theatre session “initial phase” target
- D. Expand BCU Digital pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness when National Programme functional. BCU Digital Team to test concept/implement “interim” Local Solution for Optometry Diagnostic Integrated Pathways
- E. BCU Medical Directors Office progressing Clinical Lead recruitment and role review solutions.

Supporting very high-level Data

Measure: % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Risks and Mitigations

- Organisational and Service User Risks from delayed access to care from:-**
- A. Clinician capacity gaps. **Mitigation:** *Expanded number of Primary Care partners to close of March 2023. Network Gap Analysis against National Pathways to inform options.
 - B. Admin capacity impact on data redress and Pathway delivery. Mitigation: Fixed term posts pending option-appraisal.
 - C. Estates impact on theatre utilisation. Mitigation: Longer-term Regional Treatment Centres (2028). Interim: Outsourcing
 - D. Delayed Integrated Pathway delivery with Primary Care Optometry. Mitigation: Interim local Digital solutions Q4, 2022
 - E. Reduced engagement and delivery. Mitigation: Interim clinical leadership support from Office of Medical Director

- 1d: Child and Adolescent Mental Health Services (CAMHS)



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Measures: Children and Adolescent Mental Health Services

Count of Latest Pos.	QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
11	QA 2	CAMHS	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	Monthly	80%	100.0%	100.0%	50.0%	66.7%	100.0%	100.0%	100.0%	50.0%	80.0%	100.0%	50.0%	100%	awaiting data	Latest Data Reported
12	QA 2	CAMHS	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Monthly	80%	61.1%	25.0%	26.1%	24.3%	35.1%	39.8%	26.1%	38.5%	47.0%	52.3%	41.7%	57.8%	61.1%	Latest Data Reported
12	QA 2	CAMHS	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years	Monthly	80%	35.1%	18.2%	30.8%	20.1%	46.3%	26.5%	22.9%	26.9%	20.5%	29.0%	17.9%	27.7%	35.1%	Latest Data Reported
12	QA 2	CAMHS	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Monthly	90%	93.2%	93.3%	94.6%	89.2%	94.1%	93.0%	95.0%	93.3%	94.6%	91.8%	92.4%	97.9%	93.2%	Latest Data Reported
12	QA 2	CAMHS	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Monthly	80%	38.2%	43.0%	45.8%	46.3%	44.2%	41.2%	40.1%	39.6%	36.7%	33.4%	30.8%	34.3%	38.2%	Latest Data Reported

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	2019-20	2020-21	2021-22	2022-23	2023-24
QA 2	CAMHS	Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population	Annually	Annual reduction	6	5	5	6	Latest Data Reported	

Performance

February position for delivery of Mental Health Measure Part 1a for assessment improved, with further 37% reduction in numbers waiting over 28 days. Ongoing improvement for year end in total numbers waiting over 28 days for assessment with noted challenges around MHM compliance being based on in month attendances.

Mental Health Measure Part 1b on track for delivery end September 2023. Reduction in overall numbers waiting over 28 days continues in line with trajectory

Trend in compliance for SCAMHS variable due to reduction in staffing for allocation of care coordination due to staff vacancies.

MHM Part 2 compliance remains above target.

Actions to address under performance

Enhanced performance monitoring meetings at Integrated Health Care (IHC) level continue at a senior level with DU support fortnightly

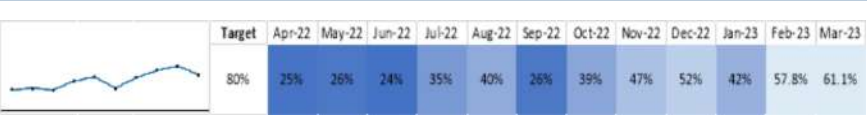
Review of efficiencies across the service to reduce DNA / late notice cancellations / N:R rates and implementation of patient initiated follow up to support improved throughput across teams.

Outsourcing to external provider continues with additional revised offer for face to face activity for complex cases supporting increased allocation.

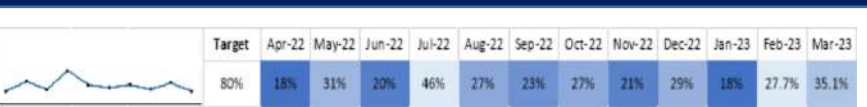
Trajectories and further improvement planning for delivery of all target measures 2023/24 are under continuous review in IHC’s for further assurance

Supporting very high-level Data

Measure: % of MH assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years



Measure: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years



Risks and Mitigations

Workforce challenges with further reduced capacity due to 20% vacancy factor and difficulties in recruiting. Recruitment campaign ongoing supported by W&OD. Development of CAMHS workforce plan for sustainable workforce, working with BCUHB W&OD Associate Director and Mental Health Workforce Leads and service linked with HEIW around Workforce Development and Strategy Implementation.

Risk of further increase in demand, along with higher acuity and complexity of patients seen within caseloads. Risk that private provider face to face capacity does not meet demand of required services. Pathway development ongoing in early intervention and prevention, including review of Multi-Agency working across to support universal services.

- 1e: Adult Mental Health Services



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Measures: Adults Mental Health Services

Count of Latest Pos.	QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
11	QA 2	Adult MHS	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	Monthly	95%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Awaiting Data	Latest Data Reported
11	QA 2	Adult MHS	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Monthly	100%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Awaiting Data	Latest Data Reported
12	QA 2	Adult MHS	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Monthly	80%	75.0%	54.5%	62.5%	69.5%	75.2%	77.1%	66.8%	72.2%	70.8%	71.9%	65.5%	74.4%	74.97%	Latest Data Reported
12	QA 2	Adult MHS	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over	Monthly	80%	84.8%	77.8%	78.5%	82.2%	81.2%	72.9%	71.8%	73.4%	76.3%	80.9%	72.5%	85.1%	84.8%	Latest Data Reported
13	QA 2	Adult MHS	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Monthly	80%	91.9%	69.6%	64.4%	74.6%	79.4%	88.0%	93.7%	94.4%	89.8%	93.8%	80.3%	89.9%	92.1%	91.89%
11	QA 2	Adult MHS	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Monthly	90%	86.3%	86.5%	86.7%	83.2%	81.7%	84.3%	84.2%	84.7%	83.8%	82.0%	83.6%	86.27%	Awaiting data	Latest Data Reported

Performance

Our performance trend is impacted by a number of contributing factors which we monitor routinely as part of our service level delivery. Our demand into the Mental Health Measure (MHM) part 1a, although relatively static in terms of overall numbers, is subject to a number of peaks in year (Quarter 1 and Quarter 3) and on the acuity of need. Our performance is improving in line with forecast trajectories aiming to reach compliance by the end of March 2023. Our demand through the MHM is not the entirety of referrals through our Community Mental Health Teams (CMHT), as we take into consideration the entire demand across services to ensure a whole system understanding. Over the last 2 years we have received on average 1107 referrals per month coming through our MHM routes, but the number of referrals dealt with by our CMHTs is an average of 3138 for the same period. We are currently looking at the level of acuity and the impact this has on conversion into treatment pathways, plus the effect of new initiatives which will impact on our performance e.g. service redesign work and 111 press 2 service provision.

Actions to address under performance

As part of our response to the ministerial priorities for 24/25 a focus for the Division is service change to improve access, reduce waiting times and redesign of our Local Primary Mental Health Support Services (LPMHSS). A workshop was held in March 2023, with key leads across the division to look at short term interim solutions along with the longer term service redesign options/models. When a shortlist of options is agreed we will work with our partners and stakeholders to refine these ensuring effective engagement and direction. These solutions will include a review of systems and processes across our teams to ensure appropriate, consistent and equitable ways of working and will link in with existing work streams for the delivery of crisis care services including 111 press 2 to ensure we have a whole system approach. Work has begun to rationalise existing administrative processes across the CMHTs to ensure we have removed any variation in practice and Standard Operating Procedures are being developed and agreed for the division as a whole. Data cleansing and rationalisation of processes within the SharePoint system has begun, which will support the piloting of the Welsh Community Care Information System (WCCIS).

Supporting very high-level Data

Measure: % of MH assessments undertaken within (up to & including) 28 days from the date of receipt of referral for adults aged 18 and over

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	80%	54.5%	62.5%	69.5%	75.2%	77.1%	86.8%	72.2%	70.8%	71.9%	65.5%	74.4%	74.9%

Measure: % of therapeutic interventions started (up to & including) 28 days following an assessment by LPMHSS for adults aged 18 years and over

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	80%	77.8%	78.5%	82.2%	81.2%	72.9%	71.8%	73.4%	76.5%	80.9%	72.5%	85.0%	84.8%

Quality & Performance Report
Health Board

Risks and Mitigations

Staffing remains our biggest risk for the delivery of effective and timely care to our service users. Whilst there is risk across our teams the level of risk varies and at present Denbighshire, Anglesey and Conwy are experiencing the greater pressures. We continue to pursue the vacancies within our current establishment, continuing the Just R Marketing campaign, but as noted above the work being undertaken to look at service redesign will impact on how our current staffing is utilised. We will, alongside our internal service redesign, be reviewing our commissioned services to ensure we have robust contractual agreements that compliment and enhance our core services and work with our partners to ensure they form part of our whole system approach.

Chapter 2

Quadruple Aim 3:

The health and social care workforce in Wales is motivated and sustainable



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- 2a: Workforce



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University Health Board



Measures: Motivated & Sustainable Workforce

Count of Latest Pos.	QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
13	QA 3	Motivated and Sustainable Workforce	Agency spend as a percentage of the total pay bill	Monthly	12 month reduction trend	6.9%	6.1%	6.8%	7.1%	7.2%	6.8%	6.5%	8.3%	8.4%	8.4%	8.0%	6.7%	7.7%	6.9%
13	QA 3	Motivated and Sustainable Workforce	Percentage of sickness absence rate of staff	Monthly	12 month reduction trend	5.6%	6.8%	5.7%	6.4%	7.2%	6.1%	5.6%	6.3%	6.2%	7.3%	6.2%	5.5%	6.0%	5.6%
13	QA 3	Motivated and Sustainable Workforce	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Monthly	85%	88.1%	85.0%	84.7%	84.8%	84.8%	85.5%	86.2%	86.7%	86.7%	86.5%	87.1%	87.3%	87.8%	88.1%
13	QA 3	Motivated and Sustainable Workforce	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	Monthly	85%	74.4%	65.5%	65.3%	66.2%	65.3%	66.5%	67.7%	69.7%	71.0%	71.6%	72.5%	73.0%	73.9%	74.4%

Performance

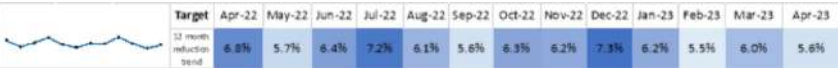
Monthly Sickness has increased 0.50% since Feb-23 to 6.2%. Rolling Sickness has decreased 0.08% since Feb-23 to 6.28%. Non-Covid Monthly Sickness has increased 0.16% since Feb-23. Covid Monthly Sickness has increased 0.34% since Feb-23. Long Term Monthly Sickness has increased 0.01% since Feb-23. The Average Length of Sickness Absence during 31-Mar-22 - 31-Mar-23 is 14.0 days (14.1 Feb 23). As at the end of March there were 1270 open sickness absences (1177 Feb 23). There are 558 long term open sickness absences as at 31-Mar-23. S10 Anxiety/stress/depression/other psychiatric illnesses was the Highest Sickness Reason for Absence During Mar-23 with 7,663 FTE Days Lost. This equates to 23.4% of all Sickness Absence Reasons. Estates & Ancillary remain having the highest sickness rate of 8.79% (8.14% Feb 23).

Actions to address under performance

- Support for managers with long-term absence, regarding meetings, letters and guidance on policy along with delivery of attendance management training. Targeted interventions for those with the highest sickness rate.
- Managing Attendance Training provided.
- Psychological, Emotional and well-being support remains in place and promoted to staff.

Supporting very high-level Data

Measure: % sickness absence rate of staff



Risks and Mitigations

Mitigation has included reviewing the short-term frequent absences to ensure that Return to Work meetings are held after every absence and that the underlying reasons for absence are taken into account. Where staff need support, they are referred to the occupational health department. Adjusted duties are also considered to mitigate short term absence turning into longer term absence.

Performance

Mandatory training at level 1 currently illustrates a compliance of 87.8%, an increase of 0.4% on last month's figure and remaining above the national target of 85%.

Level 1 training has continued to rise by 0.1% to 0.4% above the national target for eight consecutive months.

Training at level 2 is currently showing a compliance figure of 81% illustrating a further significant increase from last month. This has continued to increase by 0.3% to 0.4% each month through both quarter 3 and quarter 4.

Actions to address under performance

April implemented the first merge of Clinical and Non-clinical Induction/Orientation which included a program to include both Manual Handling & Violence Training, to date there has been full attendance within the first two sessions delivered.

There is still a requirement for a review of Manual Handling training as currently there remains a waiting list for people handling courses.

Manual Handling compliance along with "Did not attend" figures continues to be closely monitored [two weekly].

Supporting very high-level Data

Measure: % compliance for all completed L1 competencies of the Core skills and Training Framework by Organisation



Risks and Mitigations

We may notice a marginal decrease in compliance for Mandatory training in April 2023 as the organisation has recently mandated the Welsh Language Standards requirement for all staff to complete the Welsh Language Awareness module which has been attached as a competency to all staff.

Level 2 of Manual handling is currently reported at 54%, Which remains the same as the previous month.

Performance

PADR Compliance has once again seen an increase in March up to 73.9%. This is in comparison to 66.7% back in March 2022 which is over a 7% increase in organisational compliance compared to this time last year.

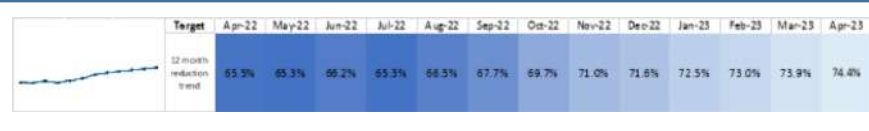
Organisational Compliance has seen a month on month increase since August 2022, highlighting that the work undertaken by the local Pay Progression group to implement the National Pay Progression Policy is driving an increase in compliance.

Actions to address under performance

May will see a series of Stronger Together information events to engage key stakeholders across the organisation in various workstreams. The Personal contribution workstream as part of the Stronger Together Programme will form part of the sessions where next steps will include a review of the PADR process to ensure any improvements/adaptations provide the best experience for individual and teams to develop and perform to the best of their abilities.

Supporting very high-level Data

Measure: % headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including Doctors and dentist in training)



Risks and Mitigations

Operational pressures may continue to impact negatively on the capacity to carry out PADRs. On-going conversations continue to take place through Integrated Health Communities Governance structures to monitor PADR compliance

Further Information



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Quality & Performance Report

Betsi Cadwaladr University Performance, Finance and Information Governance Committee

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>



Teitl adroddiad:	Planned Care Assurance Paper								
Report title:									
Adrodd i:									
Report to:	Public Health Board meeting								
Dyddiad y Cyfarfod:	Thursday, 25 May 2023								
Date of Meeting:									
Crynodeb Gweithredol: Executive Summary:	<p>The purpose of this paper is to inform the Health Board (HB) of the change from partial to low assurance due to the revision to Planned Care's (PC) annual plan for 2023/2024. PC had developed a 6 year plan building on progress in reducing the large number of patients waiting more than 52 weeks for their first outpatient appointment or treatment, in line with the Welsh Government's (WG) programme to modernise PC services and reduce waiting lists.</p> <p>The plan was based on PC's objective in resuming activity, recovering to 2019/2020 levels and stabilising before moving towards sustainability. The number of patients waiting longer than 52 weeks for treatment has decreased over the last 12 months with the implementation of the plan but is still higher than it should be. The number of patients waiting longer than 52 weeks for treatment is shown below (as of 09.05.2023).</p> <table border="1"> <thead> <tr> <th>Ministerial Target</th><th>Open Pathways</th></tr> </thead> <tbody> <tr> <td>Stage 1 (52> Weeks)</td><td>11,815</td></tr> <tr> <td>All Stages (104> Weeks)</td><td>9,835</td></tr> <tr> <td>All Stages (156> Weeks)</td><td>3,331</td></tr> </tbody> </table> <p>The 6-year plan detailed when activity levels would return to 2019/20 levels while reducing the backlog, when ministerial targets would be met and when services would be sustainable. This plan included efficiencies that the localities would build on, with best practice, Get it Right First Time (GiRFT) recommendations and solutions to address capacity gaps.</p> <p>However, given the financial situation of the HB and the reduction in funding available for sustainability, the plan had to be amended.</p> <p>This paper provides an overview of the ability of the PC programme to achieve its key objectives of reducing the number of patients with long waiting times in line with the ministerial priorities, within the financial constraints for 2023/2024.</p>	Ministerial Target	Open Pathways	Stage 1 (52> Weeks)	11,815	All Stages (104> Weeks)	9,835	All Stages (156> Weeks)	3,331
Ministerial Target	Open Pathways								
Stage 1 (52> Weeks)	11,815								
All Stages (104> Weeks)	9,835								
All Stages (156> Weeks)	3,331								
Argymhellion: Recommendations:	<p>The Board is asked to note the change from partial to low assurance for the PC programme, as the implementation of this programme is complex and it will take some time to achieve the main objectives of reducing waiting lists and transforming PC services.</p> <p>The low assurance is a result of the volume of patients waiting and factors beyond our control, including operational pressures and the impact of pausing a number of schemes, e.g. the Orthopaedics and Ophthalmology insourcing/outsourcing contracts, pending an EQIA and QIA.</p>								

	Due to the complexity of the Planned Care programme, a Planned Care Board workshop would be welcome.			
Arweinydd Gweithredol: Executive Lead:	David Coyle – Interim Chief Operating Officer			
Awdur yr Adroddiad: Report Author:	Co Authors: Nikki Foulkes, Acting Associate Director Planned Care/Andrew Kent, Interim Subject Matter Expert: Planned Care			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial (to low)</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol:	This paper aligns to the Health Boards strategic goal of reducing the number of patients waiting.			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:	Not Applicable			
Regulatory and legal implications:				
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?				
<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not Applicable			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?				
<i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	Not Applicable			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	CRR:4714: Risk of avoidable harm due to the protracted length of time patients are waiting to be seen or treated. BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm			

Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Please refer to the details within the report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Please refer to the details within the report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Planned Care programme is reported at the Planned Care Recovery and Transformation Group (PCRTG), Executive Delivery Group (EDG): Transformation and Performance, Finance, and Information Governance Committee (PFIGC).
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i>	
Rhestr o Atodiadau: Dim <i>List of Appendices:</i> None	

Planned Care Assurance Paper

1. Introduction/Background

- 1.1. This paper describes the challenges faced by the BCUHB (Betsi Cadwaladr University Health Board) in relation to planned care (PC). Specifically, it addresses the significant number of patients waiting for an outpatient appointment or scheduled intervention/treatment, many of whom are waiting more than 52 weeks and some more than 104 weeks. The causes of this predate Covid in certain specialties, but the pandemic has significantly exacerbated the situation in all specialties.
- 1.2. This is an all-Wales concern as the Welsh Government (WG) has developed a strategy to 'Transforming and modernising planned care' (April 2022) which supports the vision of PC - the 6-point plan (2019). The key objectives of this strategy are to reduce the backlog and create sustainable services for the people of North Wales. This plan builds on the priorities of the NHS Planning Framework and aims to accelerate health and care recovery in the short to medium term, while focusing on stabilising and reducing waiting lists by developing and embedding longer term transformative and innovative change.
- 1.3. The number of patients waiting longer than 52 weeks for treatment has decreased over the last 12 months with the implementation of the plan but is still higher than it should be. The number of patients waiting longer than 52 weeks for treatment is shown below
number of patients waiting longer than 52 weeks is shown in Table 1 (*as of 09.05.2023*).

Ministerial Target	Open Pathways
Stage 1 (52> Weeks)	11,815
All Stages (104> Weeks)	9,835
All Stages (156> Weeks)	3,331

Table 1

- 1.4. PC had a 6-year plan detailing activity plans to bring PC services back to 2019/2020 activity levels while reducing the backlog. This detailed when these services would meet ministerial targets and be sustainable. This plan included efficiencies that the localities would build on, coupled with best practice, Get it Right First Time (GiRFT) recommendations and solutions to address any capacity gaps to achieve the outcomes from 2019/2020. This plan included trajectories to meet the 5 ministerial priorities for 2023/2024.
 - 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/2024 moving to 36 weeks Referral to Treatment (RTT) standards by March 2024 for New Outpatient Appointments
 - Address the capacity gaps within specific specialties to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/2020 levels by October 2023 and repurposing that capacity)
 - Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by spring 2024.
 - The vision for diagnostic services include providing ambulatory diagnostics within a Regional Treatment Centre setting. The focus on delivering this key ambition is to ensure the services that go into the RTC's are sustainable, part of the sustainability for diagnostics is to reduce secondary care waiting times and meet waiting time ambition in spring 2024.

- Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary

Whilst not forgetting the further 2 ministerial priorities for;

- Eliminate the number of people waiting longer than one year in most specialities by spring 2025.
- Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026.

1.5. However, given the financial situation of the HB and the reduction in available sustainability funding, the plan had to be revised. This is the final year of sustainability funding from WG to reduce the backlog of patients and move to sustainable services. This new plan has implications for PC's ability to achieve its key objectives and meet ministerial priorities within the desired timescales, resulting in PC providing partial to low assurance to the Board. This proposal was presented at the March Board meeting.

2. Body of report

2.1 Strategy Implications

Continuous delivery of PC services (and elimination of the backlog) is a key business and safety objective for BCUHB. Delays in elective treatments have had, and continue to have, a significant impact on the wellbeing of patients and their families. These impacts can range from potentially life-threatening to cancer to life-limiting, both of which have significant social and economic implications. In addition, for patients who are on the waiting list for an extended period of time (e.g. more than 52 weeks), deterioration of their condition is almost inevitable.

The implementation of the PC Recovery Plan is a combination of transactional (operational) and transformative (developmental) initiatives. There are three distinct but interdependent phases: Restart, Recovery and Stabilisation, and Sustainability. PC has resumed elective activities but has not achieved the immediate goal of recovering 2019/20 activity levels for all specialities. PC's plan for stability was created as part of the 6-year plan for 2023/2024 and beyond. This plan laid the foundations for the sustainability of services, which was supported by the PC transformation programme.

2.2 Annual Plan

The 2023/2024 plan PC had been developed to achieve the 2019/2020 activity levels, inform the HB which specialties need further support, improve pathways through collaboration with GiRFT, increase efficiency and reduce capacity gaps. And at the same time create sustainable services. Due to the HB's financial situation and the WG's reduction in sustainability funding from £38.4 million to £27.1 million for 2023/2024, PC was asked to develop a new plan to address the new constraints. This plan and its implications were presented to the Board. This new plan envisages that without the previously proposed solutions and additional capacity, the gap between capacity and demand will widen, making it impossible to achieve the reduction in longest waiting patients within the required timeframe to meet ministerial targets.

To try to close this gap, PC considered three points;

1. Localities were asked to identify further efficiencies in line with GiRFT, equating to 5%.
2. When this 3-year funding was made available (2021), a number of decisions were made about what would be funded for the duration of the available funding. These commitments were therefore reviewed and honoured.

- WG has established a £50 million central fund for health boards to apply for. This fund is subject to certain criteria that each application must meet.

Table 2 shows the HB position at a speciality level, against the ministerial priorities within year 1 for the original PC plan and the revised PC plan (new plan). Variation has been seen across the Integrated Health Communities (IHC) with their submissions, this has been noticeable as the plan moves further out towards 6 years (2028/2029).

Speciality	>52 week stage 1	>52 week stage 1 (new plan)	all stages >104	all stages >104 (new plan)	all stages >156	all stages >156 (new plan)
General surgery	green	green	red	red	red	red
Urology	red	red	green	green	green	green
Orthopaedics	red	red	green	red	green	amber
ENT	green	green	green	red	amber	green
Ophthalmology	red	red	green	red	amber	red
Oral surgery	green	amber	green	amber	amber	amber
Orthodontics	red	red	red	red	Red	Red
Pain management	red	red	green	amber	green	green
Gastroenterology	amber	red	green	amber	green	green
Cardiology	green	red	green	green	green	green
Thoracic medicine	green	amber	green	green	green	green
Nephrology	amber	amber	green	green	green	green
Gynaecology	amber	green	amber	green	green	green
Dermatology	red	red	green	amber	green	green
Notes						
green = 0 patients						
amber = <500 patients						
red = >500 patients						

Table 2

It needs to be recognised that the new model takes into account the impact on the backlog, as of 31st March 2023 whereby additional capacity had been created for Quarter 4, through waiting list initiatives and the Insourcing/Outsourcing contracts. Therefore, with the pausing of these initiatives, it's predicted that without the previously proposed solutions and additional capacity, PC will not be able to meet the ministerial targets within the timeframes suggested and the capacity gap will widen.

With the revised plans submitted by the IHC's, available core capacity and the level of efficiencies seen has been variable. This presents an opportunity for further scrutiny and cross site working to ensure patients are booked in chronological order which could move those specialities in amber to green.

Orthodontics will need a plan, as there is an idea that needs further developing but involves working as a pan BCU service and working with Primary Care (Community Dental Service). This will be a medium – long term plan. General Surgery requires further scrutiny, although this has begun with the GiRFT review.

As the sustainability funds are only available until the end of March 2024, the bids for the central pot of £50 million have been assessed under this basic assumption. Therefore, the proposed bids have been considered as 'pump prime' schemes. These include the following;

1. Centralised booking centre
2. Ophthalmology outsourcing contract until September 2023
3. Electronic pre-operative assessment
4. Diagnostics for prostate cancer direct to testing
5. Orthopaedic insourcing contract until March 2024
6. Regional Treatment Centres - Outline Business Case (OBC)

These bids must be submitted to PC by 12.05.2023. It should be noted that only some of these plans will have a direct impact on reducing capacity gaps in 2023/2024 and will not meet the Ministerial targets.

3. Budgetary/Financial Implications

- 3.1 To help PC services reduce the backlog and create sustainable services, the Welsh Government has allocated £38.4 million to the Health Board over 3 years (2021). 2023/2024 is the final year of this funding and has been reduced to £27.1 million. However, the Welsh Government has set up a £50 million central fund for health boards to apply for. Applications for this central pot must meet certain criteria and must be submitted by 12.05.2023.

Much of the investment in the current £27.1 million funding pot has already been made in diagnostics, cancer and endoscopy since the funding began, either for recovery or to create a sustainable service. Outsourcing of dermatology and the insourcing of mixed surgical specialties (colorectal, upper gastrointestinal, urology, gynaecology, ENT and OMFS) will continue for the duration of the contracts. Some of the investments have been paused pending an Equality Impact Assessment (EQIA) and Quality Impact Assessment (QIA).

Monthly monitoring of this funding has been embedded as part of the governance of PC.

4. Risk Management

- 4.1 The underlying risk score associated with the backlog of patients on the waiting list remains unchanged currently at 25, but the current score is based on actions to date and has been revised to 20. The various actions are designed to mitigate and reduce the risk, but it needs to be recognised that none of these will provide immediate solutions, and despite best endeavours, operational pressures may still affect progress.

5. Equality and Diversity Implications

- 5.1 The PC programme is designed to address health inequalities and facilitate the HB's socio-economic duty by streamlining process, transforming services and reducing waiting lists

6. Recommendations

- 6.1 Due to the critical review of the Planned Care Plan and its inability to meet key ministerial priorities within the timeframe, as well as the complexity of this programme, a workshop for the Board would be welcome to ensure that the Board is fully informed.



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Teitl adroddiad: <i>Report title:</i>	Quality Report		
Adrodd i: <i>Report to:</i>	Board		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 May 2023		
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on significant quality issues arising during the prior two month period, alongside longer-term trend data, and information on the improvements underway.		
Argymhellion: <i>Recommendations:</i>	The Board is asked to note this report.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery		
Awdur yr Adroddiad: <i>Report Author:</i>	Matthew Joyes, Deputy Director of Quality		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
There is confidence in the data provided in the report however, the strength of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to the BAF risk for quality (1.2), the Patient Safety Improvement Programme and the Quality Strategy currently being developed.			
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Quality		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards. Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.		

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	BAF21-10 - Listening and Learning
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	BAF21-10 - Listening and Learning
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i> N/A	
Rhestr o Atodiadau: <i>List of Appendices:</i> Board Quality Report – May 2023	

Board Quality Report – May 2023

INTRODUCTION

For the NHS in Wales, quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory duty of quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable** and **person-centred**. Underpinning these domains are six enablers, which are **leadership, workforce, culture, information, learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

This report provides the Health Board with a summary of key quality related information. The aim of this report is to provide the Health Board with key quality highlights at each meeting. Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee.

The accompanying Quality Report has been fully reformatted and is presented to the Board as an initial draft of an emerging new dashboard format. Feedback from the Board is welcomed.

NATIONALLY REPORTABLE INCIDENTS (NRI)

A nationally reportable incident is: *A patient safety incident which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.*

During February and March 2023, 25 nationally reportable incidents occurred and 41 notifications were submitted, with the difference relating to incidents occurring in the prior months.

Over the year, the reporting rate has remained largely consistent.

At the time of writing, the total number of nationally reportable incident investigations are overdue is 38. The Deputy Director of Nursing for patient safety continues to lead weekly support and scrutiny meetings with divisions to reduce this number.

The NRIs reported during this period can themed as follows:

Grade 3 or above Health Acquired Pressure Ulcer = 12

Falls = 14

Assessing and recognising patient/service user deterioration = 4

All NRIs are subject to a Make it Safe Rapid Review, potentially a Rapid Learning Panel and further investigation and review. The learning and actions from each are recorded on the Datix Cymru incident management system. Learning forms are drafted for each investigation and are submitted nationally to the NHS Wales Executive to provide assurance of learning and actions.

Currently, the following are the recurring identified themes:

- Recognition and escalation of deteriorating patient
- Falls
- Healthcare acquired pressure ulcers (HAPU)

These three theme areas are underpinned by a recurring issue of record keeping, that whilst not directly causal to an incident occurring is contributory to the circumstances that create unsafe conditions. Details of the improvement work underway will be presented to the QSE Committee.

The Health Board has implemented the Statutory Duty of Candour in April 2023. Virtual and e-learning training has been made available to staff and a resource library has been developed on the intranet site. The Datix system has been enhanced to capture compliance with the duty.

NEVER EVENTS

In the previous financial year, April to November 2022/23, 6 never events have been reported, compared to 12 in the same timescale in 2021/22 (although two were later downgraded).

Within the reporting period, one Never Events was reported in Ysbyty Gwynedd where a guidewire was retained in a patient. There was no long term harm to the patient. An investigation is underway. At the time of writing, this incident may be downgraded from a Never Event following discussion with the NHS Wales Executive

The primary theme remains surgical safety however the nature of incidents has shifted from within theatre to out of theatre. It is positive to note a reduction in the last financial year of Never Events (from 12 to 6), and the reduction in theatre related incidents which suggests the extensive improvement work in theatre safety has had an impact.

PATIENT SAFETY ALERTS AND NOTICES

The Health Board has one overdue alert – PSN065 (The safe use of ultrasound gel to reduce infection risk) which was due for compliance on 28 March 2023. Some clinical services have not yet confirmed compliance and this is being progressed by the Patient Safety Team.

HEALTHCARE LAW

There are no claims issues to highlight to the Board.

However, the Health Board has seen an increase in significant inquest matters which was as expected as the Coroner's progress complex cases previously delayed by the pandemic. A number of these relate to mental health cases, vascular cases and cases involving ambulance handover delays.

The Health Board recently received six Regulation 28 Notices:

- Provision of proactive support to patients on counselling waiting lists (MHLD)
- Handover delays (YGC)
- Delay in transferring radiology reports to tertiary centre (YG)
- 2 Notices regarding the management of investigations and action plans
- Management of patients who do engage with Home Treatment Teams (MHLD)

Responses have been issued for the first two providing the Coroner with assurance on our improvement actions, with the third nearing completion. A weekly executive-led task group has been

established to take forward improvement actions in relation to the management of investigations and action plans and this work will form part of the immediate Special Measures priorities. The last notice had not been formally received at the time of writing.

HEALTHCARE REGULATION

Healthcare Inspectorate Wales (HIW) published their inspection reports into the Emergency Departments at Ysbyty Glan Clwyd (YGC) and Wrexham Meallor Hospital (WMH). HIW also confirmed that YGC ED would remain a Service Requiring Significant Improvement.

HIW inspected Foelas Ward in Bryn y Neuadd Hospital and no immediate issues were identified.

The Health Board is continuing the registration process with Care Inspectorate Wales (CIW) in respect of the domiciliary care services it provides in each of the Integrated Health Communities.

The Health Board was formally notified by the Health and Safety Executive that it is to be prosecution under the Health and Safety at Work etc Act 1974 following an investigation into the tragic death of a patient at the Hergest Unit in 2021. The hearing will be in August 2023. A detailed paper is being submitted to the Board in respect of this matter.

The Health Board's new Regulatory Assurance Group is maturing having been recently established. The group is providing central oversight and coordination of healthcare regulatory matters to strengthen our approach to quality governance.

COMPLAINTS

During the months of February and March 2023, 316 complaints managed under the Putting Things Right Regulations (PTR) and 71 complains were managed as Early Resolutions. The PALS Team had 1,211 contacts.

The majority of the complaints relate to Secondary Care Services. The themes relate to clinical treatment and appointments, assessments, poor communication, staff attitude and behaviour. Other recurring themes include issues relating to patient discharge from hospitals, prescribing and treatments not providing the expected outcomes, which is consistent with previous reports.

Overdue investigations remain a challenge – 297 investigations are overdue from 472 open at the time of writing (this is down from 359 at the start of 2023). The Deputy Director of Nursing for patient and carer experience continues to lead weekly support and scrutiny meetings with divisions to reduce this number.

The reduction in Early Resolutions is being explored further and will be detailed in the next report.

PUBLIC SERVICES OMBUDSMAN FOR WALES (PSOW)

The Ombudsman issued one public interest report which related to patient care in YGC in the early stages of the pandemic. The Health Board has accepted all the recommendations and has developed an action plan. Progress against this plan will be reported to the QSE Committee.

CONCLUSION

This report provides the Health Board with information and analysis on quality matters including Nationally Reportable Incidents, Never Events and HIW activity occurring in the last two months.

The key points of note are:

- The overall rate of Nationally Reportable Incidents (NRIs) remains constant – the main themes remain falls, healthcare acquired pressure ulcers, and the recognition and action on deteriorating patients. Improvement work for all these areas is progressing under the leadership of senior clinical staff.
- The rate of surgical safety NRIs (specifically Never Events) has reduced.
- The number of overdue incident investigations, and consequently closure within the target timeframe is below expectation. Services report clinical and operational pressure as being the main cause. Support is being provided.
- One overdue Safety Alert remains.
- The number of overdue complaints remains unacceptably high, with an impact on the closure target compliance. As with incidents, services report pressures as being the cause. Support is being provided to all divisions from the corporate teams and a recovery plan has been developed. It is likely to take several months to address the backlog position and the risk of ongoing or greater pressure on services is a risk to success.

The Health Board will continue to submit more detailed information to the QSE Committee.

The Health Board is asked to note the report.



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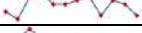




Board Quality Report

May 2023

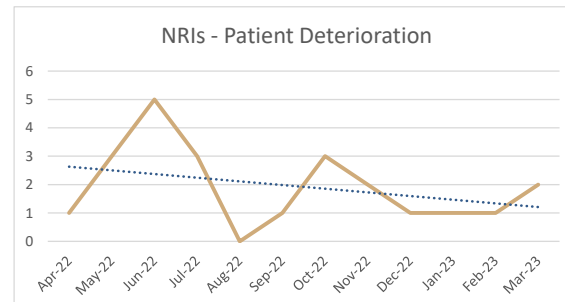
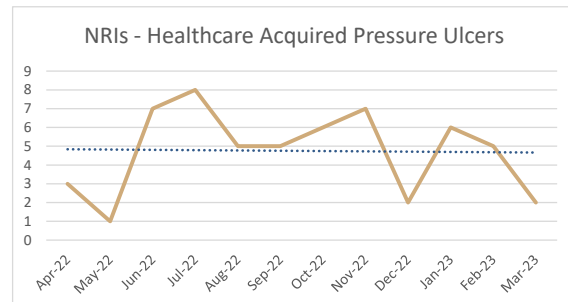
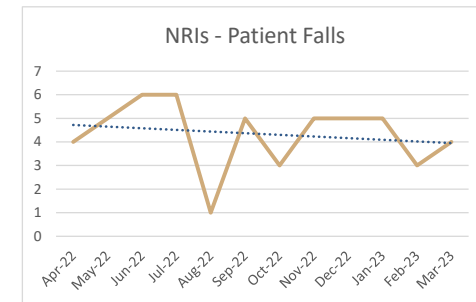
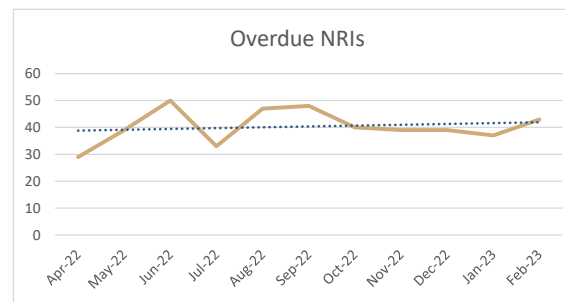
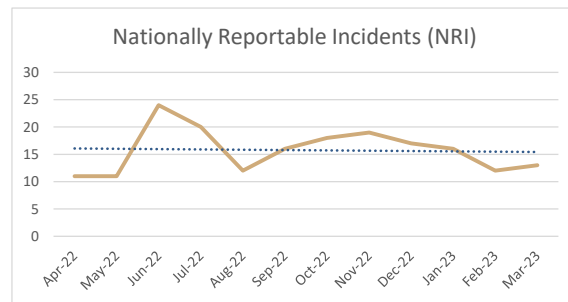
This report is produced by the Health Board's Quality Directorate. This is a new and developing report to provide the Board, public and stakeholders with key quality indicators.

Board Quality Report - Patient Safety

Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total	Average	Sparkline
Patient safety incidents with harm	1,350	1,364	1,431	1,603	1,673	1,554	1,626	1,552	1,737	1,721	1,545	2,081	19,237	1,603	
Nationally Reportable Incidents (NRI)	11	11	24	20	12	16	18	19	17	16	12	13	189	16	
Overdue NRIs	24	29	39	50	33	47	48	40	39	39	37	43	N/A	39	
NRIs - Patient Falls	4	5	6	6	1	5	3	5	5	5	3	4	52	4	
NRIs - Healthcare Acquired Pressure Ulcers	3	1	7	8	5	5	6	7	2	6	5	2	57	5	
NRIs - Patient Deterioration	1	3	5	3	0	1	3	2	1	1	1	2	23	2	
NRIs - Never Events	0	0	1	0	1	2	0	1	1	0	0	0	6	1	

Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (04/05/2023). Incident data shows the date of the incident (which is different from the date reported).

Key areas of focus:

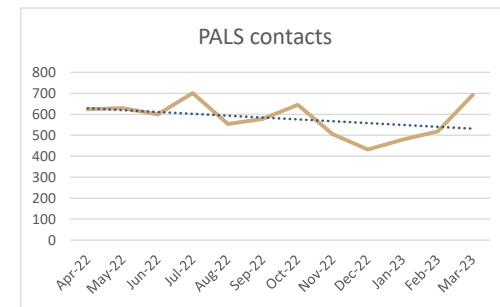
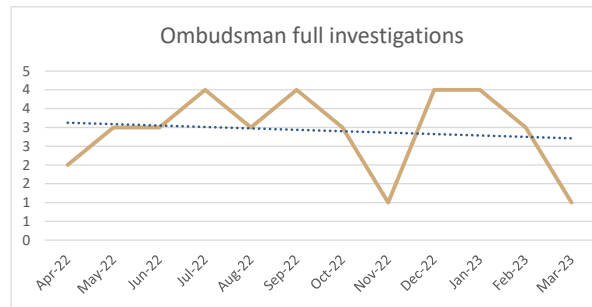
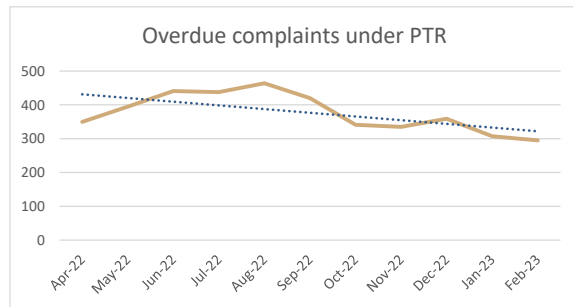
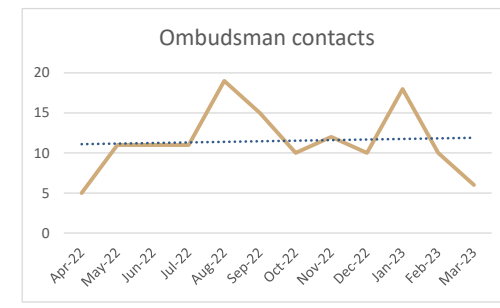
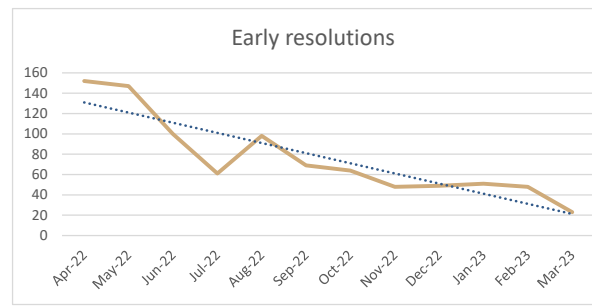
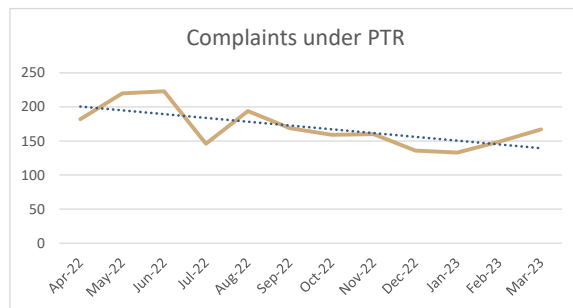


Board Quality Report - Patient and Carer Experience

Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total	Average	Sparkline
Complaints under PTR	182	220	223	146	194	169	159	160	136	133	149	167	2,038	170	
Early resolutions	152	147	100	61	98	69	64	48	49	51	48	23	910	76	
Overdue complaints under PTR	332	350	395	441	438	464	420	341	335	359	307	295	N/A	373	
Ombudsman contacts	5	11	11	11	19	15	10	12	10	18	10	6	138	12	
Ombudsman full investigations	2	3	3	4	3	4	3	1	4	4	3	1	35	3	
PALS contacts	624	629	600	701	554	578	645	505	432	479	518	693	6,958	580	

Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (04/05/2023). Experience data shows the date of the complaint or contact. PALS data only available from September due to transfer to a new data system.

Key areas of focus:





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Teitl adroddiad: Report Title:	Vascular Network Update		
1. Adrodd i: 2. Report to:	Public Board		
Dyddiad y Cyfarfod: Date of Meeting:	25 May 2023		
Crynodeb Gweithredol: Executive Summary:	<p>The purpose of this paper is to update the Board on progress to improve the sustainability, quality and the patient experience of vascular services in Betsi Cadwaladr University Health Board (BCUHB).</p> <p>The paper sets out the background of the vascular review process that led to the establishment of an externally chaired Vascular Quality Panel in 2022</p> <p>The paper describes the governance reporting structures around vascular services, the engagement with families of patients whose care was reviewed as part of the vascular review process, key risks associated with the vascular programme, sustainability of the current clinical service model and progress of the action plan devised in response to the vascular review process</p>		
Argymhellion: Recommendations:	The Board is asked to note the content of the report.		
Arweinydd Gweithredol: Executive Lead:	Dr Nick Lyons – Executive Medical Director		
Awdur yr Adroddiad: Report Author:	Jenny Farley – Vascular Network Director		
Pwrpas yr adroddiad: Purpose of Report:	I'w Nodi For Noting <input type="checkbox"/>	I Benderfynu arno For Decision <input type="checkbox"/>	Am sicrwydd For Assurance <input checked="" type="checkbox"/>

Lefel sicrwydd: Assurance Level:	Arwyddocaol	Derbyniol	Rhannol	Dim Sicrwydd
	Significant	Acceptable	Partial	No Assurance
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	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim hyder/tystiolaeth o ran y ddarpariaeth
	High level of confidence / evidence in delivery of existing mechanisms / objectives	General confidence / evidence in delivery of mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	No confidence / evidence in delivery
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		The provision of safe and high-quality services is a primary duty of the Health Board.		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		None		
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?		Not applicable – This paper does not reflect a change in service		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?		Not applicable – This paper does not require an SEIA		

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>	<p>CRR22-25 There is a proposal to downgrade this risk and this is following due process through the appropriate committees</p> <p>CRR22-26 – There is a proposal to down grade this risk as with the above and this is following due process through the appropriate committees</p> <p>CRR 22-27 Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping - Vascular services</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>Funding allocated for 23/24 is £1.7 million for vascular and £1.3 million for diabetic foot services</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>As described in the Integrated Medium Term Plan</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow-up summary following consultation</p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF:</p> <p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks:</p> <p>(or links to the Corporate Risk Register)</p>	<p>BAF21-02: Recovering access to timely planned care pathways</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Camau Nesaf:</p> <p>Next Steps:</p>	<p>Continue to work through the actions of the Vascular Integrated Improvement Plan (VIIP)</p>
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p>	<p>None</p>

1. Background

Betsi Cadwaladr University Health (BCUHB) vascular services were centralised in April 2019 with arterial and endovascular surgical services provided from a newly built hybrid theatre at Ysbyty Glan Clwyd (YGC) and a “hub and spoke” model of care ensuring vascular presence in Ysbyty Gwynedd and Ysbyty Wrecsam Maelor.

The redesign of vascular services was completed in line with guidance from the Vascular Society of Great Britain and Ireland, ‘The Provision of Services for Patients with Vascular Disease 2018’.

Following a Board request, the Royal College of Surgeons England (RCSE) undertook a review of the reconfigured vascular service in July 2020. The review included examination of forty-four clinical records of patients treated by the vascular service, including cases both before and after the centralisation in YGC.

The first stage of the report was produced in March 2021 and the second stage published in January 2022, setting out a number of findings and recommendations. A specific recommendation within the second report was that BCUHB should review the clinical records of a number of patients highlighted within the RSCE report.

The RCSE recommended that the BCUHB review uses local knowledge not available to the RSCE, as well as the data within the clinical records to determine if the clinical records contain the expected information recorded for the patient’s episodes of care. The RSCE also recommended that the BCUHB review should scrutinise whether the necessary appropriate follow up and aftercare plans were in place for patients.

In response to the RCSE report, BCUHB convened a Vascular Quality Review Panel (VQRP), with an external chair. The VQRP reviewed the case notes highlighted by the RCSE, with the intention of addressing specific concerns raised by the RCSE. The Vascular Quality Review Panel final report was received by BCUHB and published on the 30th January 2023.

The VQRP highlighted concerns around the care of several patients and as a result of the review the executive medical director referred four cases to His Majesty’s Coroner.

The RCSE and VQRP recommendations were combined into a single improvement plan in April 2023, the Vascular Integrated Improvement Plan (VIIP).

Delivery of the VIIP is led by the vascular network team. The vascular network team meet every six weeks with the vascular clinical lead and clinical team to review progress against the action plan. The vascular network team also meet regularly with other key organisational stakeholders and hold action-focused sessions with stakeholders to progress the VIIP.

2. Governance Structure

The vascular network team report operationally to the senior management team in the Central Integrated Health Community (IHC) via the Vascular Operational Group.

The strategic oversight of the operational team is provided by the Vascular Steering Group (VSG), which was established in November 2021. The VSG is chaired by the Executive Medical Director and includes lay representation.

The VSG reports to the board, via the Quality, Safety and Experience committee.

3. Engagement with Families

One of the key priorities determined by the VSG was to ensure that patients and their next of kin are engaged with the vascular review process in an open and transparent manner.

The quality team at the Health Board has continued to keep families updated on concerns raised by the RCSE and the VQP and this work continues and is likely to do so for some months to come.

Four written updates have been sent to those families where care has been reviewed as a part of the VQRP between March 2022 and April 2023.

In late 2022 the four families of patients whose cases were referred to the coroner were invited to meet with Senior Managers at BCUHB to discuss their relatives care. Two families accepted the offer of a discussion.

4. Vascular Corporate Risks

No additional corporate risks associated with vascular services have been identified since the last board report.

Three risks remain on the corporate risk register since the last board report.

- CRR22-25 - Failure to provide full vascular services due to lack of medical workforce.
- CRR22-26 - Significant patient harm as a consequence of sustainability of the acute vascular service (workforce related)
- CRR 22-27 - Potential non-compliance with regulatory standards for documentation due to poor record keeping.

The risks associated with medical workforce issues have been mitigated by securing a fully staffed consultant vascular surgeon rota and a new middle grade doctor rota. These two risks are awaiting approval to be downgraded via usual Health Board risk management governance processes.

The risk around documentation has been addressed with a regular cycle of notes audits and Royal College consent and record keeping training. A consent audit process will be finalised on May 2023. Once a consent audit cycle is embedded into the vascular team's usual cycle of clinical governance business, this risk will be reviewed with a view to downgrade.

5. Sustainability

BCUHB received in March 23 a report describing options to enhance the sustainability of the current hub and spoke models for the vascular service in north Wales. This report is being considered in detail and an update will be provided in due course. Recruitment to

medical posts within the vascular service has improved since the report was commissioned, and this has improved the sustainability position of the vascular service.

6. Vascular Integrated Improvement Plan

An evolving vascular improvement plan has been in place since 2021. As reported above, the plan is now known as the VIIP. The majority of the actions have been completed as reported in previous Board papers, outstanding actions are predominantly around recruitment and pathways transformation work. Work continues to ensure that actions have led to embedded and sustainable change and that appropriate assurance is obtained.

The delivery of the key recommendations from the constituent parts of the VIIP have progressed, a summary of key completed actions include:

- A clearly defined hub and spoke model, setting out which procedures are undertaken on each site and the mechanism for referral from spoke sites to hubs
- Dual consultant operating for all Abdominal Aortic Aneurysm (AAA) and other major aortic procedures
- AAA MDT with University North Midlands vascular service
- Weekly MDTs on two of the three sites
- Funding and recruitment of additional medical workforce
- 5 Interventional Radiologists and a resident CT radiographer at the Hub 24 hours a day
- A hybrid theatre which has the facility to provide intra-operative imaging and a standard operating procedure to support this
- A stronger clinical leadership infrastructure with the Central IHC Clinical Director for Surgery supporting the recently appointed Clinical Lead for vascular services
- The implementation of patients being directed from WAST (Welsh Ambulance Service Trust) to the Hub site for confirmed emergency ischaemic limb patients

The ongoing actions are longer term transformational pieces of work, required to ensure the changes in vascular pathways and services are developed, with key stakeholder engagement, in a sustainable manner. Ongoing work includes:

- The development of a key performance indicator dashboard to monitor improvement of vascular service performance through clinical and operational indicators. This is being developed in tandem with the national vascular lead's work on national key performance indicators.
- A review of all patient pathways to ensure they comply with national guidance, supported by standard operating procedures and where required a training programme for the wider clinical teams
- The development of a multisite pathway transformation programme including:
 - Pain management, psychology and rehabilitation. This pathway will address the patients' perioperative needs.
 - Discharge communication
 - Renal vascular access
 - Diabetic foot (Lower limb ischaemia)

- A review of angioplasty and angiography processes and capacity to provide more procedures at the local sites

7. Budgetary / Financial Implications

The Integrated medium term plan (IMPT) funding has to date supported many of the additional posts required for the improvement work, with the current IMPT plan for 23/24 identifying £3 million allocated to continue improvements.

8. Risk Management

As described in section 4

9. Equality and Diversity Implications.

Not applicable.

NHS Wales Staff Survey





The pressures

- Vacancies in health care and global competition
- Increasing and unsustainably high levels staff stress
- Intention to quit and retention
- Demands on services – planned care, complexity, ageing population, health inequalities
- Need to transform models and systems of health and care - more collective and community power. Prevention.



Purpose

The NHS Wales Staff Survey will powerfully shape organizational transformation in NHS Wales so that health care staff receive high quality, continually improving and compassionate support and effectively deliver high quality, continuously improving and compassionate care for the communities they serve across Wales.

How will the Staff Survey achieve this?

- Research consistently shows that staff experience has the strongest association of any factor with NHS Board and Trust performance in relation to care quality, patient satisfaction, financial performance, staff retention and avoidable patient mortality.
- Data from 600,000+ staff annually in the English Survey - administered every year for the past 18 years in 200+ organisations
- **The analysis shows a clear value chain from culture and leadership to NHS organisations' performance.**
- Where staff report their leaders listen to staff, understand their challenges, empathise with them and then support them, staff engagement and satisfaction are higher; patient satisfaction is higher; there is better quality of care; and better organisational financial performance
- In the acute sector, such leadership is also associated with significantly lower levels of patient mortality.
- Similar evidence of the impact of leadership in primary care
- Value of comparisons with English survey data

Suggested key goals for the staff survey

- The key elements of staff experience will be assessed accurately and sensitively using reliable and validated measures via an annual survey and regular pulse surveys in Boards and Trusts across Wales.
- Using the data, national and local initiatives will be designed and implemented to provide support and ensure significant and sustained improvements in work environments and experiences, such that staff thrive and are able to deliver high quality, continually improving and compassionate care.
- Effective improvement interventions will be shared, disseminated and implemented (with appropriate local adaptations) to ensure continued and sustained improvements on all dimensions of staff experience that are assessed in the surveys.



Survey Design and Implementation



Survey design and implementation are evidence-based processes that are informed by a wealth of rigorous international research.

Just as research evidence should underpin and guide healthcare so too should such evidence guide the development and implementation of the Staff Survey in Wales to ensure the NHS, NHS staff and the people of Wales are best served by this exercise.

Survey content

- Predictors e.g.,
 - workload
 - leadership
 - teamworking
- Processes e.g.,
 - autonomy
 - belonging
 - control
- Outcomes e.g.,
 - burnout
 - stress
 - engagement

Comparability with NHS England Staff Survey and prior NHS Wales surveys

Suggested Survey Content Predictors

Predictors

1. Leadership
2. Teamworking
3. Workload
4. Inclusion and discrimination
5. Bullying, harassment and violence

The value chain of compassionate leadership and outcomes



Leadership

- Compassionate leadership → staff satisfaction, engagement
- Staff engagement → patient satisfaction, care quality
- Poor leadership → work overload, high staff stress
- High work pressure → less compassion for patients
- High staff stress → poorer care quality and finances etc.

<https://www.nhsemployers.org/-/media/Employers/Publications/Research-report-Staff-experience-and-patient-outcomes.pdf>

<https://www.england.nhs.uk/publication/links-between-nhs-staff-experience-and-patient-satisfaction-analysis-of-surveys-from-2014-and-2015/>



- **Teamworking** - Successive national and international inquiries into failings in health care identify culture and teamwork as fundamental to success.
- Yet, the quality of teamworking and inter-teamworking in health and social care in the UK is often poor.
- The data from staff surveys across the four UK countries suggests, that between 50 per cent and 60 per cent of staff work in 'pseudo teams' in health and social care, which either do not have clear, shared goals or which do not meet regularly to review performance and consider how it can be improved.
- The more people working in real teams in a health care organisation, the lower the levels of stress, errors, injuries, harassment, bullying and violence against staff, staff absenteeism and patient mortality; and the higher the levels of patient satisfaction.
- Quality of teamworking is a key measure.

Workload and Additional Hours

- *Workload* - chronic excessive workload is the key factor influencing staff stress, staff shortages, absenteeism, turnover, long working hours, and moral distress,
- Work demands consistently exceed staff resources to meet those demands.
- Working additional hours is highly associated with levels of stress and workplace injury.
- In England, the figures from the 2020 NHS Staff Survey show 33.5 per cent of staff working additional paid hours and 55.2 per cent working additional unpaid hours. Around three-quarters of staff report they routinely face unrealistic time pressures. Health and Social Care Committee 2021 concluded:
- *‘Burnout is a widespread reality in today’s NHS and has negative consequences for the mental health of individual staff, impacting on their colleagues and the patients and service users they care for.’*
- It identified chronic excessive workload as a key driver and recommended that it ‘must be tackled as a priority’.

Inclusion and Discrimination

- Inclusion was a founding value of the welfare state in the UK but organisational cultures in health and social care continue to reflect discrimination within our wider society.
- The pandemic has shone a spotlight on health inequalities including the effects of discrimination on health in society with far higher proportions of those with disabilities or those from minority ethnic groups dying from Covid-19 (Marmot et al 2021).
- Positively inclusive teams and organisations are more productive and innovative than those which are less inclusive (Guillaume et al 2017, 2014, 2013).
- This is particularly true for the complex settings of health and social care where multi-professional teamworking and the integration of diverse perspectives are key to promoting the health and wellbeing of people and communities.

Bullying, Harassment and Violence

- In Wales, previous staff surveys suggest 20% of staff report having been bullied by a colleague or manager in the previous year and 32% by a patient, service user or another member of the public (Gov.Wales 2018).
- In England 37.5 per cent of nurses and midwives report having been subjected to harassment, bullying or abuse from patients, their relatives, or carers in the previous year.
- On top of that, more than 21 per cent of nurses and midwives have experienced harassment bullying or abuse from colleagues in the previous year.
- Bullying causes distress and depression, with as many as 25 per cent of those bullied leaving their jobs or the profession.
- Between 20 to 40% of nursing staff and healthcare assistants report being victims of violence from patients, service users or another member of the public each year with very damaging consequences for their health and wellbeing.

Processes

- Leaders must focus on meeting core workplace needs of health and social care staff by ensuring autonomy and control, belonging, and competence and contribution (the ABC of workplace needs).
- This is central to addressing the workforce crisis described above.
- Inquiries into the mental health and wellbeing of doctors, nurses and midwives across the UK (West et al 2020; West and Coia 2019) reveal key workplace factors that affect wellbeing, flourishing and work engagement of health and social care staff

Survey Content Processes

Processes – Meeting core needs of staff at work

Assessing the ABC of core needs at work – Autonomy, Belonging and Contribution.

1. Autonomy

- a. Voice and influence
- b. Justice and fairness
- c. Work schedules
- d. Working conditions

2. Belonging – feeling valued respected and supported

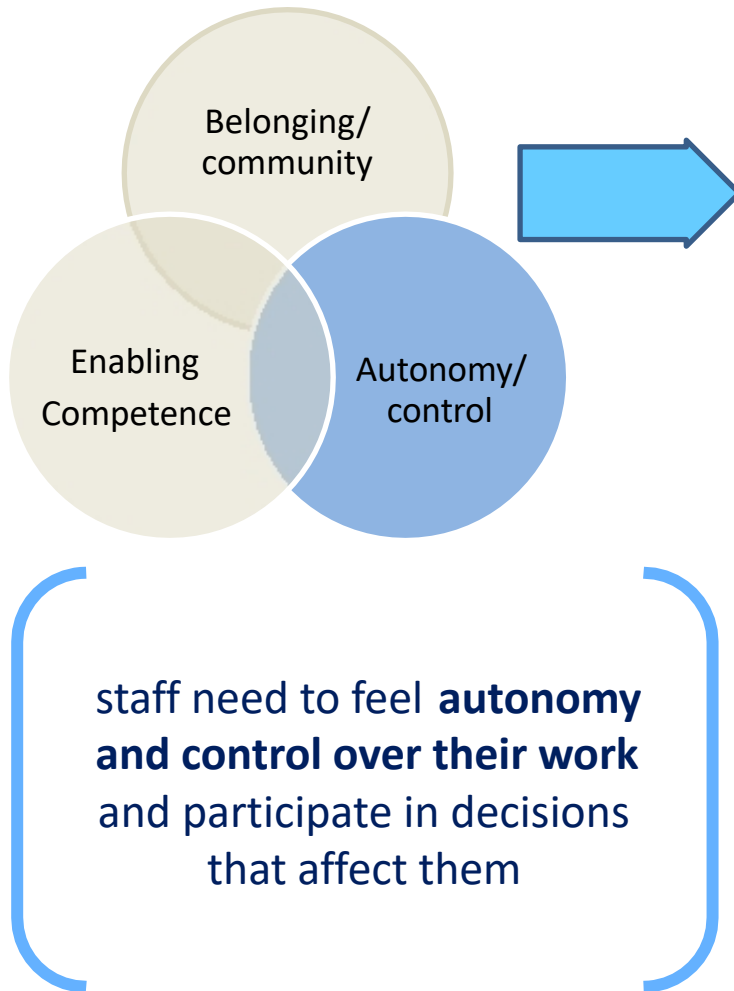
- a. Teamworking
- b. Compassionate culture:
- c. High quality care culture

3. Contribution

- a. Opportunities for growth and development
- b. Appraisals



A. Autonomy and control

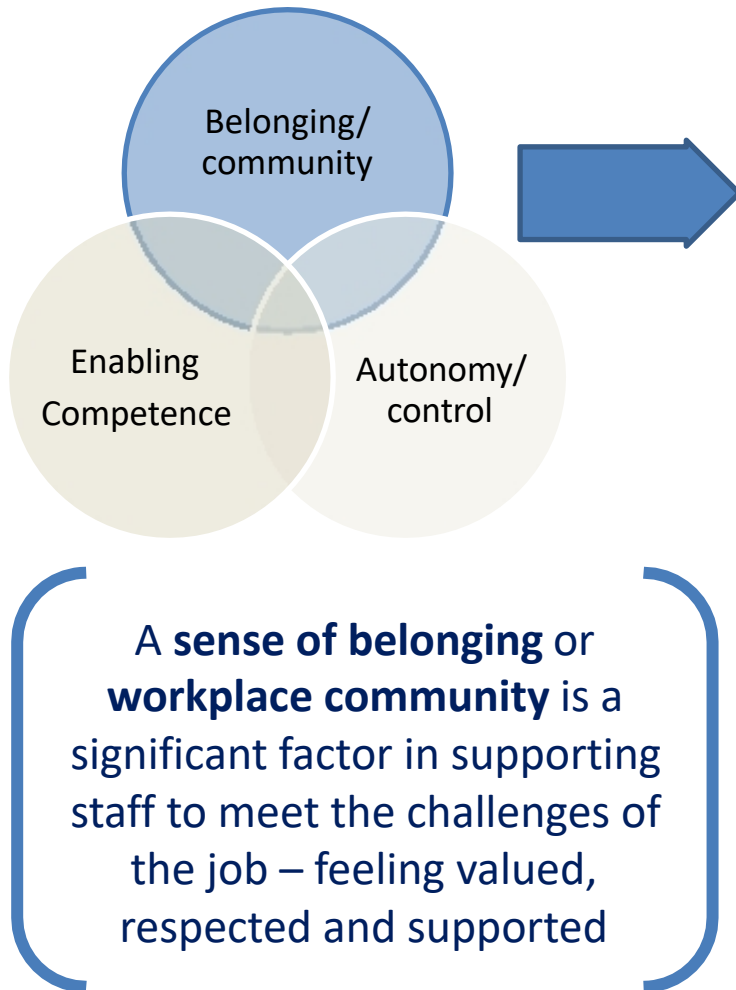


Voice and influence: staff to have voice and influence in their teams and organisations in the context of just, learning organisations

Work conditions: Basic hygiene factors like space & time for breaks;, access to food and drink, places to sleep; effective IT systems ; lockers etc,, continuously ensuring good working conditions

Rota design and management: Need for good rota design (e.g., self-rostering) and fatigue facilities based on best practice

B. Belonging and community

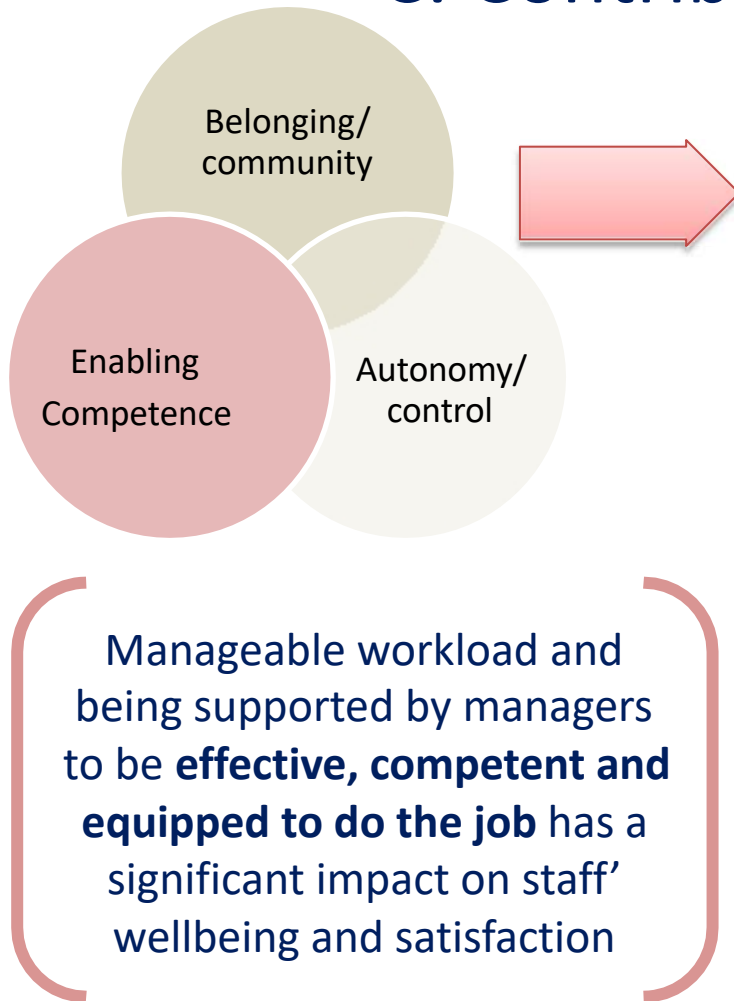


Teams: staff belonging to effective teams; a 'home team' that gives them consistent support; development of MDTs

Culture / leadership: cultures that ensure all staff feel valued; compassionate and inclusive leadership; civility, mutual respect and staff engagement

Equity, valuing diversity, ensuring inclusion : A workplace that supports wellbeing, inclusive of everyone

C. Contribution/Competence



Workload: Consistently address chronic excessive workload (staffing, reducing work demands, technology, MDTs, new roles)

Supportive supervision: Effective line management for all staff; mentors; space in working hours

Training: A need for training and growth and development throughout careers

Survey Content - Outcomes

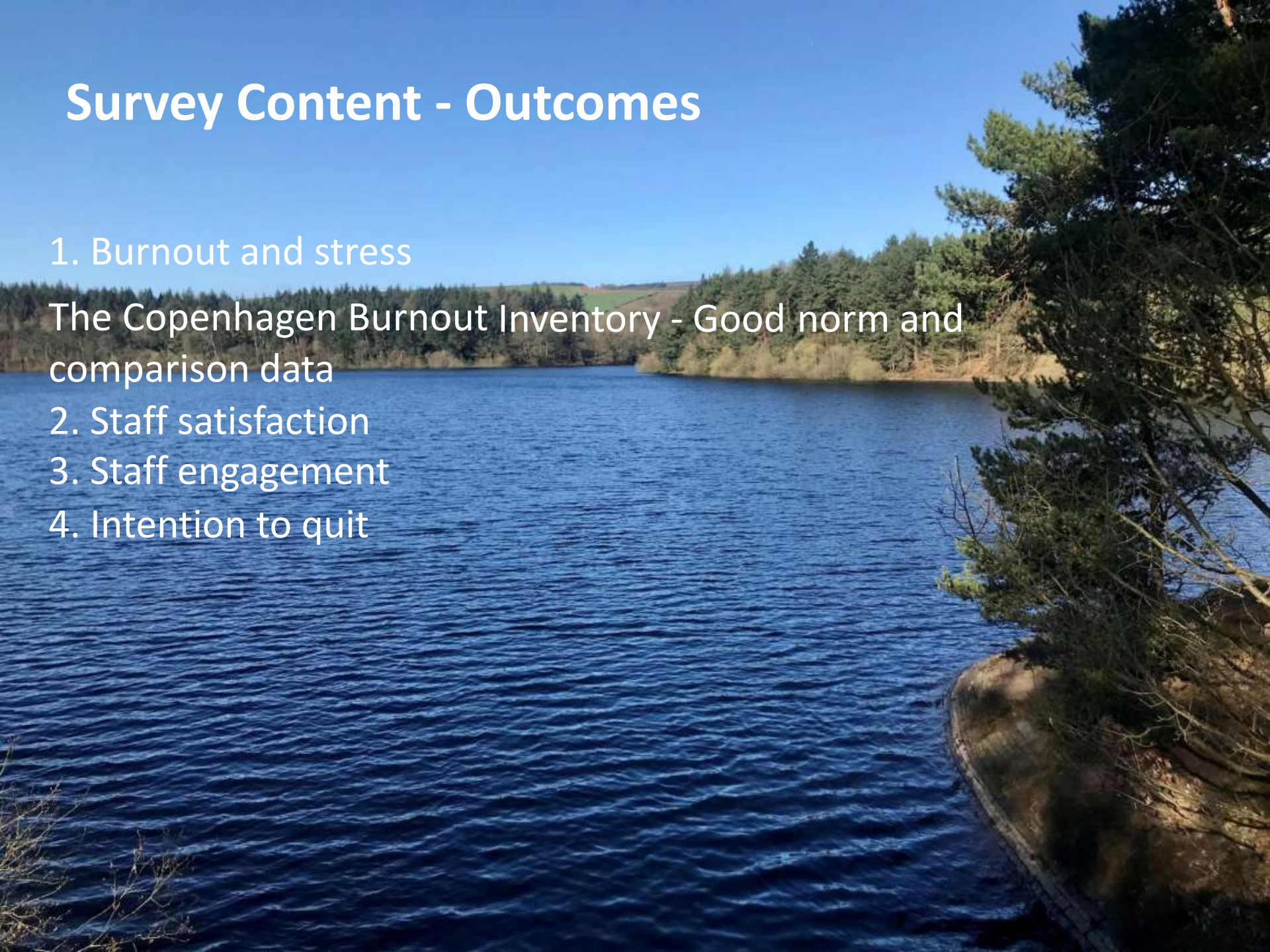
1. Burnout and stress

The Copenhagen Burnout Inventory - Good norm and comparison data

2. Staff satisfaction

3. Staff engagement

4. Intention to quit



Outcomes

- *Burnout*
- Burnout and poorer wellbeing are associated with poorer quality and safety of care, higher staff absenteeism, and higher staff turnover rates.
- Work periods of more than eight hours carry an increased risk of accidents that accumulates: the risk of an accident is around twice as high after 12 hours of work as it is after 8 hours.
- The Staff Survey should include a measure of staff burnout and there is a widely used measure used in a variety of international healthcare settings and introduced for the first time in England in 2021 - The Copenhagen Burnout Inventory.
- Other measures of staff stress, used in previous NHS Wales Staff Surveys could also be used to augment the CBI.

Staff Satisfaction and Engagement

- It is important to pay attention to strengths and potential in human behaviour, rather than focusing solely on problems and weaknesses. We must promote positive work environments that encourage job satisfaction and work engagement.
- Fundamentally, NHS Wales staff are enthusiastic about their roles and clearly have a powerful sense of vocation.
- National staff survey data for the four UK countries show that more than 70 per cent of nurses and midwives report being enthusiastic about their jobs.
- Given the importance of staff engagement as a key predictor of organizational outcomes including care quality, financial performance, patient satisfaction, staff absenteeism, staff intention to quit and (in the acute sector) patient mortality, satisfaction and engagement should be included.

Intention to Quit

- Retention of staff is a key concern in the context of high levels of vacancies, sickness absence and staff stress and burnout.
- Staff turnover is also a well-established indicator of organisational health.
- Monitoring intention to quit is therefore a vital element of the Staff Survey.
- Questions can focus on whether staff are thinking of leaving, possibly with what destination in mind and within what timescale.

Administration Issues

- *Ethics, anonymity and confidentiality:* Must be paramount
 - *Frequency:* It is suggested there be an annual full survey supplemented by monthly Pulse Survey (a c. five-minute exercise).
 - *Pulse surveys:* Suggestions for content can be provided.
 - *Response rates:* Aim for 60% and intend to achieve that or greater in every Trust and Board
 - *Level of analysis:* It would be helpful if there was a system for providing feedback at directorate, department, division and possible team levels (this is already available in Wales) so including identifiers that do not jeopardise confidentiality would be ideal.
 - *Response scales:* Suggest 1 to 5 retaining comparability with previous Wales survey and items in use in England and elsewhere, wherever possible
 - *Pre administration testing:* The survey must be tested before administration with a sample of staff using 'cognitive testing'
 - *Format and platform:* Ideally digital but backed up by paper where digital is not possible
 - *Primary care and social care:* A draft pilot primary care survey developed in consultation with NHS England is available.
- There is no national staff survey available in social care in any of the UK countries.
Might Wales lead the way?

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Diolch yn Fawr!



Teitl adroddiad: <i>Report title:</i>	NHS Wales Staff Survey Update paper			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 May 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide the Board with an update on the NHS Wales Staff Survey			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note the information provided within the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People			
Awdur yr Adroddiad: <i>Report Author:</i>	Nia Thomas, Head of Organisational Development			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Living Healthier Staying Well (LHSW) – Improve the safety and quality of our service Integrated Medium Term Plan (IMTP) Employer of Choice			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	No direct implications arising from this report			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	No En EQIA is undertaken at national level
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	No En SEIA is undertaken at national level
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	(
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Amherthnasol Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Amherthnasol Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: <ol style="list-style-type: none"> 1. Preparation of the organisation for the next staff survey to support the best engagement possible. 2. Implementation of the staff survey once it is launched 	
Rhestr o Atodiadau:	

List of Appendices:

Appendix 1 – Presentation by Professor Michael West

**CYFARFOD CYHOEDDUS BWRDD Y CYFARWYDDWYR
RHOWCH Y DYDDIAD
TEITL YR ADRODDIAD**

BOARD MEETING IN PUBLIC

25th May 2023

NHS Wales Staff Survey Update

1. Cyflwyniad / Cefndir

Introduction/Background

This paper provides the Board with an updated position on the forthcoming NHS Wales Staff Survey. It provides information on the plan to inform the design and delivery of a staff survey for NHS Wales in 2023, in line with A Healthier Wales and the Health Education Improvement Wales (HEIW) Workforce Strategy for Health and Care 2020-2030. Within this strategy there is a commitment to scope, design and deliver the NHS Wales Staff surveys creating a consistent approach to monitoring and measuring employee experience and other key workforce metrics.

Engagement to design a new NHS Wales Staff Survey has taken place with NHS organisations and Trade Union 2020 Staff Survey Group Representatives, Workforce and OD Directors and the Welsh Partnership Forum Business Committee.

In preparation for a new survey, an exercise was undertaken by HEIW to evaluate the effectiveness of the last survey specifically the platform used, accessibility and ease of reporting. As a result of the feedback provided a decision was taken to not commit to the option of extending the Qlearsite contract (2020 survey platform provider). This contract therefore ended in November 2021.

2. Corff yr adroddiad / Body of report

HEIW has the remit to manage the overall project for the NHS Wales Staff Survey including development of the project plan, key milestones and implementation. The work is informed and supported by the NHS Wales Staff Survey Project Group and ultimately signed off by the Wales Partnership Forum Business Committee.

Our refreshed Workforce Strategy for BCUHB will outline a commitment to creating cultures of collective leadership, compassionate cultures, a focus on establishing psychologically safe and inclusive teams and the prevention of burnout through prioritising staff health and wellbeing, all critical to ensuring we have sufficient workforce supply and capacity to meet service demands. It is imperative that the organisation can track key workforce metrics such as motivation, engagement and advocacy on a regular basis. We need to be able to measure improvements and identify areas which may require further proactive support to improve. Therefore to complement the NHS Wales national staff survey we will also implement a quarterly pulse survey. If the provider of the NHS Wales survey cannot provide this facility we will procure external support.

It was envisaged that HEIW would be in a position to host a national survey during the autumn of 2022, the last one being in November 2020, but due to unavoidable delays and procuring a new provider, the new survey will run in August 2023.

The purpose and content of the survey is being reviewed at a national level with questions likely to explore just and compassionate cultures and the impact of policies such as the Healthy Working Relationships framework. Research¹ shows that staff experience (of all the data collected in the NHS across the UK) has the strongest association of any factor with NHS Board and Trust performance in relation to care quality, patient satisfaction, financial performance, staff retention and avoidable patient mortality.

Given these commitments the survey will ensure the questions enable us to measure the value chain of our culture work in BCUHB and the wider NHS Wales and our commitments in the Anti Racist Wales Action Plan as well as the impact of policies including Healthy Working Relationships. This will enable us to have longitudinal data, monitor improvement over time and develop interventions to change and improve across the organisation, and benchmark with other Health Boards.

HEIW are currently establishing two task and finish groups to prepare for the next national staff survey: the first to identify what the survey will measure (the questions to be asked); and the second to procure and develop an appropriate platform to host the survey and analyse the data. There will be an opportunity for local questions to be added.

Development of the NHS England Staff Survey² has been undertaken to measure the impact of compassionate and collective cultures including staff experiences during the Covid-19 pandemic. Professor Michael West has been part of this work and is supporting HEIW with the development of the new NHS Wales Staff Survey. Professor West's presentation is attached at **Appendix 1** for reference.

1. West, M., & Dawson, J. (2012). *Employee engagement and NHS performance*. London: King's Fund.

West MA, Dawson JF, Admasachew L, Topakas A (2011). *NHS staff management and health service quality: results from the NHS Staff Survey and related data*. GOV.UK website. Available at: www.gov.uk/government/publications/nhs-staff-management-and-health-service-quality

West, M. A., Borrill, C. S., Dawson, J. F., Brodbeck, F., Shapiro, D. A., Haward, B. (2003). Leadership clarity and team innovation in healthcare. *Leadership Quarterly*, 14, 393-410.

2. NHS England Staff Survey [Working together to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](https://www.nhs.uk/staff-survey/)



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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Board Meeting 25 May 2023					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.					
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director.					
Awdur yr Adroddiad Report Author:	Meryl Roberts, All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors.					
Craffu blaenorol: Prior Scrutiny:	Not applicable					
Atodiadau Appendices:	<p>Appendix 1: Mental Health Act 1983 as amended by the Mental Health Act 2007:- Approved Clinician (Wales) Directions 2018. - <u>Update of Register of Approved Clinicians for Wales.</u></p> <p>Appendix 2: Mental Health Act 1983 as amended by the Mental Health Act 2007:- - <u>Update of Register of Section 12(2) Approved Doctors for Wales.</u></p>					
Argymhelliad/Recommendation:						
<p>The details presented to the Board in this Report is a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality.</p> <p>This report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process.</p> <ol style="list-style-type: none"> 1. The Board is asked to note for information the ratifications previously granted at the full Board Meeting held on 30th March 2023 shown in Part A at Appendix 1 and Part A at Appendix 2. 2. The Board is asked to ratify the approvals shown in Part B at Appendix 1 and Part B at Appendix 2 in line with the Welsh Government Guidance Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians and the Section 12(2) Process and Criteria Document for the approval of S12(2) Approved Doctors. 						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer		Ar gyfer Trafodaeth		Ar gyfer sicrwydd	✓	Er gwybodaeth

penderfyniad /cymeradwyaeth For Decision/ Approval		For Discussion		For Assurance		For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa/Situation:							
<p>The Approval Process is part of the legislative process relating to the Mental Health Act 1983 (as amended 2007). The detail presented to the Board in this Report is a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality.</p> <p>Betsi Cadwaladr University Health Board (BCUHB) undertakes the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) doctors on behalf of all the Health Boards in Wales.</p> <p>The Health Board ensures an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) doctors in Wales.</p>							
Cefndir/Background:							
About the Approval Process							
<p>This report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process.</p> <p>The Welsh Government Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018, Approved Clinician Procedural Arrangements (July 2018) and All Wales Section 12(2) Process and Criteria Document (September 2021) set out the eligibility criteria for approval and reapproval for Doctors and non-medical Clinicians who wish to become approved under the Mental Health Act 1983. These documents are used by the Approvals Team and All Wales AC and S12 Panel who scrutinise applications for approval which have been received from Clinicians across the Principality. Applications are received either for Approved Clinician or Section 12(2) applications from Psychiatrists, General Practitioners and other registered professionals who are eligible to apply for approval status under the Mental Health Act (1983) (as amended 2007).</p> <p>Applications are scrutinised by the approval team for completeness and compliance and then submitted to Panel members for their scrutiny, assessment and recommendation. Following Panel assessment, any recommendation for approval must receive formal ratification from the Approving Board, for the process of approval to be lawful and to ensure compliance with legislative requirements.</p> <p>Following approval by the Board Chairman reached at the 30th March 2023 Board meeting, ratification via urgent Chair's Action Letters was delegated to the Executive Medical Director. Approval is sought via a written Chair's Action letter and submitted to the Office of the Medical Director for consideration. Approval is then received in writing from the Executive Medical Director and returned to the Approvals Team. The Clinician is then informed that they have received approval and this is confirmed in writing in a signed Chief</p>							

Executive Officer approval letter. The Health Board then formally ratifies decisions through this paper which is submitted on a bi-monthly basis – as detailed in Appendix 1.

Asesu a Dadansoddi/Assessment & Analysis

The Board continues to exercise this function effectively and to work with Welsh Government to further develop the Directions that underpin this important function.

Opsiynau a ystyriwyd/Options considered

This is a factual report for assurance purposes.

Goblygiadau Ariannol/Financial Implications

None

Dadansoddiad Risk/Risk Analysis

To ensure that all Clinicians are approved and reapproved within the agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government. If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in the Principality.

Under The Mental Health (Mutual Recognition) Regulations 2008, a Section 12(2) approved Doctor in England is also approved in Wales and vice versa. Due to a current lack of Section 12 Directions for Wales, there is a risk that a Section 12(2) approved Doctor in Wales may not be lawful in England.

Cyfreithiol a Chydymffurfiaeth/Legal and Compliance

The Approval Process meets the legislative requirements of the Mental Health Act 1983 (as amended 2007) and the Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018.

The Board is asked to note that Wales does not currently have Section 12 Directions for the approval, re-approval and ending of Section 12(2) Doctor approval. Welsh Government met with the Approvals Team on 20th October 2021 and it was agreed that Section 12 Directions will be made. Welsh Government Legal Team reviewed draft Section 12 Directions for compliance and further meetings between the Approvals Team and Welsh Government took place on 8th December 2021, 4th and 11th February 2022, 11th March 2022 and 20th May 2022 to review and agree the contents. Further meetings are expected to be scheduled to ensure the draft Section 12 Directions are reviewed, agreed and enacted by the Welsh Ministers.

Asesiad Effaith/Impact Assessment

None.

Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales

7th March 2023 –3rd May 2023

	AC	S12 (2)
Approvals and Re-approvals	15	3
Approvals suspended	0	0
Approvals re-instated/ returned to work in Wales	2	1
Removed	0	0
Retired	0	0
Registered without a licence to practise and retired	1	2
Transferred from AC register (to S12 Register)	0	0
Transferred/Removed from S12 – Became AC approved	0	1
No longer working in Wales and Approval Expired	0	0
No longer working in Wales	3	1
Approval Ended	2	0
RIP	0	0

APPENDIX 1

Mental Health Act 1983 (as amended by the Mental Health Act 2007)

Mental Health Act 1983 Approved Clinician (Wales) Directions 2018

Update of Register of Approved Clinicians for Wales

7th March 2023 – 3rd May 2023

Approvals and Re-approvals: 15

Surname	First Name	Workplace	Date Approval Expires	Previous Board Action
Part A: Ratifications approved at the Board meeting held on 30th March 2023:-				
Fitzpatrick	Helen	Betsi Cadwaladr University Health Board, Bangor CAMHS, Talarfon, Holyhead Road, Bangor, LL57 2EE.	23 rd February 2028	Yes
Jones	Gaynor	Elysium Healthcare, Aderyn, Penperlleni, Pontypool, NP4 0AH.	27 th February 2028	Yes
Joseph	Sunil	Cwm Taf Morgannwg University Health Board, Dewi Sant Health Park, Albert Road, Pontypridd, CF37 1LB.	28 th February 2028	Yes
Evans	Ceri Gwynfryn	Cwm Taf Morgannwg University Health Board, Taff-Ely Older Persons Mental Health Service, Maritime Resource Centre, Woodland Terrace Pontypridd, CF37 1EE.	19 th March 2028	Yes
Bates	Gordon	Betsi Cadwaladr University Health Board, Conwy CAMHS, Mostyn Suite, Llandudno General Hospital, Hospital Road, Llandudno, LL30 1LB.	9 th November 2026	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Part B: Approvals requiring Board ratification:-				
Hill	Natalie Jane	Swansea Bay University Health Board, Ysbryd y Coed, Cefn Coed Hospital, Cockett, Swansea, SA2 0GH.	27 th March 2028	Yes
Thomas	Catrin Elin	Betsi Cadwaladr University Health Board, Flintshire Older Person's CMHT, Wepre House, Civic Way, Wepre Drive, Connah's Quay, Deeside, Flintshire, CH5 4HA.	7 th May 2028	Yes
Nicholls	Rebecca	Swansea Bay University Health Board, Caswell Clinic, Tondu Road, Bridgend, CF31 4LN.	30 th April 2028	Yes
Annear	Delia	Cardiff and Vale University Health Board, Pendine Centre, 124-126 Cowbridge Road West, Ely, Cardiff, CF5 5BT.	4 th April 2028	Yes
Chapman	David	Ludlow Street Healthcare Limited, Heatherwood Court Hospital, Llantrisant Road, Pontypridd, CF37 1PL.	5 th April 2028	Yes
Hettiarachchi	Callista	Cardiff and Vale University Health Board, CAMHS, Children's Centre, St David's Hospital, Cowbridge Road East, Canton, Cardiff, CF11 9XB.	30 th March 2028	Yes
Ahuja	Alka	Aneurin Bevan University Health Board, Ty Bryn Adolescent Unit, St Cadoc's Hospital, Lodge Road, Newport NP18 3XQ	10 th April 2028	Yes
Jawad	Sudad	Elysium Healthcare Limited, Aberbeeg Hospital, Abertillery, NP13 2DA.	25 th July 2027	Yes
Elhibir	Idris	Betsi Cadwaladr University Health Board, Ablett Unit, Glan Clwyd Hospital, Bodelwyddan, Denbighshire, LL18 5UJ.	1 st May 2028	No* *pending ratification via a Chair's Action Letter
Owino	Walter	Betsi Cadwaladr University Health Board, Holywell Community Hospital, Halkyn Road, Flintshire, CH8 7TZ.	2 nd May 2028	No* *pending ratification via a Chair's Action Letter

Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

Approvals re-instated: 2

Surname	First Name	Workplace	Date Approval Expires
Dhanushkodi	Rajasekar Ramasamy	Betsi Cadwaladr University Health Board, Denbighshire CAMHS, Royal Alexandra Hospital, Marine Drive, Rhyl, LL18 3AS.	08 September 2025
Hassan	Essam	Aneurin Bevan University Health Board, St Cadoc's Hospital, Adferiad Unit, Lodge Road, Caerleon, Newport, NP18 3XQ.	19 th January 2025

Removed (Left Wales) and Approval Expired: 0

Surname	First Name	Workplace	Date Approval Expired

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 1

Surname	First Name	Workplace	Date Approval Expired
Studer	Joerg	Betsi Cadwaladr University Health Board, Arfon CMHT, Hergest Unit, Ysbyty Gwynedd, Bangor, LL57 2PW.	20 th March 2023

Transferred from AC Register to S12 Register: 0

Surname	First Name	Workplace	Date Approval Expires

No longer working in Wales: 3

Surname	First Name	Workplace	Date Approval Expires
Ahmed	Nazir	Betsi Cadwaladr University Health Board, Ablett Psychiatric Unit, Glan Clwyd Hospital, Rhuddlan Road, Rhyl, Denbighshire, LL18 5UJ.	25 th April 2025
Adebay	Bankole	Betsi Cadwaladr University Health Board, Bryn Hesketh EMI Unit, Hesketh Road, Colwyn Bay, Conwy, LL29 8AT.	18 th January 2024
Islam	Rezau	Hywel Dda University Health Board, Brynmair Clinic, 11 Goring Road, Llanelli, SA15 3HF.	31 st May 2023

Approval Ended: 2

Surname	First Name	Workplace	Date Approval Expired
Cree	Adrian	Priory Group Limited, Ty Catrin Secure Unit, Dyfrig Road, Cardiff, CF5 5AD.	26 th March 2023
Owino	Walter	Betsi Cadwaladr University Health Board, Holywell Community Hospital, Halkyn Road, Flintshire, CH8 7TZ.	30 th April 2023

RIP: 0

Surname	First Name	Workplace	Date Approval Expired

APPENDIX 2

Mental Health Act 1983

Update of Register of Section 12(2) Approved Doctors for Wales

7th March 2023 – 3rd May 2023

S12 Approvals and Re-approvals: 3

Surname	First Name	Workplace	Date Approval Expires	Previous Board Action
Part A: Ratification approved at the Board meeting held on 30th March 2023:-				
Pranay	Pratyush	Aneurin Bevan University Health Board, St Cadoc's Hospital, Lodge Road, Caerleon, NP18 3XQ.	21 st March 2028	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Part B: Approvals requiring Board ratification:-				
Carter-Esdale	William	Cwm Taf Morgannwg University Health Board, Angelton Clinic, Glanrhyd Hospital, Tondu Road, Bridgend, CF31 4LN.	27 th March 2028	Yes
Leong	Kok Keong	Aneurin Bevan University Health Board, Ysbyty Ystrad Fawr, Ystrad Fawr Way, Ystrad Mynach, Hengoed, CF82 7GP.	2 nd April 2028	Yes

S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Approvals reinstated or Returned to Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Gibson	Nataly	Aneurin Bevan University Health Board, Talygarn Unit, County Hospital, Griffithstown, Pontypool, NP4 5YA.	20 th May 2026

S12 Removed – Approval Expired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 2

Surname	First Name	Workplace	Date Approval Expired
Tye	Tracey	c/o Private Address	18 th April 2023
Adie	Julian	c/o Private Address	18 th April 2023

Transferred from AC Register & Became S12 approved: 0

Surname	First Name	Workplace	Date S12(2) Approval Expires

Transferred from S12 Register & Became AC approved: 1

Surname	First Name	Workplace	Date Approval Expired
Collins	Ann	Cwm Taf Morgannwg University Health Board, Tonteg Hospital, Coity Road, Tonteg, CF38 1HE.	20 th March 2023

S12 No longer working in Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Gilgar	Liam	Cardiff and Vale University Health Board, Gabalfa Clinic, 213 North Road, Cardiff, CF14 3AG.	19 th November 2023

S12 Approval Ended: 0

Surname	First Name	Workplace	Date Approval Expired

RIP: 0

Surname	First Name	Workplace	Date Approval Expires



Teitl adroddiad: <i>Report title:</i>	Nurse Staffing Levels Assurance Paper		
Adrodd i: <i>Report to:</i>	Board 25 May 2023		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 May 2023		
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>In line with the Nurse Staffing Levels (Wales) Act 2016, Health Boards are required to calculate and take all reasonable steps to maintain the nurse staffing levels in acute adult medical & surgical inpatient wards and paediatric inpatient wards using the processes prescribed within the Act.</p> <p>This paper introduces the 2022/23 Betsi Cadwaladr University Health Board (BCUHB) annual assurance report for the period 6th April 2022 - 5th April 2023.</p> <p>The All Wales Nurse Staffing Group has produced the standard template which must be used to form the annual assurance report to ensure consistency in the information from each Health Board within Wales.</p>		
Argymhellion: <i>Recommendations:</i>	<p>The meeting is asked to receive this report to gain assurance in relation to the following:</p> <ol style="list-style-type: none"> 1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory "duty to calculate and take steps to maintain nurse staffing levels" in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. 2. BCUHB is meeting its statutory duty to provide an Annual Presentation to the Board detailing calculated nurse staffing levels <p>The meeting is asked to note that a financial assessment arising from the organisations statutory duty to calculate nurse staffing levels has been submitted via the IMTP scheme for consideration within the financial planning cycle for 2023/24.</p>		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Mrs Angela Wood, Executive Director of Nursing & Midwifery		
Awdur yr Adroddiad: <i>Report Author:</i>	<p>Mrs Alison Griffiths, Director of Nursing for Workforce, Staffing and Professional Standards</p> <p>Miss Joanna Brown, Nurse Staffing Programme Lead</p>		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>
Lefel sicrwydd:	Arwyddocaol	Derbyniol	<p>Rhannol</p> <p>Dim Sicrwydd</p>

Assurance level:	Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>		<p><i>Nurse Staffing Levels (Wales) Act 2016¹</i></p> <p>Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards.</p> <p><i>A Healthier Wales: Our Plan for Health and Social Care²</i> identifies a requirement to “drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales”</p> <p>Recruitment and retention are key themes within these plans, and notes that while health and social care services have capability to attract the best talent in the world, there is evidence of fragility in specific services that have affected the delivery of quality care to patients.</p> <p><i>A Healthier Wales: Our Workforce Strategy for Health and Social Care³</i> draws a direct link between vacancy rates and high agency expenditure.</p> <p><i>The priorities of the Chief Nursing Officer</i> includes an ambition to <i>attract, recruit, train, educate and retain the nursing and midwifery workforce so that the nursing and midwifery vacancy factor is reduced, working towards no vacancies over 3-5 years</i></p>		

¹ <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

² <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

³ https://socialcare.wales/cms_assets/file-uploads/Workforce-strategy-ENG-March-2021.pdf

Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Statutory reporting requirements aligned to the Nurse Staffing Act (Wales) 2016 “ <i>duty to calculate and take steps to maintain nurse staffing levels</i> ”
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR2113 - Nurse Staffing (Continuity of service may be compromised due to a diminishing nurse workforce). There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board.</p> <p>Inability to provide appropriate nurse staffing levels to ensure time to care for patients sensitively can compromise the Health Boards ability to deliver health care effectively, and compromise the reputation of Health Board nursing services.</p> <p>This could be further exacerbated by the impact on the resilience of the workforce due to;</p> <ol style="list-style-type: none"> 1) the ongoing Covid 19 pandemic 2) the increasing age profile within the workforce 3) retention rate of nursing staff across the Health Board. <p>CRR15 Recruitment & Retention (this applies to all staff across the Health Board but the nursing workforce is a significant element of the risk).</p> <p>There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well-being and attendance of staff</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the financial planning cycle of the Health Board. The risks relate to the ability to both finance and recruit a sufficient workforce of both registered nurses and healthcare assistants.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>See above – <i>Financial implications</i></p>

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	As detailed above - Risk ID1976
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i>	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix 1 – Annual Assurance Report May 2023 Appendix 2 – Annual Assurance Report Summary of Required Establishment 2022 – 2023 Appendix 3 – Summary of the Nurse Staffing Levels for 25B Wards Spring 2023	

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016: Report for Board/Delegated Committee			
Health board	Betsi Cadwaladr University Health Board		
Date annual assurance report is presented to Board	<p>Executive Meeting 26th April 2023 Board Committee Meeting 25th May 2023</p> <p>The reporting period is 6th April 2022 – 5th April 2023.</p>		
	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	<p>Total lowest number of <u>Medical</u> Wards = 24 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8</p> <p>Total highest number of <u>Medical</u> wards = 25 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9</p>	<p>Total lowest number of <u>Surgical</u> Wards = 15 Ysbyty Gwynedd 4 Ysbyty Glan Clwyd 5 Ysbyty Wrexham Maelor 6</p> <p>Total highest number of <u>Surgical</u> wards = 17 Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6</p>	<p>Paediatric inpatient wards have remained unchanged/static during the reporting period:</p> <p>Total <u>Paediatric</u> Wards = 3 Ysbyty Gwynedd 1 Ysbyty Glan Clwyd 1 Ysbyty Wrexham Maelor 1</p>
During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	<p>Adult acute medical inpatient ward staffing levels have been reviewed / recalculated on one occasion outside of the bi-annual calculation process:</p> <p>1) Following a site reconfiguration within the Ysbyty Maelor site to transfer the former ENT surgical ward to be a medical ward, now known as Prince of Wales.</p>	<p>Adult acute surgical inpatient ward staffing levels have been reviewed / recalculated on three occasions outside of the bi-annual calculation process:</p> <ol style="list-style-type: none"> 1) Following a site reconfiguration within the Ysbyty Maelor site to transfer the former ENT surgical ward to be a medical ward, now known as Prince of Wales. 2) Bromfield ward stepped up as Act wards following the return of elective Gynaecological patients. 3) Ffrancon ward stepped up as Act wards following the return of elective Gynaecological patients. 	<p>Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.</p>

The process and methodology used to calculate the nurse staffing level.

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each Health Board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients.

This report will focus on the wards to which Section 25B of the Nurse Staffing Levels (Wales) Act pertains within BCUHB¹. In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews² in order to appropriately calculate planned nurse staffing levels. The organisation has been fully compliant with the requirements of bi-annual nurse staffing calculations since the operational inception of the Nurse Staffing Levels (Wales) Act 2016 in April 2018. The narrative detailed within the Annual Assurance Report (appendix 2) has attempted to demonstrate the rationale for any proposed changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity.

Methodology used to calculate the nurse staffing level:

Section 25C of the Nurse Staffing Levels (Wales) Act 2016 describes the triangulated method of calculation that must be applied when undertaking the nurse staffing level calculations / reviews. The triangulated methodology involves collecting, reviewing and interpreting data relating to Patient Acuity, Care Quality Indicators, and Professional judgement.

Patient Acuity data is measured using Welsh Levels of Care³ evidence-based workforce planning tool. This measure of patients' levels of acuity indicates how much care is required in order to determine the nurse staffing level that is required to meet reasonable requirements of care. Within BCUHB the RL Datix SafeCare system⁴ captures acuity data on a shift by shift basis, however across Wales, in all wards where section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies, formal acuity audits are undertaken every 6 months (January and June). The acuity audit data is reviewed and validated by the Site/Area Director of Nursing, Head of Nursing, Matron and Ward Manager prior to final sign off and subsequent publication.

¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards. Excluded from the definition of Section 25B wards are Outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units, coronary care units. These areas ordinarily undergo a (minimum) annual nurse staffing review to ensure there are sufficient nurses to provide timely and sensitive care to patients.

² Statutory calculations of nurse staffing levels across wards pertaining to Section 25B take place between March/April (reporting to Board in May) and August/September (reporting to Board in November).

³ The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

⁴ RL Datix (formally known as Allocate) SafeCare is a daily staffing software system that displays real time nurse staffing levels and patient acuity enabling informed decision making on staffing levels across a hospital site. It enables visibility of staff to support deployment of resource in addition to the recording of red flags and professional judgement reasons and mitigating actions taken.

Care Quality Indicators are measures that are particularly sensitive to care provided only by a nurse and must be considered during the calculation process. The quality indicators shown to have an association with low nurse staffing levels are identified as:

- Patient falls - any fall that a patient has experienced whilst a patient on the ward
- Pressure ulcers - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward;
- Medication administration errors - any error in the preparation, administration or omission of medication by nursing staff
- Complaints – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.

Paediatric inpatient wards also include infiltration/extraversion injuries as part of their care quality indicator measurements.

In addition to the indicators set out above, any other indicator that is sensitive to the nurse staffing level may be considered. Examples may include, but are not limited to, patient experience, unmet care needs, failure to respond to patient deterioration, staff experience & well-being and compliance with mandatory training and performance development reviews.

Professional judgement is the application of nursing knowledge, skills and experience in order to make an informed decision regarding nurse staffing level calculations. Professional judgement will take into account the qualifications, competencies, skills, experience, professional development, and mandatory training requirements of the nurses providing care to patients within the ward. It will also consider the use of temporary staffing, conditions which may affect care provision, support to students and learners, ward layout, the turnover of patients and overall bed occupancy, the complexity of patient needs in addition to their medical or surgical nursing needs (for example, patients with learning disabilities), and staff health and well-being.

During the process of calculating the nurse staffing levels using the triangulated approach there is no pre-determined hierarchy in terms of the evidence with equal weighting given to all the information that informs this process. The designated person⁵ will make the determination of the nurse staffing levels based on an analysis of all the information collected about the ward and the contributions of those staff involved in the process.

In line with the Nurse Staffing Levels (Wales) Act 2016, and following consideration of these factors, an uplift of 26.9% is applied to both the registered nurse (RN) and Health Care Support Worker (HCSW) establishments to cover staff absences⁶. As per the

⁵ The designated person must act within the Health Boards governance framework authorising that person to undertake the nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

⁶ The 26.9% covers absences relating to annual leave, sickness and study leave but excludes maternity leave.

requirements of the Nurse Staffing Levels (Wales) 2016 Act all Band 7 Ward Managers are supernumerary and are therefore not included in the required establishment figures.

Process used to calculate the nurse staffing level:

In line with the Nurse Staffing Levels (Wales) Act 2016, nurse staffing calculations are to be approved by a designated person⁵ who is authorised to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment. Within Welsh Health Boards the designated person is the Executive Director of Nursing.

BCUHBs process of calculating nurse staffing levels has 3 steps:

Step 1: Initial Review

The review process is commenced at ward level with the Ward Manager presenting ward acuity data, care quality indicators, and professional judgement. Each ward completes the designated proforma available within the 'Nurse Staffing Levels (Wales) Act 2016' Operational Guidance to evidence the review process and application of the triangulated methodology described above. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented at site level, for review, discussion and supportive challenge.

The Integrated Health Community Nurse Director / Associate Director of Nursing leads the site reviews to calculate Nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Sister/Manager, and colleagues from finance. The review is informed by both qualitative and quantitative information comprising of information and data gathered using the triangulated methodology covering Patient Acuity, Care Quality Indicators, and Professional judgement.

Additional information provided at the initial review includes, though is not limited to:

- Current ward bed numbers and speciality, including specific treatments or procedures.
- Ward environment, layout and geographical position
- Detail of service and patient pathway changes
- Ward based initiatives. improvement programmes or action plans
- Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc.).
- Workforce/Staffing related metric data i.e. Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave.
- Patient flow/activity related data for the previous 12 months.
- Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff.

	<p>Step 2: Health Board Wide Review A Health Board wide (multi-site, service specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent Health Board wide approach. The review includes sharing good practice and lessons learnt and providing assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models must include an uplift of 26.9% and that a supernumerary Band 7 Ward Sister/Charge nurse has been calculated within the overall workforce plan for each ward. Supportive challenge and discussions are undertaken between the senior nurse leadership team⁷, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology.</p> <p>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery Each Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person. In attendance are the Executive Directors for Workforce & Organisational Development; & Finance (or their nominated deputies). Final approval of the Nurse Staffing Levels is agreed by the Executive Director of Nursing and Midwifery as the confirmed designated person and on approval, these are formally presented to the Board in November each year.</p>
<p>Informing patients</p>	<p>In line with the requirements of the Nurse Staffing Level (Wales) Act 2016, information boards are located at the entrance to each of the wards displaying the planned nurse staffing levels on the wards and the date these were presented to the Board. Nationally agreed bilingual “Once for Wales” templates are utilised to display the planned staffing levels, with supplementary information available via a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available bilingually in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act.</p> <p>During the COVID-19 pandemic, as these information boards are displayed in areas ordinarily frequented by visitors, it is acknowledged that this particular method has been limited at times. Further consideration has been needed in regard to informing patients of nurse staffing levels and ensuring a comprehensive approach to this particular element of the Act. Patients are encouraged to ask questions on the ward and staff advocate an open and honest approach to nurse staffing levels. Ward staff endeavour to support the use of tablets and mobile phones in order to encourage regular communication between patients and their friends and families. Ward staff are aware of, and endeavour to maintain Welsh Language Standards and translation services to ensure that patients are offered the opportunity to communicate through their language of choice.</p> <p>To date, there have not been no concerns reported by patients or the public regarding how the Health Board is approaching this aspect of its statutory requirements</p>

⁷ Director of Nursing for Workforce, Staffing and Professional Standards, Integrated Health Community Nurse Director / Associate Director of Nursing and Heads of Nursing

Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards</u> .	YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)	Period Covered 6 th April 2022 to 5 th April 2023		
		Number of Wards:	RN (WTE)	HCSW (WTE)
	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May 2022)	39	803.58	687.81
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May 2022) calculation cycle	39	750.62	522.55
	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (November 2022)	40	790.83	706.13
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (November 2022) calculation cycle	40	768.81	527.20
<p>NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit</p> <p>During previous reporting periods the pressures of Covid-19 have made it difficult at times to distinguish within areas the bed base that would ordinarily form part of the Section 25B requirements, and those that would be excluded. As the organisation resumes business as usual, services have had the opportunity to review and reconsider their clinical environments in addition to known further changes, such as the restarting of elective and planned care activity.</p> <p>The number of Section 25B wards has changed during the reporting period and within some of these wards the associated staffing establishments have also changed. A number of wards required staffing levels have been recalculated for the following reasons (for some wards' nurse staffing levels were recalculated for more than one reason, or on more than one occasion):</p> <ul style="list-style-type: none"> • 12 wards were recalculated due to a change in the patient acuity and / or patient harm profiles • 3 wards were recalculated following staffing skill mix reviews • 5 wards were recalculated due to a review of or change in funded bed numbers or ward layout • 3 wards were recalculated due to service/pathway changes • 3 wards new were including as Section 25B wards and undertook their inaugural formal reviews <p>Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. The narrative detailed within the annual assurance report appendices demonstrates the rationale for any changes to the nurse staffing</p>				

levels. Financial implications of the reviews will be considered by the Executive Team and considered within the 2023/24 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

The nurse staffing reviews have again identified the regular (and in some areas sustained) use of “escalation beds” in response to system pressures and as such funding for these beds are included for consideration in the planning and prioritisation schedule of the Integrated Medium Term Plan (IMTP). Staff are utilised from across the site to support the staffing of these wards/beds alongside the use of temporary staffing. Seasonal and temporal pressures historically experienced during winter months, build throughout the year and it is evident that this pressure is placing significant stress on staff and creating significant risks for patients.

Whilst previous reviews and associated reports have included the staffing requirements necessary to support escalated beds within the Section 25B wards, from the Autumn 2022 review, and in line with other Health Boards within Wales, the required nursing establishment figures will not include staffing levels for these beds. The figures presented in this report reflect this change in the review process between the Spring 2022 and Autumn 2022 reviews. Although staffing requirements associated with escalated beds will not be included in the data relating to Section 25B wards this information will continue to be captured as part of the nurse staffing levels review process and included within the respective Integrated Health Community IMPT plans.

The extent to which wards pertaining to Section 25B have repurposed during this reporting period is less than was seen in the previous reporting period 2021/22. Patient acuity however has remained higher than pre-covid periods across all inpatient areas. In line with the rest of Wales, the Health Board is showing a trend of reduced Level 1 and 2 patients, and increased levels 3 and 4 patients in our adult acute medical and surgical wards. Acuity data for wards pertaining to Section 25B during the reporting period in June 2022 shows that just over 75% of patients requiring care were Level 3 and 4, with 8% of patients requiring Level 5 care.

As wards continue to facilitate the changing demands of the patient population it is recognised that professional judgments made for some areas may change between the bi-annual nurse staffing level calculation reviews and therefore some staffing changes are recognised as interim amendments pending further review. During this reporting period an increase in patient acuity, dependency and reported harms have affected staffing requirements across the services, predominantly with an increased need for Healthcare Assistants.

Developments and processes for achieving required establishments across all Section 25B wards (adult & paediatric):

There are a range of both short and long term actions being taken by the Health Board to improve the extent to which a sufficient workforce is available to work within the Registered Nurse and Health Care Support Worker establishments across all health settings. Workforce and Organisational Development teams continue to work closely with senior nursing and midwifery colleagues to assess and understand workforce requirements, maximise recruitment and focus on the experience and retention of nursing staff. In support of this work a Health Board wide Nursing Recruitment and Retention group meets monthly and oversees a comprehensive work plan including:

- Continued overseas nurse recruitment programme with a plan to recruit 380 WTE registered nurses over 2 years, of which, 80 WTE will be registered mental health nurses. Since this work stream began 58 WTE registered nurses have been successfully recruited with the first cohort arriving in October 2022.
- Bachelor of Nursing FastTrack for Health Care Support Workers to “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis
- Continual review and enhancements of BCUHB careers framework
- Corporate led HCA recruitment drives, working closely with the temporary staffing team to directly appoint regular bank workers whilst sustaining an agile temporary workforce.
- Annual establishment reviews for areas exempt from Section 25B
- Monitoring of the SafeCare Allocate system usage to ensure targeted support to areas of poor compliance, and ensure visibility of available nursing resource and workforce utilisation.
- The development of a Workforce Utilisation Dashboard to identify the utilisation of substantive and temporary staff within rosters, measured against funded establishments in ESR. Staff unavailability (i.e. annual leave / sickness / training / parenting) will be included in the dashboard to identify the drivers for low substantive staff utilisation, and high temporary workforce requests above agreed funded establishment.

Short-term mitigation remains through the use of temporary staffing (bank and agency staff) and deployment of substantive staff internally.

Extent to which the required establishment has been maintained within paediatric inpatient wards

NB: First cycle: spring 2022 following January audit
Second cycle: autumn 2022: following June audit

		Period Covered October 2021 – March 2022		
PAEDIATRICS YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)		Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of <u>paediatrics inpatient wards</u> calculated during first cycle (May 2022)		3	83.46	31.27
WTE of required establishment of <u>paediatrics inpatient wards</u> funded following first (May 2022) calculation cycle		3	79.45	31.27
Required establishment (WTE) of <u>paediatrics inpatient wards</u> calculated during second calculation cycle (November 2022)		3	83.46	31.27
WTE of required establishment of <u>paediatrics inpatient wards</u> funded following second (November 2022) calculation cycle		3	79.45	31.27

The number of Section 25B wards within paediatrics has not changed during the reporting period and there have been no changes made to the required staffing establishments. Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. Financial implications of the reviews will be considered by the Executive Team and considered within the 2023/24 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

The acuity data shows very few patients at level 1 on the paediatric wards, with the majority of patients being levels 2 and 3. There were no days without some patients at level 4 or 5 across the units. The paediatric wards have a very high turnover with average length of stay lower than that seen on adult wards. This is supported by the flow data with up to 50 admissions recorded across the three paediatric units per day.

Extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric inpatient wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	47093	10451 22.19%	3386 7.19%	12581 26.72%	14368 30.51%	86.61%

Extent to which the planned roster has been maintained within adult acute medical and surgical wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	44829	9286 20.71%	3315 7.39%	11980 26.72%	13974 31.17%	86.00%

When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E of the 2016 Act, and health boards/trusts were using a variety of E-Rostering and reporting systems. During the first reporting period health boards/trusts in Wales worked as part of the All Wales Nurse Staffing Programme, to enhance the Health Care Monitoring System (HCMS) (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent to which the nurse staffing levels across the health board/trust. NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent

to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required.

Over the last 3 years extensive work has been undertaken to inform the development of the Safecare system that continues to be implemented within health boards and trusts within Wales through a phased approach. Each health board/trust is at different stages of implementation with BCUHB having implemented Safecare across all Section 25B adult acute medical & surgical wards and the paediatric wards having recently undertaken implementation of the system with work ongoing to embed this within these ward areas. The implementation of this national IT system will ensure consistency in recording and reporting data across organisations and support the 'Once for Wales' approach'.

During April 2022 to April 2023 BCUHB has utilised the SafeCare system to capture data for the adult acute medical & surgical wards. SafeCare provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients on a shift by shift basis. The information reported for the extent to which the planned roster has been maintained within adult acute medical and surgical wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the ward user who utilising their professional judgement to record the appropriateness of the staffing levels on each of these shifts.

This is the second year of reporting in this way and significant improvements have been made in the quality of the data being reported with overall data completeness rising from 37.82% to 86% across the adult medical and surgical Section 25B during this reporting period. Work will continue to ensure that the improvements are sustained with data being monitored and validated at regular intervals throughout the year.

BCUHB continues to work closely with the All Wales Safecare Implementation Group to support and ensure a consistent All Wales approach. An All Wales SafeCare Standard Operating Procedure has been developed and is in use across BCUHB. Enhancements continue to be made to the SafeCare system to ensure the reporting requirements of the Act can be met and the introduction of these will be utilised as an opportunity to review and refresh the system usage within BCUHB, and compliance across the organisation during 2023⁸.

⁸ Additional resource will be required to support monthly data monitoring, analysis, and reporting in order to ensure the Health Board meets statutory reporting requirements relating to 'the extent to which the nurse staffing level has been maintained'

Extent to which the planned roster has been maintained within paediatric inpatient wards		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	2264	1165	71	601	394	98.54%
			51.46%	3.14%	26.55%	17.39%	
<p>On the 1st October 2021 the second duty of the 2016 Act was extended to paediatric inpatient wards. Prior to the extension date health boards calculated their nurse staffing levels for each paediatric inpatient ward which was presented to their Board/delegated committee in September 2021. The process and systems used within paediatric inpatient wards align to those used within the adult medical and surgical inpatient wards and use of HCMS and Safecare, as per the adult wards, has enabled health boards to move towards capturing the data required to inform the reporting requirements under section 25E of the 2016 Act from this date.</p> <p>During this reporting period the paediatric inpatient wards have utilised the Health Care Monitoring System (HCMS) to enable the capture and analysis of data. Operational pressures have impacted on the organisations ability to implement Safecare to the paediatric wards within the desired timeframe, with this having only been undertaken during the latter part of this reporting period. The paediatric ward in Ysbyty Maelor Wrexham has successfully moved to capturing data fully within the SafeCare system, with data from 1st February until 5th April reported for this area via the SafeCare system. Work is ongoing to ensure the SafeCare system is fully embed across the paediatric wards and it is anticipated that all three wards will be fully utilising the SafeCare system to capture the data by June 2023.</p>							
Process for maintaining the Nurse staffing level	<p>The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the Health Board takes 'all reasonable steps' to maintain its staffing levels. As a Health Board there has been underpinning work to secure and assure plans for maintaining nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained both locally and nationally.</p> <p>The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation.</p>						

Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”. There are established processes in place within the Integrated Health Communities nursing structures which allow for reviews of nurse staffing levels operationally on a daily basis, and support operational risk based decisions about the deployment of staff.

The process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with specific examples of actions which have been taken at both strategic/corporate and operational levels provided below, demonstrating that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board:

- The Allocate SafeCare system provides real-time data in relation to staffing, skill mix and patient acuity. The system is reviewed on a shift-by-shift basis (as a minimum) by the Senior Nursing teams. The system, in addition to professional judgement, enables the temporary redeployment of resource to support timely and sensitive patient care.
- Daily site operational meetings involving discussions relating to capacity, staffing and system risk to inform decisions regarding opening/closing additional capacity, planned care, and the redeployment of available staff.
- Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services
- Nurse staffing escalation processes are outlined in the [BCUHB - Nurse Staffing Levels Policy](#) and [BCUHB Paediatric Escalation Policy](#)
- Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover.
- Where appropriate study leave and non-essential meetings are stood down
- Offer for staff to work additional hours or overtime to support their areas
- Use of temporary workforce – any gaps that cannot be filled by substantive staff are tendered in advance to the temporary workforce team in order to optimise fill rate. Where appropriate, block booking is supported to ensure stability, and regular workers to aid continuity
- Nurse managers and non-patient facing/corporate nursing teams deployed to support their clinical areas in order to maintain nurse staffing levels, and staff health and well-being through ensuring appropriate break times
- An increase in the Band 6 establishments across identified wards pertaining to Section 25B with a primary purpose of strengthening senior support out of hours, whilst enhancing professional development and leadership.
- Annual workforce planning undertaken which informs nursing education commissioning
- Close working relationships with allied health professionals and non-nursing colleagues in order to utilise additional support where nurse staffing is unavailable, for example, therapy support/theatre staff/pharmacy and administrative progress chasers
- Reporting potential compromise to patient care and/or experience considered to be attributed to nurse staffing via the Datix system and review.

- Roster optimisation – ensuring that all rosters are completed in line with Rostering Policy WP28a. Rosters are subject to a double approval process which is monitored by the senior nursing team to ensure safe and effective rosters
- A streamlined fast track recruitment process
- Partnership working with local universities to maximise opportunities for recruitment and retention including innovative opportunities for post graduate development
- The introduction of additional roles to support nurse staffing such as Assistant Practitioners (Band 4) Progress Chasers (Band 3) to support the safe and timely discharge of patients
- Maximising opportunities for healthcare support worker development through Assistant Practitioner, Open University and Part Time Bachelor of Nursing routes
- The appointment of new graduates via the streamlining process continues to be a success as does the overseas recruitment programme.
- The provision of pastoral support for graduates and overseas nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB
- Targeted focus of innovative Nurse recruitment campaigns both locally, nationally and internationally informed by workforce data/analysis and feedback
- Staff wellbeing strategies are in place
- Work is ongoing to ensure there is a strong focus on staff retention with preceptorship programmes for new graduates, an ethos of support for lifelong learning and staff development, and the ability to provide a positive work-life balance and focus on staff work satisfaction.

Recruitment and retention activity has prioritised areas with significant need/risk. On the balance of risk, and following on from the staffing reviews undertaken in Spring 2022, wards have recruited above funded establishments to ensure timely and sensitive nursing care. Recruitment initiatives have specifically focussed on increasing substantive registrants and non-registrants within the Health Board, via routes such as international recruitment, Health Care Assistants graduate schemes and external supported campaigns. Short /intermediate term mitigation continues to be through temporary staffing of bank and agency staff and deployment of staff internally.

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in adult acute medical & surgical inpatients wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/ complaints during last year (06/04/2021 – 05/04/2022)	Number of closed incidents/ complaints during current year (06/04/2022 – 05/04/2023)	Total number of incidents/ complaints not closed (06/04/2022 – 05/04/2023) and to be reported on/during the next year (06/04/2023 – 05/04/2024)	Increase / decrease in number of closed incidents/ complaints between previous year and current year	Number of incidents/ complaints when the nurse staffing level (planned roster) was not maintained (06/04/2022 – 05/04/2023)	Number of incidents / complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor (06/04/2022 – 05/04/2023)
Hospital acquired pressure damage (grade 3, 4 and unstageable)	YWM 18	YWM 21	YWM 2	YWM Increase	YWM 0	YWM 0
	YGC 65	YGC 55	YGC 17	YGC Decrease	YGC 0	YGC 0
	YG 60	YG 96	YG 4	YG Increase	YG 24	YG 13
	Oncology & Haematology N/A	Oncology & Haematology 12	Oncology & Haematology 1	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 1	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	143	185	24	Increase	24	13
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	YWM 12	YWM 15	YWM 0	YWM Increase	YWM 0	YWM 0
	YGC 17	YGC 10	YGC 3	YGC Decrease	YGC 0	YGC 0
	YG 12	YG 14	YG 0	YG Increase	YG 2	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 1	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	41	40	3	Decrease	2	0

Medication errors never events	YWM 3	YWM 0	YWM 0	YWM Decrease	YWM 0	YWM 0
	YGC 0	YGC 0	YGC 0	YGC Static	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG Static	YG 0	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	3	0	0	Decrease	0	0
Any complaints about nursing care ⁹	YWM 3	YWM 2	YWM 0	YWM Decrease	YWM 0	YWM 0
	YGC 0	YGC 0	YGC 0	YGC Static	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG Static	YG 0	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 1	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 2	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	3	3	2	Static	0	0

KEY: YWM - Ysbyty Wrexham Maelor / YGC - Ysbyty Glan Clwyd / YG - Ysbyty Gwynedd.

This is the first year that the oncology & haematology and Womens gynaecology wards have reported the above quality indicators with their wards being stepped up as Section 25B during the course of this reporting period.

It is noted that a recommendation in the “Nurse Staffing Levels (Wales) Act 2016 – statutory summary of nurse staffing level report 2018-2021” was to ask the All Wales Nurse Staffing Group and Executive Nurse Directors to consider what revisions to the reporting template, including the quality indicator information, should be used for the second reporting period and the CNO has asked that consideration should be given to aligning the three year reports with the measures that will underpin the reporting requirements of the Quality and Engagement Act 2020. Nationally work has commenced on reviewing and enhancing the current reporting templates with there being BCUHB representation on this national group.

⁹ Complaints refer to those complaints made under NHS Wales complaints regulations Putting Things Right (PTR)

**Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Paediatric inpatient wards**

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/ complaints during last year (06/04/2021 – 05/04/2022)	Number of closed incidents/ complaints during current year (06/04/2022 – 05/04/2023)	Total number of incidents/ complaints <u>not</u> closed (06/04/2022 – 05/04/2023) and to be reported on/during the <u>next</u> year (06/04/2023 – 05/04/2024)	Increase / decrease in number of closed incidents/ complaints between previous year and current year	Number of incidents/ complaints when the nurse staffing level (planned roster) was not maintained (06/04/2022 – 05/04/2023)	Number of incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor (06/04/2022 – 05/04/2023)
Hospital acquired pressure damage (grade 3, 4 and unstageable)	0	0	0	Static	0	0
Medication errors never events	0	0	0	Static	0	0
Infiltration/ extravasation injuries	2	0	0	Decrease	0	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	0	Static	0	0
Any complaints about nursing care ⁹	11	6	3	Decrease	1	0

It is noted that a recommendation in the “Nurse Staffing Levels (Wales) Act 2016 – statutory summary of nurse staffing level report 2018-2021” was to ask the All Wales Nurse Staffing Group and Executive Nurse Directors to consider what revisions to the reporting template, including the quality indicator information, should be used for the second reporting period and the CNO has asked that consideration should be given to aligning the three year reports with the measures that will underpin the reporting requirements of the Quality and Engagement Act 2020. Nationally work has commenced on reviewing and enhancing the current reporting templates with there being BCUHB representation on this national group.

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained
<p>Actions taken when the nurse staffing level <u>was not</u> maintained in section 25B wards</p>	<p>As previously detailed the process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with actions taken at both strategic/corporate and operational levels, which demonstrate that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board. These include all reasonable steps being implemented to reduce the risk when the nurse staffing level was not maintained with appropriate action, mitigation and escalation undertaken in line with the BCUHB - Nurse Staffing Levels Policy and the BCUHB Paediatric Escalation Policy</p> <p>The impact on care quality when nurse staffing levels have not been maintained is monitored operationally with the senior nursing teams applying their professional judgment to ensure that the staffing levels wherever possible, were maintained – and, where not possible, mitigated. In addition to the actions previously noted above, the below are also undertaken:</p> <ul style="list-style-type: none"> • Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provision of bespoke support sessions via Staff Wellbeing Service for example. • Shared learning through the Ward Managers and Matrons monthly meetings • Increased visibility of the senior nursing team (Matrons/ Heads of Nursing / Directors of Nursing) and Patient Advice & Liaison Support Service (PALS) team (where appropriate) through walkabouts/audit/patient feedback surveys • Daily incident reviews with escalation of major and catastrophic incidents • Weekly Hospital Acquired Pressure Ulcers (HAPU) scrutiny multi-disciplinary team meetings • Falls are reviewed daily at Matron & Heads of Nursing meeting with the “Make it safe” requirements completed within 72 hrs. Falls scrutiny meetings are in place with implementation of ward level education by Practice Development Nurses and falls champions, embedding N.I.C.E guidelines. • Increased audit activity in areas of concern to support improvement work • Nursing Quality Assurance Framework - to ensure deep dives are conducted into each clinical area in support of Ward Accreditation
<p>Conclusion & Recommendations</p>	<p>The report provides assurance to the Health Board that in line with statutory guidance the Health Board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.</p> <p>Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having ‘regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively’. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with BCUHB - Nurse Staffing Levels Policy and the BCUHB Paediatric Escalation Policy</p>

It has been challenging to consistently meet the planned roster within wards given the extremity of the current situation. The COVID-19 pandemic is unfinished and the true extent of this remains unseen. The professional judgement of nurse managers and leaders has been relied on significantly given the dynamic and constantly evolving clinical situation. During this time all staff have displayed resilience and solidarity as the organisation endeavours to:

- Manage the pressures of unscheduled care
- Re-start planned/elective services against the backdrop of consequential and unprecedented waiting list times
- Maintain nurse staffing levels together with vacancies, staff absences, and increased patient care needs
- Maintain patient pathways within a climate that has exacerbated long standing issues within social care

The Board are asked to note and support the following next steps:

1. A review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff.
2. The BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, and this will be further supported through the development and implementation of a robust Nursing Workforce Strategy that will place focus on retention and innovation.
3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters.
4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will display any changes to the planned roster on the ward boards displayed at the ward entrance

Appendix 2 - Annual Assurance Report Appendix: Summary of Required Establishment

Health board/trust:	Name: Betsi Cadwalader UHB		
Period reviewed:	Start Date: 6 th April 2022 (Spring review cycle) End Date: April 5 th April 2023 (Autumn review cycle)		
Number of wards where section 25B applies:	Medical:	Surgical:	Paediatric:
	April 2022 (Spring 2022): 24 April 2023 (Autumn 2022): 24	April 2022 (Spring 2022): 15 April 2023 (Autumn 2022): 16	April 2022 (Spring 2022): 3 April 2023 (Autumn 2022): 3

To be completed for EVERY ward where section 25B applies.

This report is reflective of the staffing requirements during the two calculation periods covered within the reporting period, these being the Spring 2022 and Autumn 2022 reviews. Details regarding the Spring 2023 reviews and associated staffing changes can be found in Appendix 3 – Summary of Nurse Staffing Levels for 25B Wards Spring 2023 Review.

Adult Acute Medical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Tryfan	19.90	22.74	Yes	19.90	22.74	Yes	Yes	Yes	HCA staffing adjusted during Spring 2022 review following a skill mix review and in response to harm profile. No further amendments made in Autumn 2022 review.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Glyder	14.21	11.37	Yes	14.21	11.37	Yes	Yes	No	No change to staffing	No		
YG Hebog	22.74	22.74	Yes	22.74	22.74	Yes	Yes	Yes	HCA adjusted during Spring 2022 review due to harm profile. No further amendments made in Autumn 2022 review.	No		
YG Moelwyn	28.43	22.74	Yes	28.43	22.74	Yes	Yes	Yes	HCA staffing adjusted during Spring 2022 review due to patient care acuity. No further amendments made in Autumn 2022 review.	No		
YG Glaslyn	19.90	25.58	Yes	19.90	25.58	Yes	Yes	Yes	HCA adjusted during Spring 2022 review due to harm profile. No further amendments made in Autumn 2022 review.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Prysor	14.21	10.95	Yes	14.21	10.95	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 following skill mix review. No further amendments made in Autumn 2022 review.	No		
YGC Ward 1	19.07	20.49	Yes	19.07	23.21	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing due to patient care acuity and harms profile.	No		
YGC Ward 2	19.07	20.49	Yes	19.07	20.49	Yes	Yes	No	No change to staffing	No		
YGC Ward 4	19.07	16.34	Yes	19.07	16.34	Yes	Yes	No	No change to staffing	No		
YGC Ward 9	19.07	20.49	Yes	19.07	20.49	Yes	Yes	No	No change to staffing	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 11	27.24	16.34	Yes	24.52	16.34	Yes	Yes	Yes	RN staffing adjusted in Autumn 2022 review following skill mix review.	No		
YGC Ward 12	21.79	19.07	Yes	21.79	19.07	Yes	Yes	No	No change to staffing	No		
YGC Ward 14	21.79	19.07	Yes	21.79	19.07	Yes	Yes	No	No change to staffing	No		
YGC Ward 10	19.07	20.49	Yes	19.07	20.49	Yes	Yes	Yes	RN & HCA staffing adjusted in Spring 2022 review following ward moves and to support patient care acuity and harms profile. No further amendments made in Autumn 2022 review.	No		
YWM Morris	17.06	21.32	Yes	17.06	21.32	Yes	Yes	No	No change to staffing	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YWM Cunliffe	19.90	14.21	Yes	19.90	19.90	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing in response to harm profile	No		
YWM Bersham	25.58	14.21	Yes	25.58	14.21	Yes	Yes	No	No change to staffing	No		
YWM ACU	31.27	14.21	Yes	31.27	14.21	Yes	Yes	No	No change to staffing	No		
YWM Bonney	19.90	19.90	Yes	19.90	19.90	Yes	Yes	No	No change to staffing	No		
YWM Acton	25.58	19.90	Yes	25.58	19.90	Yes	Yes	Yes	HCA staffing increased during Spring 2022 review due to enhanced observations and ward layout. No further amendments made in Autumn 2022 review.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YWM Fleming	19.90	19.90	Yes	11.37	5.69	Yes	Yes	Yes	RN & HCA staffing adjusted during Autumn 2022 review following review of funded beds.	No		
YWM Pantomime	21.32	18.48	Yes	15.63	14.21	Yes	Yes	Yes	RN & HCA staffing adjusted during Autumn 2022 review following review of funded beds.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Adult Acute Surgical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Tegid	25.58	19.90	Yes	25.58	19.90	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 review following reduction in beds and skill mix review. No further amendments made in Autumn 2022 review.	No		
YG Ogwen	19.90	22.74	Yes	19.90	25.58	Yes	Yes	Yes	Autumn 2022 review HCA staffing increased due to patient acuity / dependency and harms profile.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Dulas	28.43	19.90	Yes	28.43	19.90	Yes	Yes	Yes	RN staffing increased during Spring 2022 review due to increased patient care acuity. No further amendments made in Autumn 2022 review.	No		
YG Enlli	14.21	11.37	Yes	14.21	14.21	Yes	Yes	Yes	RN & HCA staffing adjusted in Spring 2022 review following skill mix review. Autumn 2022 review identified a need for a further increase of HCA on nights due to patient care acuity.	No		
YGC Ward 3	21.79	21.79	Yes	21.79	21.79	Yes	Yes	No	No change to staffing	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 5	21.79	19.07	Yes	21.79	19.07	Yes	Yes	No	No change to staffing	No		
YGC Ward 6 (ABH)	17.75	8.17	Yes	13.62	16.34	Yes	Yes	Yes	During the Autumn 2022 review staffing was reconsidered as part of the elective and planned care recovery model and to ensure this section now reports on the staffing aligned to the beds pertaining to Section 25B only.	No		
YGC Ward 7	21.79	19.07	Yes	21.79	21.79	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing to support patient care acuity	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 8	19.07	19.07	Yes	19.07	19.07	Yes	Yes	Yes	RN staffing adjusted in Spring 2022 review as Patients nursed on PACU ward post op. No further amendments made in Autumn 2022 review.	No		
YWM ENT	14.21	11.37	Yes	14.21	11.37	Yes	Yes	No	No change to staffing	Yes	Yes	Following Autumn 2022 reviews ENT has been relocated to Prince of Wales and is now a medical ward as part of site reconfiguration. Additional HCA staffing calculated to be required following this move. Staffing details will be reported following Spring 2023 reviews.

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YWM Arrivals	14.21	11.37	Yes	14.21	11.37	Yes	Yes	No	No change to staffing	No		
YWM Erddig	25.58	19.90	Yes	25.58	19.90	Yes	Yes	Yes	HCA staffing increased during Spring 2022 review due to patient acuity and harm profile. No further amendments made in Autumn 2022 review.	No		
YWM Mason	19.90	24.16	Yes	19.90	24.16	Yes	Yes	No	No change to staffing	No		
YMW Glyndwr	25.58	10.93	Yes	25.58	17.06	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing in response to harm profile.	No		
YMW Samaritan	14.42	6.70	Yes	11.37	6.70	Yes	Yes	Yes	RN staffing adjusted during Autumn 2022 review due to decrease in beds.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Womens Gynaecological Inpatient Wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 19a				11.13	5.57	Yes	Yes	No	Stepped up as an Act ward in Autumn 2022 following return of elective Gynae patients after covid re configuration	No		
YMW Bromfield										Yes	No	Both Bromfield and Ffrancon wards were stepped up as Act wards following the Autumn 2023 staffing reviews due to the return of elective Gynae patients. No additional staffing levels were calculated to be required. Staffing details will be reported following Spring 2023 reviews.
YG Ffrancon										Yes	No	

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Oncology & Haematology Inpatient Wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Alaw	16.24	14.21	Yes	16.24	14.21	Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		
YGC Enfys	17.06	17.06	Yes	17.06	17.06	Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Paediatric inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ysbyty Maelor	28.43	8.53	Yes	28.43	8.53	Yes	Yes	No	No change to staffing	No		
Ysbyty Glan Clwyd	28.43	11.37	Yes	28.43	11.37	Yes	Yes	No	No change to staffing	No		
Ysbyty Gwynedd	26.60	11.37	Yes	26.60	11.37	Yes	Yes	No	No change to staffing	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Appendix 3 Summary of Nurse Staffing Levels for wards where Section 25B applies

Health Board/Trust:	Name: Betsi Cadwalader UHB	
Period being reported on :	Start date: October 1 st 2022 (Autumn 2022 review cycle) End Date: March 31 st 2023 (Spring 2023 review cycle)	
Number of wards where section 25B has applied during the period:	Medical wards: YWM 9 YG 7 YGC 9	Paediatric wards: YWM 1 YG 1 YGC 1
	Surgical wards: YWM 6 YG 5 YGC 6	Total Section 25B Wards: YWM 16 YG 13 YGC 16

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented below

YWM Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Acton	E	5	4	25.58	19.90	Yes	E	5	4	25.58	19.90	Yes	Yes	No	No change to staffing	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
ACU	E	6	3	31.27	14.21	Yes	E	6	3	31.27	14.21	Yes	Yes	No	No change to staffing	No		
	L	6	3				L	6	3									
	LD						LD											
	TW						TW											
	N	5	2				N	5	2									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Bersham	E	5	3	25.58	14.21	Yes	E	5	4	25.58	19.90	Yes	Yes	Yes	Staffing reconsidered as part of ongoing stroke services redesign	No		
	L	5	3				L	5	4									
	LD						LD											
	TW						TW											
Bonney	N	4	2	19.90	19.90	Yes	N	4	3	19.90	19.90	Yes	Yes	No	No change to staffing	No		
	E	4	4				E	4	4									
	L	4	4				L	4	4									
	LD						LD											
Cunliffe	TW			19.90	19.90	Yes	TW			19.90	17.06	Yes	Yes	Yes	HCA staffing adjusted in Spring 2023 review to return to previous HCA staffing levels during the day but to maintain HCA increase at night due to harm profile.	No		
	N	3	3				N	3	3									
	E	4	4				E	4	3									
	L	4	4				L	4	3									
Fleming	LD			11.37	5.69	Yes	LD			11.37	5.69	Yes	Yes	No	No change to staffing	No		
	TW						TW											
	N	2	1				N	2	1									
	E	4	4				E	4	4									
Morris	L	4	3	17.06	21.32	Yes	L	4	3	17.06	21.32	Yes	Yes	No	No change to staffing.	No		
	LD						LD											
	TW						TW											
	N	2	4				N	2	4									
Pantomine	E	4	3	15.63	14.21	Yes	E	4	3	15.63	14.21	Yes	Yes	No	No change to staffing.	No		
	L	3	3				L	3	3									
	LD						LD											
	TW						TW											
Prince of Wales	N	2	2				N	2	2	14.21	14.21	Yes	Yes	No	Previous reported as ENT surgical ward however following site reconfiguration is now a medical ward. Increase in HCA to support patient care acuity and harms profile.	No		
	E						E	3	3									
	L						L	3	3									
	LD						LD											
	TW						TW											
	N						N	2	2									
	E						E											
	L						L											

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

YWM Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Arrivals	E	3	2	14.21	11.37	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
ENT	E	3	2	14.21	11.37	Yes	E								Following site reconfiguration now reported as Prince of Wales medical ward above.			
	L	3	2				L											
	LD						LD											
	TW						TW											
	N	2	2				N											
Erddig	E	5	4	25.58	19.90	Yes	E	5	4	25.58	19.90	Yes	Yes	No	No change to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Mason	E	4	6	19.90	24.16	Yes	E	4	6	19.90	24.16	Yes	Yes	No	No change to staffing.	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Glyndwr	E	5	3	25.58	17.06	Yes	E	5	3	25.58	17.06	Yes	Yes	No	No change to staffing.	No		
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Samaritan	E	2	2	11.37	6.70	Yes	E	3	2	13.40	7.72	Yes	Yes	Yes	RN & HCA staffing adjusted following increase in beds.	No		
	L	2	1				L	3	2									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									
Samaritan	E	2	1			Yes	E	2	1			Yes	Yes	No	No change to staffing at weekends	No		
	L	2	1				L	2	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									

YG Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Glaslyn	E	4	5	19.90	25.58	Yes	E	4	5	19.90	25.58	Yes	Yes	No	No change to staffing	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	4				N	3	4									
Glyder	E	3	2	14.21	11.37	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Hebog	E	5	5	22.74	22.74	Yes	E	5	5	22.74	22.74	Yes	Yes	No	No change to staffing	No		
	L	5	5				L	5	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Moelwyn	E	6	4	28.43	22.74	Yes	E	6	4	28.43	22.74	Yes	Yes	No	No change to staffing	No		
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	4	4				N	4	4									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Prysor (Mon – Fri)	E	3	3	14.21	10.95	Yes	E	3	3	12.79	10.95	Yes	Yes	Yes	Staffing reconsidered as part of ongoing stroke services redesign	No		
	L	3	2				L	2	2									
	LD						LD											
	TW		1				TW		1									
	N	2	1				N	2	1									
Prysor (Sat & Sun)	E	3	2			Yes	E	3	2			Yes	Yes	Yes		No		
	L	3	2				L	2	2									
	LD						LD											
	TW		1				TW		1									
	N	2	1				N	2	1									
Tryfan	E	4	5	19.90	22.74	Yes	E	4	5	19.90	22.74	Yes	Yes	No	No change to staffing	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

YG Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Tegid	E	5	4	25.58	19.90	Yes	E	5	4	25.58	19.90	Yes	Yes	No	No change to staffing	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Dulas	E	6	4	28.43	19.90	Yes	E	6	4	28.43	19.90	Yes	Yes	No	No change to staffing	No		
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Ogwen	E	4	5	19.90	25.58	Yes	E	4	5	19.90	25.58	Yes	Yes	No	No change to staffing	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	4				N	3	4									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Enlli	E	3	3	14.21	14.21	Yes	E	3	3	14.21	14.21	Yes	Yes	No	No change to staffing	No		
	L	3	3				L	3	3									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									

YGC Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 1	E	4	5	19.07	23.21	Yes	E	4	5	19.07	23.21	Yes	Yes	No	No changes to staffing.	No		
	L	4	5				L	4	5									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 2	E	4	4	19.07	20.49	Yes	E	4	4	19.07	20.49	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 4	E	4	3	19.07	16.34	Yes	E	4	3	19.07	16.34	Yes	Yes	No	No changes to staffing.	No		
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward 9	E	4	4	19.07	20.49	Yes	E	4	4	19.07	20.49	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 11	E	5	3	24.52	16.34	Yes	E	5	3	24.52	16.34	Yes	Yes	No	No changes to staffing.	No		
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward 12	E	5	4	21.79	19.07	Yes	E	5	4	21.79	19.07	Yes	Yes	No	No changes to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
Ward 14	N	3	3	21.79	19.07	Yes	N	3	3	21.79	20.49	Yes	Yes	Yes	Staffing reconsidered as part of ongoing stroke services redesign	No		
	E	5	4				E	5	4									
	L	5	4				L	5	4									
	LD						LD											
Ward 10	TW			19.07	20.49	Yes	TW		1	19.07	20.49	Yes	Yes	No	No changes to staffing.	No		
	N	3	3				N	3	3									
	E	4	4				E	4	4									
	L	4	4				L	4	4									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									

YGC Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 3	E	4	4	21.79	21.79	Yes	E	4	4	21.79	21.79	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
Ward 5	N	4	4	21.79	19.07	Yes	N	4	4	21.79	19.07	Yes	Yes	No	No changes to staffing.	No		
	E	5	4				E	5	4									
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Ward 7	E	5	4	21.79	21.79	Yes	E	5	4	21.79	21.79	Yes	Yes	No	No changes to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	4				N	3	4									
Ward 8	E	4	4	19.07	19.07	Yes	E	4	4	19.07	19.07	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward 6 (ABH)	E	3	3	13.62	16.34	Yes	E	3	3	13.62	16.34	Yes	Yes	No	No changes to staffing.	No		
	L	3	3				L	3	3									
	LD						LD											
	TW						TW											
	N	2	3				N	2	3									

Oncology & Haematology Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Alaw (Mon – Fri)	E	4	3	16.24	14.21	Yes	E	4	3	16.24	14.21	Yes	Yes	No	No changes to staffing.	No		
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Alaw (Sat & Sun)	E	3	3	17.06	17.06	Yes	E	3	3	17.06	17.06	Yes	Yes	No	No changes to staffing.	No		
	L	3	3				L	3	3									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Enfys	E	4	3	17.06	17.06	Yes	E	4	3	17.06	17.06	Yes	Yes	No	No changes to staffing.	No		
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	2	3				N	2	3									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Paediatric Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Wrexham Maelor	E			28.43	8.53	Yes	E			28.43	8.53	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW						TW											
	N	5	1				N	5	1									
Glan Clwyd	E			28.43	11.37	Yes	E			28.43	11.37	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW						TW											
	N	5	2				N	5	2									
Gwynedd	E			26.60	11.37	Yes	E			26.60	11.37	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW	1					TW	1										
	N	4	2				N	4	2									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Womens Gynaecological Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (March 2023)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made					
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale			
YGC Ward 19a Glaslyn ¹ (Mon – Fri)	E	2	1	11.13	5.57	Yes	E	2	2	11.13	7.68	Yes	Yes	HCA staffing adjusted in Spring 2023 review to support patient care acuity.	No						
	L	2	1				L	2	2												
	LD						LD														
	TW						TW														
	N	2	1				N	2	1												
	YGC Ward 19a Glaslyn (Sat - Sun)	E	2			1	Yes	E	2			1	Yes		Yes	Yes	Yes	Yes	No		
		L	2			1		L	2			1									
		LD						LD													
		TW						TW													
		N	2			1		N	2			1									
YMW Bromfield	E						E	2	1	11.37	5.69	Yes	Yes	Yes	No						
	L						L	2	1												
	LD						LD														
	TW						TW														
	N						N	2	1												
YG Ffrancon	E						E	2	2	11.37	8.53	Yes	Yes	Yes	No						
	L						L	2	2												
	LD						LD														
	TW						TW														
	N						N	2	1												

¹ Irregularity noted in calculations presented in Autumn 2022 report however this was an administrative error only with the planned roster requirements and associated budget being available. Figures updated for this report.

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Health Board
25.5.23



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Committee Report

Name of Committee:	Extraordinary Remuneration & Terms of Service Committee
Meeting dates:	28.04.23
Responsible Director:	Phil Meakin, Interim Board Secretary
Summary of business discussed:	<p>The Committee was chaired by Dyfed Edwards, Chair of the Health Board. The Committee approved the following decisions:</p> <ul style="list-style-type: none">• The appointment of Phil Meakin as Interim Board Secretary was confirmed. There will be an appointment to a substantive role of a Board Secretary role in due course and this will be informed by a review of the Office of the Board Secretary as part of the Special Measures interventions.• It was noted that each Health Board must have an Accountable Officer role and there was uncertainty over when the current Interim Chief Executive would return to work. A recruitment to the substantive appointment was underway which would take between three and six months. It was agreed that Carol Shillabeer would be seconded from Powys Teaching Health Board as Interim Chief Executive Officer (and therefore Accountable Officer) from the 3 May 2023.
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Planned business for the next meeting:	To be agreed
Date of next meeting:	To be confirmed

Health Board
25.5.23



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Committee Report

Name of Committee:	Performance, Finance and Information Governance Committee
Meeting dates:	25.5.23
Responsible Director:	Steve Webster Interim Executive Director Finance
Summary of business discussed:	<p>This was the first meeting with new committee member Prof Mike Larvin and chaired by new Committee Chair Mr Gareth Williams.</p> <p>The Committee supported the following item for submission to the Board to consider approval</p> <ul style="list-style-type: none"> • Business Case for a Long Covid service / Community Complex Conditions service <p>discussed and noted the following items</p> <ul style="list-style-type: none"> • Finance report • People (Workforce) report • Integrated Performance report • Planning, Performance and Accountability - divisional <p>The Committee considered the following in private session due to commercial sensitivities:</p> <ul style="list-style-type: none"> • Procurement of Construction Consultant Framework was supported for submission to the Health Board, subject to clarification on one item relating to Lot 3 • Radiology Informatics System Procurement (RISP) Programme Full Business Case was supported for submission to the Health Board in private session, noting that there were additional costs to the Health Board but which were not of sufficient concern to justify withholding approval • External Contracts assurance report
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Divisional engagement in regard to the new divisional planning and performance accountability process was recognised. However, the task remained an additional pressure due to capacity and a challenge to implement. • The provisional month 12 outturn was in surplus, meaning that the Health Board had met its duty to break even over a three year

	<p>period and that the Health Board's historic debts would be written off. This was excellent news, albeit achieved to a significant extent by unplanned non-recurring underspends.</p> <ul style="list-style-type: none"> • The majority of additional pay costs in Month 12 were due to national pay awards and all or almost all of the recurrent costs were understood to be met by WG. • 2023/24 savings targets set in the financial plan were very challenging but not impossible and would be discussed at the May Health Board meeting. Reported savings as at Month 1 are low linked in part to divisions focussing on their 2023/24 local plans. Receipt of their initial plans would provide greater clarity on the deliverability of the targets. • The People report was commended for the effective presentation of data which would also be enhanced with more comparative data going forward. It was noted that greater detail on Interim and Agency usage was regularly reported to the Remuneration and Terms of Service Committee. • The Business Case for a Long Covid service / Community Complex Conditions service was well presented. The Committee commended the work undertaken to develop the new model, which was patient centred and less medicalised. It provided significant areas of learning for future service developments and was understood to have been recognised externally for the innovative model.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • There is a residual risk of a Prior Year Adjustment. The probability of this is considered low. WG is well sighted on this risk via an Accountable Officer letter on the forecast outturn position. • There was potential risk for up to £1.5m of non-consolidated pay award costs ongoing in 2023/24 to be met by BCU if the cost is not fully funded by WG. • Rising agency costs were being explored. Improvements to BCU's current pay system were being introduced to attract existing staff providing more flexible temporary cover. • There are very significant rises in demand for diagnostic services, the reasons for which were multifactorial (e.g. later presentations to GP services). • Ambulance handover increases in month 12 were understood to be the subject of WG Delivery Unit ongoing work, along with separate work being led by Welsh Ambulance Service Trust. • There are significant risks to achieving Planned Care targets but these are being addressed by the Board as a whole.
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None

Planned business for the next meeting:	To be agreed
Date of next meeting:	To be confirmed

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Committee Report

Name of Committee:	Audit Committee
Meeting dates:	15 May 2023
Responsible Directors:	Steve Webster Interim Executive Director Finance Phil Meakin Interim Board Secretary
Summary of business discussed:	<p>This was the first meeting with new committee member Gareth Williams and chaired by new Committee Chair Karen Balmer</p> <p>The Committee noted:</p> <ul style="list-style-type: none">• The first meeting under the leadership of the new Audit Chair, Karen Balmer.• The meeting was well attended, quorate and observed by 2 Special Advisors.• There were no conflicts of interest.• The Chair opened the meeting by setting expectations of the Committee, the way in which it will work and what is required of the participants.• There were 20 items on the agenda represented with 16 papers.
Key assurances provided at this meeting:	As set out below.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none">• No new risks were identified but risks were reviewed as part of the meeting
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Planned business for the next meeting:	To be agreed by the Chair of the Committee and the Deputy Board Secretary
Date of next meeting:	To be confirmed

Item and paper	Was the Committee assured?	Further assurance required
Internal Audit Reports <ul style="list-style-type: none"> • Internal Audit Progress Report • Internal Audit Charter • IA final report: Delivery of Health Board Savings • IA final report: Business Case outcomes 	Committee received these and was assured by the reports.	IA asked to look into the H&S action plan and provide an update to the Audit Committee
Internal Audit Action Tracker	Partially. The committee were pleased to see the separation of the actions into a separate report.	Further work to be done to review and close actions and as a result reformat the report further,
Risk Management	Partially. The Board noted the requirement to develop approach to Risk Appetite.	Development of further reporting as the Committee matures
BAF	Partially	Opportunity to harmonise scores with the Risk Register and update the BAF further.
Scheme of Reservation and Delegation of Powers	Yes	Further opportunity to report non-compliance at future meetings
Draft 2022/23 Financial Accounts	Yes	Private session for the Audit Committee and Auditors to strengthen assurance
Financial Controls Action plan	Yes	
Q3 - Financial conformance Report	Partially	Good work to date but recognised opportunity to further develop in the future
Structured Assessment Report	Partially	Management response needed by end of May
Annual Audit Report	Yes	Recognised the importance of speaking up
2022/23 Audit Plan	Yes	Beneficial to see link to risks in other agenda item

Orthopaedic Services	Yes	Impact of COVID recognised but a timely report and responses required by Management of BCUHB.
External Audit Tracker	Partial	Committee were pleased to see the separation and more work to be done to update it for next meeting



Teitl adroddiad: <i>Report title:</i>	Remuneration Committee Terms of Reference			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 26 May 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>Beth yw pwrpas y papur, a yw'n eitem sefydlog/untro? Pa gamau sydd angen i'r Bwrdd eu cymryd gyda'r adroddiad hwn?</p> <p><i>The purpose of the paper is to share with the Board a revised terms of reference for the Remuneration and Terms of Service Committee. The Board is asked to review and approve the new terms of reference.</i></p>			
Argymhellion: <i>Recommendations:</i>	<p>Gofynnir i'r Bwrdd: Nodi/cymeradwyo</p> <p><i>The Board is asked to:</i></p> <p><i>Approve the terms of reference for the Remuneration and Terms of Service Committee</i></p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Phil Meakin, Board Secretary			
Awdur yr Adroddiad: <i>Report Author:</i>	Marty McAuley, Deputy Director of Governance and Deputy Board Secretary			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

Cyswllt ag Amcan/Amcanion Strategol:	All
Link to Strategic Objective(s):	
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<p>e.e. Yr Awdurdod Gweithredol Iechyd a Diogelwch</p> <p>It is a regulatory requirement as part of the Governance framework to have clear arrangements in place</p>
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	<p>Yes</p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u></p> <p><u>WP7 Procedure for Equality Impact Assessments</u></p>
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	<p>Yes</p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u></p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	<p>There is no risk with this paper. The risk is non-compliance with the arrangements described or working outside of them.</p>
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	None

Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth) No consultation required
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	None
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (Ile bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: Dim List of Appendices: None	

Remuneration and Terms of Service Committee



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Terms of Reference and Operating Arrangements

1. INTRODUCTION

- 1.1 The Board shall establish a committee to be known as the Remuneration and Terms of Service Committee (RaTS). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Committee is to provide
- Advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff outside of Agenda for Change within the framework set by the Welsh Assembly Government;
 - Assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales; and
 - Specific functions as delegated by the Board and listed below.
- 2.2 The Committee shall have no powers to develop or modify existing pay schemes.

3. DELEGATED POWERS

- 3.1 The Remuneration and Terms of Service Committee is required by the Board, within the remit of the Committee to:
- Provide evidenced based assurance that there is compliance with The Equalities Act 2010.
 - In discharging its duty, the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.
 - In discharging its duty, the Committee will have 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage. Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.

- Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
- Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence-based impact assessment of the implementation of the recommendations.

3.2 The Remuneration and Terms of Service Committee is authorised by the Board to comment specifically upon:

- The remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;
- The objectives set by the Chief Executive for their VSM direct reports;
- Proposals to make additional payments to consultants outside national terms of service;
- Proposals regarding resignation and exiting arrangements for executives and very senior managers, ensuring the proper calculation and scrutiny of any payments in accordance with the relevant Welsh Government guidance.
- Approve removal and relocation expenses outside of policy
- Consider and approve any Voluntary Early Release Scheme in line with Standing Orders and extant Welsh Government guidance.
- Monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and all other registered professionals
- Board appointments – to identify Officer vacancies and to take steps to identify a preferred candidate for the Board's approval
- consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business including approval of Workforce policies affecting executives and senior managers
- Consider reports on behalf of the Board giving an account of progress where any exclusion in respect of Upholding Professional Standards in Wales (UPSW) has lasted more than six months.
- Consider reports on behalf of the Board giving an account of progress on performers list regulatory cases.
- Consider reports on behalf of the Board on the position as regards whistleblowing and Speak Out Safely.

4. AUTHORITY

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and,
 - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.3 The Chief Executive will present for approval:
- any new or amended senior manager roles who are regular Board attenders (or amendments to statutory Officer roles)
 - Approval of interim appointments at Band 9 or above where the proposed pay point exceeds 20% of the top of the established banding
- 4.4 The Committee will monitor and approve interim senior manager appointments as follows:
- Range up to £500/day – quarterly report summarising number, location, duration and cost of supernumerary interim appointments
 - Range £501-£1,000/day – all interim roles to be reported on individually as per 4.5.1 above including whether supernumerary or covering an established vacancy
 - Over £1000/day – role and maximum pay to be agreed in advance for up to six months unless it is to cover an Officer member absence or vacancy; (or in support of a declared Major Incident) or quarterly monitoring as per 4.5.2

5. SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

6. MEMBERSHIP

- 6.1 There will be four members of this committee. The appointment of the people to the Committee shall be determined by Board, (except where Membership by role is clearly stated). taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific

requirements or directions made by the Welsh Government. The four members are:

- The committee will be chaired by the Chair of the Board
- The Vice Chair of the Committee will be an independent member
- The Chair of the Audit Committee will be a member of this Committee
- A fourth independent member will complete the membership

6.2 In attendance when invited:

- Chief Executive Officer
- Executive Director of Workforce and Organisational Development (Lead Director)
- Executive Medical Director
- Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.
- Trade Union Partners are welcome to attend the public session of the Committee.
- The Executive Director of Finance may be invited to attend as required, and will be consulted on any paper to be submitted to the Committee that may have financial implications.

6.3 Directors/Officers should declare an interest and leave the meeting when their personal remuneration or terms of service are being discussed.

6.4 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign. Independent Members may be moved from committee membership to enable succession planning or to meet the needs of the Board and its business to support vacancies and quoracy

6.5 Support to Group Members is provided by The Board Secretary, on behalf of the Committee Chair, who shall arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role and ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum: At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair.

- 7.2 Frequency of Meetings: Meetings shall normally be held quarterly, but may be convened at short notice if requested by the Chair.
- 7.3 Withdrawal of individuals in attendance: The Committee may direct that non-board members withdraw at any time
- 7.4 Conduct of Meetings: Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES & GROUPS

- 8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:
- Joint planning and co-ordination of Board and Committee business; and
 - Sharing of information
- 8.4 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 8.5 The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1 The Committee Chair shall:
- Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.
 - Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation. In doing so account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

9.2 The Committee shall provide a written, annual report to the Board on its activities which will also include the results of the Committees' self-assessment and evaluation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. REVIEW

11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Version number 9. Draft	
	Date of approval
Audit Committee	
Health Board	

Approved by Rats 2 December 2021

Teitl adroddiad:	Corporate Risk Register		
Report title:			
Adrodd i:	Health Board		
Report to:			
Dyddiad y Cyfarfod:	Thursday, 25 May 2023		
Date of Meeting:			
Crynodeb Gweithredol:	The purposes of this paper is to:		
Executive Summary:	<ol style="list-style-type: none"> 1. Provide the Board with an oversight of the Corporate Risks that have been assessed through the Health Board's Risk Management Group. Including the Corporate Risks that currently have a risk score of over 15. 2. The paper also seeks to provide the Board with an update from an Extraordinary Risk Management Group that was held on the 5 May 2023. This meeting agreed a proposed Terms of Reference which reflect a desire to provide a more effective oversight of Corporate Risks in the Health Board. The Board is asked to consider and formally approve those Terms of Reference. 3. Finally, the paper provides the Board a summary of information relating to improving the Health Board's approach to Risk Management in the short-term. In the longer term a review of Risk Management arrangements is highly likely to be an integral part of the Special Measures Programme stabilisation plans. 		
Argymhellion:	The Board is asked to:		
Recommendations:	<ol style="list-style-type: none"> 1. Gain assurance that the Health Board's Risk Management arrangements are effective and fit for purpose. 2. Note and approve the revised Risk Management Group Terms of Reference. 		
Arweinydd Gweithredol:	Dr Nick Lyons – Executive Medical Director		
Executive Lead:			
Awdur yr Adroddiad:	Phil Meakin – Board Secretary Anthony Hughes – Risk Assurance Manager Pravitha Rajendraprasadh - Interim Head of Risk Management		
Report Authors:			
Pwrpas yr adroddiad:			
Purpose of report:	I'w Nodi For Noting <input type="checkbox"/>	I Benderfynu arno For Decison <input checked="" type="checkbox"/>	Am sicrwydd For Assurance <input checked="" type="checkbox"/>
Lefel sicrwydd:	Arwyddocaol	Derbyniol	Rhannol
			Dim Sicrwydd

Assurance level:	Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		See the individual risks for details of the related links to Strategic Objectives.		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?		This is not required as the scope of the report is aligned to the reporting of risks.		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?		This is not required as the scope of the report is aligned to the reporting of risks.		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)		Not applicable as the scope of this report is related to all the risks that are reported as part of the Health Board's Risk Management approach.		
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations		The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims		
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations		There are no direct workforce implications resulting from the implementation of these recommendations. However, failure to capture, assess and mitigate risks can impact adversely on the workforce.		

<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The Risk Management Group 4 April 2023</p> <p>The Extraordinary Risk Management Group 5 May 2023 (additional risks were identified and assessed and a revised Terms of Reference were endorsed)</p> <p>The Audit Committee 15 May 2023 (the Committee received an update on the Corporate Risk Register)</p> <p>The Health Board Leadership Team Meeting 17 May 2023 (the new Terms of Reference for the Risk Management Group were reviewed and endorsed and short-term enhancement of risks noted. The HBLT did ask the ToR to make the link to HBLT, Audit, QSE Cttee and Board ,ore clear and this will be actioned)</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps: <i>Implementation of recommendations</i> The Risk Management Group will be meeting on the 6th June 2023, therefore an updated position of the risks will be presented during Committee meetings during the next quarter and again to the Board in January 2024.</p>	
<p>Rhestr o Atodiadau <i>List of Appendices:</i> Appendix 1 - Full list of all Corporate Risk Register (CRR) Risks including Current Risk Score Appendix 2 – Revised Terms of Reference for the Risk Management Note – The full risk register with details is an extremely large document and can be requested from phil.meakin@wales.nhs.uk</p>	

HEALTH BOARD MEETING IN PUBLIC
25 May 2023
CORPORATE RISK REGISTER

1. Introduction/Background

- 1.1 The purpose of this paper is to provide the Board with an oversight of the corporate risks that have been assessed through the Health Board's Risk Management Group (RMG). This has a focus on identifying, assessing and reviewing risks with a score of 15 or more.
- 1.2 The paper also seeks to provided the Board with an update from an Extraordinary Risk Management Group that was held on the 5 May 2023. This meeting agreed proposed Terms of Reference which reflect a desire to provide a more effective oversight of Corporate Risks in the Health Board. The Board is asked to consider and formally approve those Terms of Reference.
- 1.3 Finally, the paper provides the Board with key Information on improving the Heath Board's approach to the Corporate Risk Register (CRR) in the short term. In the longer term a review of risk management arrangements will be an integral part of the Special Measures Programme stabilisation plans.
- 1.4 Prior to Board submission, the report has been informed by the following Groups:
- The Risk Management Group on the 4 April 2023
 - The Extraordinary Risk Management Group on the 5 May 2023
 - The Health Board Leadership Team Meeting on the 17 May 2023
- In addition a report on corporate risks was provided to:
- The Audit Committee on the 15 May 2023

2. Updates from the Risk Management Group (RMG)

- 2.1 The Risk Management Group (RMG) met on the 4th April 2023 and was scheduled to meet on the 7th February 2023; however, the February 2023 meeting was cancelled due to the need to support the Health Board response to Industrial Action and the papers for that meeting were presented to the Health Board Leadership Team for approval, including a review of the Corporate Risk Register. A summary of the Corporate Risk Register is included in Appendix 1.
- 2.2 In addition to this, an Extraordinary RMG was held on 5 May 2023 to allow additional time to review risks that have been developed and initially reported at the previous RMG (4 April 2023). These risks are reported below. A revised Terms of Reference for the RMG was also considered at this meeting and this is also a feature of this report.

Updates to the Corporate Risk Register – Summary of Approach

- 2.3 The purpose of this standing agenda item is to provide a summary of activity relating to the Corporate Risk Register (CRR) since the last report to the Board on the Corporate Risk Register and presents the changes that have been captured following a review and update of the BCUHB risks that are at a Tier 1 (those risks that attract a risk score over 15).
- 2.4 Once reviewed, risks on the CRR are submitted to the relevant Executive Directors for approval and sign off prior to their inclusion and presentation to the RMG and the appropriate Board Committee thereafter for scrutiny and oversight. In reviewing the CRR controls and mitigations were checked and challenged, alongside a review of the scoring in line with the current Health Board's Risk Appetite Framework.

Updates to the Corporate Risk Register – Summary of changes since the previous report to the Board

- 2.5 This section provides an update on the significant changes to the Corporate Risk Register since the Board last received an update on the Corporate Risk Register.
- 2.6 Following discussion and support at the Risk Management Group during August 2022, risk CRR20-06 'Management of Patient Records' is now being split into 3 separate risks. Revised risk for 'Retention and Storage of Patient Records' (CRR22-32) has been developed, and was approved for inclusion on the Corporate Risk Register at the 4th October 2022 Risk Management Group. A second of the three proposed revised risks has been further developed and included on the Corporate Risk Register following the approval from the Health Board Leadership Team 'Risk of Lack of access to clinical and other patient data' (CRR23-33). Work remains ongoing to develop the third revised risk 'Risk of poor clinical recording of patient information', which will include the transfer over of open actions from the current CRR20-06 and result in the closure and archiving of the current Corporate Risk CRR20-06 'Management of Patient Records'
- 2.7 During the Risk Management Group meeting on the 2nd August 2022, it was noted that risk CRR20-05 'Timely access to Care Homes' originally related to the pandemic but that the landscape has now changed and the controls no longer meet the description, gaps. The risk is no longer effective in its current form and collaborative work with the risk team, finance, and operational leads has taken place to split and rewrite as two separate risks, resulting in the development of two new risks and incorporated onto the Corporate Risk Register CRR23-40 'Insufficient grip and control on the contracting and commissioning of care packages for people eligible for Continuing Health Care Funding' and CRR23-41 'The independent sector response to admission avoidance and timely discharge will not be robust enough to ensure optimal flow'. This has resulted in the closure of risk CRR20-05.
- 2.8 During the Risk Management Group meeting on the 4th October the Ophthalmology service proposed to disaggregate risk CRR20-08 'Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients' by the clinical conditions which will enable the risks to reflect impact on patient safety/care by the clinical conditions. Work has taken place to review and re-write the risk, with 5 new risks approved to replace the current CRR20-08, two of those risks have been incorporated onto the Corporate Risk Register, CRR23-42 'Age related Macular Degeneration (AMD) and Intra Vitreal Injection Service (IVT)' and CRR23-43 'Risk of Irreversible Sight-Loss from Delayed Care for "New" and "Follow-Up" Glaucoma Patients'. This has resulted in the closure of risk CRR20-05.

- 2.9 During the April 2023 Risk Management Group meeting 3 risks were presented for de-escalation to the group, CRR20-01 'Asbestos Management and Control', CRR20-03 'Legionella Management and Control' and CRR21-17 'The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours'. De-escalation of the risks were deferred at the meeting as risks CRR20-01 and CRR20-03 were to be presented to the Asbestos Management Group and Water Safety Group respectively for approval of the de-escalation at the groups prior to being presented to the Risk Management Group for de-escalation, whilst CRR21-17 is due to be re-presented for de-escalation during the June 2023 Risk Management Group as there was no service lead present to scrutinise the de-escalation at the April 2023 Risk Management Group.
- 2.10 The following risks have been escalated and incorporated onto the Corporate Risk Register:
- CRR23-40 - Insufficient grip and control on the contracting and commissioning of care packages for people eligible for Continuing Health Care Funding.
 - CRR23-41- The independent sector response to admission avoidance and timely discharge will not be robust enough to ensure optimal flow.
 - CRR23-42 - Age related Macular Degeneration (AMD) and Intra Vitreal Injection Service (IVT).
 - CRR23-43 - Risk of Irreversible Sight-Loss from Delayed Care for "New" and "Follow-Up" Glaucoma Patients.
 - CRR23-44 - Pathology Laboratory Information Management System (LINC).
 - CRR23-45 - Risk to patient and staff safety due to Industrial Action.
 - CRR23-46 - Duplicate Hospital Numbers.
- 2.11 The following risks have been incorporated onto the Health Board's risk register and following Executive approval, work continues to further develop the risk descriptors, mitigating factors and action plans to include the risks onto the Corporate Risk Register.
- CRR22-28 – Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.
 - CRR22-29 - Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model,
 - CRR22-30 - Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns
 - CRR22-31 - Risk of a capacity & capability gap during the transition of staff departing the organisation through the Voluntary Early Release Scheme (VERS) process and the recruitment of people both internally and externally to posts within the new Operating Model.
 - CRR23-36 - Cost of Living Impact on Staff and Patients.
 - CRR23-37 - Targeted Intervention.
 - CRR23-38 - Workforce.
 - CRR23-39 - Patient Flow - Impact on Access and Quality of Care.
- 2.12 On the 5th May an Extraordinary Risk Management Group was held as a result of discussions during the Risk Management Group on the 4th April, where a number of risks were presented for escalation on to the Corporate Risk Register. Following the meeting the below risks were approved for escalation by the Group:
- CRR23-47 - There is a risk to the safety of inpatients within Mental Health and Learning Disabilities (MHL) identified by the Health and Safety Executive in their Notice of Contravention under Section 28(8) of the Health and Safety at Work Act 1974.
 - CRR23-48 - There is a risk to patient safety within MHL inpatient units presented by access to low height and other ligature anchor points

- CRR23-49 - Risk of the cost of planned care recovery exceeding the £27.1m funded from Welsh Government (WG) which is included in the budget
- CRR23-50 - Financial outturn for 2022/23
- CRR23-51 - Risk of failure to achieve the initial financial plan for 2023/24 (£134.2m deficit), because of failure to achieve the level of financial improvement included in the plan.
- CRR23-52 – Welsh Government cash funding for 2023/24.
- CRR23-53 - Loss of beds due to the number of medically fit for discharge patients (MFFD) across BCUHB.
- CRR23-54 - Flow out from the Emergency Units resulting in length of stay in EU being > 12 hours.
- CRR23-55 - Inability to manage ambulance demand in a safe timely fashion.
- CRR23-56 - Inability to deliver safe timely care in Emergency Units

2.13 The following table highlights the distribution and throughput of risks by Tier currently recorded within Datix (the system that is used to record and manage risks), providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a more meaningful and consistent way:

Risk Tier (and risk score: NB Consequence x Likelihood = Risk Score)	Total number of live risks on registers	Number of risks held as 'Being Developed' (not yet live)	Number of live risks added in the last 6 months (not via escalation)	Number of risks closed in the last 6 months (not via de-escalation)
Tier 1 (15-25)	48	0	19	2
Tier 2 (9-12)	335	84	45	89
Tier 3 (1-8)	212	35	22	83

3. Risk Management Group Terms of Reference

- 3.1 The purpose of the Risk Management Group is to “work with a collective focus to manage, oversee and scrutinise the risk management process for the Health Board, to support the Chief Executive in fulfilling their accountability responsibilities. The Risk Management Group membership is constituted to enhance and inform the effective management of risk across BCUHB.”
- 3.2 The Terms of Reference have been revised (please see Appendix 2) so that the membership better reflects the breadth of BCUHB patient facing services and corporate functions. In addition, it further clarifies the RMG provides assurance to the Board, via the Chief Executive, Quality Safety and Experience Committee, and Audit Committee on risk outcomes and risk management processes respectively.
- 3.3 The Terms of Reference have also been revised so that there is greater emphasis on a “collective” approach to the identification, assessment and analysis of risks that are presented at the Risk Management Group. Coupled with the membership element in the previous point this helps provide a more meaningful review of risks at the RMG.
- 3.4 These changes have been reviewed at the April 2023 and May 2023 Risk Management Groups and at Health Board Leadership Team on 17 May 2023. An update was also provided at the Audit Committee on the 15 May 2023.

3.5 It is further noted that this iteration of the RMG Terms of Reference may only be valid for a short-term period due to the scheduled review of the BCUHB Risk Management Strategy in 2023. This review may result in changes to the way that risk is considered and managed in BCUHB and if this is the case the Terms of Reference will be revised accordingly. The Board will receive them if this is the case.

4. Short-Term Improvements in Managing Corporate Risks

4.1 As noted in the report summary a review of Risk Management arrangements to improve the management of the corporate risk register were received at Health Board Leadership Team on 17 May 2023.

4.2 Whilst the BCUHB Board will be supporting the development of the strategic approach to risk the RMG noted that improvements that can be made in the short-term to ensure there is improving corporate oversight of risk management arrangements for BCUHB Functions, Integrated Health Communities and Service risk management arrangements. These are summarised below:

- The Chair of the RMG supported the discussion of risks, being collectively analysed and reviewed by the RMG afforded by the approach adopted at the May 2023 meeting. The feedback from the meeting was that this led to a more effective meeting and check and challenge review of risks. This will continue.
- It was agreed that the Services/Functions can make better use of the Corporate Risk Team to develop risks that are then reflected on the Service/Function and/or corporate risk registers to allow corporate risks to be escalated and de-escalated in a timely manner, in line with risk management strategy requirements.
- Peer to peer reviews of the Service/Function risk register with support of the Risk Team will be provided advocating an approach that the West Integrated Health Community showcased at the Risk Management Group in May 2023. This will be supported by a new training module that the Risk Management Team produced.
- Services and Functions also have the opportunity to make sure they have the most appropriate risk owners/handlers as they review these risks. The Risk Management Team will produce a “matrix of all risk leads” in the BCUHB Services and Functions by end of June 2023 to allow for effective sharing of information and the development of a “risk community” in BCUHB.
- The Board Assurance Framework and the Corporate Risk Register will share the same scoring criteria and be managed by the same team under the supervision of the Interim Board Secretary.

5. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

5.1 The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims

6. Rheoli Risg / Risk Management

6.1 This report is related to all the risks that are reported as part of the Health Board’s Risk Management arrangements

7. Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity Implications*

7.1 Not applicable

Appendix 1 - Full list of all Corporate Risk Register (CRR) Risks including Current Risk Score

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR20-01	Asbestos Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-02	Contractor Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-03	Legionella Management and Control.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-04	Non-Compliance of Fire Safety Systems.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-05	Timely access to care homes – Risk entry closed and replaced by CRR23-40 and CRR23-41			
CRR20-06	Informatics - Patient Records pan BCU.	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR20-07	Informatics infrastructure capacity, resource and demand – Risk entry closed by Partnerships, People and Population Health Committee			
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients – Risk entry closed and desegregated into individual clinical conditions, replaced by Tier 1 risks CRR23-42 and CRR23-43			
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			
CRR21-11	Potential Exposure to Ransomware and Zero-day Cyber Risks Attacks.	Chief Digital and Information Officer	Partnerships, People and Population Health	20
CRR21-12	National Infrastructure and Products	De-escalated by Partnerships, People and Population Health Committee, risk being managed at Tier 2		

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-13	Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce).	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR21-14	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Mental Health and Capacity Compliance	20
CRR21-15	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.	Executive Director of Workforce and Organisational Development	Quality, Safety and Experience	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR22-18	Inability to deliver timely Infection Prevention & Control services due to limited capacity.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	15
CRR22-19	Potential that medical devices are not decontaminated effectively so patients may be harmed.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR22-20	Residents in North Wales are unable to achieve a healthy weight due to the obesogenic environment in North Wales	Executive Director of Public Health	Partnerships, People and Population Health	20
CRR22-21	There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors	Executive Director of Public Health	Partnerships, People and Population Health	16
CRR22-22	Delivery of safe & effective resuscitation may be compromised due to training capacity issues.	Executive Medical Director	Quality, Safety and Experience	20

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR22-23	Inability to deliver safe, timely and effective care.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	20
CRR22-24	Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health	15
CRR22-25	Risk of failure to provide full vascular services due to lack of available consultant workforce.	De-escalated, risk being managed at Tier 2 Awaiting Confirmation of De-escalation at Quality, Safety and Experience Committee		
CRR22-26	Risk of significant patient harm as a consequence of sustainability of the acute vascular service	De-escalated, risk being managed at Tier 2 Awaiting Confirmation of De-escalation at Quality, Safety and Experience Committee		
CRR22-27	Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping – Vascular services.	Executive Medical Director	Quality, Safety and Experience	15
CRR22-28	Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health	Score under development
CRR22-29	Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Partnerships, People and Population Health	Score under development
CRR22-30	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience Committee	Score under development

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR22-31	Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health	Score under development
CRR22-32 (Formally CRR20-06)	Retention and Storage of Patient Records	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR23-33 (Formally CRR20-06)	Risk of Lack of access to clinical and other patient data	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR23-34	There is a risk that residents in North Wales will be unable to quit smoking due to wider influences and determinants.	Executive Director of Public Health	Partnerships, People and Population Health	15
CRR23-35	Electrical and Mechanical Infrastructure on the Wrexham Maelor Site.	Executive Director of Finance	Quality, Safety and Experience	16
CRR23-36	Cost of Living Impact on Staff and Patients - the risk associated with the impact of the increased cost of living on Staff and Patients and how that translates to the quality of Patient Care that BCUHB delivers	Executive Director of Workforce and Organisational Development (Proposed)	Partnerships, People and Population Health	Score under development
CRR23-37	Targeted Intervention - risk that the Targeted Intervention Programme may not meet its targets and this would lead to a negative impact on the quality of Patient Care	Deputy Chief Executive (Proposed)	Quality, Safety and Experience	Score under development
CRR23-38	Workforce - The need to consolidate existing workforce risks into an appropriate described risk/risks that reflect the pan BCUHB position for the provision of services to patients. Also, to note a separate workforce risk related to	Executive Director of Workforce and Organisational Development (Proposed)	Partnerships, People and Population Health	Score under development

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
	statutory and regulatory requirements of being an employer			
CRR23-39	Patient Flow - Impact on Access and Quality of Care	Executive Director of Nursing and Midwifery (Proposed)	Quality, Safety and Experience	Score under development
CRR23-40	Insufficient grip and control on the contracting and commissioning of care packages for people eligible for Continuing Health Care Funding.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience Committee	16
CRR23-41	The independent sector response to admission avoidance and timely discharge will not be robust enough to ensure optimal flow	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience Committee	16
CRR23-42	Age related Macular Degeneration (AMD) and Intra Vitreal Injection Service (IVT)	Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	Quality, Safety and Experience Committee	16
CRR23-43	Risk of Irreversible Sight-Loss from Delayed Care for “New” and “Follow-Up” Glaucoma Patients	Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	Quality, Safety and Experience Committee	16
CRR23-44	Pathology Laboratory Information Management System (LINC)	Executive Director of Therapies & Healthcare Sciences	Quality, Safety and Experience Committee	20
CRR23-45	Risk to patient and staff safety due to Industrial Action	Executive Director of Nursing and Midwifery	Quality, Safety and Experience Committee	20
CRR23-46	Duplicate Hospital Numbers	Chief Digital and Information Officer	Partnerships, People and Population Health	15
CRR23-47	There is a risk to the safety of inpatients within MHLI identified by the Health and Safety Executive in their Notice of Contravention under Section 28(8) of the Health and Safety at Work Act 1974.	Director of Mental Health	Quality, Safety and Experience Committee	15

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR23-48	There is a risk to patient safety within MHLD inpatient units presented by access to low height and other ligature anchor points	Director of Mental Health and Learning Disabilities	Quality, Safety and Experience Committee	15
CRR23-49	Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget	Interim Executive Director of Finance	Performance, Finance and Information Governance Committee	20
CRR23-50	Financial outturn for 2022/23	Interim Executive Director of Finance	Performance, Finance and Information Governance Committee	15
CRR23-51	Risk of failure to achieve the initial financial plan for 2023/24 (£134.2m deficit), because of failure to achieve the level of financial improvement included in the plan	Interim Executive Director of Finance	Performance, Finance and Information Governance Committee	16
CRR23-52	WG cash funding for 2023/24	Interim Executive Director of Finance	Performance, Finance and Information Governance Committee	20
CRR23-53	Loss of beds due to the number of Medically fit for discharge patients (MFFD) across BCUHB.	Chief Operating Officer	Quality, Safety and Experience Committee	16
CRR23-54	Flow out from the Emergency Units resulting in length of stay in EU being > 12 hours.	Chief Operating Officer	Quality, Safety and Experience Committee	16
CRR23-55	Inability to manage ambulance demand in a safe timely fashion.	Chief Operating Officer	Quality, Safety and Experience Committee	16
CRR23-56	Inability to deliver safe timely care in Emergency Units.	Chief Operating Officer	Quality, Safety and Experience Committee	16

Appendix 1

Betsi Cadwaladr University Health Board

Terms of Reference and Operating Arrangements

Risk Management Group Meeting

1. Constitution

1.1. The Executive Team shall establish the **Risk Management Group** with associated governance arrangements. The terms of reference and operating arrangements in respect of these meetings are set out below. The purpose of the Risk Management Group is to work with a collective focus to manage, oversee and scrutinise the risk management process for the Health Board, to support the Chief Executive in fulfilling their accountability responsibilities.

The Risk Management Group membership is constituted to enhance and inform the effective management of risk across BCUHB with a membership that reflects the breadth of BCUHB patient facing services and corporate functions to include the following:

- Maintain operational oversight of the risk management systems and process
- Provide scrutiny and oversight of the full Corporate Risk Register prior to review by Board
- Review, scrutinise and challenge the effectiveness of proposed or current mitigations, and actions pertaining to risk register reports, including new risks that have been approved by Executive Directors for inclusion on the CRR
- Undertake deep dives and 'check and challenge' of risks on the CRR
- Receive assurance reports from the Head of Risk Management triangulating risks from other sources.
- Review and scrutinise risk management performance reports, audits, the updated Risk Management Strategy and its associated procedural documents as well as any other risk management related reports and advise accordingly
- Support Services and Functions to drive a consistent approach to managing risk across the organisation

2. Membership

2.1. Members

- Chief Executive (Chair)
- Deputy Chief Executive / Executive Medical Director (Vice Chair)

- Executive Director of Nursing and Midwifery
- Acting Executive Director of Therapies and Health Sciences
- Executive Director of Workforce and Organisational Development
- Executive Director of Public Health or Public Health representation
- 3 X IHC Directors
- Deputy Director – Integrated Clinical Delivery – Regional Services
- Deputy Director - Integrated Clinical Delivery - Primary Care
- Chief Pharmacist Officer
- 1 x Exec Director of a Corporate Function – for example Performance and Finance
- Director of Mental Health and Learning Disabilities
- Director of Midwifery and Women's Service
- Deputy Director of Quality
- Board Secretary
- Associate Director of Governance
- Associate Director: Health and Safety and Equality
- Head of Risk Management

2.2. Extended Membership – To Be Invited Depending on Agenda Items

- Head of Emergency Planning, Resilience and Response
- Risk handlers / owners with risks on the CRR
- Senior Managers presenting new risk for escalation onto the CRR
- The Risk Management Group may invite other Senior Managers, officers and special advisers may join as required by the Group's Chair, as well as any others from within or outside the organisation, taking into account the matters under consideration at each meeting.

2.3. The Chief Executive or their deputy shall determine the membership of the Risk Management Group, taking account of the balance of skills and expertise necessary to deliver the Risk Management Group's remit and subject to any specific requirements or directions made by the Board. The Chief Executive may if required appoint a Vice-Chair of the Risk Management Group, who shall be an Executive Director.

3. Principal Duties and Remit

3.1. The Risk Management Group is established to work collectively to:

- 3.1.1. Seek assurance on the effectiveness of risk management systems and processes in place across all areas of the Health Board. This will include ensuring that robust systems are in place to identify risks that have a potential adverse effect on quality of care, safety and wellbeing of people, and on the business, performance and reputation of the organisation;

- 3.1.2. Support the development and oversee the implementation and review of the Risk Management Strategy and associated processes, strive for consistency across the Health Board, develop and make recommendations for process and performance improvement for ratification by the Executive Team;
- 3.1.3. Assess, monitor and scrutinise the risks in all areas of the Health Board, referring risks on to specialist groups for deep-dive review where appropriate, e.g., to the Infection Prevention and Control Group, and to the Committees of the Board;
- 3.1.4. Receive evidence in support of requests for any risk-related actions to be closed and will review and scrutinise such evidence, prior to approving actions for closure, archiving and removal from future reports;
- 3.1.5. Provide collective leadership and oversight of the risk management system and process consistent with the Risk Management Strategy, Risk Register Procedure, and Training Plan;
- 3.1.6. Support the Board with the development and coordination of the Board's Risk Appetite statement and Board Assurance Framework;
- 3.1.7. Ensure that systems in place to identify the principal risks to the achievement of the Health Board's objectives are anticipated and proactively identified and monitored;
- 3.1.8. Ensure systems are in place to review and monitor implementation of the Risk Register Procedure across all areas of the Health Board;
- 3.1.9. Review Operational Risk Reports detailing key Tier 1, 2, and 3 risks of importance, and compliance with expected standards set out within RM01 – Risk Management Strategy, taking action to address areas of non-compliance;
- 3.1.10. Oversee and maintain the system for the regular review of corporate Tier 1 risks to be presented at the Board and appropriate committees;
- 3.1.11. Review any operational risks brought to RMG by the Head of Risk Management/Board Secretary which should be considered for further discussion and/or escalation;
- 3.1.12. Review assurance reports relating to risk management from external and internal audit and develop and oversee appropriate improvement plans;
- 3.1.13. Oversee compliance with the agreed risk management training programme;

- 3.1.14. Review issues of significance from relevant Operational Groups;
 - 3.1.15. Receive updates from and provide input to the Once for Wales Risk Management Project.
 - 3.1.16. Regularly invite selected services of the Health Board to attend to present their risk register reports, provide assurance, and demonstrate how they are mitigating and managing risks as well as embedding best practice in risk management in their Service Area.
- 3.2. The Risk Management Group may investigate any activity (clinical and non-clinical) to enable it to discharge its responsibilities. It may request from managers, any information it deems necessary to maintain visibility of critical issues and transparency.
- 3.3. The Risk Management Group has the authority to consider and, where appropriate, recommend to the Executive or Board approval of any risk management related policy or strategy within the remit of its terms of reference.
- 3.4. The Risk Management Group has the authority to review all Risk Registers and advise the Executive, Committees and Board on the appropriateness of the scoring and mitigating actions in place.

4. Quorum and Meeting arrangements

4.1. Quorum

At least four members, two of whom must be a clinical qualified Exec Director, must join a meeting to ensure a quorum, comprising:

- The Risk Management Group Chair or Vice Chair or nominated deputy in their absence, and
- One other Executive Member, and
- Either the Board Secretary or the Associate Director of Governance, (or their nominated Deputy)
- Any one of the following members or their representatives: -
 - Director/Assistant Director representing Executive Director – Public Health, or
 - Director/Assistant Director representing Executive Director – Therapies and Health Sciences, or
 - Senior Representation from Integrated Health Communities

4.2. Frequency of Meetings

The group shall meet at least bi-monthly, or Risk Management Group Chair may convene meetings at short notice.

4.3. Withdrawal of Individuals in Attendance

The Risk Management Group may ask any or all non-members who would normally attend to withdraw to facilitate open and frank discussion of particular matters.

4.4. Conduct of Meetings

Meetings may be face to face or held using video-conferencing and similar technology to comply with social distancing requirements.

4.5. Secretariat

The Corporate Risk Management team will provide secretariat services. The timeline for submission of papers will be in accordance with the annual schedule for corporate meetings as agreed by the Executive Team.

4.6. Support to Committee Members

The Associate Director of Governance or the Board Secretary, on behalf of the Risk Management Group Chair, shall arrange the provision of advice and support to Risk Management Group members on any aspect related to the conduct of their role.

5. Relationships, Authority & Accountabilities with the Board and its Committees/Groups

5.1. The Risk Management Group is directly accountable to the Chief Executive for its performance in exercising the functions set out in these Terms of Reference.

5.2. The Risk Management Group will:

- 5.2.1. Provide assurance to the Board, via the Chief Executive, Quality Safety and Experience Committee, and Audit Committee on risk outcomes and risk management processes respectively.
- 5.2.2. Recommend specific courses of action to the Board, via the Chief Executive, Quality, Safety and Experience Committee and Audit Committee as appropriate.

6. Reporting and Assurance Arrangements

6.1. The Risk Management Group Chair shall:

- 6.1.1. Report formally, regularly and on a timely basis to the Board, Health Board Leadership Team and full Executive Team on the Risk Management Group's activities. See Table 1 below. The Health Board Leadership Team will also receive a summary of risks that are reflected in the

Accountability Reviews that will then be reported into the Risk Management Group;

Table 1 – Summary of Reporting into Board and Committees

Forum	Frequency	Role/Purpose
Quality, Safety and Experience Committee	Bi-monthly	Assurance on the CRR in its capacity as the Risk Committee of the Board, taking into account assurances received from the work of the Risk Management Group. Including a role to oversee and confirm the de-escalation of risks.
Audit Committee	Quarterly	Independent Scrutiny and Challenge of the risk management process
Other Committees of the Board	Bi Monthly	Provide oversight and contribute to the Tier 1 (over 15 and Pan BCUHB in nature) risks that relate to their Committee remit.
Board	Annually	Year End assurance, taking into account detailed work undertaken by the Board's Committees

6.1.2. Ensure appropriate escalation arrangements are in place to alert the full Board of any urgent/critical matters that may affect the operation and/or reputation of the Health Board;

7. Review

7.1. The Risk Management Group shall review these terms of reference and operating arrangements as required by the Chair, and at least annually, with any changes recommended to the Executive Team for approval.

Date approved: (25 May 2023 if approved)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Teitl adroddiad:	WHSSC Governance and Accountability Framework		
Report title:			
Adrodd i:	Betsi Cadwaladr University Health Board		
Report to:			
Dyddiad y Cyfarfod:	Wednesday, 25 May 2022		
Date of Meeting:			
Crynodeb Gweithredol:	The purpose of this report is to provide an update on the WHSSC Governance and Accountability Framework.		
Executive Summary:			
Argymhellion:	The Board is asked to:		
Recommendations:	<ul style="list-style-type: none"> Note the report, Approve the proposed changes to the Standing Orders (SOs) and include as schedule 4.1 within the respective HB SO's, Approve the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within the respective HB SO's; and Approve the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs). 		
Arweinydd Gweithredol:	Phil Meakin, Interim Board Secretary and Steve Webster, Interim Executive Director of Finance		
Executive Lead:			
Awdur yr Adroddiad:	Phil Meakin, Interim Board Secretary		
Report Author:			
Pwrpas yr adroddiad:	Purpose of report:		
	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd:	Arwyddocaol	Derbyniol	Rhannol
Assurance level:	Significant	Acceptable	Partial
	<input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:			

Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Well led
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	e.g. Health and Safety Executive
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Do/Naddo Y/N Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol <i>If no please provide an explanation as to why the duty does not apply</i> <u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u> <u>WP7 Procedure for Equality Impact Assessments</u>
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Do/Naddo Y/N Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol <i>If no please provide an explanation as to why the duty does not apply</i> <u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u> <u>WP68 Procedure for Socio-economic Impact Assessment.</u>
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	(crynodeb o'r risgiau a rhagor o fanylion yma) (summarise risks here and provide further detail)
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	N/A

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	(crynodedb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth) (summarise where the paper has been reviewed, the response and what changes have made due to feedback) N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: Dim List of Appendices: Appendix 1 – Updated Standing Orders (February 2023) Appendix 2 – Memorandum of Agreement relating to Welsh Health Specialised Services Committee (Wales) Appendix 3a – Scheme of Delegation Proposed Appendix 3b – Copy of Authorisation Matrix	

WHSSC GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

1.0 SITUATION

The purpose of this report is to provide an update on the WHSSC Governance and Accountability Framework.

2.0 BACKGROUND

2.1 Model Standing Orders and Standing Financial Instructions

In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

Updated Model Standing Orders and Model Standing Financial Instructions were issued by the Minister for Health and Social Services in correspondence received on the 7 April 2021.

To ensure effective governance and to comply with the provisions of the WHSSC Standing Orders (SOs) it is important that the SOs and Standing Financial Instructions (SFIs) are kept up to date to comply with the need for:

- The Joint Committee to take appropriate action to assure itself that all matters delegated are effectively carried out, and that
- The framework of delegation is kept under active review and, where appropriate, is revised to take account of organisational developments, review findings or other changes.

The revised Governance and Accountability Framework documents, including the SOs and SFIs, for WHSCC were approved by the Joint Committee on 14 March 2023, and are now being presented to individual HBs for approval for inclusion as schedule 4.1 within their respective LHB SOs.

3.0 CHANGES TO THE GOVERNANCE & ACCOUNTABILITY FRAMEWORK

3.1 Financial Limits and Reporting

On the 10 January 2022 the Joint Committee approved that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic could be adopted as new permanent limits, and approved the updated process for the current SFI requirement for Joint Committee “approval” of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action, subject to further discussion with the HB Board Secretaries.

The Committee Secretary at WHSSC shared the report and discussed the proposed changes with the NHS Wales HB Board Secretaries on 3 February 2023, and requested views on the proposal. Two queries were received as outlined in **Table 1** below:

Table 1 – Queries Received on the Proposed Changes

Query	Response
What is the process of Chairs action?	<p>Section 3.1 of the WHSSC SO's state:</p> <p>3.1 Chair's action on urgent matters</p> <p><i>3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.</i></p> <p>The process is the same as the process adopted by HB's.</p> <p>Also, any chairs action undertaken is always shared with the Joint Committee in writing via a letter being issued to JC members sent via email, and it is also ratified by the Joint Committee under the Chairs report at the next available meeting with a specific recommendation to ratify the decision. This is captured in minutes etc.</p>
Financial thresholds –	Advanced Medicinal Therapeutic Products (ATMPs) are commissioned by WHSSC and the Blueteq system is used

Query	Response
appear higher than those in place in other NHS bodies	<p>to procure, prescribe and manage the ever-increasing complexities associated with high-cost therapies.</p> <p>The scale of the ATMP's has increased with an average minimum of £25k per annum up to £500,000 per annum for high-cost drugs and potentially up to £2m for one-off new ATMPs all of which are NICE approved. Therefore, the financial thresholds are set reflect this.</p>

The proposed changes were also discussed with the Head of NHS Board Governance on the 14 February 2023 and with the Board Secretary at CTMUHB on 17 February to provide assurance on the changes being made and an assurance was given that the changes did not deviate from the model SO's and SFI's in place, and any changes were in relation to bespoke changes for WHSSC's scheme of delegation, financial authorisation matrix and MoA with CTMUHB.

3.2 Welsh Renal Clinical Network (WRCN) – Governance Review

Further to the recent governance review undertaken on the Welsh Renal Clinical Network (WRCN) to evaluate and determine the adequacy of the systems and controls in place within WHSSC, the scheme of delegation has been updated in response to the recommendations made concerning:

- Delegated authority for the network board including which matters are reserved to itself to include executive officer responsibilities and financial delegation limits; and
- Delegated financial limits within the Standing Financial Instructions.

3.3 Memorandum of Agreement – Designation of Audit & Finance Lead Independent Member (IM)

On the 18 January 2022, the Joint Committee approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. Section 7.3 of the MoA has been updated to reflect this.

4.0 SUMMARY OF PROPOSED CHANGES

The updated SOs, MoA, Hosting Agreement, and SFIs are presented at **Appendices 1-3** for information. Note no changes have been made to the Welsh Government model guidance element of the SO's or the SFI's, and that the proposed changes only relate to the bespoke elements required for WHSSC.

For assurance, a summary of the updates made is outlined in **table 2** below:

Table 2 - Summary of Proposed Changes to the WHSSC Governance and Accountability Framework

Standing Orders – see Appendix 1	
Page 52 -	<p>Delegation of Powers to Sub-Committees and Others</p> <p>Amendment from “Audit Committee”, to “Audit and Risk Committee” (ARC) to reflect the correct title of the CTM ARC for hosted bodies.</p> <p>Amendment from “Welsh Renal Clinical Network”, to the “Welsh Kidney Network”, to reflect the name change agreed by the Joint Committee on 12 July 2022.</p>
Page 54	<p>Scheme of Delegation to WHSST Directors and Officers</p> <p>Addition of Welsh Kidney Network (WKN) and Programme Director, Executive Lead to comply with the following recommendations from the WKN governance review:</p> <ul style="list-style-type: none"> • <i>The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs; and</i> • <i>The role of the executive lead should be clearly set out and referenced in the individual’s job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.</i>
Page 56	<p>Annexe 3 – Joint Committee Sub-Committee Arrangements</p> <p>Amendment from “Welsh Renal Clinical Network”, to the “Welsh Kidney Network”, to reflect the name change agreed by the Joint Committee on 12 July 2022.</p>
Memorandum of Agreement & Hosting Agreement – see appendix 2	
Page 12	<p>Appointment and Role of Non-Officer Members</p> <p>Section 7.3 Audit Lead Independent Member</p> <p>Section 7.3 states that:</p> <p><i>"7.3 One non-officer member will be selected from the Host LHB. This non-officer member will act as the Audit Lead"</i></p> <p>On the 18 January 2022, the Joint Committee approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. Therefore section 7.3 will be amended to:</p>

	<i>"7.3 the audit lead non-officer member role will be recruited through a fair and open recruitment process. To enable the WHSSC Independent Member Remuneration appointment arrangements to be consistent with the other two HB IM roles, with an emphasis on the skills required to participate in the Audit & Risk Committee (ARC). The audit lead IM will be required to attend the CTMUHB part 2 ARC meetings which WHSSC attends to discharge its audit and accountability requirements"</i>
P16	13. Accountability & Audit Committee Amendment from "Audit Committee", to "Audit and Risk Committee" to reflect the correct title of the CTM ARC for hosted bodies.
Pages 22 & 23	27.Review Amendments made to reflect the names of the newly appointed Chief Executive Officers (CEOs).
Page 24	Annex (i) to MoA Services delegated from LHBs to WHSSC for planning and funding The list has been updated to reflect the full list of services for 2023-2024.
Pages 40 & 41	Annex (ii) to MoA – Hosting Agreement Amendments made to reflect the names of the newly appointed Chief Executive Officers (CEOs).
Page 66	Annex (iv) to MoA – Clinical Networks Amendment from "Welsh Renal Clinical Network", to the "Welsh Kidney Network", to reflect the name change agreed by the Joint Committee on 12 July 2022.
Standing Financial Instructions (SFI's) – Scheme of Delegation – see Appendix 3a	
Page 2	Budget delegation and virements Section A1 Delegation of the management of defined Revenue budgets to budget holders Updated to reflect the following recommendations from the WKN governance review: <ul style="list-style-type: none"> <i>The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.</i> <i>The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders</i>

Page 2	Budget delegation and virements Section A1 Delegation of the management of defined Revenue budgets to budget holders Updated to reflect budget holder status for Traumatic Stress Wales (TSW).
Page 4	A1 Long-Term Agreements with other NHS bodies Wording updated to describe "In accordance with delegated authority within the Standing Financial Instructions".
Page 5	A4 Individual NHS patient treatment charges outside of LTAs and SLAs Updated to include reference to the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action.
Standing Financial Instructions (SFI's) – Financial Authorisation Matrix – see Appendix 3b	
Column R	Updated to reflect the following recommendations from the WKN governance review: <ul style="list-style-type: none"> <i>The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.</i> <i>The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.</i>
All	Updated to include the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19, approved by the Joint Committee on 10 January 2023.
Column Q	Updated to reflect Traumatic Stress Wales

5.0 GOVERNANCE & RISK

To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the Integrated Governance Committee were informed of proposed changes to the Framework on 14 February 2023, prior to the Joint Committee formally approving them on the 14 March 2023.

In accordance with the WHSSC governance framework once the Joint Committee approve the updated governance and accountability framework, they must be taken forward for approval by the Boards of the seven HBs for inclusion as schedule 4.1 within their respective HB SOs. Thereafter, a report will be taken to the CTMUHB ARC for hosted bodies for assurance.

6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the proposed changes to the Standing Orders (SOs), and include as schedule 4.1 within their respective HB SOs,
- **Approve** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within their respective HB SOs; and
- **Approve** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

Schedule 4.1

STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

Standing Orders, Reservation and Delegation of Powers for LHBs
WHSSC Standing Orders

Status: FINAL
V8.1

Page 1 of 57

Foreword

Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing Standing Orders Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business¹. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009² and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated between the Joint Committee and Cwm Taf Morgannwg University LHB (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.

¹ Reference Part 3, Regulation 12 of WHSSC Regulations 2009 and Regulation 14(b) and 15(5) of the LHB Regulations 2009.

² (2009/3097 (W.270))

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Section: A – Introduction

Statutory framework

- i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each LHB in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee. Annex 1 was amended by the **Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014** following the establishment of the Emergency Ambulance Services Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.
- ii) The principal place of business of the WHSSC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.
- iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006**³ which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006**⁴ applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC Directions provide that the seven LHBs in Wales will work jointly to exercise

³ c.42

⁴ c.41

functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009⁵** (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009⁶** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

- xi) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiii) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

⁵ (2009/3097 (W.270)

⁶ (2009/779 W.67)

- xiv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xv) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvi) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Ministers' Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

- xvii) The specific governance and accountability arrangements established for the Joint Committee are set out within:
 - These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
 - The WHSSC SFIs;
 - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
 - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xviii) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.
- xix) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details

of the Joint Committee's key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

- xx) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.
- xxi) Full details of any non-compliance with these WHSSC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

- xxii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
 - Each of the seven LHBs are in favour of the amendment; or
 - In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- xxiii) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxiv) The terms and provisions contained within these SOs aim to reflect those

covered within all applicable health legislation. The legislation takes precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxv) The WHSSC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

- xxvi) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, WHSSC SOs and the framework set by the LHBs and Welsh Ministers.

- xxvii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committee's operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions⁷

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee in conjunction with the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the

⁷ The WHSSC (Wales) Directions 2009 and The WHSSC (Wales) Regulations 2009

contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Management Team undertaken at the direction of the Joint Committee.

1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committees

1.2.1 The membership of the Joint Committee shall be 15 voting members and three associate members, comprising the *Chair* (appointed by the Minister for Health and Social Services) and the *Vice-Chair* (appointed by the Joint Committee from existing non-officer members of the seven LHBs)⁹, together with the following:

Non-Officer Members [known as Independent Members] ¹⁰

1.2.2 A total of 2, appointed by the Joint Committee from existing non-officer members of the seven LHBs.

8 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009, 5(1) and Welsh Health Specialised Services Committee (Wales) Regulations 2009, Part 2

9 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(1) & 4(2)

10 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(3)

Chief Executives

1.2.3 A total of 7, drawn from each Local Health Board in Wales.

Officer Members [known as WHSST Directors]

1.2.4 A total of 4, appointed by the Joint Committee, consisting of a Director of Specialised and Tertiary Services¹¹; a Medical Director of Specialised and Tertiary Services; a Finance Director of Specialised and Tertiary Services, and a Nurse Director of Specialised and Tertiary Services. These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the Management Team.

1.2.5 Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:

- i. Either or both persons may attend and take part in Joint Committee meetings;
- ii. If both are present at a meeting they shall cast one vote if they agree;
- iii. In the case of disagreement no vote shall be cast; and
- iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

1.2.6 The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

- Chief Executive of Velindre NHS Trust
- Chief Executive of the Welsh Ambulance Services NHS Trust
- Chief Executive of Public Health Wales NHS Trust.

In attendance

1.2.7 The Joint Committee Chair may invite other members of the WHSST or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

Use of the term 'Independent Members'

1.2.8 For the purposes of these WHSSC SOs, use of the term 'Independent Members' refers to the following voting members of the Joint Committee:

¹¹ The Director of Specialised and Tertiary Services is also known as the Managing Director of Specialised and Tertiary Services Commissioning

- Chair
- Vice-Chair
- Non-Officer Members

unless otherwise stated.

1.3 Member Responsibilities and Accountability

- 1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.
- 1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.
- 1.3.3 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

- 1.3.4 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings;
 - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with WHSSC SOs; and
 - Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.
- 1.3.5 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.6 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

- 1.3.7 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed¹².
- 1.3.8 The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

Non-Officer Members

- 1.3.9 Non-Officer members are accountable to the Chair for their performance as Non-Officer members.

WHSST Director of Specialised and Tertiary Services

- 1.3.10 The WHSST Director of Specialised and Tertiary Services (Lead Director), as head of the Management Team reports to the Chair and is responsible for the overall performance of the WHSST. The Lead Director is accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee. The Lead Director is also accountable to the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)

- 1.3.11 The Medical Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The **Chair**, shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹³.
- 1.4.2 The **Vice-Chair** and two other **Independent Members** shall be appointed by the Joint Committee from existing Independent Members of the seven

¹² Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 3, Regulation 13

¹³ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹⁴.

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.4 The **WHSST Directors** shall be appointed by the Joint Committee¹⁵, and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.4.5 WHSST Directors tenure of office as Joint Committee members will be determined by their contract of employment.

1.4.6 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they are applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office¹⁶.

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS¹⁷

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally

14 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

15 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 4(3)

16 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 6,7,8 and 11

17 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009 3(4)

accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.

- 2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.
- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.
- 2.0.5 The LHB Chairs *[through the lead Chair]* shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee's activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
 - i. Schedule of matters reserved to the Joint Committee;
 - ii. Scheme of delegation to joint sub-Committees and others; and
 - iii. Scheme of delegation to Officers.

all of which must be formally adopted by the Joint Committee.

- 3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

3.1 Chair's action on urgent matters

- 3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.
- 3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or another WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

- 3.2.1 The Joint Committee shall agree the delegation of any of its functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.
- 3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted or to others.

3.3 Delegation to Officers

- 3.3.1 The Joint Committee will delegate certain functions to the Lead Director. For these aspects, the Lead Director, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Lead Director will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.
- 3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Lead Director may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.
- 3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director

and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

- 4.0.1 In accordance with WHSSC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
- 4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.
- 4.0.3 The Joint Committee shall establish a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum, it shall establish joint sub-Committees which cover the following aspects of Joint Committee business:
- Quality and Safety
 - Audit
- 4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).
- 4.0.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in Annex 3 of these WHSSC SOs.
- 4.0.6 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
 - Membership and quorum;
 - Meeting arrangements;
 - Relationships and accountabilities with others;

- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee's defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.

4.0.9 WHSST Directors or officers should not normally be appointed as joint sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to officers. Designated WHSST Directors or officers shall, however, be in attendance at such joint sub-Committees, as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all joint sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in Annex 4 of the WHSSC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has

established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Community Health Councils

6.2.1 The Joint Committee shall make arrangements to ensure arrangements are in place to liaise with CHC members as appropriate.

6.3 Annual Plan of Committee Business

6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

- 6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.
- 6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panel and Advisory Groups.
- 6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisation's website.

6.4 Calling Meetings

- 6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.
- 6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

- 6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Lead Director, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.
- 6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

Notifying and equipping Joint Committee members

- 6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10¹⁸ calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.
- 6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.
- 6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 6.5.7 Except for meetings called in accordance with WHSSC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as

¹⁸ See Schedule 3, 2(3) of the LHB (Constitution, Membership and Procedures) Regulations 2009

- Through other methods of communication as set out in the Joint Committee's communication strategy.

6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible¹⁹. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a WHSST officer or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of

¹⁹ Schedule 3, 8 of the LHB(Constitution, Membership and Procedures) Regulations 2009

the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

- 6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups

- 6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

- 6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.

6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

6.6.12 If the Lead Director or another WHSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).

6.6.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and

the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

6.6.17 **Amendments** – Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion** – When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.6.23 A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/WHSSC Director to which a matter has been referred.

Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB's Advisory Groups.

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of a WHSST member vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee

members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act, the Joint Committee's Communication Strategy and the host LHB's Welsh language requirements.

6.8 Confidentiality

- 6.8.1 All Joint Committee members (including Associate Members), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant joint sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

- 7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, WHSST officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the WHSSC SOs.

7.1 Declaring and recording Joint Committee members' interests

- 7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.

- 7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.
- 7.1.3 **Register of interests** – The Lead Director, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.
- 7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the Joint Committee's website.
- 7.1.6 **Publication of declared interests in Annual Report** – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

- 7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides

specialised and tertiary services.

- 7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary, before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.
- 7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:
- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting.
 - ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
 - iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
 - iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.
- 7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.
- 7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.
- 7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take

advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 Members with pecuniary (financial) interests – Where a Joint Committee member, or any person they are connected with²⁰ has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009 define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with these definitions.

7.2.9 Members with Professional Interests – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers’ interests

7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director, establishes and maintains a system for the declaration, recording and handling of WHSST officers’ interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee’s Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,²¹ hospitality and sponsorship

7.5.1 The Standards of Behaviour (including Gifts and Hospitality) Policy adopted by the Joint Committee prohibits Joint Committee members and WHSST

²⁰ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

²¹ The term gift refers also to any reward or benefit.

officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or WHSST officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or WHSST officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

- 7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

- 7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.
- 7.6.2 All sponsorship must be approved prior to acceptance in accordance with the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

- 7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Joint Committee members. WHSST Directors will adopt a similar mechanism in relation to WHSST officers working within their areas.
- 7.7.2 Every Joint Committee member and WHSST officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Lead Director, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.
- 7.7.3 When determining what should be included in the register with regard to gifts and hospitality, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:
- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.

- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of ‘modest and proportionate²²’ hospitality need not be included in the Register.

7.7.4 Joint Committee members and WHSST Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee’s Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

²² Examples of ‘modest and proportionate’ hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

- 8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, Expert Panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.
- 8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.
- 8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:
- The ongoing development of its governance arrangements, including its structures and processes;
 - Its Committee Development Programme, as part of an overall Organisation Development framework; and
 - Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

- 8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.
- 8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.
- 8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

- 8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

- 9.0.1 Taking account of the arrangements set out within these WHSSC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

- 9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

- 9.0.3 The Joint Committee shall ensure that within the WHSST, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

- 9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and

- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the appropriate impact assessment.

Annex 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Introduction

As set out in WHSSC Standing Order 3, the Welsh Health Specialised Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i. A sub-Committee of the Joint Committee, e.g., Audit Committee;
- ii. A Group, Expert Panel or Advisory Group , e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii. Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to sub-Committees or sub-Groups and others; and
- Scheme of delegation to officers.

all of which form part of the WHSSC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs*
- *The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *The Joint Committee may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Lead Director

The Lead Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Lead Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Lead Director may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Lead Director of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE²³

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
1	FULL	GENERAL	The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs
2	FULL	GENERAL	The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are detailed below:
3	FULL	GENERAL	Approve the Joint Committee's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	<p>Vary, amend and recommend for approval to the Boards of the Local Health Boards:</p> <ul style="list-style-type: none"> ▪ WHSSC SOs ; ▪ WHSSC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to sub-Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING	Ratify any urgent decisions taken by the Chair and the Lead Director in accordance

²³ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

		ARRANGEMENTS	with WHSSC Standing Order requirements
6	NO – Nominated Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Committee Secretary on any non-compliance with WHSSC Standing Orders, making proposals to the Joint Committee on any action to be taken.
7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with WHSSC Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework
9	NO - Chair on behalf of Joint Committee, Vice-chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee or Committee Secretary.
10	FULL	STRATEGY & PLANNING	Determine the long term strategic plan for the development of specialised services and tertiary services in Wales, in conjunction with Welsh Ministers.
11	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> Population Health Needs Assessment and Commissioning Plan

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			<ul style="list-style-type: none"> ▪ The development and delivery of patient and population centred specialised and tertiary services for the population of Wales ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
12	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
13	FULL	STRATEGY & PLANNING	Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
14	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's framework and strategy for performance management.
15	FULL	STRATEGY AND PLANNING	Approve the LHBs framework and strategy for risk and assurance
16	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with Putting Things Right and health and safety requirements.
17	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by Welsh Government, regulators, professional bodies/others, e.g., National Institute of Health and Care Excellence (NICE)
18	FULL	STRATEGY & PLANNING	Approve the Joint Committee's patient, public, staff, partnership and stakeholder engagement and co-production.
19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines

			it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
20	FULL	ORGANISATION STRUCTURE & STAFFING	Appointment, appraisal, discipline and dismissal of the officer members of the Joint Committee (Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions.
21	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Committee Secretary.
22	FULL	ORGANISATION STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the Joint Committee's top level organisation structure and Joint Committee policies
24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee
25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee
26	FULL	ORGANISATION STRUCTURE &	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups

		STAFFING	
27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee
28	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
29	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers
30	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Joint Committee
31	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs
32	FULL	PERFORMANCE & ASSURANCE	Approve the Joint Committee's audit and assurance arrangements

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33	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Joint Committee's WHSST Directors on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
34	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee's sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans
35	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
36	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans
37	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans
38	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the Joint Committee's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
39	FULL	REPORTING	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required.
40	FULL	REPORTING	Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE-CHAIR AND INDEPENDENT MEMBERS			
	Chair		Chair of the Integrated Governance Committee
	Independent Member or Vice-Chair		Audit Lead
	Independent Member or Vice-Chair		Chair of the Quality and Patient Safety Committee

DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS²⁴

WHSSC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit & Risk Committee (of the host organisation)
- Quality and Patient Safety Committee
- Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Welsh Kidney Network (WKN)
- Management Group

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to sub-Committees.

²⁴ As defined in Standing Orders.

SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

The WHSSC SOs and WHSSC SFIs specify certain key responsibilities of the Lead Director, the Director of Finance and other officers. The Lead Director's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other WHSST Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the WHSSC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Agreeing and signing Health Care Agreements and Contracts with service providers for health care services	Lead Director Director of Finance (Deputy)
Approval to commission Specialist healthcare services	Lead Director
Information Governance arrangements	Committee Secretary (in conjunction with the host LHB)
Management of Concerns	Director of Nursing & Quality Assurance
Health and Safety arrangements	Lead Director/ Committee Secretary (in conjunction with the host LHB)
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions.	Chair/ Lead Director Director of Finance (Deputy)
Issuing tenders and post tender negotiations.	Lead Director Director of Finance (Deputy)
Legal advice	Committee Secretary

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Status: Final
Update –v8.1

Action on litigation	Lead Director/ Committee Secretary
Operation of detailed financial matters, including bank accounts and banking procedures	Director of Finance (in conjunction with the host LHB Director of Finance)
Workforce	Committee Secretary
Public consultation	Lead Director
Manage central reserves and contingencies	Director of Finance
Management and control of stocks other than pharmacy stocks	Lead Director
Management and control of computer systems and facilities	Committee Secretary
Monitor and achievement of management cost targets	Lead Director
Recording of payments under the losses and compensation regulations	Director of Finance
Individual Patient Funding Requests	Director of Nursing & Quality Assurance
Approve and ensure the publication of non-statutory Annual Report	Lead Director
Welsh Kidney Network (WKN)	Programme Director

This scheme only relates to matters delegated by the Joint Committee to the Lead Director and other WHSST Directors, together with certain other specific matters referred to in WHSSC SFIs.

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these WHSSC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- ***WHSSC SFIs***
- ***Values and Standards of Behaviour Framework (link to document)***
- ***Risk Management Strategy (link to document)***
- ***Key policy documents***

agreed by the Joint Committee. These documents must be read in conjunction with the WHSSC SOs and will have the same effect as if the details within them were incorporated within the WHSSC SOs themselves.

These documents may be accessed from the Committee Secretary by written request.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

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Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders

[Management Group](#)

[Quality & Patient Safety Committee](#)

[Integrated Governance Committee](#)

[Welsh Kidney Network \(WKN\)](#)

[Individual Patient Funding Request Panel](#)

Annex 4

ADVISORY GROUPS AND EXPERT PANELS TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

N/A

MEMORANDUM OF AGREEMENT

RELATING TO

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

(WALES) DIRECTIONS 2009

MEMORANDUM OF AGREEMENT

THIS MEMORANDUM OF AGREEMENT is made the **13 July 2021**
BETWEEN

- (1) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
- (2) BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW
- (3) CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes-y-coed Road, Cardiff CF14 4HH,
- (4) CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN.
- (5) HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David's Park Carmarthen, SA31 3BB.
- (6) POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS
- (7) SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

WHEREAS:

- A. In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the LHBs are required to establish a Joint Committee for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services from 1 April 2010.
- B. The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) make provision for the constitution of the Joint Committee including its procedures and administrative arrangements.
- C. Cwm Taf Morgannwg University Local Health Board (CTMUHB) has been identified as Host LHB to provide administrative support for the running of the Joint Committee and to establish the Welsh Health Specialised Services Team as per Direction 3(4) and Regulation 3(1)(d) and the interpretation

sections of both the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

- D. The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of agreed specialised and tertiary services (Relevant Services) and in accordance with their defined Delegated Functions. The Joint Committee therefore comprises, and is established by, all the LHBs.
- E. The LHBs have been given the financial responsibility for all of the specialised and tertiary health needs for their respective populations. Refer to Standing Order 1.1.
- F. The Directions and Regulations require that the Chief Executives of each of the 7 LHBs listed as Parties to this Agreement be members of the Joint Committee. This Agreement defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee. This is in accordance with their objective to make collective decisions as to the provision of national services as described above and in the interests of NHS Wales and the health needs of their individual populations. Refer to Standing Orders: Statutory Framework, NHS Framework and Joint Committee Framework (for governance arrangements); and to Standing Orders 1.2 and 1.3 (for membership, responsibilities and accountability).

1. INTERPRETATIONS

'the Act'	the National Health Service (Wales) Act 2006 (C.42)
'Associate Members'	the Chief Executives of Public Health Wales NHS Trust, Velindre University NHS Trust, Welsh Ambulance Services NHS Trust. Refer to Regulation 3(3) and Standing Order 1.2.6
'the Directions'	the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)
'Chair'	the person appointed by the Minister to lead the Welsh Health Specialised Services Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs. Refer to Regulation 4(1) and Standing Orders 1.3.4 to 1.3.6.
'Chief Executives'	the Chief Executives of the constituent LHBs
'Committee Secretary'	the person appointed by the Welsh Health Specialised Services Committee as its principal advisor on all aspects of governance. Refer to Standing Orders: The Role of the Committee Secretary.
'Role of the Joint Committee'	the role ascribed to the Joint Committee ascribed to the Joint Committee in section 4 of this Agreement. Refer to Standing Order 1.1.
'Dispute Process'	the arbitration process agreed with WG.
'WHSST Directors'	the Officer Members of the Joint Committee as defined in Regulation 3(2) of the Regulations.
'Host LHB'	Cwm Taf Morgannwg University Local Health Board
'Joint Committee'	the Welsh Health Specialised Services Committee established in accordance with the Directions and Regulations
'LHB'	Local Health Board established in accordance with s 11(2) of the Act
'Management Group'	the purpose of the Management Group is to be the Specialised Services Commissioning operational body

responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation.

'Management Team'	the team appointed in accordance with paragraph 10.2 of the Agreement, comprising of the Lead Director, Medical Director, Finance Director and Nurse Director of Specialised and Tertiary Services. Refer to Regulations 3(2) and Standing Order 1.2.4.
'NHS Wales'	the comprehensive health service for Wales established by the NHS (Wales) Act 2006 (C.42)
'Provider LHB'	a LHB which provides specialised and tertiary services to the Joint Committee
'the Regulations'	the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270))
'Relevant Services'	the planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex (i) of the Welsh Health Specialised Services Committee (Wales) Directors 2009, and incorporated as Annex (i) in this Agreement, subject to any variations to those functions agreed from time to time by the Joint Committee.
'WG'	Welsh Government as announced by the First Minister of Wales on 12 May 2011
'WHSST'	the Welsh Health Specialised Services Team consisting of staff employed by the Host LB to provide the Relevant Services, including WHSST Directors.

2. CORPORATE IDENTITY

- 2.1 The corporate identity for the Joint Committee will be in accordance with the Corporate Identity Guidelines issued by Welsh Government to LHBs. The Joint Committee will be referred to as the 'Welsh Health Specialised Services Committee' on stationery and signage.

3. PRINCIPLES

- 3.1 The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act. The LHBs are required to jointly exercise the Relevant Services. Refer to Standing Orders: Statutory Framework
- 3.2 The principle of subsidiarity will apply so that the Joint Committee will agree annually a List of Specialist Services which has approved by the Joint Committee as part of the Annual Planning process. The Joint Committee will be only responsible for the provision of those services which are identified in the List of Specialist Services. Any other service not identified in the List of Specialist Services will be the responsibility of each LHB to provide locally. Nothing in this paragraph shall prevent any LHB from exercising its discretion as to how to provide these services, either individually, or in conjunction with other LHBs or other bodies. Refer to Standing Order 1.1.2
- 3.3 Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of primary, community, in-hospital care services and specialised services for their population. For a number of national services, this can only be achieved by working collaboratively with all LHBs. The Joint Committee is established on this basis of a shared, national approach to the joint planning of specialised and tertiary services on behalf of each LHB, ultimately accountability to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area remains with individual LHBs. Refer to Standing Order 1.1.2.
- 3.4 In performing its role, the Joint Committee and each individual Chief Executive shall work in the wider interest of NHS Wales. In so doing, they shall work with all of the Joint Committee's appropriate partners and stakeholders in the best interests of NHS Wales. In so doing, the Joint Committee will take account of the following key principles:
- 3.4.1 Collaboration should be designed to deliver changes in services and demonstrable population benefit;

- 3.4.2 Collaboration should ensure a more extensive and consistent use of evidence supported by a robust analysis of need;
- 3.4.3 Collaboration must not diminish clinical engagement;
- 3.4.4 Collaboration should support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population;
- 3.4.5 Collaboration must enhance resource utilisation in the planning process to reduce duplication and overlap;
- 3.4.6 Collaboration should focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification;
- 3.4.7 Collaboration should promote equity in service delivery.

Refer to Standing Orders 1.1 and 1.4

3.5 Each LHB acknowledges the following principles:

- 3.5.1 the Management Team will be held to account by the Joint Committee for the delivery of a strategy for the provision of specialised and tertiary services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- 3.5.2 that any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. Refer to Standing Order 1.1.5
- 3.5.3 that each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role. Refer to Standing Order 1.1.2.
- 3.5.4 that their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to

act transparently in the performance of their functions. Refer to Standing Orders 1.1.2 and 1.1.4.

3.5.5 that each Chief Executive as a member of the Joint Committee will require the Management Team of the Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.

3.5.6 that when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights. Refer to Standing Order 6.6.10 and 6.6.11

3.6 Each Chief Executive will agree to advise the Chair of any circumstances where it is considered that there may be a conflict of interest between the performance of the national planning functions of the Joint Committee and the effect of any such decision on the scope of the services which the constituent LHB provides. Refer to Standing Order 7: Values and Standards of Behaviour

3.6.1 where the Chair considers that the conflict is not clear he will consult with the remainder of the Committee and reach a collective view.

3.6.2 where the Chair decides that there is a clear conflict of interest the Chief Executive will be required to abstain from the discussion.

3.7 The Joint Committee will strive to make decisions by consensus, failing which it will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no two thirds majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

4. ROLE OF THE JOINT COMMITTEE

4.1 The role of the Joint Committee as determined by the Welsh Ministers are (refer to Standing Order 1.1.4):

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the

Welsh Ministers;

- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

5. ANNUAL WORK PROGRAMME AND PLANNING

- 5.1 The Joint Committee and its Management Team will adhere to the standards of good governance set for the NHS in Wales and which are based on Welsh Government's Citizen Centred Governance Principles. Refer to Standing Order: NHS Framework.
- 5.2 The Joint Committee will:
- 5.2.1 report to the individual LHBs on its activities. It is formally accountable to the individual LHBs in respect of its role carried

out on their behalf. Refer to Standing Order 9: Demonstrating Accountability.

- 5.2.2 lead and scrutinise the operations, functions and decision making of the Management Team. It will require the Management Team to report to it on its activities and it will hold the Management Team to account on behalf of the seven LHBs. Refer to Standing Order 1.1.6.

5.3 The Joint Committee will therefore require:

- 5.3.1 the Management Team to co-operate with them as members of the Joint Committee in securing agreed processes so that patients in Wales may have the equal opportunity to access new advances in treatment but in a way which ensures that services which no longer require collaborative planning are stepped down at the appropriate time to the individual LHBs as local providers.
- 5.3.2 the Management Team to prepare for their approval a Plan of Business for the year. They will also require the Management Team to agree with the Joint Committee an appropriate way of working. This will include submitting to the Joint Committee for discussion and agreement (following an appropriate internal and external consultation process) a Priorities Programme, an annual List of Specialised Services to be planned nationally and identifying the services to be stepped down for local provision, national Planning Policies and a Schedule of other appropriate policies for development and review on an annual basis.
- 5.3.3 in developing any new or amended policy the Management Team will prepare a suggested process which will be subject to an approved corporate standard for agreement by the Joint Committee.
- 5.3.4 the Management Team will undertake on an annual basis a mapping exercise of the Healthcare Standards which apply to the Joint Committee. An annual return will be submitted to the LHBs for inclusion in their annual return to Welsh Government.
- 5.3.5 a Quality and Patient Safety Sub Committee will be established to provide evidence based and timely advice to the Joint Committee to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare. The Quality and Patient Safety Sub Committee will also provide assurance to the Joint Committee in relation to the

arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee. The Quality and Patient Safety Sub-Committee will operate in accordance with the Terms of Reference annexed to the Standing Orders. Refer to Standing Order 4.0.3

- 5.3.6 the production of an Annual Report (to be prepared by the Committee Secretary) each year. Refer to Standing Order 9.0.2.
- 5.3.8 the Director of Finance for the Joint Committee to agree with the relevant Provider LHBs information requirements and reporting timescales to enable the Joint Committee to discharge its duties on behalf of each LHBs
- 5.3.9 the Management Team to act in accordance with the Welsh Language Scheme of the Host LHB in preparing papers on behalf of the Joint Committee. Refer to Standing Order 6.1.1.
- 5.3.10 the Lead Director to lead the consultation process on behalf of each LHB where the Joint Committee supports proposals which result in a major change in service provision.

6. ROLE OF CHAIR

- 6.1 The LHBs acknowledge that the Regulations require that the Chair be appointed by the Minister for Health and Social Services as an independent appointment and in accordance with the Nolan Principles. It is further acknowledged that the Chair is accountable to the Minister for Health and Social Services and is required by the Minister to act in accordance with the terms of his/her Accountability Agreement. Refer to Standing Orders 1.2.1 and 1.3.6.
- 6.2 The Chair will:
 - 6.2.1 be accountable to the individual LHBs in relation to the delivery of the role of the Joint Committee exercised by the Committee on their behalf.
 - 6.2.2 be required to secure consensus where possible in the making of collective decisions in the wider interests of NHS Wales and in accordance with the individual obligations of the Chief Executives and the non-officer members.

- 6.2.3 the Chair will work in close collaboration with the Chairs of LHBs to ensure that the strategic development of Specialised and Tertiary Services meets the needs of NHS Wales.
- 6.2.4 the Chair will attend the All Wales Chairs Meeting at least twice a year.

7. APPOINTMENT AND ROLE OF NON-OFFICER MEMBERS

- 7.1 Each non-officer member (including the Vice-Chair) appointed to the Committee in accordance with the Regulations is individually accountable to the Chair. Refer to Standing Orders 1.3.8 and 1.3.9.
- 7.2 The Chair will seek nominations from the Chair of each individual LHB for the appointment of a non-officer member. The Chair will determine and agree with the Chairs of the LHBs the appropriate process for the selection of the non-officer member but in so doing must take account of the following requirements: Refer to Standing Orders 1.4. 2 and 1.4.3
 - 7.2.1 A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served which will include consideration as to whether the constituent LHB is regarded as a major provider of services to the Joint Committee;
 - 7.2.2 wherever possible, the overall membership of the Joint Committee reflects the diversity of the population.

7.3 The audit lead non-officer member role will be recruited through a fair and open recruitment process. To enable the WHSSC Independent Member Remuneration appointment arrangements to be consistent with the other two HB IM roles, with an emphasis on the skills required to participate in the Audit 7 Risk Committee (ARC). The audit lead IM will be required to attend the CTMUHB part 2 ARC meetings which WHSSC attends to discharge its audit and accountability requirements"

Each non-officer member will be required to acknowledge their individual responsibility to contribute to the performance of the Delegated Functions of the Joint Committee and to share in the decision making in the interests of the wider NHS Wales.

7.37.4 The Chair and non-officer members will participate fully in the Performance Review Process as set down by the Welsh Government. Refer to the appropriate Accountability Agreements.

8. STATUS AND ROLE OF ASSOCIATE MEMBERS

- 8.1 The LHBs acknowledge that the Associate Members will attend the Joint Committee meetings on an ex-officio basis but in accordance with the directions will not have the right to vote in any meetings or proceedings of the Joint Committee. Refer to Standing Order 1.2.6.
- 8.2 Associate Members will be entitled to engage and participate in the discussions. It will be the responsibility of the Chair to secure that they may seek to influence and/or challenge the decision making by their participation during the course of the debate.

9. ROLE OF MANAGING DIRECTOR OF SPECIALISED AND TERTIARY SERVICES COMMISSIONING (LEAD DIRECTOR)

- 9.1 The Lead Director will:
 - 9.1.1 be the head of the Management Team and will report to the Chair. In so doing the Director will be accountable to the Joint Committee in relation to its role delegated to the Management Team by the Joint Committee. Refer to Standing Order 1.3.10
 - 9.1.2 be accountable to the Chief Executive of the Host LHB in respect of the administrative arrangements supporting the operation of the team. Refer to Standing Order 1.3.10
- 9.2 The Lead Director is responsible for ensuring that the Joint Committee enters into suitable Health Care Agreements and Contracts with service providers for health care services. The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.

10. MANAGEMENT ARRANGEMENTS

- 10.1 In accordance with the Standing Orders, the Joint Committee may delegate certain functions to the WHSST Directors. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.
- 10.2 The Joint Committee will determine the nature and extent of any functions which it is appropriate to delegate to a Sub Committee and to the WHSST Directors.
- 10.3 The Joint Committee's approach to delegation will be set out in the Standing Orders, Standing Financial Instructions and Scheme of Reservations and Delegation.

- 10.4 The delegation of any function will be subject to regular review by the Joint Committee to ensure that the distribution of functions is accurately and appropriately described and continues to remain appropriate to respond to the requirements of the Joint Committee.
- 10.5 The LHBs acknowledge that the WHSST Directors will constitute the Management Team.
- 10.6 Any Chief Executive or other member of the Joint Committee who wishes to attend a Management Team meeting will agree their attendance with the Lead Director in advance.
- 10.7 The individual WHSST Directors are employed by the Host LHB but in exercising the performance of their functions they are individually accountable to the Joint Committee. Refer to Standing Orders 1.3.10 and 1.3.11.
- 10.8 The Management Group reports directly to the Joint Committee and membership includes the WHSST Directors and representation from the LHBs. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation. The purpose of the Management Group is to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

11. ROLE OF COMMITTEE SECRETARY

- 11.1 The LHBs acknowledge that the role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary will be required to act as the guardian of good governance within the Joint Committee by: Refer to Standing Orders: The role of the Committee Secretary
 - 11.1.1 providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
 - 11.1.2 facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its sub-committees and Advisory Groups and producing an Annual Plan of Committee Business;
 - 11.1.3 ensuring that Joint Committee members have the right

information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these Standing Orders;

- 11.1.4 ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- 11.1.5 contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- 11.1.6 monitoring the Joint Committee's compliance with the law, Joint Committee Standing Orders and the framework set by the LHB and Welsh Government.

11.2 It is agreed that the Committee Secretary is directly accountable for the conduct of his/her role to the Chair of the Joint Committee. The Committee Secretary will also be accountable to the Board Secretaries of the LHBs to ensure that robust governance arrangements are in place for the Joint Committee.

12. RELATIONSHIP WITH HOST

12.1 The responsibilities of the Host LHB are:

- 12.1.1 to appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the making of payments to providers of the Relevant Services;
- 12.1.2 to provide advice to the Joint Committee on compliance with CTMUHB's policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;
- 12.1.3 to be the legal entity which enters into agreed tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee, and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in this Agreement to be the role of the Joint Committee;
- 12.1.4 to hold the management budget for the Joint Committee/Relevant Services and make payments and receive income as necessary;

- 12.1.5 to be authorised to appoint lawyers and other professional advisors (in consultation with the Host LHB's Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.
- 12.1.6 All banking arrangements are the responsibility of the host LHB.
- 12.2 The Host LHB will not be responsible or accountable for the planning, funding and securing of the Relevant Services save in respect of the residents within the area of the Host LHB. Refer to Standing Order 2.0.2
- 12.3 The Joint Committee will require the Host LHB to enter into a separate Hosting Agreement, annexed to this Agreement as Annex (ii) to record the agreed accounting arrangements and resulting responsibilities. Refer to Standing Orders: Joint Committee Framework.

13. ACCOUNTABILITY AND AUDIT & Risk COMMITTEE

- 13.1 Audit & Risk Committee arrangements will be the responsibility of the Host LHB.
- 13.2 The WHSSC Director of Finance and the WHSSC Committee Secretary will attend all Audit & Risk Committee meetings held by the Host LHB.
- 13.3 The Audit Lead will provide reports to the Joint Committee following the Host LHB Audit & Risk Committee meetings.

14. PROCUREMENT

- 14.1 Each LHB will ensure that appropriate internal arrangements are made to delegate their respective functions to the Joint Committee for the procurement of the Relevant Services. The Joint Committee (acting through the Host LHB) will establish collaborative commissioning and managerial arrangements to negotiate, agree and manage all aspects of service level agreements/contracts for the Relevant Services on such terms and for such purposes as may be agreed by the Joint Committee.
- 14.2 Agreed tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by the Host LHB on behalf of the Joint Committee in accordance with the Host LHB's procurement policy and Standing Financial Instructions.

15. FINANCIAL PRINCIPLES

- 15.1 The following represent the key financial principles to be adhered to by the LHBs:
- 15.1.1 to achieve financial neutrality and stability, where possible, for LHBs;
 - 15.1.2 to adopt a fair and practical approach to the challenges of establishing the Joint Committee and to the functioning of the Joint Committee;
 - 15.1.3 to ensure that funds are to be blocked back to the Joint Committee;
 - 15.1.4 to ensure that the status quo with England is maintained until further review;
 - 15.1.6 to ensure that a risk sharing methodology will be reviewed and agreed annually.

16. BUDGET AND FUNDING

- 16.1 In accordance with the Joint Committee's Standing Orders, the Joint Committee must agree the total budget to plan and secure the Relevant Services delegated to it. The Joint Committee must also agree the appropriate contribution of funding required from each LHB. Refer to Standing Order 1.1.4
- 16.2 Each year the Joint Committee will prepare an annual plan which shall outline the funding requirements in relation to the Relevant Services and be analysed by each constituent LHB as providers and purchasers. Refer to Standing Order 1.1.4
- 16.3 Each LHB will be required to make available to the Joint Committee the level of funds outlined in the annual plan and calculated in accordance with paragraph 16.1. The funds shall be drawn down in cash on a monthly basis from each of the LHB's as proposed by the Director of Finance for the Joint Committee.
- 16.4 On a monthly basis, the Director of Finance for the Joint Committee shall prepare a report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan, in total, and also broken down to each LHB commissioner level.

- 16.4.1 in cases where the performance report highlights an adverse variance to the annual plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a break-even position is maintained.
- 16.4.2 in cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.
- 16.5 The Joint Committee will comply with all Welsh Government financial monitoring arrangements. The Director of Finance of the Joint Committee is responsible for ensuring that a financial monitoring return is submitted to WG in the prescribed format and to the required deadlines.
- 16.6 Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. Any disputes over the level of funding proposed by Joint Committee shall be referred to the Welsh Government for resolution by the Welsh Ministers.

17. GIFTS AND HOSPITALITY

- 17.1 Each member of the Joint Committee is required to declare any gifts and hospitality in accordance with the Joint Committee Standing Orders to the Committee Secretary in relationship to their membership of the Joint Committee. The Committee Secretary will maintain a register of such declarations. Refer to Standing Orders: Values and Standards of Behaviour.

18. DISPUTES AND ARBITRATION

- 18.1 In accordance with the principles set out at paragraph 3 of this Agreement, the LHBs will seek to work cooperatively with each other as constituent members of the Joint Committee, with the Joint Committee as a whole, and with the Management Team. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the Chair will be requested to invoke the Dispute Process which is set out in the Business Framework (Annex (iii)).

19. CONCERNS

19.1 Concerns about treatment funded through the Joint Committee arrangements

Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the Quality and Patient Safety Sub Committee.

19.2 About individual patient funding decisions

These concerns will be handled by the LHB in which the patient lives, in accordance with the All Wales Individual Patient Funding Request Policy agreed by the Welsh Government.

19.3 About any function of the Joint Committee, its staff or its performance

Concerns notified about the function of the WHSS Team (for these purposes including Joint Committee members and WHSS staff), if not resolved internally, will be dealt with by the Host LHB on behalf of all LHBs in Wales.

19.4 An Operational Agreement will be developed between the LHBs which sets out clearly operationally how concerns will be dealt with.

19.5 Financial or other Redress

When qualifying liability in tort has been determined, following an investigation of a concern, each constituent LHB is responsible for managing and funding the redress payment arising from their resident populations.

20. INDEPENDENT PATIENT REVIEWS

20.1 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

21. COMMUNICATION

- 21.1 The Committee Secretary and the Board Secretaries of the respective LHBs will develop a Communication Strategy to ensure robust communication methods are in place to support the operation of the Joint Committee.
- 21.2 Each LHB will ensure that they utilise appropriate mechanisms to facilitate active debate amongst stakeholders, professionals and communities served to ensure appropriate independent representation and participation on the planning of the Relevant Services.
- 21.3 Each LHB is responsible for responding to individual enquires concerning their individual geographical population. Where it is an issue relating to a decision made by the Joint Committee, for example, as to the planning of a service, then the Committee Secretary will be responsible for co-ordinating the response in consultation with the Board Secretaries for the respective LHBs.
- 21.4 Each Member of the Management Team is required to work in collaboration with their colleagues in the LHBs to ensure the planning of the Relevant Services.
- 21.5 Where a request under the Freedom of Information Act is received by the Joint Committee, the request will be dealt with in accordance with the Host LHB's Freedom of Information Act procedure. Where the request is considered to be an issue relating to a specific LHB and it relates to recorded information which is held by that LHB, then the request will be forwarded to the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

22. INTERFACE WITH CLINICAL NETWORKS

- 22.1 The arrangements with the Clinical Networks are set out at Annex (iv).

23. MENTAL HEALTH RESPONSIBILITIES

- 23.1 It will be the responsibility of the Lead Director to prepare a report for each meeting of the Joint Committee (where appropriate) on the conduct by the Management Team of the Committee's responsibilities to mental health patients who are detained under the Mental Health Legislation including any requirement by the Crown Court or the Mental Health Tribunal to give evidence as to appropriate placement of a patient detained under the Mental Health Legislation.

24. CROSS BORDER SLA ARRANGEMENTS

- 24.1 The Director of Finance of the Joint Committee will agree appropriate contracts with a defined list of English NHS Trusts and Foundation Trusts for the purposes of delivering specialised services for the Welsh population.
- 24.2 The Director of Finance for the Joint Committee will be responsible for securing that the contracts are cost effective and achieve the delivery of services of appropriate quality.
- 24.3 In the interests of simplified patient care pathways and reducing administrative complexity these contracts may include non-specialised activity.
- 24.4 The Director of Finance of the Joint Committee will prepare performance reports on these contracts for each Joint Committee meeting.
- 24.5 The Lead Director will ensure that NHS Wales continues to maintain and develop appropriate relationships with the counterpart specialised planning arrangements in England and Scotland. The Lead Director will represent the LHBs in this regard and will be given the appropriate delegated authority to do so. These arrangements currently include English Specialist Commissioning Groups, the Scottish National Services Division of Scotland, the National Specialist Commissioning Groups and the National Commissioning Advisory Group or National Commissioning Group for highly specialised services.

25. ROLE OF PUBLIC HEALTH

- 25.1 A Service Level Agreement will be entered into between the Host LHB and Public Health Wales describing the services which Public Health Wales will provide to the Joint Committee and the process of engagement which will take place.

26. EQUALITY AND DISCRIMINATION

- 26.1 The LHBs undertake, in relation to the provision of the Relevant Services by the Joint Committee to the public or any member of the public, to exercise the role of the Joint Committee so as to have regard to the need to eliminate discrimination, and other prohibited conduct, in accordance with human rights and equality legislation.

27. REVIEW

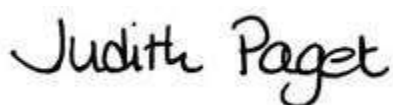
27.1 This Agreement will be reviewed on a bi-annual basis.

SIGNED under hand and delivered the day and year first above written

SIGNED and DELIVERED

by **Aneurin Bevan University Local Health Board**

acting by



~~Judith Paget~~ Nicola

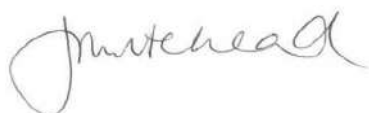
Prygodzicz

Chief Executive

SIGNED and DELIVERED

by **Betsi Cadwaladr University Local Health Board**

acting by



~~Jo Whitehead~~ Gill Harris

Chief Executive

SIGNED and DELIVERED

by **Cardiff and Vale University Local Health Board**

acting by



~~Len Richards~~

Suzanne Rankin

-Chief Executive

SIGNED and DELIVERED

by **Cwm Taf Morgannwg University Local Health Board**
acting by



Paul Mears
Chief Executive

SIGNED and DELIVERED

by **Hywel Dda University Local Health Board**
acting by



Steve Moore
Chief Executive

SIGNED and DELIVERED

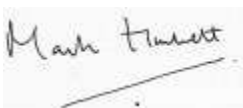
by **Powys Teaching Local Health Board**
acting by



Carol Shillabeer
Chief Executive

SIGNED and DELIVERED

by **Swansea Bay University Local Health Board**
acting by



Mark Hackett
Chief Executive

Annex (i) to Memorandum of Agreement

Services delegated from LHBs to WHSSC for planning and funding in ~~2020-~~ 212023-2024

Range of Services Commissioned by WHSSC

Assistant Director of Planning Lead
Intestinal Failure
Home Parental Nutrition
Hyperbaric Oxygen Therapy

Mental Health & Vulnerable Groups
High Secure Psychiatric Services
Medium Secure Psychiatric Services
All Wales Traumatic Stress Quality Improvement Initiative (Traumatic Stress Wales)
Gender Identity Services for Adults
Gender Identity Development Service for Children and Young People
Specialised Eating Disorder Services (Tier 4)
Mental Health Services for Deaf People (Tier 4)
Specialised Perinatal Services
CAMHS (Child and Adolescent Mental Health Services) Tier 4
Forensic Adolescent Consultation and Treatment Service (FACTS)
Neuropsychiatry

Cancer & Blood
PET scanning
All Wales Lymphoma Panel
Specialist services for Sarcoma
Haematopoietic Stem Cell Transplantation (BMT)
Extra corporeal photopheresis for graft versus host disease
CAR-T therapy for lymphoma and acute lymphoblastic leukaemia
Thoracic surgery
Hepatobiliary cancer surgery
Microwave ablation for liver cancer
Brachytherapy (prostate and gynaecological cancers)
Proton Beam Therapy
Radiofrequency Ablation for Barrett's Oesophagus
Stereotactic Ablative Body Radiotherapy
Specialist service for Neuroendocrine Tumours
Peptide Receptor Radionuclide Therapy (PRRT) for Neuroendocrine Tumours
Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Pseudomyxoma Peritonei

All Wales Medical Genomics Service
Burns and Plastics
Specialist service for Paroxysmal Nocturnal Haemoglobinuria
Inherited Bleeding Disorders
Welsh Blood Service
Hereditary Anaemias specialist service
ECMO
Long Term Ventilation
Immunology
Hepatobiliary Surgery Cardiff
Pancreatic Surgery Morriston
Hepato Cellular Carcinoma (HCC) MDT
Syndrome Without a Name (SWAN) Clinic
Molecular Radio Therapy

Cardiac Services
Cardiac Surgery
Heart Transplantation including VAD's
Electrophysiology, ablation and complex ablation
Complex Cardiac devices
Interventional Cardiology, (PPCI, PCI, PFO closures, TAVI, PMVLR)
Inherited Cardiac Conditions
Adult Congenital Heart Disease
Pulmonary Hypertension
Cystic Fibrosis
Cardiac Networks (SWSWCHD Network, NWNWCHD Network, All Wales Cardiac Network)
Bariatric Surgery

Neurosciences & Long Term Conditions
Neurosurgery Emergency and elective neurosurgery (including stereotactic radiosurgery and Deep Brain Stimulation)
Neuroradiology (diagnostic and interventional undertaken by neuroradiologists)
Neurorehabilitation
Spinal rehabilitation
Artificial Limbs and Appliances Service including: <ul style="list-style-type: none"> ○ Wheelchair and special seating ○ Prosthetics ○ Orbital prosthetics
Electronic assistive technology
Alternative Augmentative Communication (AAC)
Immunology for Primary Immuno Deficiency
Cochlear and BAHA
Rare Diseases – RDIG

<u>Spinal</u>
<u>Inherited White Matter Disorders</u>

Women and Children
Fetal Cardiology
Fetal Medicine
Neonatal
Neonatal Transport
Paediatric Cardiology

Paediatric Cystic Fibrosis
Paediatric Endocrinology
Paediatric ENT
Paediatric Gastroenterology
Paediatric Intensive Care
Paediatric Immunology
Paediatric Inherited Metabolic Disease
Paediatric Nephrology
Paediatric Neurology
Paediatric Neuro-rehab
Paediatric Oncology
Paediatric Radiology
Paediatric Radiotherapy
Paediatric Rheumatology
Paediatric Surgery
<u>Paediatric Orthopaedic Surgery</u>
<u>Paediatric Infectious Diseases</u>

North Wales
IVF

Annex (ii) to Memorandum of Agreement

HOSTING AGREEMENT

THIS HOSTING AGREEMENT is made the ~~13 July 2021~~ 14 March 2023

BETWEEN

(1) CWM TAF MORGANNWYG UNIVERSITY LOCAL HEALTH BOARD ("Cwm Taf Morgannwg UHB")

and

(2) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport NP18 3XQ,

BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW,

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes-y-coed Road, Cardiff CF14 4HH,

CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN,

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David's Park, Carmarthen, SA31 3BB.

POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS,

SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR,

Collectively established as the Joint Committee of WELSH HEALTH SPECIALISED SERVICES COMMITTEE ("Joint Committee").

WHEREAS:

- (1) In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the seven Local Health Boards are required to establish the WHSSC for the purpose of jointly exercising its Delegated Functions and providing the services from 1 April 2010.
- (2) The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) makes provision for the constitution of the Joint Committee including its procedures and administrative arrangements.

- (3) Cwm Taf Morgannwg University Local Health Board has been identified as the Host LHB to provide administrative and management support as further described in section 2 for the running of the WHSSC and to establish the Welsh Health Specialised Services Team (WHSST).
- (4) This Agreement should be read in conjunction with the Memorandum of Agreement made between the 7 Local Health Board themselves which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee.
- (5) The purpose of this Agreement is to outline what the accountability arrangements and resulting responsibilities will mean, both for Cwm Taf Morgannwg UHB and for the Joint Committee.

AGREEMENT

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1. INTERPRETATION

'the Act'	the National Health Service (Wales) Act 2006
'Delegated Functions'	those functions ascribed to the Joint Committee in section 4 of the Memorandum of Agreement and reproduced at Annex (i) 1.
'the Directions'	the Welsh Health Specialised Services Committee (Wales) Directions 2009
'Director'	the Director of Specialised and Tertiary Services appointed in accordance with regulation 3 (2) of the Regulations
'Joint Committee'	the Welsh Health Specialised Services Committee established in accordance with the Directions and Regulations
'LHB'	Local Health Board established in accordance with s 11(2) of the Act
'Management Team'	the team appointed in accordance with paragraph 10.2 of the Memorandum of Agreement. Refer to Standing Order 1.2.4.
'Memorandum of Agreement'	the agreement dated 1 April 2010 between the 7 LHBs and described at paragraph (4) of the recital
'NHS Wales'	the comprehensive health service for Wales established by the NHS (Wales) Act 2006
'the Regulations'	the Welsh Health Specialised Services Committee (Wales) Regulations 2009
'Relevant Services'	the planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex (i) of the Memorandum of Agreement, subject to any variations to those functions and services agreed from time to time by the Joint Committee.

'.

'WG'	Welsh Government as announced by the First Minister of Wales on 12 th May 2011.
'WHSST'	the Welsh Health Specialised Services Team consisting of staff employed by the Host Board to provide the Relevant Services

2. ROLE OF CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD

The responsibilities of Cwm Taf Morgannwg UHB are:

- 2.1 To appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the processing of orders and the making of payments to providers of the Relevant Services, with such officers being members of the WHSST;
- 2.2 To provide advice to the Joint Committee on compliance with Cwm Taf Morgannwg UHB's policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;
- 2.3 To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, quotations, tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in Annex (i) to be the role of the Joint Committee;
- 2.4 To have in place such appropriate governance arrangements and Schemes of Delegation as may be necessary and required on the part of Cwm Taf Morgannwg UHB to enable the Joint Committee's role to be carried out;
- 2.5 To hold the management budget for the Joint Committee / Relevant Services and make payments and receive income as necessary;

- 2.6 To be authorised to appoint lawyers and other professional advisors (in consultation with Cwm Taf Morgannwg UHB's Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.
- 2.7 Cwm Taf Morgannwg UHB will not be responsible or accountable for the planning, funding and securing of the Relevant Services save in respect of the residents within the geographical area of responsibility of Cwm Taf Morgannwg UHB. Refer to Standing Order 2.0.2
- 2.8 In fulfilling its obligations and responsibilities under this Agreement, Cwm Taf Morgannwg UHB shall not be required to do or not do and shall not do or omit to do anything which does not comply with Cwm Taf Morgannwg UHB's statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

3. EMPLOYMENT OF STAFF

- 3.1 New Officers who are appointed to work with the Joint Committee from the 1 April 2010 will be employed by Cwm Taf Morgannwg UHB.
- 3.2 The Officers working with the Joint Committee, and comprising the Management Team and WHSST, will therefore be employees of Cwm Taf Morgannwg. They will be required to abide by Cwm Taf Morgannwg UHB's Policies, Procedures and Guidance and will be entitled to be treated as any other employee of Cwm Taf Morgannwg UHB and have the benefit of all applicable policies and procedures.
- 3.3 The Officers will also be accountable for their performance to the Joint Committee.
- 3.4 The human resource services which will be provided are identified at **Appendix B**.

4. PROCEDURES FOR TENDERS & PROCUREMENT

- 4.1 Cwm Taf Morgannwg UHB will provide all the support services to the Joint Committee as described at **Appendix C**.

- 4.2 Agreed procurement arrangements via quotations, tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by Cwm Taf Morgannwg on behalf of the Joint Committee in accordance with Cwm Taf Morgannwg UHB's procurement policy and Standing Financial Instructions.
- 4.3 Cwm Taf Morgannwg UHB shall not execute or, through performance create, any third party contract in respect of the Joint Committee unless authorised to do so by the Director.
- 4.4 The Joint Committee will provide sufficient funds and other relevant resources to meet the requirements of all third party contracts entered into by Cwm Taf Morgannwg UHB in pursuance of paragraph 4.3.
- 4.5 Cwm Taf Morgannwg UHB shall provide the Lead Director with drafts of all third party contracts and the Lead Director and/or the Joint Committee shall be entitled to require Cwm Taf Morgannwg UHB to use its reasonable endeavours to negotiate such amendments to the terms of such contract as the Lead Director and/or the Joint Committee reasonably see fit.

5. GOVERNANCE ARRANGEMENTS

- 5.1 The Joint Committee will utilise Cwm Taf Morgannwg UHB's Committee arrangements to assist it in discharging its governance responsibilities.
- 5.2 Where the Joint Committee utilises Cwm Taf Morgannwg UHB's sub-committee arrangements such as the Quality, Safety and Risk Committee, Cwm Taf Morgannwg UHB will ensure that the appropriate responsibilities are afforded to the Joint Committee and the agenda is constructed to ensure relevant issues are to be properly managed to allow the Joint Committee to satisfy itself from a risk management and controls assurance perspective.
- 5.3 The Joint Committee will adopt the risk assessing mechanisms of the host subject to appropriate adaptation to take into account the specific functions WHSSC.
- 5.5 The Lead Director will provide reports from the Joint Committee to Cwm Taf Morgannwg UHB's Board in line with Cwm Taf Morgannwg UHB's scheme of delegation to enable Cwm Taf

Morgannwg UHB to assure itself that appropriate control measures are in place in accordance with the requirements of the Statement of Internal Control.

6. BUDGET AND FUNDING

- 6.1 The Joint Committee will transfer funds to Cwm Taf Morgannwg UHB on a quarterly basis in advance to allow Cwm Taf Morgannwg UHB to perform its functions on behalf of the Joint Committee, provided that the Joint Committee may attach conditions to the expenditure of such funds.
- 6.2 The Joint Committee will meet Cwm Taf Morgannwg UHB's overhead costs reasonably incurred in the support of the Joint Committee as may be agreed by the Joint Committee acting reasonably at all times.
- 6.3 The Director of Finance for the Joint Committee will authorise the transfer of funds to Cwm Taf Morgannwg UHB in line with agreed funding levels, which funds shall be accounted for by Cwm Taf Morgannwg UHB as income to the Joint Committee.
- 6.4 Cwm Taf Morgannwg UHB will set up and manage an Income and Expenditure Account for the Joint Committee, namely a Joint Committee Account. This includes all the income for the Joint Committee received from the LHBs and all other Joint Committee expenditure. This account shall be separate from all other Cwm Taf Morgannwg UHB funds. The Director of Finance for the Joint Committee shall make decisions relating to expenditure from this account provided that Cwm Taf Morgannwg UHB shall not at any time be obligated to operate the Joint Committee Account in deficit.
- 6.5 The Director of Finance for the Joint Committee is responsible for ensuring that all relevant reports, financial information and commentary are provided to the Host LHB so that the appropriate monitoring return can be prepared.

7. OWNERSHIP OF ASSETS

- 7.1 All assets (including intellectual property rights) acquired by Cwm Taf Morgannwg UHB in connection with the Joint Committee shall belong to Cwm Taf Morgannwg UHB but be held upon trust for the Joint Committee.

- 7.2 Cwm Taf Morgannwg UHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the Joint Committee shall require and within such timescales as are reasonably required.
- 7.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the Joint Committee income and accounted for accordingly.

8. ACCOUNTABILITY ARRANGEMENTS

- 8.1 The accountability arrangements of the Management Team and their relationship with Cwm Taf Morgannwg UHB are set out in Appendix D
- 8.2 The constituent LHBs will delegate to the Chief Executive of Cwm Taf Morgannwg UHB and the Chair of the Joint Committee their responsibility for performance appraisal and all employment related issues of the Lead Director. In exercising those responsibilities, the Chief Executive of Cwm Taf Morgannwg UHB is required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committee and the Chair of the Joint Committee.
- 8.3 The constituent LHBs will delegate to the Lead Director the performance appraisal of the individual members of the Management Team. In exercising those responsibilities, the Director is required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committee and the Chair of the Joint Committee.

9. DUTY OF CARE

- 9.1 Cwm Taf Morgannwg UHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under this Agreement properly and efficiently in accordance with this Agreement and the Memorandum of Agreement and its overall responsibilities under the Act and all other appropriate legislation. Cwm Taf Morgannwg UHB shall keep the Joint Committee informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this Agreement as the Host LHB.

10. CWM TAF MORGANNWG UHB ORGANISATION

- 10.1 Cwm Taf Morgannwg UHB shall provide and maintain an organisation having the necessary facilities, equipment and employees of appropriate experience, to undertake the specific functions and provide all the services identified in this Agreement
- 10.2 All personnel deployed on work relating to the Agreement must have appropriate skills and competence.

11. LEGISLATION

- 11.1 Cwm Taf Morgannwg UHB shall ensure that it, and its employees and agents, shall in the course of this agreement comply with all relevant legislation, Welsh Government Directions and Guidance and procedures.

12. AUDIT

- 12.1 Cwm Taf Morgannwg UHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Government. Refer to Standing Order 8.1.1
- 12.2 Cwm Taf Morgannwg UHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the Joint Committee. Refer to Standing Order 8.3. External Assurance

13. MANAGEMENT OF CONCERNS (INCLUDING INCIDENTS, COMPLAINTS & CLAIMS)

- 13.1 Paragraph 19 of the Memorandum of Agreement sets out the procedures to be followed for the management of concerns relating to the Joint Committee.
- 13.2 Where a matter is regarded as an individual concern, Cwm Taf Morgannwg UHB will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relate to its geographical area of responsibility. In such circumstances, the Chief Executive of

Cwm Taf Morgannwg UHB will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

- 13.3 Individual concerns relating to patients resident outside Cwm Taf Morgannwg UHB's geographical area of responsibility will be referred to the Chief Executive of the LHB in the appropriate geographical area.
- 13.4 Where a matter is regarded as a concerns and where qualifying liability in Tort has been established, Cwm Taf Morgannwg will only be responsible for managing the arrangements for redress arising from its own resident population.
- 13.5 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

14. MANAGEMENT OF FOIA / DPA REQUESTS

- 14.1 Where a request under the Freedom of Information Act or Data Protection Act is received by the Joint Committee, the request will be dealt with in accordance with Cwm Taf Morgannwg UHB's procedures. Where the request is considered to be an issue relating to a specific LHB, other than Cwm Taf Morgannwg UHB, and it relates to recorded information which is held by that other LHB, then the request will be forwarded to the Board Secretary of the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

15. NOTICES

- 15.1 Any notices served in respect of matters covered by this Agreement shall be sent to the Chief Executive of Cwm Taf Morgannwg on behalf of Cwm Taf Morgannwg UHB and the Lead Director on behalf of the Joint Committee.

16. DISPUTE

- 16.1 In the event of any dispute between Cwm Taf Morgannwg UHB and those involved in the Joint Committee, such dispute shall be escalated in line the Business Framework.

16.2 If such dispute cannot be resolved in accordance with the provisions of paragraph 16.1 it shall be referred to the Joint Committee and the Chief Executive of Cwm Taf Morgannwg UHB.

16.3 If such a dispute cannot be resolved in accordance with the provisions of paragraph 16.2, it shall be referred to Welsh Government's Minister for Health and Social Services for resolution.

17. GENERAL

17.1 This agreement shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.

17.2 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this Agreement.

17.3 This Agreement shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 16, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.

17.4 In the event of Cwm Taf Morgannwg UHB's Board determining (acting reasonably) that the performance by Cwm Taf Morgannwg UHB of its obligations under this Agreement is having a detrimental or prejudicial effect on the Cwm Taf Morgannwg UHB's ability to fulfil its core functions, Cwm Taf Morgannwg UHB's Board may instruct the Lead Director and Cwm Taf Morgannwg UHB's Chief Executive to review the operation of this Agreement further to clause 16.

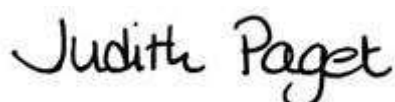
17.5 In carrying out a review of this Agreement further to clause 17.4, the Lead Director and Cwm Taf Morgannwg UHB's Chief Executive shall consider the source and manner of any detriment identified by Cwm Taf Morgannwg UHB's Board further to clause 17.4 and shall put forward such amendments and variations to this Agreement and the associated governance arrangements between the Joint Committee and Cwm Taf Morgannwg as they may consider appropriate.

17.6 Cwm Taf Morgannwg's UHB Board shall consider the recommendations made further to clause 16.5 and may recommend to the Joint Committee and the Chief Executive of Cwm Taf Morgannwg UHB that this Agreement and the

associated governance arrangements are amended accordingly.

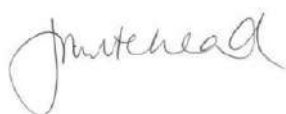
SIGNED under hand and delivered the day and year first above written

SIGNED and DELIVERED
by Aneurin Bevan University Local Health Board acting
by



~~Judith Paget~~ Nicola Prygodzicz
-Chief Executive

SIGNED and DELIVERED
by Betsi Cadwaladr University Local Health Board acting
by



~~Jo Whitehead~~ Gill Harris
Chief Executive

SIGNED and DELIVERED
by Cardiff and Vale University Local Health Board acting
by



~~Len Richards~~
Suzanne Rankin
-Chief Executive

SIGNED and DELIVERED
by Cwm Taf Morgannwg University Local Health Board
acting by

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Paul Mears
Chief Executive

SIGNED and DELIVERED
by Hywel Dda University Local Health Board
acting by

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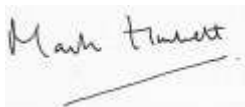
Steve Moore
Chief Executive

SIGNED and DELIVERED
by Powys Teaching Local Health Board
acting by

A handwritten signature in black ink, appearing to read 'Carol Shillabeer', with a long horizontal stroke extending to the right.

Carol Shillabeer
Chief Executive

SIGNED and DELIVERED
by Swansea Bay University Local Health Board
acting by

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Mark Hackett
Chief Executive

APPENDIX A

Role of the Joint Committee

The Joint Committees role is: (refer to Standing Order 1.1.):

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

APPENDIX B

EMPLOYMENT OF STAFF

Identified human resources services

Service	Description
<i>Recruitment and Selection</i>	<ul style="list-style-type: none">• To provide a comprehensive recruitment and selection service which complies with employment legislation and standards of good practice as directed by the Welsh Government.
<i>Employee Relations</i>	<ul style="list-style-type: none">• To provide support to the Welsh Health Specialised Services Team in the management of sensitive issues relating to all employment policies including discipline, grievance, collective disputes, performance and capability, allegations of bullying and harassment whistle blowing and sickness absence etc.
<i>Policy Development</i>	<ul style="list-style-type: none">• To develop, implement and advise on employment policies and procedures which comply with employment legislation and NHS guidance; and• To provide training to WHSST Managers in the interpretation and use of policies and procedures.
<i>Remuneration and Payroll</i>	<ul style="list-style-type: none">• To provide advice on pay (including assimilation to new A4C bands) and associated terms and conditions of employment;• To provide a comprehensive payroll service; and• To undertake the matching and evaluation of all new and revised roles.
<i>Training and Development</i>	<ul style="list-style-type: none">• To provide appropriate training and development to WHSST.
<i>HR administration</i>	<ul style="list-style-type: none">• To maintain securely employment records for WHSST and provide accurate workforce data and information as required.
<i>Occupational health</i>	<ul style="list-style-type: none">• To provide a comprehensive Occupational health service to employees of WHSSC

APPENDIX C

3.1 Procedures for Tenders & Procurement

Service	Description
Procurement (Tendering and ordering goods and services)	<ul style="list-style-type: none"> • Tendering for goods & services in accordance with SOs and SFIs • Entering into procurement contracts and agreements • Raise orders for properly approved requisitions
Creditor Payments (Payment of suppliers, contractors and service providers)	<ul style="list-style-type: none"> • Pay all duly authorised invoices • Deal with supplier queries etc • Provide management information on payment performance in accordance with WAG requirements
Systems maintenance and administration (ORACLE)	<ul style="list-style-type: none"> • Process feeders into WHSSC ledger and maintain financial management system • Maintain passwords and hierarchies (cost centre and approval) • Oracle training as and when required including external training if required • Access to help desk facility • Undertake testing of upgrades • Liaise with Oracle Central Team and All Wales groups
Accounting Services (bank accounts, annual accounts consolidation, VAT)	<ul style="list-style-type: none"> • Provision of bank accounts and petty cash facilities • Consolidation of Annual Accounts and other returns as required by WG • Provide VAT advice and consolidate VAT returns, including access to contracted out VAT advisory services
	<ul style="list-style-type: none"> • Payment of Tax, National Insurance and Superannuation to appropriate authorities

Financial Governance
(internal and external
audit, counter fraud,
audit committee)

- Responsible for the securing of internal audit service via external contract
- Access to Local Counter Fraud Specialist
- Advice on financial procedures and other issues of governance
- Ensure appropriate external audit provision in place

3.2 Estates, Facilities and IT Support

Service

Description

Estates Maintenance

- To provide an efficient service in response to all aspects of estates maintenance in the running of the WHSSC offices.

Fire Safety

- To provide professional advice and support in relation to all aspects of Fire Safety ensuring compliance with legislation and guidance issued by the Welsh Government; and
- To provide appropriate training to WHSST.

Health and Safety

- To provide a Health and Safety Policy statement as and when required. The Policy must comply with the requirements of the Health and Safety at Work Act. All other relevant rules and regulations must be observed at all times;
- To be responsible for the testing, where appropriate, labelling and recording of all portable appliances in their ownership under the Electricity at Work Act 1989;
- To provide advice and support on the operational delivery of health and safety arrangements in WHSST in accordance with Cwm Taf Morgannwg UHB policies and procedures; and
- To provide appropriate training to WHSST.

IT Support

- To provide a comprehensive IT support service including :
 - User registration;
 - Resolution of faults reporting via the Helpdesk;
 - Purchase and set up new IT equipment;
 - Supply of printing consumables
- To provide support in relation to the management of files and databases;
- To ensure the secure storage of data, back up, restore and recovery

3.3 Others

Service	Description
Corporate Support	<ul style="list-style-type: none">• To provide access to the Board Secretary for advice and support on Corporate Governance matters as required.
Welsh Language	<ul style="list-style-type: none">• Offer advice and information about the Welsh Language• Promote and encourage the use of Welsh within the workplace• Encourage the use of bilingual aids within the workplace such as signage, stationery etc• Provide Welsh Language taster lessons for staff• Give bilingual front-line telephone training• Translate small in-house, day-to-day, translations <ul style="list-style-type: none">• Help co-ordinate the translation of larger documents• Attend public meetings to provide a Welsh Language service for Welsh speakers.

Equality and Diversity	<ul style="list-style-type: none"> • To provide advice and information to the Welsh Health Specialised Services Committee; • To ensure the business of WHSSC is included within plans and policies of the Host LHB; • To develop a work plan and meet quarterly to review progress against the plan; • To ensure that relevant training is provided to the WHSST in relation to awareness raising and impact assessment; • To provide an assurance mechanism on behalf of the LHBs that robust processes are in place to meet the Equality and Diversity agenda
Risk Management	<ul style="list-style-type: none"> • To provide advice and information on all areas of Risk Management to the Welsh Health Specialised Services Committee; • To support the development of a Risk Assurance Framework for WHSSC • To provide support (structure and advice) for the use of DATIX to facilitate the management of risk within WHSSC • To develop a work plan and meet quarterly to review progress against the plan
Concerns	<ul style="list-style-type: none"> • To provide training and awareness for all staff in relation to the management of concerns; • To provide advice and support in relation to the concerns process; • To provide support (structure and advice) for the use of DATIX to facilitate the management of concerns within WHSSC To be responsible for all claims relating to staff and services commissioned which relate to Cwm Taf Morgannwg UHB Residents
Information Governance	<ul style="list-style-type: none"> • To provide timely advice to all information governance related enquires; • To support the WHSSC Information Governance Group providing relevant advice as required; • To provide training and awareness for all staff in all areas of Information Governance

APPENDIX D

Accountability Arrangements

1. The Directions state that the LHBs will jointly exercise the Delegated Functions from 1 April 2010.
2. This means that the Delegated Functions are those of the individual constituent LHBs and not Cwm Taf Morgannwg UHB.
3. The Directions state that Cwm Taf Morgannwg UHB will exercise its functions so as to provide administrative support for the running of the Joint Committee and establish the WHSST.
4. The membership of the Joint Committee consists of the Chief Executives and the Chair, who is appointed by the Minister.
5. The Chair is directly accountable to the Minister.
6. The Director of Specialised and Tertiary Services is appointed as an Officer member of the Joint Committee to have such responsibilities as may be prescribed by the Joint Committee.
7. For the performance of the Delegated Functions on behalf of the Joint Committee and each constituent LHB, the Director can only be accountable to the Chief Executives of the constituent LHBs.
8. The Chief Executives of the Constituent LHBs are individually accountable to the Director General and Chief Executive of the NHS in Wales.
9. The Chief Executive of Cwm Taf Morgannwg UHB is only accountable to the Director General and Chief Executive of the NHS in Wales insofar as his/her functions relate to administrative support.
10. The Director of Specialised and Tertiary Services is jointly accountable to the Joint Committee and Chief Executive of Cwm Taf Morgannwg UHB.
11. The Finance Director of Cwm Taf Morgannwg UHB is only accountable to the Director of Finance for the NHS in Wales insofar as his functions relate to administrative support.

12. The Finance Director of the Joint Committee has a dual responsibility to the Joint Committee and to the Finance Director of Cwm Taf Morgannwg UHB.
13. The Audit Committee of the host LHB is the central means by which the Joint Committee ensures effective internal control arrangements are in place.

Annex (iii) to Memorandum of Agreement



JOINT COMMITTEE BUSINESS FRAMEWORK

July-March 2023~~1~~

1. INTRODUCTION

- 1.1 WHSSC in the exercise of its statutory duties is expected to maintain public confidence in a process which is free of actual conflict.
- 1.2 LHBs, who are constituent members of WHSSC, have differing or conflicting local priorities and objectives which may impede collaboration. Different priorities may arise from the immediate need to support local health services. Yet WHSSC is required to commission specialist services to the benefit of NHS Wales as a whole and acting in accordance with its statutory obligations.
- 1.3 WHSSC through each constituent member remains accountable for the commissioning decisions it makes and for ensuring that conflicts between the exercise of the commissioning and provider functions are managed appropriately.
- 1.4 The Chief Executive of each constituent LHB is personally accountable to NHS Wales for the good governance and accountability of WHSSC. This includes ensuring that WHSSC manages transparently any potential conflict of interest.
- 1.5 The purpose of this document is to set out a framework so that Members of the Joint Committee and sub-committees/sub groups have a clear understanding of the decision making processes.

2. KEY PRINCIPLES

The Joint Committee will:

- 2.1 Support Members in striving to reduce the inequalities in access to and delivery of services for the populations the Members serve;
- 2.2 Support the cost effective utilisation of the funds made available by Members to commission specialised services;
- 2.3 In commissioning and procuring services, comply with all applicable statutory duties;
- 2.4 Establish Management Group which will ensure provider issues are dealt with at a local level.

- 2.5 At all times demonstrate value for money and an effective and efficient commissioning programme;
- 2.6 Ensure that the financial risks to individual Members of unforeseen/unplanned activity are minimised, and that inequalities in access to and delivery of services are reduced;
- 2.7 Review, plan, develop and monitor the Services in partnership with clinicians, providers and service users; and
- 2.8 Use, where practically possible, other mechanisms to keep Members updated in terms of progress rather than the formal Joint Committee meetings.

The following additional key principles will also apply:

- 2.9 Commitments made by the Joint Committee in accordance with the delegated powers will be binding on all Members until the Joint Committee agrees otherwise;
- 2.10 Whilst agreement on the proposed way forward can be discussed and agreed at other forums (e.g. CEO Peer Group) all decisions will be taken at Joint Committee meetings unless otherwise delegated; and
- 2.11 A standard facilitation/arbitration procedure will apply.

3. BUSINESS PROCESSES

- 3.1. The Joint Committee's key business processes and products will be delivered through a clear and consistent annual business cycle. Each product that will be developed and implemented through appropriate structures that already exist and include:
 - 3.1.1 Chief Executive Peer Group
 - 3.1.2 Executive Directors Peer Groups
 - 3.1.3 Programme Teams
 - 3.1.4 Existing Governance structures

4. MEETINGS OF THE JOINT COMMITTEE

4.1 General Principles

- 4.1.1 The dates of Joint Committee meetings will be agreed in advance with the membership for a rolling period of one year.
- 4.1.2 It is expected that the Joint Committee will meet up to five times each year.
- 4.1.3 All reports will be concise and clear. The body (introduction to conclusion) of the report will be a maximum of six A4 pages in length, where reasonably practical.
- 4.1.4 The Annual Plan for Specialised Services will be agreed annually. Any requests for additional funding outside of the agreed annual planning business cycle will need to demonstrate exceptionality. *(Refer to the All Wales Policy on Dealing with Individual Funding Requests for guidance).*
- 4.1.5 All reports prepared for meetings of the Joint Committee will include a summary which will be no longer than one A4 page in length. This summary should include the title of the report, its purpose and the name of the responsible Executive Director. It should also clearly state what is required from the Joint Committee and outline the potential and/or likely implications of the decision.
- 4.1.6 All reports will be agreed by the Management Group before consideration by the Joint Committee.
- 4.1.7 The Joint Committee will not normally consider reports for information during the meetings. These will be circulated outside of the meetings. This will ensure that time is maximised during Joint Committee Meetings. Where further discussion and agreement is required on specific items this will be undertaken through the Management Group and the decision will be taken at the Joint Committee in accordance with the Governance and Accountability Framework.
- 4.1.8 All papers will be sent electronically to Joint Committee Members, Directors of Finance and

Directors of Planning (see *WHSSC Standing Orders* reference 6.5.3). Copies of the agenda and papers will also be available on the WHSSC website <http://www.whssc.wales.nhs.uk/>

- 4.1.9 On the occasions when the Chief Executive of the LHB is unable to attend the meeting, an Executive Director must be nominated to attend the Joint Committee meetings. The nomination must be approved by the Chair of the Joint Committee before the meeting (please refer to *WHSSC Standing Orders* reference 6.6.11). The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.
- 4.1.10 On the occasions where the Joint Committee meeting is not quorate (please refer to *WHSSC Standing Orders* reference 6.6.10), the Chair may seek the views of those Members present and request that the Committee Secretary writes to each Member of the Joint Committee to support the decisions.
- 4.1.11 In dealing with such issues requiring an urgent decision, and if timescales allow, the Chair may call a meeting of the Joint Committee using video or telephone conferencing facilities. Emails may also be used to gather views and/or reach a consensus. All such decisions will be ratified by the Joint Committee at its next formal meeting.

4.2 Confidential Agenda

The Joint Committee will discuss items in confidence that would be exempt under the Freedom of Information Act 2000. Such items would generally be considered to be personal and confidential in nature or their disclosure would be otherwise prejudicial to the public interest.

4.3 Declaration of Interests

Please refer to *WHSSC Standing Orders* reference 7.1.

4.4 Managing Conflict

- 4.4.1 The Joint Committee must exercise its functions in a way which ensures that any conflicts of interest and local and prejudicial interests are dealt with as a preliminary to the decision making.

- 4.4.2 At each meeting any specific conflicts pertinent to an issue on the agenda must be declared at the start and then recorded in the Minutes. In each meeting the Chair will ask Members to agree as preliminary whether the conflicted LHB should remain in the meeting and/or be able to participate in the discussion and to what degree.

4.5 Decision Making

- 4.5.1 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no two thirds majority view being expressed, the Joint Committee Chair shall have a second and casting vote.
- 4.5.2 On reaching a Joint Committee decision, all members will support that decision and its consequences in every respect.

4.6 Additional Items of Business

The Chair will be notified in advance of any items of other business to be raised for discussion at a meeting of the Joint Committee (see *WHSSC Standing Orders* reference 6.5.2). Where this is not possible or in exceptional circumstances, items of other business may be raised by a member at the appropriate point on the agenda. Acceptance of items of other business is at the discretion of the Chair.

4.7 Chair's Ruling

The decision of the Chair of the Joint Committee on questions of order, relevancy and regularity and the Chair's interpretation of the Business Framework and the Governance and Accountability Framework shall be final. In this interpretation the Chair shall be advised by the Director of Specialised and Tertiary Services and the Committee Secretary.

5. MINUTES AND ACTIONS

5.1 Minutes

- 5.1.1 The proceedings of each meeting of the Joint Committee will be formally recorded. The Committee Secretary will be responsible for the production of these minutes.

- 5.1.2 The Chair will be responsible for summarising action points and decisions after each item of business during the meeting.
- 5.1.3 The Director of Specialised and Tertiary Services will write out to all Joint Committee Members with a summary of the discussions and actions following the meetings.
- 5.1.4 Following a meeting of the Joint Committee, the Director of Specialised and Tertiary Services will review the accuracy of the unconfirmed minutes with the Committee Secretary, prior to submission to the Chair for approval.
- 5.1.5 Once reviewed and approved by the Chair, the unconfirmed minutes will be circulated to Joint Committee Members and the Board Secretary of each LHB.
- 5.1.6 At the next meeting of the Joint Committee, all members will review the minutes and confirm that they are an accurate record. If any changes are required, the amendments will be discussed and agreed at the meeting.
- 5.1.7 The Chair will sign a copy of the minutes when agreed as an accurate record. This creates an official record of the meeting.

5.2 Actions

- 5.2.1 Actions resulting from the Joint Committee meetings will be summarised in tabular form which clearly indicates who is responsible and the agreed timescales.
- 5.2.2 The summary of actions should be circulated with the papers of the next Joint Committee meeting.

5.3. Briefing

- 5.3.1 A Joint Committee Briefing summarising the key discussion and decisions at Joint Committee meetings will be distributed within 7 days of each Joint Committee meeting.

6. DISPUTE RESOLUTION

- 6.1 In accordance with the Governance and Accountability Framework the Health Boards will seek to work cooperatively with each other as constituent Members of the Joint Committee. Where there is an impasse which cannot be reached by means of conciliation between appropriate individuals, then the dispute process set out in Annex (iii) of the Governance and Accountability Framework will be followed.
- 6.2 Disputes relating to the Hosting Agreement between Cwm Taf Health Board and the Health Boards will be dealt with in accordance with Section 16 of the Hosting Agreement.
- 6.3 Most disputes arising between the Commissioners and Providers should be managed and resolved locally. Where there is need for escalation, the objectives of the Welsh Health Specialised Services Committee (WHSSC) ("Joint Committee") Dispute Resolution Process are:
 - 6.3.1 To resolve disputes promptly, transparently, fairly and consistently;
 - 6.3.2 To provide confidence to parties that the process is fair and transparent;
 - 6.3.3 To mitigate risks and protect the reputation of the NHS in Wales;
 - 6.3.4 To prevent where possible legal challenge or other external referral processes.
- 6.4 Facilitation and/or arbitration (Stage 1 and Stage 2) of disputes may be required in the following circumstances:
 - 6.4.1 The Chair or any Member of the Joint Committee requests facilitation because an impasse has been reached between Members of the Committee.
- 6.5 Formal dispute resolution may be required in the following circumstances but shall not be limited to:
 - 6.5.1 Any Provider dispute concerning the contractual agreement between WHSSC and the Provider which has not been able to be resolved with Officers of WHSSC;
 - 6.5.2 Any dispute concerning the contractual agreement between the Provider and WHSSC which has not

been able to be resolved with Officers of the
Provider organisation;

6.6 This document should be read in conjunction with the Governance and Accountability Framework *Disputed Debts within the NHS in Wales Arbitration Process* (see Appendix A).

6.6.1 There is no formal arbitration process between England and Wales, however in the past disputes have been resolved through intervention by Welsh Government and DoH representatives.

6.6.2 The final decision made by the route followed is final and on completion the dispute cannot be taken through the alternative route.

6.7 Definitions

6.7.1 *Locally*, within this section, means amongst the individuals raising the dispute.

6.7.2 *NHS Wales* refers to all Local Health Boards and NHS Trusts

6.7.3 *Member*, within this section, refers to both Voting Members, Officer Members and Associate Members of the Joint Committee.

6.8. Raising a Dispute

6.8.1 In the case of any dispute arising out of or in connection with the Commissioning of Specialised Services for NHS Wales, the parties involved will make every reasonable effort to communicate and co-operate with each other with a view to resolving the dispute, before formally referring the dispute for local resolution.

6.8.2 In the event of a dispute arising between two or more parties which cannot be resolved between "WHSSC" the Commissioner and the Provider, the parties should refer to section 6.6.6.

6.8.3 Disputes may arise over any aspect of a Heads of Agreement, or Service Level Agreement including that is deemed to be fair and reasonable, the management of performance variations and the imposition of penalties.

6.8.4 Where any conflicts are identified between the requirements of the Heads of Agreement and any national directives and circulars, the requirements of the latter shall take precedence.

6.8.5 All parties recognise that it is in the best interests of patients, the organisations themselves, and the services they provider, for any disputes to be resolved locally.

Local Dispute Resolution

6.8.6 The first level of resolution should be:

For WHSSC: Mr. Stuart Davies, Director of Finance or nominated Officer.

For Provider: Director of Finance or nominated Officer.

6.8.7 The second resolution shall be:

For WHSSC: The Director of Specialised & Tertiary Services

For the Provider: The Chief Executive

Formal Dispute Resolution

6.8.8 In the event that the dispute is not resolved at the local resolution stage one or more parties may submit a formal request for dispute resolution.

The request for formal dispute should be addressed to:

*Committee Secretary
Welsh Health Specialised Services Committee
Unit G1
The Willowford
Treforest Industrial Estate
Pontypridd
CF37 5YL*

6.8.8.1 The names of the parties to the dispute;

6.8.8.2 A brief statement describing the nature of the circumstances of the dispute and

outlining the reasons why the commissioner/providers are in disagreement; and

6.8.8.3 What has been done to try and resolve matters.

6.8.9 On receipt of formal referral for review of case, the request will be acknowledged within five working days.

6.8.10 The decision shall be so referred immediately upon receipt of such notice and the effect of that decision shall be suspended until the conclusion of dispute resolution.

6.8.11 A decision not required to be referred to dispute resolution within the time specified shall be binding on all Members.

6.8.12 A record of all disputes (formal and informal) will be maintained and will be made available to Members and the Chief Executive of NHS Wales (and their Executive team) on request.

6.9 Process for Dispute Resolution

6.9.1 Stage 1 – Facilitation

6.9.1.1 All parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and try to resolve the issues. All reasonable efforts must have been made (local resolution level 1 and 2).

6.9.1.2 A meeting is held which includes the following:

- a representative of the Chief Executive Officer for the LHB area of the Member(s) in dispute;
- an appropriate Director from the NHS organisation(s) in dispute; and
- a representative of WHSSC

6.9.1.3 The meeting will be chaired by the Chair of WHSSC or Vice-Chair and involve expert advice (clinical/commissioning/financial) where appropriate.

6.9.1.4 If resolution is reached, the process will conclude at this stage.

6.9.2 Stage 2 – Arbitration

6.9.2.1 Both the party raising the dispute and the Director of Specialised and Tertiary Services or deputy (acting on behalf of the Joint Committee) will produce a joint statement of facts as well as a separate report setting out their positions and submit them to the Chair of the Dispute Resolution Panel.

6.9.2.2 The Chair of the Dispute Resolution Panel may invite the Director of Specialised and Tertiary Services or deputy (acting on behalf of the Joint Committee) and the Member bringing their dispute to present their positions or they may choose to decide on the basis of the information submitted.

6.9.2.3 Each Member of the Panel hereby recognises and agrees the role and responsibility of the Dispute Resolution Panel in relation to dispute resolution both as part of any initial Facilitation process and, further, as part of any Arbitration process. In resolving any such dispute the Panel shall have regard to ensuring each Member is fulfilling its statutory responsibilities and ensuring the highest clinical standards and patient safety issues are upheld.

6.9.2.4 The decision of the arbitration process will be binding.

6.10 Dispute Resolution Panel

6.10.1 Each formal dispute will be conducted by a panel appointed by the Chair of the Joint Committee. The panel will have a minimum of three members, including one member with commissioner and one member with provider experience. The panel may call on expert advice at its discretion. None of the

panel will have strong prior relationships with the key staff involved in the adjudication.

- 6.10.2 The exact make up of the panel and advice to be taken by it will be decided by the Chair and one Independent Member once Stage 1 (level 1 and 2) of the process has been completed and there has not been any resolution.
- 6.10.3 Disputes will be heard by the panel (where possible given the criteria outlined in 6.9) within 8 weeks of the dispute being raised formally.
- 6.10.4 The panel will make decisions based on a simple majority vote.

6.11 Dispute Resolution Panel Acceptance Criteria

The panel will only accept disputes that meet the following criteria:

- 6.11.1 Stage 1 of the process has been completed but there is no resolution;
- 6.11.2 There must have been a full and frank disclosure of all relevant and applicable information. (This does not preclude the panel from asking for further information as it requires);
- 6.11.3 Individuals connected to the dispute should be able to make themselves available to provide further evidence as required;
- 6.11.4 There must be evidence that the party bringing the dispute has made reasonable effort to have this resolved at NHS Wales level, or can demonstrate that this was inappropriate, and that all other attempts at resolution have been completed;
- 6.11.5 All disputes must be formally lodged with the Dispute Resolution Panel within 3 weeks of the date the issue arose, otherwise the dispute will be invalid;
- 6.11.6 The dispute must not be not trivial, vexatious or an abuse of the Joint Committee Governance and Accountability Framework;
- 6.11.7 There must be adequate time to hear the dispute.

6.12 Timescales for Dispute Resolution

The maximum timescales for action in relation to resolution of disputes is outlined below:

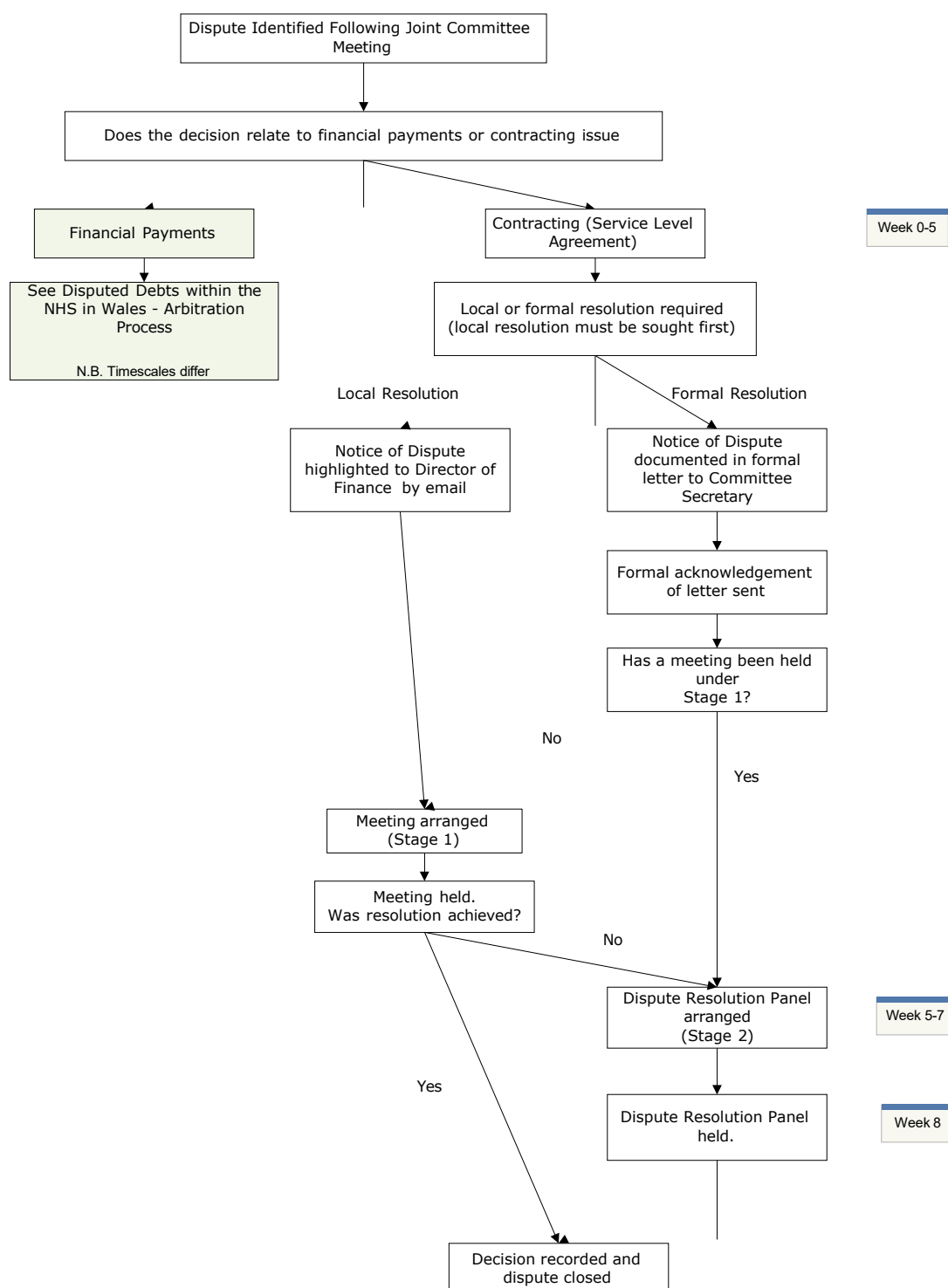
Age of Dispute (weeks)	Action
0 – 3	Referral of a dispute to resolution Local agreement sought
3 - 5	Escalation of dispute to formal stage of dispute resolution
5	Preparation for Panel (Stage 2)
6	Case Submission
7	Final Submission Deadline
8	Panel held and decision made

Appendix A

Disputed Debts within the NHS in Wales - Arbitration Process

Disputed debts between Welsh NHS organisations will be dealt with in accordance with the 'Disputed Debts within the NHS in Wales - Arbitration Process 2010/11' or such subsequent relevant arbitration process as is issued by or on behalf of Welsh Government from time to time.

Flow Chart for Dispute Resolution



Annex (iv) to Memorandum of Agreement

CLINICAL NETWORKS

Welsh ~~Clinical Renal~~ Kidney Network (WKN)

The Welsh ~~Clinical Renal~~ Kidney Network (WKN) is established as a Sub-Committee of the Welsh Health Specialised Services Committee. This arrangement will be reviewed on a regular basis as part of the Governance and Accountability Framework for the Joint Committee.

The Chair of the Welsh ~~Clinical Renal~~ Kidney Network will be accountable to the Chair and will be an Associate Member of the Joint Committee.

The Welsh ~~Clinical Renal~~ Kidney Network will provide a national focus for planning and performance management of all renal services, work closely with each LHB to support service improvement, local planning, and resource management. It will be the focal point to inform the LHBs and WG on the effectiveness and efficiency of adult renal services in Wales as well as the strategic implementation of the Renal National Service Framework and performance against the Annual Operating Framework and the associated Local Delivery Plans.

The Welsh ~~Clinical Renal~~ Kidney Network Chair / Lead Clinical Advisor will be directly accountable to the Chair of the Joint Committee but will also provide advice to WG through the Director of Strategy and Planning and the NHS Medical Director and Chief Medical Officer on an agreed sessional basis.

The Renal Network Manager will be managerially responsible to the Director of Finance and accountable to the Network Chair / Lead Clinical Advisor for the development and delivery of the Network objectives and work plan as appropriate to this role.

Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders and the
Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).**

Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1, Annex 2.1: WHSSC Standing Financial Instructions

Status: FINAL

Updated – July 2021 (v4.1)

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Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. These WHSSC Standing Financial instructions (WHSSC SFIs) are an annex to the WHSSC Standing Orders (WHSSC SOs) which form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of a schedule of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and WHSSC Standing Orders, they provide the regulatory framework for the business conduct of the WHSSC.

These documents, together with a written Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg LHB (the host LHB), form the basis upon which the WHSSC's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Joint Committee members, host LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these WHSSC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The WHSSC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the WHSSC SFIs or the wider governance arrangements for WHSSC. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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Welsh Health Specialised Services Committee

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. The Standing Financial Instructions shall apply equally to members and officers of the Joint Committee.
- 1.1.2 **These SFIs shall have effect as if incorporated in the WHSSC Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs), and both should be used in conjunction with the host LHB's SOs and SFIs.**
- 1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by WHSSC. They are designed to ensure that the WHSSC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Committee and the Scheme of delegation adopted by the WHSSC.
- 1.1.4 These SFIs identify the financial responsibilities which apply to everyone working for the Joint Committee, including its joint sub-Committees, staff of the host LHB and staff of WHSST. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Finance Director of Specialised and Tertiary Services (and referred to as the Director of Finance within these SFIs) and Audit Committee that deals with WHSSC matters.
- 1.1.5 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the WHSSC SOs.

1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit Committee that deals with WHSSC matters to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members, members of joint sub-Committees, host LHB staff and WHSST staff have a duty to report any non compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Joint Committee.

1.3 Financial provisions and obligations of LHBs and the WHSSC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of WHSS. The Joint Committee will prepare an Integrated Medium Term Plan (IMTP) which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed Integrated Medium Term Plan.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Joint Committee

2.1.1 The Joint Committee via WHSST exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);

- b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding;
 - c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
 - d) Defining specific responsibilities placed on Joint Committee members and officers, and joint sub-Committees, as indicated in the Scheme of delegation document.
- 2.1.2 The Joint Committee has adopted the WHSSC SOs and resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the 'Schedule of matters reserved to the Joint Committee' section of the WHSSC SOs. The Joint Committee, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of WHSSC may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated in accordance with the 'Scheme of delegation' schedules in the WHSSC SOs.

2.2 The Managing Director and Director of Finance

- 2.2.1 The Managing Director and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.
- 2.2.2 Within the SFIs, it is acknowledged that the Managing Director is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to the host Chief Executive in respect of the administrative arrangements supporting the operation of the WHSST by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The Managing Director has overall executive responsibility for WHSST's activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and has overall responsibility for the WHSST's system of internal control.
- 2.2.3 It is a duty of the Managing Director to ensure that Joint Committee members, staff and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

- a) Implementing the Joint Committee's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the Joint Committee's transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and
- d) Without prejudice to any other functions of the Joint Committee, and employees of the host LHB and WHSST, the duties of the Director of Finance include:
 - (i) The provision of financial advice to other members of the Joint Committee, joint sub-Committees, Advisory Groups and officers;
 - (ii) The design, implementation and supervision of systems of internal financial control; and
 - (iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 Joint Committee members and officers, and joint sub-Committees

2.4.1 All members of the Joint Committee, its joint sub-Committees, employees of the host LHB (including those employed to perform WHSST functions), severally and collectively, are responsible for:

- a) The security of the property of the Joint Committee and host LHB;
- b) Avoiding loss;
- c) Exercising economy and efficiency and sustainability in the use of

resources; and

- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Joint Committee members and officers, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Joint Committee, joint sub-Committee and officers discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the Joint Committee to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Managing Director to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which the Joint Committee ensures effective internal control arrangements are in place. In addition, the Audit Committee that deals with WHSSC matters provides a form of independent check upon the executive arm of the Joint Committee. Detailed terms of reference and operating arrangements for the Audit Committee that deals with WHSSC matters are set out in Annex 3 to the WHSSC SOs. This Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

<http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf>

3.2 Chief Executive

3.2.1 As Chief Executive of the host LHB, the Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:
- A clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards;
 - Major internal financial control weaknesses discovered;
 - Progress on the implementation of Internal Audit recommendations;
 - Progress against plan over the previous year;
 - A strategic audit plan covering the coming three years; and
 - A detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the host LHB;
- c) Access at all reasonable times to Joint Committee members and employees of the host LHB and WHSST;
- d) The production of any cash, stores or other property of the host LHB under a Joint Committee member or WHSSC official's control; and

e) Explanations concerning any matter under investigation.

3.3 Internal Audit

- 3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within a Public Sector Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Internal Audit Standards. Standing Order 9.1 (of the host LHB's SOs) details the relationship between the Head of Internal Audit and the Joint Committee. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Annex 3 of the WHSSC SOs, and the Audit Committee Handbook.
- 3.3.2 The Chief Executive shall ensure that the annual plan of the Internal Auditor gives due regard to the activities of the Joint Committee in order to inform the audit opinion and the overall internal controls system.

3.4 External Audit

- 3.4.1 The Joint Committee is not itself a statutory body but is hosted by the host LHB on behalf of the seven LHBs in Wales.
- 3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the host LHB and therefore the host LHB must ensure that the Auditor General's representative, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.
- 3.4.3 More detailed information about the purpose and responsibilities of external audit can be found in section 3.4 of the host LHB's SFIs.

3.5 Fraud and Corruption

- 3.5.1 In line with their responsibilities, the Managing Director and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.
- 3.5.2 The Managing Director and Director of Finance shall report to the Joint Committee and the host LHB's Local Counter Fraud Specialist any matters relating to fraud or corruption.
- 3.5.3 More detailed information about counter fraud can be found in section 3.5 of the

host LHB's SFIs.

3.6 Security Management

- 3.6.1 Security matters are the responsibility of the Chief Executive of the host LHB but the Managing Director will ensure that adequate processes are in place to comply with the requirements.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

- 4.1.1 As the Joint Committee exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales it must be cognisant of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts." They are as follows:
- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
 - Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers
- 4.1.2 The details and requirements for the two duties for LHBs are set out in the Welsh Health Circular "WHC/2015/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

<http://www.wales.nhs.uk/sitesplus/documents/863/12b%29%20Statutory%20Duties%20of%20Welsh%20Health%20Boards.pdf>

4.2 First Financial Duty – The Breakeven Duty

- 4.2.1 WHSSC has a duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven over a 3-year rolling period.
- 4.2.2 In accordance with the WHSSC SOs, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of WHSST and will be separately identifiable.

4.2.3 WHSST must ensure the Joint Committee approve balanced revenue and capital plans in line with their notified funds before the start of each financial year. Each LHB will be required to make available to the Joint Committee the level of funds approved in the balanced plans which shall be drawn down in cash on a monthly basis from each of the LHBs as proposed by the Director of Finance and agreed by the Joint Committee.

4.2.4 The Director of Finance will:

- a) Prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including assumed in-year funding adjustments, and their proposed distribution to delegated budgets, including any sums to be held in reserve;
- b) Be responsible for the development and operation of the risk sharing framework for any in year variations from the Medium Term Financial Plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the Integrated Medium Term Plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the Integrated Medium Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a financially balanced position is maintained. In cases where the performance report highlights a favourable variance to the Integrated Medium Term Plan the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement;
- c) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
- d) Periodically review any assumed in-year funding to ensure that these are reasonable and realistic; and
- e) Regularly update the Joint Committee on significant changes to the initial funding and the application of such funds.

4.2.5 The Chief Executive of the host LHB is not responsible for the outturn of WHSSC – this is the responsibility of the Joint Committee. Any variations to the Medium Term Financial Plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework, and any consequent impact on their own LHB First Financial Duty.

4.3. **Second Financial Duty – The Planning Duty**

4.3.1 Health Boards have a statutory duty under section 175(2A) of the National Health Service (Wales) Act 2006 to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 To support the LHBs statutory duty the Joint Committee has a duty to prepare an Integrated Medium Term Plan. The Integrated Medium Term Plan (IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. The Integrated Medium Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

<https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf>

4.3.3 The NHS Planning Framework directs NHS organisations to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must:

- describe the context, including population health needs, within which the Joint Committee will deliver key policy directives and operational targets from Welsh Government,
- demonstrate how the Joint Committee are:
 - delivering their well-being objectives, including how the five ways of working have been applied,
 - contributing to the seven Well-being Goals,
 - establishing preventative approaches across all care and services,
- demonstrate how the Joint Committee will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services,
- demonstrate how the three-year rolling financial breakeven duty is to be achieved.

4.3.4 Integrated Medium Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost

pressures and savings plans to ensure that the Integrated Medium Term Plan(including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.

4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Joint Committee's response to delivering the

- NHS Planning Framework,
- Quality, governance and risk frameworks and plans, and
- Outcomes Framework

4.3.6 The Integrated Medium Term Plan will be developed in line with the Integrated Planning Framework and include:

- A statement of significant strategies and assumptions on which the plans are based;
- Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
- Profiled activity, service, quality, workforce and financial schedules
- Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;

4.3.7 The Joint Committee will:

- a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- b) Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level; and
- c) Agree annually those services that should be planned on a national basis and those that should be planned locally.

4.3.8 The Managing Director has overall executive responsibility to develop and submit to the Committee, on an annual basis, the rolling 3 year Integrated Medium Term Plan. The Committee approved Integrated Medium Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the Integrated Planning Framework.

4.3.9 The Joint Committee will:

- a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation;
- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements;
- c) Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

4.3.10 The development, submission and approval of the Integrated Commissioning Plan will discharge the Joint Committee's Integrated Medium Term Plan responsibilities.

5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

- 5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Managing Director, prepare and submit budgets for approval and delegation by the Joint Committee. Such budgets will:
- a) Be in accordance with the aims and objectives set out in the Joint Committee Integrated Medium Term Plan, and Medium Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services;
 - b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Joint Committee approved balanced IMTP;
 - c) Take account of approved business cases and associated revenue costs and funding;

- d) Be produced following discussion with appropriate Directors and budget holders;
- e) Be prepared within the limits of available funds;
- f) Take account of ring-fenced, specified and non-recurring allocations and funding;
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents);
- h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- i) Identify potential risks and opportunities.

5.2 Budgetary Delegation

5.2.1 The Managing Director may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

5.2.2 The Managing Director, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.

5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Managing Director, subject to any authorised use of virement.

- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Managing, as advised by the Director of Finance.
- 5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3 Financial Management, Reporting and Budgetary Control

- 5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.
- 5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
- a) Regular financial reports, for revenue and capital, to the Joint Committee in a form approved by the Joint Committee containing sufficient information for the Joint Committee to:
- Understand the current and forecast financial position
 - Evaluate risks and opportunities
 - Use insight to make informed decisions
 - Be consistent with other Board reports, and as a minimum the reports will cover:
 - Details of variations from the medium term financial plan showing the contributions to be made by each LHB under the risk sharing framework;
 - Actual income and expenditure to date compared to budget and showing trends and run rates;
 - Forecast year end positions;
 - A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
 - Explanations of material variances from plan;

- Capital expenditure and projected outturn against plan;
 - Investigations and reporting of variances from financial, activity and workforce budgets;
 - Details of any corrective action being taken as advised by the relevant budget holder and the Managing Director's and/or Director of Finance's view of whether such actions are sufficient to correct the situation,;
 - Statement of performance against savings targets;
 - Key workforce and other cost drivers;
 - Income and expenditure run rates, historic trends, extrapolation and explanations; and
 - Clear assessment of risks and opportunities;
 - Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances;
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Managing Director subject to the Joint Committee's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of

virement; and

- c) No permanent employees are appointed without the approval of the Managing Director other than those provided for within the available resources and workforce establishment as approved by the Joint Committee.

5.3.5 The Managing Director is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium Term Plan and medium term financial plans.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Managing Director is responsible for ensuring that the appropriate monitoring returns for the Joint Committee are submitted to the Welsh Ministers in accordance with published guidance and timescales.

<https://gov.wales/health-boards-and-trusts-financial-monitoring-guidance-2019-2020-whc-2019013>

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Managing Director. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the Joint Committee. There must be consistency between the medium term financial plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Joint Committee reports.

6. ANNUAL ACCOUNTS AND REPORTS

6.1 The Joint Committee is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports

6.2 However, the Joint Committee is hosted by the host LHB and therefore the Chief Executive of the host LHB is required to ensure that the financial results of the

Joint Committee are consolidated into its own financial statements and disclosed as appropriate.

- 6.3 The Managing Director and Director of Finance shall be required to provide all relevant information, financial and non-financial, to the Chief Executive as he or she requires to enable the Chief Executive to fulfil his or her statutory reporting responsibilities.

7. BANKING ARRANGEMENTS

7.1 General

- 7.1.1 The Joint Committee is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7 of the host LHB's SFIs.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

- 8.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the Joint Committee is likely to be incidental to its main activities.
- 8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.
- 8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHB's SFIs.

9. INCOME, FEES AND CHARGES

9.1 General

- 9.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any income generated by the Joint Committee is likely to be incidental to its main activities.
- 9.1.2 All aspect relating to the recording, handling and collection of income will be the responsibility of the host LHB.
- 9.1.3 Further details of the processes and responsibilities can be found in section 9 of

the host LHB's SFIs.

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Managing Director will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Joint Committee's Scheme of Reservation and Delegation of Powers.

10.1.2 The Managing Director will set out in the operational scheme of delegation and authorisation:

- a) The list of managers who are authorised to place requisitions for the supply of goods and services; and
- b) The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance's responsibilities

10.2.1 The Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable;
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices;
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed;

- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs; and
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order;
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
- f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or WHSST staff, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - (ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHB's SFIs.

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Managing Director;
- h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash;
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit WHSSC to a future uncompetitive purchase;
- k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Managing Director and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. WHSSC must consult with NWSSP Procurement Services, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of WHSSC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- It is in line with requirements of [Managing Welsh Public Money](#);
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact;
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate WHSST Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Managing Director if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

11.1 Policies and procedures

11.1.1 The host LHB shall be responsible for all aspects of the procurement and non pay process on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB's SFIs.

11.1.2 In particular, and where appropriate, the Joint Committee should follow the host LHB's SFIs with regards to obtaining consent to enter into contracts exceeding £1m and the monitoring arrangements for contracts below £1m. This is shown as Schedule 1 in the LHB SFI's.

11.2 Requisitioning

11.2.1 The budget manager in choosing the item to be supplied (or the service to be

performed) shall always obtain the best value for money for the Joint Committee. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

- 11.2.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with host LHB's SFI 11.11 thresholds.
- 11.2.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.3 No Purchase Order, No Pay

- 11.3.1 WHSSC will ensure compliance with the 'No Purchase Order, No Pay' policy. The All Wales policy was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.
- 11.3.2 The new policy ensures that a purchase order is raised at the beginning of a purchase. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.4 Official orders

11.4.1 Official Orders must:

- a) Be consecutively numbered; and
- b) State the Joint Committee's terms and conditions of trade.

11.4.2 Official Orders will be issued on behalf of WHSSC by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Joint Committee will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services, and from Trusts and other providers. The Managing Director is responsible for ensuring the Joint Committee enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.

12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Managing Director should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to WHSSC by the Welsh Ministers.

12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. As WHSSC is hosted by the host LHB the Joint Committee will have the same responsibilities. In particular, the following sections are highlighted in relation to the statutory requirements of LHBs and therefore WHSSC for contracting with other bodies for the provision of health services:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Sections 32 makes provision in relation to services which can be provided

- to Health Boards by local authorities;
- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Managing Director will need to ensure that regular reports are provided to the Joint Committee detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

12.4 Tendering for supply of health care services

12.4.1 Where the Joint Committee is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHB's SFIs in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the host LHB's SFI, Annex A.

13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the Joint Committee. Further details can be found in section 13 of the host LHB's SFIs.

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the WHSSC SOs and the Welsh Health Specialised Services Committee (Wales) Regulations 2009.

14.1.2 All other appointments or recruitments to WHSST and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the Joint Committee in accordance with the host LHB's own SOs and SFIs.

14.1.3 Further details of the host LHB's responsibilities can be found in section 14 of the host LHB's SFIs.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 General

15.1.1 Capital plans, and annual capital programmes, must be approved by the Joint Committee before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the Joint Committee or WHSST shall be dealt with in accordance with section 15 of the host LHB's SFIs. This includes the recording and safeguarding of assets.

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

- 16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.
- 16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.
- 16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Managing Director and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Managing Director.
- 16.1.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHB's Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 16.1.5 The Director of Finance or the host LCFS must notify the Audit Committee dealing with WHSSC matters, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:
- a) The Audit Committee on behalf of the Joint Committee, and
 - b) An Auditor General's representative.
- 16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the Joint Committee's and the host LHB's interests in bankruptcies and company liquidations.

- 16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 16.1.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in in Annex 3 of the WHSSC SOs.
- 16.1.10 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.
- 16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 16.1.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.
- 16.1.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.
- 16.1.14 WHSSC must obtain the Health and Social Services Group Director General's approval for special severance payments.

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

- 17.1.1 The Joint Committee and WHSST shall operate within the guidance set out in section 18 of the host LHB's SFIs.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Executive

- 18.1.1 The Managing Director shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic

law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c .36).

18.1.2 The records held in archives shall be capable of retrieval by authorised persons.

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Managing Director. Details shall be maintained of records so destroyed.

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

Contents

1. Budget delegation and virements
2. Banking arrangements
3. Income, fees and charges
4. Procurement and contracts for good and services
5. Contracts for Health Care Services
6. Pay expenditure
7. Non Pay expenditure
8. Losses and special payments
9. IM&T
10. Retention of Records

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

1. Budget delegation and virements

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	Delegation of the management of a budget to permit the performance of a defined range of activities	6.2.1	Lead Director	Director of Finance
B	All budget holders are required to sign up to their allocated budgets at the start of the financial year.	6.1.4	Budget holders	All budget holders
C	Delegation to include the authority to exercise virement and budget transfers	6.2.1	Lead Director	See C1below

		Delegated to:	Signed off by:
A1	Delegation of the management of defined Revenue budgets to budget holders: i. Direct Running Costs WHSSC ii. Direct Running Costs WKN iii. Direct Running Costs TSW	i. Committee Secretary ii. WKN Manager iii. TSW Manager	i. Committee Secretary to £20,000 ii. WKN Manager to £10,000 iii. TSW Manager to £10,000 Thereafter Director of Finance to £50,000

C1-Approval of variation of budgets, including authority to vire

Delegated Authority	Between budget lines	Capital to revenue & vice versa
Between directorates	Director of Finance	Not allowed
Budget transfers between Reserves and Delegated budgets	Director of Finance	

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

2. Banking arrangements

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority delegated to
A	<p>The Director of Finance of the Host LHB will prepare detailed instructions on the operation of bank accounts which must include:</p> <ul style="list-style-type: none"> i. The conditions under which bank accounts is to be operated ii. Those authorised to sign cheques or other orders drawn on the LHB accounts 	9.1.1	Director of Finance of the Host LHB	As per Host LHB SFI's

3. Income, fees and charges.

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority Delegated to
A	Fees and Charges- The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges , other than those determined by the Welsh ministers or by statute	10.1.2	Director of Finance	Financial Accountant
B	Debt recovery- The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.	10.1.4	Director of Finance	Financial Accountant

	Fees and Charges:	Authority Delegated to
A1	<p>Risk Sharing Funding</p> <ul style="list-style-type: none"> i. Approval and Signing of the Risk Sharing Agreements and Annual Financial Plan 	<ul style="list-style-type: none"> i. Joint Committee ii. WHSSC Management Group

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

4. Procurement and contracts for good and services

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	Maintaining detailed policies and procedures for procurement, tendering and contracting	11.1.4	Host LHB	As per Host LHB SFI's

5. Contracts for Health Care Services

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority Delegated to
A	The Lead Director is responsible for ensuring the LHB enters into suitable Health Care Agreements or individual patient commissioning agreements where appropriate.	12.1.1	Lead Director on behalf of the Joint Committee	Director of Finance
B	The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements	12.3.1	Lead Director	Director of Finance

	Agreements for the purchase of services	Authority delegated to
A1	Long Term Agreements with other NHS bodies <ul style="list-style-type: none"> i. Approval and Signing of the Long Term Agreement ii. Variations to the Agreement 	<p>Level 1 – Lead Director – In accordance with delegated authority within the Standing Financial Instructions</p> <p>Level 2 – Director of Finance – In accordance with delegated authority within the Standing Financial Instructions</p>

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

A4	Individual NHS patient treatment charges outside of LTAs and SLAs Agreement to fund treatment: <ul style="list-style-type: none"> i. Individual Patient Packages ii. Lifetime Costs 	<p>>£1,000,000 – Included in ARC & JC assurance report</p> <p>>£1,000,000 Level 1 – Lead Director</p> <p><£1,000,000 Level 2 – Director of Finance</p> <p><£500,000 Level 3 Directors</p> <p>>£1,000,000 – Included in ARC & JC assurance report</p> <p>>£1,000,000 Level 1 – Lead Director</p> <p><£1,000,000 Level 2 – Director of Finance</p> <p><£500,000 Level 3 Directors</p> <p>Below these limits individual directors can delegate their authority to officers as detailed in the Standing Financial Instructions</p>
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6. Pay expenditure

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	All appointments or recruitments	13.1.2	Host LHB	Committee Secretary

7. Non Pay expenditure

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	The Lead Director will approve the level of non pay expenditure and operational scheme of delegation and authorisation to budget holders the scheme of delegation	SFI 14.1.0	Lead Director	Director of Finance

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

B	The Director of Finance will advise the board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders should be sought.	14.3.1	Director of Finance	Financial Accountant
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8. Losses and special payments

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority delegated to
B	<p>Losses and Special payments</p> <ul style="list-style-type: none"> Ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses and special payments cases are properly managed in accordance with the guidance set out in the Assembly Government's Manual for Accounts. Ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write off' action is recorded on the system. The Audit Committee shall approve the writing off of losses or the making of special payments within delegated limits determined by Welsh Ministers and as set out in Schedule 3 of the SOs. Ensure that all losses and special payments are reported to the Audit Committee at every meeting 	<p>16.1.2</p> <p>16.1.6</p> <p>16.1.7</p> <p>16.1.11</p>	<p>Director of Finance</p> <p>Director of Finance</p> <p>Audit committee</p> <p>Director of Finance</p>	<p>Financial Accountant</p> <p>Financial Accountant</p> <p>See Below</p> <p>Financial Accountant</p>

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

B1	<p>Approve losses, write-offs and compensation payments due to:</p> <ul style="list-style-type: none"> i. losses of cash (theft, fraud, etc) ii. damage to buildings, fittings, furniture and equipment and property in stores and in use due to culpable cause (theft, fraud, arson) iii. extra contractual payments to contractors; iv. ex-gratia payments to patients and staff for loss of personal effects v. fruitless payments including abandoned capital schemes vi. ex-gratia payments - voluntary release payments to staff vii. bad debts and claims abandoned <ul style="list-style-type: none"> - <£10,000 - £10,000 to £50,000 - No delegated approval over £50,000 – WG approval required 	<ul style="list-style-type: none"> i to iv Lead Director (within delegated limits issued by Welsh Government - £50,000) v. Lead Director (delegated limits - £250,000) vi. Remuneration Committee (within delegated limits issued by Welsh Government - £50,000) vii. Director of Finance (to £10,000) and Lead Director (£10,000 to £50,000).
B2	<p>Approve compensation payments made under legal obligation:</p> <ul style="list-style-type: none"> • Personal injury claims <ul style="list-style-type: none"> i. up to £20,000 ii. £20,000 to £50,000 iii. Over £50,000 • Employment matters 	<ul style="list-style-type: none"> • Personal injury- On receipt of legal advice to pay <ul style="list-style-type: none"> i. Committee Secretary ii. Director of Finance iii. Lead Director (within delegated limits issued by Welsh Government - £1million) • Employment matters Lead Director (with advice from Committee Secretary)

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

B3	Approve compensation payments made without legal obligation	<ul style="list-style-type: none"> Lead Director (within delegated limits issued by Welsh Government - £50,000)
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9. IM&T

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority delegated to
A	The Director of IM&T has specific responsibilities within this Section which need to be reviewed to determine if any formal delegation is required.	17.1.1	Host LHB	As per Host LHB SFI

10. Retention of Records

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority delegated to
A	The Lead Director shall be responsible for maintaining archives for all records required to be retained in accordance with Welsh Ministers guidance.	18.1.1	Lead Director	<ul style="list-style-type: none"> Committee Secretary



Teitl adroddiad: <i>Report title:</i>	Summary of Private Board Business – 30 March 2023		
Adrodd i: <i>Report to:</i>	Health Board - Public		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 25 May 2023		
Crynodeb Gweithredol: <i>Executive Summary:</i>	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.		
Argymhellion: <i>Recommendations:</i>	The Board is asked to note the report		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Phil Meakin – Interim Board Secretary		
Awdur yr Adroddiad: <i>Report Author:</i>	Richard Coxon - Interim Head of Corporate Affairs		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:			
Cyswllt ag Amcan/Amcanion Strategol:		No - N/A/	
Link to Strategic Objective(s):			
Goblygiadau rheoleiddio a lleol:		No - N/A/	
Regulatory and legal implications:			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	No - N/A/
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	No - N/A/
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	No - N/A/
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	None
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations The Health Board considered the following matters in private session on 30 March 2023: <ul style="list-style-type: none"> • Vascular Quality Report • Special Measures Report • Board Effectiveness Review Report 	

- Quality and Patient Safety Report
- Budget Report 2023-24
- Draft Capital Programme Report
- Financial Plan 2023-24
- Penhros Care Home Public Sector Partnership in Gwynedd
- Amethyst SARC North Wales Business Case

Rhestr o Atodiadau:

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List of Appendices:

None