Bundle Health Board 25 January 2024

Agenda attachments

HB Agenda 25.1.24 v1.0 Public session

1.0 09:30 - PRELIMINARY MATTERS

1.1 09:30 - 24/1 Welcome, introductions and apologies for absence
Chair

1.2 09:35 - 24/2 Declarations of interest relating to agenda
Chair

1.3 09:36 - 24/3 Minutes of the previous meeting held on 30.11.23
Chair

24.3 Health Board Minutes 30.11.23 v.04 draft public session_revised 22.1.24

1.4 09:37 - 24/4 Action Log
Chair

24.4 Action Log_Health Board public session

1.5 09:45 - 24/5 Patient Experience Story - Cauda Equina Syndrome and Spinal Education
Executive Medical Director

24.5 Patient Story - Cauda Equina Patient Story

1.6 10:00 - 24/6 Citizen Experience report
Chair

24.6 Citizens Experience Report v1.0 January 2024

1.7 10:20 - 24/7 Chair's Report
Chair

24.7 Chair report January 2024 v1.0

1.8 10:28 - 24/8 Chief Executive's Report
Chief Executive

24.8 CEO report Jan 2024

1.9 10:36 - 24/9 Vice Chair's report
Vice Chair

24.9 ViceChair report v1

2 ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1 10:44 - 24/10 Special Measures Report
Executive Director of Transformation & Planning

24.10 Special Measures Update v1.0 January 2024

2.4 11:04 - 24/11 Corporate Governance Report
Acting Board Secretary

24.11a Corporate Governance Report January 2024 v2.0_revised 22.1.24

24.11d Appendix 3 BAF and CRR for Board V6

2.5 11:19 - 24/12 Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.
Executive Medical Director

24.12a AC and S12 Board Report January 2024

24.12b Appendix 1 - Approved Clinicians Data - for All Wales AC and S12 January 2024 board report

24.12c Appendix 2 - Section 12(2) Doctors Data - for All Wales AC and S12 January 2024 board report

2.6 11:24 - Comfort break

3 ITEMS FOR DISCUSSION/ASSURANCE

3.1 11:34 - 24/13 2023-24 Month 9 Finance, Capital and Savings Report
Interim Executive Director of Finance

24.13a Month 9 Finance Report

24.13b Finance Report M09 2023-24

3.2 11:54 - 24/14 Integrated Performance Report
Interim Executive Director of Finance
Revised report uploaded 24.1.24 : Page 7 of the Integrated Performance Report has been amended to accurately reflect the graphs for Adult Mental Health Measures Part 1a and 1b.

24.14a HB IPR January 2024

24.14b IPR - Health Board v2.0 uploaded 24.1.24

3.3 12:14 - 24/15 Quality Report
Executive Director Nursing and Midwifery
24.15a Quality Report - January 2024
24.15b Quality Report - Appendix 1 - January 2024

3.4 24/16 Deferred item

3.5 12:34 - 24/17 Engagement report
Director of Partnerships, Engagement and Communication
24.17 Engagement Report January 2024

3.6 12:44 - 24/18 Partnerships report
Director of Communication, Engagement and Partnerships
24.18 Partnerships report - January 2024

3.7 12:52 - 24/19 Joint Committees report
Chief Executive
24.19 Joint Committees report

4.0 FOR INFORMATION

4.1 12:57 - 24/20 Committee and Advisory Group Chair reports
24/20.1 Audit Committee
24/20.2 Quality, Safety and Experience Committee
24/20.3 Planning, Population Health and Partnerships Committee
24/20.4 People and Culture Committee
24/20.5 Mental Health Legislation Committee
24/20.6 Local Partnership Forum (Trades Unions)
24/20.7 Health Professions Forum
24/20.8 Stakeholder Reference Group
24.20.1 Committee Chair Report AC 12.1.24 v1.0
24.20.2 Committee Chair Report QSE 19.12.23 V2.0
24.20.3 Committee Chair Report PPHPC 10.1.24 v1.0
24.20.4 Chair report PC 12.01.24 v1.0
24.20.5 Chair report MHLC 11.1.24 v1.0
24.20.6 Advisory Group Chair LPF 10.10.23
24.20.7 Advisory Group Chair Report HPF 1.12.23 V1.0
24.20.8 Advisory Group Chair Report SRG 4.12.23 v1.0

4.2 13:07 - 24/21 Summary of private Board business to be reported in public
Chair
24.21 Summary of private board business discussed at previous meeting

5 OTHER MATTERS

5.1 24/22 Any other business
Chair

5.2 13:07 - 24/23 Review of meeting effectiveness
Chair

5.3 24/24 Date of next meeting 28.3.24 Venue Cymru and Livestream
Chair

5.4 13:15 - 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."

BETSI CADWALADR UNIVERSITY HEALTH BOARD

BOARD MEETING held in public
THURSDAY 25 JANUARY 2024
9.30 – 13.15
VENUE CYMRU, LLANDUDNO

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

AGENDA BOARD

1. PRELIMINARY MATTERS				
9.30	1.1	Welcome, introductions and apologies for absence	Verbal	Chair
9.35	1.2	Declarations of interest relating to agenda	Verbal	Chair
9.36	1.3	Draft minutes of the previous meeting held on 30.11.23	Attached	Chair
9.37	1.4	Action Log	Attached	Chair
9.45	1.5	Patient Experience Story - Cauda Equina Syndrome and Spinal Education	Presentation	Executive Medical Director
10.00	1.6	Citizen Experience Report	Attached	Chair
10.20	1.7	Chair's Report	Attached	Chair
10.28	1.8	Chief Executive's Report	Attached	Chief Executive
10.36	1.9	Vice Chair's Report	Attached	Vice Chair
2. ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.44	2.1	Special Measures Report	Attached	Chief Executive
11.04	2.2	Corporate Governance Report	Attached	Acting Board Secretary
11.19	2.3	Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.	Attached	Executive Medical Director
3. ITEMS FOR DISCUSSION/ASSURANCE				
11.34	3.1	2023-24 Month 9 Finance, Capital and Savings Report	Attached	Interim Executive Director of Finance
11.54	3.2	Integrated Performance Report	Attached	Interim Executive Director of Finance
12.14	3.3	Quality Report	Attached	Executive Director of Nursing and Midwifery
-	3.4	Deferred item		

12.34	3.5	Engagement Report	Attached	Director of Communication, Engagement and Partnerships
12.44	3.6	Partnerships Report	Attached	Director of Communication, Engagement and Partnerships
12.52	3.7	Joint Committees Report	Attached	Chief Executive
4. FOR INFORMATION				
12.57	4.1	Committee and Advisory Group Chair reports • Audit Committee • Quality, Safety and Experience Committee • Planning, Population Health and Partnerships Committee • People and Culture Committee • Mental Health Legislation Committee • Local Partnership Forum (Trades Unions) • Health Professions Forum • Stakeholder Reference Group	Attached	Committee and Advisory Group Chairs
-	4.2	Summary of business discussed in private session	Attached	Chair
5.OTHER MATTERS				
13.07	5.1	Review of meeting effectiveness	Verbal	Chair
-	5.2	Any other business	Verbal	Chair
13.15	5.3	Date of next meeting 28.3.24 Venue Cymru, Llandudno and livestream	Verbal	Chair
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."				

BOARD MEMBERS	INITIALS	POSITION
Dyfed Edwards	DE	BCUHB Chair
Karen Balmer	KB	Independent Member
Clare Budden	CB	Independent Member
Russell Caldicott	RC	Interim Executive Director of Finance
Gareth Evans	GE	Acting Executive Director of Therapies and Health Sciences
Urtha Felda	UF	Independent Member

Cllr Dyfed Jones	DJ	Independent Member
Prof Mike Larvin	ML	Independent Member
Dr Nick Lyons	NL	Executive Medical Director
Teresa Owen	TO	Executive Director of Public Health
Mike Parry	MP	Associate Member
Phil Meakin	PM	Acting Board Secretary
Jane Wild	JW	Associate Member
Fôn Roberts	FR	Associate Member
Carol Shillabeer	CS	Chief Executive
Dr Chris Stockport	CSt	Executive Director of Transformation and Strategic Planning
Dr Caroline Turner	CT	Independent Member
Rhian Watcyn Jones	RWJ	Independent Member
Gareth Williams	GW	BCUHB Vice Chair
Angela Wood	AW	Executive Director of Nursing and Midwifery
IN ATTENDANCE		
Helen Stevens-Jones	HSJ	Director of Partnerships, Engagement and Communication
Dylan Roberts	DR	Chief Digital Information Officer
Georgina Roberts	GR	Associate Director Workforce
Nick Graham	NG	Associate Director Workforce

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the bilingual, livestreamed
Health Board meeting
held in public on 30.11.23 at the Optic Centre, St Asaph

Board Members present	
Name	**Title**
Dyfed Edwards	BCUHB Chair
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Gareth Evans	Acting Executive Director of Therapies & Health Science
Urtha Felda	Independent Member
Adele Gittoes	Interim Executive Director of Operations
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Phil Meakin	Acting Board Secretary
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Teresa Owen	Executive Director of Public Health
Mike Parry	Associate Member – Chair Stakeholder Reference Group
Dylan Roberts	Chief Digital and Information Officer
Carol Shillabeer	Interim Chief Executive Officer
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Dr Chris Stockport	Executive Director of Transformation and Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	BCUHB Vice Chair
Jane Wild	Associate Member – Chair Healthcare Professionals Forum
In Attendance	
Nick Graham	Associate Director - Workforce Optimisation
Mandy Jones	Deputy Executive Nurse Director
Ceriann Tunnah	Consultant in Public Health (part meeting)
Laura Jones Jody Evans	Corporate Governance meeting support
John Morrell David Beard	IT Support
Lowri Gwyn Catherine Gilkes	Translation services
John Bowden	Audio visual support
Diane Davies	Corporate Governance Manager – for minutes
Observing	
Public	
Audit Wales representative	
Llais North Wales Officers	

Agenda Item	Action
OPENING BUSINESS	
HB23/247 Welcome, introductions and apologies for absence **HB23/247.1** The Chair was pleased to welcome observers online and in person which included senior officers of Llais North Wales. He explained that a new regular report would be developed in the new year in conjunction with Llais and BCU's Director of Partnerships, Engagement and Communication, which would further address patient experience, questions from the public and communication with partners. He was pleased to introduce 3 new Board Members and invited them to briefly introduce themselves: Dr Caroline Turner and Ms Urtha Felda as Independent Members and Cllr Mike Parry as Associate Member / Chair of BCUHB's Stakeholder Reference Group. Warm congratulations were also extended to Board members Carol Shillabeer, who had been appointed as substantive CEO in the new year, and Gareth Williams whom had been appointed as BCUHB's Vice Chair. **HB23/247.2** Apologies were noted from: • Angela Wood, Executive Director of Nursing and Midwifery • Karen Balmer, Independent Member • Fôn Roberts, Associate Member – representative of Social Services Directors • Jason Brannan, Deputy Director of People	
Preliminary matters	
HB23/248 Declarations of interest (DoI) on current agenda There were no declarations of interest made in respect of items on the agenda.	
HB23/249 Draft minutes of the previous meeting held on 28.9.23 and the Annual General Meeting held on 27.9.23 **It was resolved that the Board** **approved** the minutes of the meetings held on 27.9.23 and 28.9.23.	
HB23/250 Matters arising from the minutes and Action Log There were no matters arising regarding the minutes, closed actions were accepted and remaining open actions updated.	
HB23/251 Patient Story – Inflammatory Bowel Disease (IBD) Service The Board listened with gratitude to a patient sharing his experience of the organisation's IBD service and the joined up provision of health care within it. The Board was keen to understand the number of patients across North Wales who accessed the service and whether provision and accessibility were similar across all areas. In the discussion which ensued it was noted that increasingly Advanced Nurse Practitioners were being recruited and trained to enhance	

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service provision for various specialties and this also included strengthening support within primary care. The Board was pleased to recognise that the patient had experienced trust in regard to self-management which was an important environment to cultivate and support to ensure patient confidence as service pathways developed. The Chair and Interim CEO reflected that developing services in this way helped patients to better manage their conditions and avoid presentation at Emergency Departments (EDs). **It was resolved that the Board** • **noted** the presentation and report and • **extended gratitude** to the patient for sharing their personal experiences • **agreed** that a Committee of the Board would consider further the discussion regarding advanced practitioner utilisation within BCU's services.	NL/PM
HB23/252 Chair's Report **HB23/252.1** Whilst the Chair drew attention to the various meetings listed within the report since the previous Board meeting, he also highlighted meetings held with Welsh Government (WG), the Minister and also others scheduled with partner organisations. He emphasised the importance of this form of scrutinising BCU's provision which enabled the organisation to better consider prioritisation within its services. **HB23/252.2** The Chair was grateful of the opportunities to speak directly with staff and participate within community events, sharing his experience of the enthusiastic Diwali celebrations that had recently taken place in Bethesda with many NHS employees, their families and also wider community enjoyed. He recognised the equal importance of all employees' contribution to health services across the various services, citing the incredible long service and commitment of Tommy Stone whose 50 years of NHS service he recently joined to celebrate at Ysbyty Glan Clwyd on his retirement. **HB23/252.3** The Chair stated that the common question arising at many meetings he had attended was "Where is BCU on its journey?" He emphasised that BCU was moving forward, and at its heart was the importance of ensuring that the highest standards and quality were embedded across all health care provision and support services, underpinned by the ambition to provide the best for the population of North Wales. He was committed to ensure this theme was grasped and embedded within the improvement journey of special measures. **It was resolved that the Board** **noted** the report	
HB23/253 Chief Executive's (CEO) Report **HB23/253.1** The Interim CEO was pleased to advise that the report provided detail of many visits she had undertaken with staff across many services within the Health Board, emphasising the opportunity it afforded to make improvements	

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for staff and patients. She stated that quality was a major area of focus for the Board, reflecting that the public judges the organisation on the quality of care that they receive. Whilst much work was ongoing to develop skills and effective processes, she acknowledged the financial pressures that BCU was required to operate within and the challenges of winter resilience ahead. **HB23/253.2** The Interim CEO was pleased to draw attention to the Speak Out Safely work she had been involved with. She expressed gratitude for the Staff Award ceremony that had taken place which showcased staff contributions across BCU and which also demonstrated how BCU was building on the effectiveness of the organisation through its special measures journey. Following a point raised by an Associate Member, it was **agreed** that the Speak Out Safely section of the staff intranet would be further highlighted for ease of access and added to the Stakeholder Reference Group work plan as an agenda item for information at a future meeting. **It was resolved that the Board** **noted** the report	HSJ
HB23/254 Special Measures Report **HB23/254.1** The Executive Director of Transformation and Planning presented the report which provided progress on actions undertaken within the second 90 day cycle of assessment required by Welsh Government and which also demonstrated improvements within clinical areas. He drew attention to the four independent reviews and management responses provided and advised that plans were in place to provide the remaining reports by the end of February 2024. **HB23/254.2** The Interim CEO was keen to highlight that BCU had set itself ambitious plans to address the special measures imposed on the organisation and she would be keen to make an assessment of the overall 9 month planning at that time. **HB23/254.3** The Chair sought clarification on what BCU's transition from 'Stabilisation' towards 'Standardisation' meant for service users. The Executive Director of Transformation and Planning advised that this involved focus on standardising decision making to provide greater assurance on governance and clinical matters, considering standardisation of processes across North Wales to minimise variation, sharing learning to become a learning organisation and that the sharing of practices would lead to being seen as one integral organisation rather than several different internal areas. The Interim CEO also referred to consistent, measurable standards that were important to embed within the organisation and that would be easily understood externally. **HB23/254.4** The Vice Chair emphasised the importance of recognising and dealing with challenging internal issues, implementing a strategy review with effective objective setting and clarifying decision making within the operating	

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model. He commented that the conclusions of the Executive Portfolio Review were also important to draw forward outside the special measures framework.
 	
HB23/254.5 In regard to the Review of the Office of the Board Secretary, it was agreed this would be drawn forward to Cycle 3 and that matters related to Executive Recruitment would be under the ownership of the Interim Chief Executive rather than the Acting Board Secretary.
 	
HB23/254.6 In response to a Board member's concern, the Interim Executive Director of Operations clarified the organisation provided a treat in turn referral service based on clinical priority, she also advised that a plan was in place to make appointments for long waiting vascular patients which were non-urgent, and advised that dermatology services had been the subject of a recent service re-design meeting to address availability issues. The Executive Medical Director acknowledged the potential risk involved whilst patients were awaiting their appointments.
 	
HB23/254.7 The Chair concurred with the Acting Executive Director of Therapies and Health Sciences in his emphasis that a key message of the success of standardisation for the public would be that "***BCU is improving*"** and ***"demonstrates improvement"*** within its services. The Chair also emphasised the need for excellent leadership skills in moving this forward.
 	
It was resolved that the Board
• **received assurance** on the progress made in the second 90-day cycle, acknowledging the areas of challenge
• **approved** the approach for the second 90-day cycle closure and third 90-day cycle commencement
• **approved** the items of change control listed in the paper
• **noted** the Welsh Government Independent reviews and management responses that have been considered at BCUHB's Committees as indicated below
  • Safety Review BCUHB Mental Health and Learning Disabilities In patient units (Quality, Safety and Experience Committee)
  • Review of concerns raised around BCUHB affiliated patient safety (Quality, Safety and Experience Committee)
  • Rapid review of interim executive posts at BCUHB (Remuneration Committee)
  • Rapid review of the Office of the Board Secretary, BCUHB (Audit Committee)
	PM

HB23/255 Executive Director of Public Health Annual Report 2022/23 "Collective action for a healthier North Wales – taking a whole system approach" **HB23/255.1** The Executive Director of Public Health introduced the annual report which focused on the whole system approach to tackling multifactorial, complex health issues being utilised within Public Health services. She stated this was an important way to systemically address issues which required a collaborative approach as well as potentially within BCU. The report included a	

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number of case studies on Healthy Weight led by BCUHB as well as examples of work by partners operating across Local Authorities. The Public Health Consultant/lead author lead the Board through the presentation. **HB23/255.2** The Board questioned the efficacy of measuring the public's response to Public Health messages conveyed through social media. It was pleased to note that diabetic services was to be a focussed area of work within the next annual report, given that this was identified within special measures. **HB23/255.3** The Vice Chair was concerned with the accessibility of Talking Therapy for patients whom required the service along with referral through Primary Care. He drew attention to the inspirational approach being undertaken within the prison service in regard to suicide prevention within the report. **HB23/255.4** An Independent Member was concerned that there was potential for Local Authority expenditure on services which enabled the population to be healthy (e.g. Leisure Centres) could be affected by current financial pressures and should be a consideration in whole system approach thinking for the Health Board. Discussion ensued on Regional Partnership Board (RPB) engagement in this area as well as the Health Minister's steer in seeking more focus on the public taking responsibility for their own heath. The Chief Digital and Information Officer was keen to comprehend data availability which was understood to be challenging to attain. The Interim CEO reflected on the positive way BCU could utilise the whole system methodology approach on larger collaborative issues and with those identified internally along BCU's improvement journey. **It was resolved that the Board** **noted** the content of the 2023 Annual Report and supported the conclusions	
HB23/256 Financial Performance 2023/24 Month 7 **HB23/256.1** The Interim Executive Director of Finance highlighted **a** key change in the overall planned deficit target which had reduced to £33m deficit due to the receipt of £121m WG allocation. However, there was an additional request to deliver £13m savings. The Interim Executive Director of Finance drew attention to a key risk arising from the non-recurrent allocation to understand if this could result in a potential 10% income reduction to the subsequent financial year. Clarification was being sought with WG. The monthly position was currently £24m adverse to plan, which needed to be addressed and improvements were being made. He highlighted work being undertaken to improve and attain grip on the financial position including the conclusion of an investment review which would be shared at the next Performance, Finance and Information Governance Committee. The Interim Executive Director of Finance advised that additional control targets had been introduced since the previous meeting which received Executive oversight. There was potential for capital slippage. **HB23/256.2** The Interim Executive Director of Finance reported that significant progress had been made in regard to savings schemes and their development which he was confident would be delivered. He explained the reasoning of the £54m strategic cash flow request.	RC

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HB23/256.3 The Board questioned the confidence in delivery of the control targets given Integrated Health Communities (IHCs) financial delivery performance to date and the pressures they currently faced. It was noted that a collaborative approach had been undertaken to agree the targets and the Board recognised the importance of using every pound wisely on health services given the budget reductions imposed on other services across Wales. Transformation would be key in providing sustainable services into the future and ensuring support to IHCs to deliver them.

HB23/256.4 In response to the Vice Chair's question on progress in preparation of 2024/25 savings schemes, it was reported there was confidence that plans would be evolving prior the next Board meeting.

HB23/256.5 In response to the question of balance of financial and performance delivery, the Interim CEO advised that unpopular actions would need to be undertaken whilst systemic and cultural transformation improvements were introduced within BCU to enable a more controlled grip on expenditure and improved service delivery into the future. She emphasised that leadership within the organisation was very clear that additional finances were not available.

It was resolved that the Board

- **received** and scrutinise the report
- **supported** the proposed adjustments to the capital programme
- **approved** the request for Strategic Cash Support to Welsh Government

HB23/257 Review of Health Board Scheme of Reserved Delegation

The Interim Executive Director of Finance stated items HB23/257 and HB23/258 had received prior scrutiny by WG and BCU's Audit Committee. The two key changes, which now included executive oversight, were highlighted. In response to a question raised regarding the low levels of expenditure set, the Interim CEO advised that the internal control environment was currently underdeveloped and as authority, autonomy, and accountability systems were in an early stage of development, given recent changes, the levels were appropriate. In regard to the financial management support to budget holders within the organisation, the Interim Executive Director of Finance acknowledged there was a training gap which needed to be addressed to assist managers in determining how higher delegation authority could be sought in a timely manner.

It was resolved that the Board

- **approved** the incorporation and adoption of the revised Scheme of Reserved Delegation as presented.

HB23/258 Review of Health Board Standing Financial Instructions

It was resolved that the Board

- **approved** the incorporation and adoption of the Standing Financial Instructions as Schedule 2.1 of the Standing Orders.

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• **approved** the incorporation and adoption of the Standing Orders for WHSSC and EASC as Schedules 4.1 and 4.2 of the Health Board's own Standing Orders.	
HB23/259 Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales. **It was resolved that the Board** • **noted** the report and • **ratified** previous Chair's action letters which contained recomendations to grant approval or reapproval for Approved Clinicians and Section 12(2) Doctors across the Principality.	
HB23/260 BCUHB Winter Resilience Planning 2023-2024 **HB23/260.1** The Interim Executive Director of Operations presented the item drawing attention to the risks and mitigating actions outlined within the report. She was particularly concerned with additional capacity issues within the workforce and similar challenges being experienced by other partners. It was noted that there was also potential industrial action being undertaken during the period which was receiving executive and senior leadership attention. Planning had commenced earlier and learning from the previous year had also been factored in. She highlighted the very visible risks within EDs which were similar across the NHS system, and on the need for additional support to care homes to alleviate unnecessary hospital stays for patients. The whole system approach being undertaken in conjunction with various partners to identify issues and make improvements was welcomed by the Chair. **HB23/260.2** A discussion ensued in which details of BCU's Winter resilience communication plans were shared by the Director of Partnerships, Engagement and Communication to help avoid presentations at EDs and help signpost patients to other appropriate services where they could be treated in a more timely manner. The Vice Chair was keen to ensure that Minor Injury Units (MIUs) were better utilised by patients to ensure staff time was utilised more effectively. In respect of partnership actions to assist in reducing long stays, the Interim Executive Director of Operations advised of a variety of actions being undertaken. **HB23/260.3** The Chair emphasised that winter resilience planning was being undertaken in earnest by executives and senior leadership with particular focus on safety and workforce planning. **It was resolved that the Board** **noted** the Resilience Planning Approach for 2023/24, recognising the risks and mitigations that have been identified.	
HB23/261 Chair's Assurance report : Performance, Finance and Information Governance Committee (PFIGC) The PFIGC Chair drew particular attention to the need for strategic objectives to be developed in order to inform the Board Assurance Framework currently under development. The Interim CEO advised that a very recent senior leadership	

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team discussion had taken place which was supportive of moving this forward as part of developing a 3 year plan. **It was resolved that the Board** **noted** the report	
HB23/262 Chair's Assurance report : Audit Committee The Acting Board Secretary highlighted the work being undertaken in tracking recommendations and actions and drew attention to other items on the Board agenda which had received prior scrutiny at the Committee. The Vice Chair emphasised the need to follow up on concerns highlighted within the Falls review. **It was resolved that the Board** **noted** the report	
HB23/263 Integrated Performance Report **HB23/263.1** The Interim Executive Director of Finance presented the report which was undergoing further development and provided a snapshot of BCU's performance. He pointed out the type of metrics and charts being utilised which would need to be enhanced with articulation of the actions needed to address and monitor progress of areas of concern within the report. **HB23/263.2** In the discussion which ensued an explanation of clinical coding was provided by the Chief Digital and Information Officer. He also advised of the staffing issues which had recently affected performance. The importance of their role in data capture for decision making was emphasised. The Board was pleased to note positive Pharmacy services performance highlighted in the report. **HB23/263.3** In regard to questions arising, the Executive Director of Public Health provided further detail of Covid and flu vaccinations administered. The Vice Chair questioned whether comparative data could be provided in respect of agency monitoring to provide greater context. Accessibility of mental health services for various age groups was also discussed including the potential effect on patients whilst waiting appointments. The Interim CEO shared recent discussions within this area and undertook to raise the issues highlighted with WG. She concurred that it was very important to ensure accuracy and effective interpretation of data and to capture issues relating to patients transitioning from child and adolescent services to adult service provision. **It was resolved that the Board** **noted** the report and provided feedback to enhance further format development.	RC
HB23/264 Annual Plan Monitoring 2023/24 The Executive Director of Transformation and Planning presented the report provided progress to the end of quarter 2. He clarified that the report provided	

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details of areas not contained within Special Measures reporting. It was noted that 75% of the plans were on track to be achieved in quarters 3/4. **It was resolved that the Board** **noted** the report	
HB23/265 Integrated Quality Report **HB23/265.1** The Deputy Executive Nurse Director presented the report highlighting positive feedback on the text service messaging service (76.2% of patients reported a very positive experience). Care home support team rollout was also being progressed and Covid reviews were on track for completion. She advised that the Quality, Safety and Experience (QSE) Committee had considered a deep dive report on Falls following a recent review and would also schedule a deep dive in regard to Pressure Ulcer performance. **HB23/265.2** The QSE Chair questioned the affordability of the Intervention initiative which was confirmed to be adequately resourced, the Deputy Executive Nurse Director also advised that work was being undertaken with IHCs to understand the challenges they were experiencing in relation to dealing with concerns raised. **HB23/265.3** A discussion ensued on the complexity of falls presentations and issues arising, The Interim CEO stated that meetings were shortly to be undertaken with WG to consider the quality agenda, including improvements, learning outcomes, reporting and oversight. She advised that Coroner inquests and investigations required greater attention and that progressing digital health records would be an integral part of the improvements required which were on the radar of all Wales' CEOs. **It was resolved that the Board** **noted** the report	
HB23/266 Chair's Assurance report : Quality, Safety and Experience Committee The QSE Committee Chair stated the importance of considering Patient Stories at meetings. She advised that more specific reporting had been requested going forward to demonstrate how learning from investigations/incidents was embedded within the organisation. Greater focus was also needed on Primary Care instead of considering Secondary Care centric reports. **It was resolved that** the Board **noted** the report	
HB23/267 Nurse Staffing Act Report	

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HB23/267.1 The Deputy Executive Nurse Director presented the report highlighting its role within financial planning. It was noted that this most recent biannual review had involved a request to change levels across 4 wards. **HB23/267.2** The Vice Chair questioned whether patients were streamed according to the level of nursing required as they improved. The Interim Executive Director of Operations shared the process undertaken as patients were assessed towards being medically fit for discharge. **HB23/267.3** It was agreed that the Deputy Executive Nurse Director would share detail of the total numbers of wards within the Health Board to provide greater context to the data provided. **It was resolved that the Board** **received** the report to gain assurance in relation to the organisation 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.	MJ
HB23/268 Equality Annual Report 2022/23 **HB23/268.1** The Associate Director of Workforce Optimisation presented the report highlighting the importance of everyone's duty to equality matters. He drew attention to the objectives outlined within the plan and the importance of considering equality across all areas of service support alongside staff as well as patients. **HB23/268.2** The Board suggested that the next submission provide SMART objectives, timelines to monitor progress and also focus on a one team approach. The Interim CEO clarified that the Strategic Equality Plan would address the need for objectives. She was complimentary of the enthusiasm demonstrated within the equality team and considered there was a need to have a more systematic approach to data collation and embrace social responsibility in this area. She also reflected on the need to address how the voices of children were heard. **It was resolved** that the Board **noted** the report	` NG
HB23/269 Report of the Remuneration Committee **It was resolved that the Board** **noted** the report	
HB23/270 Advisory Group Chair report : Stakeholder Reference Group The Chair of the SRG reported that there were attendance issues which he would undertake to address. **It was resolved that the Board** **noted** the report	

Draft

HB23/271 Corporate Governance Report **HB23/271.1** The Acting Board Secretary presented the report highlighting the development of the Board Assurance Framework being lead by the Head of Risk Management and would include strategic objectives when agreed. He also advised the remaining Committees would be established, subject to the successful appointment of further Independent Members. The Acting Board Secretary reported that the Corporate Risk Register had been well received at Committees when presented and acknowledged the insight and assistance provided by Board members. **HB23/271.2** The Vice Chair requested that visibility of Primary Care within the Committee Terms of Reference be strengthened. **It was resolved that the Board** • **noted** the report and **received assurance** that • progress was being made on Corporate Governance arrangements to establish the Governance of the Health Board • the Chair's Action and Common Seals enacted since the previous Health Board meeting were included within the report. • the monitoring of risks in relation to delivering on the Annual Plan Strategic priorities, Board Assurance Framework (BAF) was being progressed • the new approach of consolidating all high-extreme operational risks to thematically formulate strategic corporate risks was being undertaken and will be presented.	PM
HB23/272 Summary of private Board business to be reported in public **It was resolved that the Board** **noted** the report	
HB23/273 Any other business None was reported.	
HB23/274 Date of next meeting 25.1.24 Venue Cymru, Llandudno and available on livestream	
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."	

Draft

Health Board

Table of actions log – arising from meetings held in public

updated 17.1.24

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
HB23/223.3	Deputy Director of People.	**Staff Absence** Provide further detail of all absence rates at the next PFIG Committee with especial focus on Estates and Facilities.	23.10.23	**21.11.23** The data is regularly captured and is accessible through our workforce dashboards for board members and senior managers across the organisation. The detailed position will be presented at the next PFIG meeting on 18.1.24. **9.1.24** A more detailed position is outlined in the Workforce Report prepared for the January PFIG, which has subsequently been deferred to late February.	Propose remain open until next presented at PFIGC	
HB23/223.4	Interim Chief Executive	**Integrated Performance Report** Provide assurance that the developing IP report would provide clarity on "What worked and What didn't work" in future reports to the PFIG Committee.	23.10.23	**21.11.23** The Interim CEO advises: This is under development and narrative on impact/evaluation of action will be included in future report iterations.	Propose remain open until next presented at PFIGC	
Actions agreed at Health Board meeting 30.11.23						

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
HB23/251	Executive Medical Director / Acting Board Secretary	**Patient Story IBD Service** Designate which Committee of the Board will consider further the discussion regarding advanced practitioner utilisation within BCU's services.	31.12.23	It has been agreed that this will be transferred to the Quality, Safety and Experience Committee for action	Suggest action to be closed	
HB23/253.2	Director of Partnerships, Engagement and Communications	**CEO report** Consider accessibility of Speak Out Safely section on the staff intranet and schedule to Stakeholder Reference Group work plan as an agenda item for information at a future meeting.	31.12.23	20.12.23 The SRG is working to co-create a forward plan for the coming year and so the item will be shared by email to ensure members are aware. 10.1.23 A Speak Out Safely page aimed at BCUHB staff has been added to the website. Support for Staff - Betsi Cadwaladr University Health Board (nhs.wales)	Suggest action to be closed	
HB23/254.5	Acting Board Secretary	**Special Measures report** Arrange for the Review of the Office of the Board Secretary, to be drawn forward to Cycle 3 and that matters related to Executive Recruitment would be under the ownership	31.12.23	This has been completed by the SM Programme Team. All parties are aware that Executive Recruitment is under the ownership of the Chief Executive.	Suggest action to be closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
		of the Interim Chief Executive				
HB23/256.1	Interim Executive Director of Finance	**Financial report** Share the conclusion of the investment review at the next Performance, Finance and Information Governance Committee.	18.1.24	The conclusion of the investment review has been shared with the Chair of PFIGC. However, the PFIGC Committee meeting will not be held until February 2024.	Remain open until presented at PFIGC in February 2024	
HB23/263.3	Interim Executive Director Finance	**Performance report** Provide comparative data in respect of agency monitoring to provide greater context.	18.1.24	Included within the reporting to members	Suggest action to be closed	
HB23/267.3	Deputy Executive Nurse Director for Executive Director Nursing and Midwifery	**Nurse Staffing Levels** Share detail of the total numbers of wards within the Health Board to provide greater context to the data provided.	18.12.23	Provided to QSE Chair on 30.11.23 and later circulated to Board members	Suggest action to be closed	
HB23/268.2	Associate Director Workforce Optimisation for Deputy Director People Services	**Equality Report** Ensure next annual report submission provide SMART objectives, timelines to monitor progress and also focus on a one team approach.	31.12.23	The request for the Equality and Human Rights Annual Report to include an update against SMART objectives, together with a focus on a one team approach is noted and will be incorporated into the 2023/24 report.	Suggest action to be closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
HB23/271.2	Acting Board Secretary	**Corporate Governance report** Strengthen visibility of Primary Care across Committee Terms of Reference.	31.12.23	**16.1.23** The recent Terms of Reference and Cycles of Business review have provided this opportunity and are included within the Board agenda for decision on 25 January.		

RAG	
Action Closed	
Action ongoing	
Action Outstanding	

Teitl adroddiad: ***Report title:***	**Patient Story – Cauda Equina Syndrome and Spinal Education**			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	A patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.			
Argymhellion: ***Recommendations:***	The 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 Leon Marsh, Head of Patient Experience Rachel Wright, Patient and Carer Experience Lead Manager			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

In line with best practice, a patient or carer story is presented to Board 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.

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? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	BAF21-10 - Listening and Learning
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***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF21-10 - Listening and Learning
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: Link to the long version played at the Spinal Education Day: APPROVED - LONG VERSION Spinal Education Day Cauda Equina Patient Story.mov Link to the short version: SHORT VERSION Cauda Equina Patient Story.mov ***List of Appendices:*** Appendix A- Patient Story Summary	

Cauda Equina Syndrome Patient Story and Spinal Education

A video story will be played at the meeting.

Overview of Patient Story:

The storyteller describes her experience of Cauda Equina Syndrome. Starting with symptoms in 2019, the storyteller describes a 4-year journey with a variety of symptoms presented and treatment provided. Initially starting with her left leg going 'completely dead' and having 'electric shocks coming up both feet', the storyteller describes thinking that her symptoms were a bad back and was reluctant to go into hospital thinking 'I've got tablets, I'll be fine'.

The storyteller describes contacting her GP and feeling 'so lucky' to have a doctor that had worked in spinal care and who initially suspected Cauda Equina Syndrome. Following tests with Neurology and an MRI Scan at Wrexham Maelor Hospital, the storyteller describes being 'blue-lighted' to the Walton Centre to undergo decompression of the spine surgery.

The storyteller describes a further development in symptoms a year later and her experience of sitting in the Emergency Department for 11 hours in agony. She describes a lack of knowledge of Cauda Equina and reluctance to refer to Neurology causing delays in treatment. The storyteller describes being 'blue lighted' to the Walton Centre again for further decompression surgery and her symptoms being much worse than the first time.

The storyteller describes Cauda Equina as being a spinal cord injury where nerves are damaged causing different symptoms and a 'complete and utter nightmare of spasms and sensations that you don't understand'.

The storyteller describes being unable to access rehabilitation anywhere in Wales because she was treated in the the Walton centre and 'they weren't communicating with each other'. The storyteller describes having to 'go out and find support myself because nothing was offered', with constant emails, phone calls and arguments and having to 'suffer a long time' before getting the balance that she has now. The storyteller describes accessing websites and Facebook groups for support, which helped her 'more than anyone else'.

The storyteller describes the physical and emotional impact of Cauda Equina Syndrome. The storyteller describes now living her life in 'constant pain' with regular Urinary Tract Infections (UTIs) and kidney infections. She describes having to move from her home into a disabled bungalow, losing her job as a Prison Officer and the feeling of not having a 'purpose in life'. The storyteller describes the impact of Cauda Equina on mental health and 'grieving for the healthy you'.

Key Messages:

- The storyteller describes the variety and the development of symptoms experienced in Cauda Equina Syndrome. The storyteller describes Cauda Equina as a spinal cord injury where nerves are damaged causing a 'complete and utter nightmare of spasms and sensations that you don't understand'.
- The storyteller describes feeling 'so lucky' to have a GP that had worked in spinal care and who had knowledge of Cauda Equina Syndrome to start the initial tests.
- The storyteller describes a lack of knowledge of Cauda Equina Syndrome amongst staff in the Emergency Department (and staff in general across BCUHB) causing delays in treatment.
- The storyteller describes being unable to access rehabilitation in Wales because she was treated in the Walton Centre and 'they weren't communicating with each other'.
- The storyteller describes having to 'go out and find support myself because nothing was offered' and having to 'suffer a long time' before getting the balance that she has now.
- The storyteller describes accessing websites and Facebook groups for support, which helped her 'more than anyone else'.
- The storyteller describes the physical and emotional impact of Cauda Equina Syndrome.
- The storyteller describes now living her life in 'constant pain' with regular UTIs and kidney infections.
- The storyteller describes the impact of Cauda Equina on mental health and the feeling of 'grieving for the healthy you'.

Summary of Learning and Improvement

Cauda Equina Syndrome (CES) is a spinal surgical emergency, caused by compression of the lumbosacral nerve roots that requires urgent specialist assessment and intervention. Large central lumbar disc herniation at L4/5 or L5/S1 is the most common cause of CES, although rarer causes such as spinal trauma, neoplasm, spinal abscesses, chemical irritation and multi-level stenosis can also be responsible. Patients may present with Cauda Equina Syndrome-Incomplete, Cauda Equina Syndrome-Retention or Cauda Equina Syndrome-Complete.

CES can be challenging to diagnose as it is rare with the annual incidence in the United Kingdom estimated to be 2.7 cases per 100, 000 population (Woodfield et al, 2022) and the overall prevalence estimated to range from 1 in 33, 000 to 1 in 100, 000 persons (Long et al, 2020). Distinguishing patients with this rare condition from those presenting with more benign diagnoses is difficult.

The Patient & Carer Experience Team were approached by the BCUHB Consultant MSK Physiotherapist to collect a Patient Story to support current and ongoing developments in Spinal Education, in particular the BCUHB CES Pathway. Background drivers for work on improving the pathway for CES patients include:

- **Improving the BCUHB pathway for patients –** Including reviewing Datix cases and collecting a Patient Story.

- **The impact on the patient's life if CES is not managed a timely manner -** If the condition is not managed in a timely manner, it can lead to a range of severe life-changing disabilities, including permanent limb paralysis and permanent loss of bowel, bladder and sexual function (Hutton, 2019).

- **National GIRFT Cauda Equina Syndrome Pathway update –** In February 2023, the new GIRFT (Getting It Right First Time) Spinal Surgery: National Suspected Cauda Equina Syndrome (CES) Pathway was released and the implementation underpins the developing BCUHB approach: National-Suspected-Cauda-Equina-Pathway-UPDATED-V2-October-2023.pdf (gettingitrightfirsttime.co.uk)

- **Litigation costs associated with CES mismanagement -** The negligence claims associated with CES are costly for BCUHB, with failure and delays in diagnosis and subsequent management in primary, community and secondary care cited as the reasons for these claims.

Improvement work has included:

Developing the new **Draft BCUHB Cauda Equina Syndrome (CES) Pathway** based on the updated National GIRFT CES Pathway (2023) outlining pathways for CES presentation in Primary & Community Care, Secondary Care Hospital Presentation and Diagnosis, Surgery and Post-Operative Care. CES patients may present in primary, community or secondary care and having a well-co-ordinated multidisciplinary approach to management may reduce the time between presentation and diagnosis or exclusion of CES, its ensuing management and improve patient outcomes.

There is an acknowledgement of gaps between the BCUHB pathway and the National pathway. The aim of this updated guidance is to:

- Reduce misdiagnosis and delays in management of Cauda Equina compression.
- Provide clarity regarding roles and responsibilities of each healthcare provider throughout the pathway.
- Reduce the incidence and severity of life-long bladder, bowel and sexual dysfunction in patients who present acutely with symptoms suggestive of Cauda Equina syndrome with rapid diagnosis, access to MRI and referral to tertiary services intervention.

Initial implementation has focused on the BCUHB East Area IHC in September 2023 by agreeing the East CES Pathway with the RJAH Consultant Spinal Surgeon, BCUHB Orthopaedics, Emergency Department, Radiology, CMATS, Physiotherapy, Care Pathway Leads and Integrated Health Community Medical Directors. In addition, a dedicated **Spinal Education Day for the East IHC** was held on Tuesday 21st November 2023 in the Wrexham Medical Institute, with Cauda Equina Syndrome as a key topic. There were over 88 attendees, including the RJAH Spine Consultant, The Walton Centre Spine Consultant, Emergency Department (doctors and nurses), Orthopaedics, Radiology, Physiotherapy, CMATS, UPCC, FCP and Primary Care (GP's and ANP's). The purpose of the day was to understand the current BCUB (East IHC) CES Pathway compared to the updated National GIRFT Guidance, to agree the future pathway and required work streams. The patient story was played to open the day to focus attendees on the presentation of CES, BCUHB

management of CES and the life-changing impact of this condition on a patient's life. It gave the education day a 'patient centred' approach to learning.

Additional future developments include:

- Linking with WAST regarding 'blue light' transfers for these patients.
- Meetings with West and Centre IHC's to agree pathway pan BCUHB.
- Once agreed in Integrated Health Communities, to ratify BCUHB CES pathway in Clinical Effectiveness Group.
- Monitor Datix to ascertain if there are any issues regarding pathway implementation.
- Business plan to address gaps between BCUHB pathway and national pathway including a Spinal Physiotherapist in ED and access to 24/7 MRI scanning in each district general hospital.

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

Teitl adroddiad: ***Report title:***	Citizen Experience Report			
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	We have previously invited people to ask questions of the Health Board so that Board members can be appraised of what matters to our population. However, the issues raised in those questions have not presented a full view of the themes that are being picked up. We have therefore taken a different approach this month and this report summarises the themes from our involvement with citizens over the last two months from a range of sources. It draws on the day-to-day interactions we have with patients, their carers and families, the conversations we have with the public and partners in their communities and at events, correspondence from Members of the Senedd and Parliament and activites and engagement with citizens undertaken by Llais. It reports on the key themes from those interactions and conversations. It does not go into the detail of how the Heatlh Board is responding to the issues but signposts to those papers in the Board meeting where they are being taken forward. All questions to the Chair and other Board members will continue to be answered and people can expect direct replies to their queries.			
Argymhellion: ***Recommendations:***	The Board is asked to note the report.			
Report presented by:	Dyfed Edwards, Chair			
Awdur yr Adroddiad: ***Report Author:***	Helen Stevens Jones, Director Partnerships, Engagement and Communications			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☒	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐

	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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):***	Involving and understanding the experience of our citizens runs through all the Health Boards strategic objectives and plans
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the NHS (Wales) Act 2006
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?***	Not applicable for this report.
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)***	There are no specific risks associated with this paper.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no specific financial implications associated with this report
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no specific workforce implications associated with this paper.
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 Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: Dim ***List of Appendices:*** *None*	

HEALTH BOARD MEETING IN PUBLIC
25th JANUARY 2024
CITIZEN EXPERIENCE REPORT

1. Introduction

1.1 This report summarises the themes from our involvement with citizens over the last two months. It draws on the day-to-day interactions we have with patients, their carers and families, the conversations we have with the public and partners in their communities and at events, correspondence from Members of the Senedd and Parliament and activites and engagement with citizens undertaken by Llais.

2. Themes from patients, carers and families through our in-house teams

2.1 Our Patient, Advice and Liaison Service (PALS) provides information, advice and support to resolve issues and concerns about our services. Every week they speak with hundreds of patients, carers and family members.

2.2 Over the last two months, the Patient Advice Liaison Service (PALS) facilitated the resolution of 1237 enquiries of which 77 were escalated to our formal complaints process. The key themes were:

- Delay in treatment
- Attitude and behaviour of clinical staff
- Poor communication with patient/service user
- Poor communication with family

2.3 In September and October 2023, we received 7745 patient experience feedback responses relating to our outpatient services via an online feedback system.5388 responses received through SMS (text).

Key findings from the survey feedback include:

- 80.92% of staff always introduced themselves
- 83.33% of respondents always felt listened to
- 80.8% of respondents felt that staff took the time to understand what mattered to them as a person and took this into account when planning and delivering their care

What people have said:

“My GP sent an urgent referral to the Orthopaedic Department on my behalf last July. Another GP should have referred me end of 2018 then everything was on hold then because of Covid. I am 67 years old and in need of a shoulder replacement which is making my day to day life very difficult. I do not know where I am - I feel I am in 'no man's land' in a lot of pain and feeling very upset and depressed. I paid to see a consultant last September in the Spire Wrexham. I do need a shoulder replacement and I paid for a steroid injection which helped a lot for 3 months. My life is on hold - it is the left shoulder and I am left handed, and I can’t see a light at the end of the tunnel.” orthopaedic services)

“I attended the A&E Dept at Bodelwyddan Hospital on Saturday 5th August around 12:30pm for an injury sustained during an archery lesson. I was seen by a triage nurse

and later treated by a junior doctor, nurse practitioner and a consultant as I required minor surgery plus an xray. All the staff were friendly, kind and professional and I was very impressed with the service I received. Everything was explained clearly and I felt well cared for. Please pass on my thanks to the staff concerned."

3. Community conversations

3.1 As part of our wider engagement with public and partners in their communities the key themes that emerged were:

- Access to health care, for both primary care and our acute hospital services
- Waiting times, for both primary care and our acute hospital services

3.2 Waiting times often relate to patients waiting for planned treatment, accessing GP appointments and emergency department delays. Occasionally there are also references to more specific concerns such as waiting for diagnostic procedures and tests and some community services such as dentists.

3.3 Other issues raised included the need to improve communication with patients and between hospital, primary care and community services. This includes frequent and prompt information, ensuring dignity and respect at all times. Improved mechanisms for listening and engaging both internally and with partners is often raised particularly when the Health Board is developing service improvements or setting strategic priorities.

3.4 In November, a meeting was held in Tywyn regarding the closure of the in-patient ward at Tywyn Hospital. The Chair, Chief Executive and Integrated Health Community Director attended the meeting, organised by Llais and the Tywyn Hospital Action Group, to listen first hand to local people's concerns and suggestions. In general, despite their frustration, people understood that the Dyfi Ward can only be reopened when we can ensure safe staffing levels. There was positive feedback and discussion regarding the wider service that has been put in place and the value of this was recognised.

3.5 A well attended meeting was held in January with people in Betws-Y-Coed regarding primary care. A positive discussion took place regarding the contract arrangements currently underway for the GP practice that is highly regarded.

What people have said:

"Thank you for last night's meeting at Betws-Y-Coed memorial hall regarding the future of our local surgery, it was well worth the effort and we are all very appreciative."

"Betws-Y-Coed GP practice has always been a well regarded practice and it was so pleasing to hear the Chief Executive officer, Chairman and Associate Director of Primary Care at the BCU Health Board share that a GP Practice shall remain in the village and continue to serve the numerous communities in the upper Conwy Valley."

4. Correspondence from Members of the Senedd and Parliament

4.1 Elected members write to us on behalf of their constituents, with an average of around 20 inquiries a week. Key themes emerging October to December were:

- Waiting times, in particular for orthopaedics (knee and hip replacements), ophthalmology (cataract surgery), diagnostics, neurodiversity assessments and general and gastrointestinal surgery
- Access to mental health support and or services
- Access to dentistry
- Accesibility to the vaccination programme
- Poor experience in the Emergency Department
- Delays in progressing cancer treatment

What people have said:

"The concept of waiting for another 2 years at least in such awful pain is unbearable, as such my mental health is suffering, some days I feel I can no longer go on in this circle of either too medicated to do anything other than sleep or existing with this awful nerve pain which is only getting worse as it is now in my arms too. I can no longer work due to the pain and medication, I have worked all of my adult life and find the fact that I am only 58 years old and everything in my life is affected by this and will be for at least another 2 years so daunting." (waits to be seen for pain management)

*"To be advised to prepare my son for an upcoming assessment in July 2022, and to have a difficult and upsetting conversation with him, for nothing to happen is terrible. I have all the emails advising me to have conversations with my son, who is vulnerable with additional needs. I understand there are waiting lists but he was mid assessment and to treat a vulnerable child in this way is disgusting." (*neurodevelopmental assessment)

"I am now trying to sort out what is to happen - but cannot get any help anywhere. My wife was down to have two cataracts replaced. One has been done, the second she was assured would be replaced before Christmas. It is impossible to contact the Stanley Eye unit, Abergele by telephone, to get any information. The system has let down my wife very badly - being promised treatment and this is not now available. I cannot understand how a patient can undergo a pre op assessment then treatment promised when the contact has been closed with the provider. This is not only unfair, distressing but morally wrong."

"I can't express how upset and abandoned by the health system, that I felt at this point… At this point I couldn't do anything but cry, the amount of pain I am in is currently inexplainable…
I would then be waiting 1-2 years for them to do the full dental removal. This information broke me. My daughter and family worry every time I have a seizure that I could lose another tooth and it could obstruct my airway. My seizures are full blown, and I have a history of head and facial injuries which occur when the seizures take hold…
Now I feel I am in a catch 22 situation and no-one in the NHS appears to be advocating for me at all…
*My teenage daughter is terrified that I will worsen, that my diabetes will become uncontrollable as my dietary intake is so poor due to the pain associated with eating (I am on regular insulin)." (*Patient with multiple health conditions including seizures needs full dental extraction under general anaesthetic but faces very long waits)

"In June my husband went for a routine blood pressure check at Plas Meddyg surgery here in Ruthin. Thanks to a very observant nurse at the practice that routine appointment turned into something much more sinister as the result of her questioning a "birthmark" on his nostril. He was referred to the excellent maxillofacial clinic in Glan Clwyd in a matter of days.

I cannot praise enough every member of staff in their department for their care and professionalism on each and every of the many many of our visits."

5. Activites and engagement with citizens undertaken by Llais

5.1Llais is an independent statutory body, set up by the Welsh Government to give the people of Wales much more say in the planning and delivery of their health and social care services.

5.2 Through their day to day interactions with citizens, such as engagement events and social media, Llais North Wales has picked up the following themes:

- Cataract surgery waiting times
- Accessibility to the vaccination programme
- Concerns around access
- Delays in treatment
- Poor communication
- Waiting times
- Support on discharge

What people have said:

"I am 83 years old and live in Betws-y-Coed. I have mobility issues and do not drive. There is limited public transport available. I received an appointment for my Covid vaccination in Llanrwst – some 6 miles away. It took me all day to travel there and back."

"One man, in his late seventies or early eighties, had macular degeneration in one eye. He was being treated for this at Abergele and about to have his 70th injection. His other eye needed a cataract operation and he was told it would be 18 months. He is carer for his wife, who is a wheelchair user, and needs to be able to drive, so he was using savings to pay."

"Excellent care through the medium of Welsh at Ysbyty Gwynedd and Ysbyty Eryri. Lack of Welsh speakers at Ysbyty Glan Clwyd. Excellent care at the Stroke Unit in Eryri - staff were excellent, and everyone spoke Welsh which is very important to stroke patients."

6. Quality

6.1 Both Senior Coroners in the region have raised a number of serious concerns. These concerns can be grouped into three themes:

- Ambulance handover delays, and Emergency Department pressures.
- Absence of electronic patient records and referral systems.
- The quality of incident investigations and quality of evidence against action plans.

6.2 In November, HIW published their report following an inspection of Morfa Ward at Llandudno General Hospital. They found the quality of patient experience to be good. They observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner. Some patients and their relatives told inspectors that they were not always involved in discussions around care planning and discharge arrangements.

6.3 HIW raised concerns regarding access to the Community Mental Health Team based at Nant y Glynn. A number of written assurances have been provided over the last year and HIW intend to undertake an announced inspection this month.

6.4 A Public Interest Report was issued by the Ombudsman in November 2023. In this case the patient was seen at Ysbyty Glan Clwyd in January 2018, however it took 11 months before they had urgent surgery resulting in permanent sight loss in one eye and a need for lifelong treatment to manage pain and condition caused by the damage. The Ombudsman criticised the delay in the complaint response. The Ombudsman made a number of recommendations which are now being delivered.

6.5 The consistent themes from complaints are delays in appointment time, lack of treatment or assessment and attitude and behaviour of clinical staff. These themes will form the basis of improvement and learning activity that will be undertaken to identify the actions and interventions needed to reduce the complaints in this area by addressing the root causes.

7. Acting on what we are hearing

7.1 Listening to and understanding the experiences of the citizens of North Wales is essential to improving how we design and deliver care and services. Gathering the insight enables us to understand the issues that matter to our population. We are determined to make sustained improvements and our staff and the citizens of North Wales are increasingly coming together to solve our ongoing issues.

7.2 We will address how we are making improvements in reports to the Health Board on these issues over the coming year. In this January Health Board meeting we cover the work taking place to improve quality of services and care.

Teitl yr adroddiad: ***Report title:***	Chair's Report			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	This report provides information on key issues within the organisation and external work with Government and other partners • Meetings with Elected Representatives • Appointments • Details of visits and meetings			
Argymhellion: ***Recommendations:***	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: ***Executive Lead:***	Chair			
Awdur yr Adroddiad: ***Report Author:***	Chair			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Ar gyfer sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Meetings cover a range of strategic priorities.			

Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no specific implications arising from this report.
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?***	Not applicable at this stage.
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 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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The issues raised impact across a range of risks.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no specific implications arising from this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no specific implications arising from this report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	The issues raised impact across a range of risks.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential Committee (where relevant)***	Not applicable.
Next Steps: ***Implementation of recommendations*** Not applicable to this report.	

Report of Chair to Betsi Cadwaladr University Health Board
25 January 2024

Some of the work I have undertaken since my report to the November Board is summarised below.

Appointments
We are currently in the process of appointing Independent Members in order to establish the Board at its full capacity. I hope this will be the position in March which will, in turn, provide us with an opportunity to review some of our governance and membership of committees. Some key Executive posts, such as Director of Corporate Governance and Director of Workforce are also due to be filled and will create further stability and cohesion for us as a Health Board. All this will strengthen our position and enable us to get a greater focus on some of the key areas for improvement.

Working with others
I continue to meet with the Minister for Health and Social Services on a monthly basis. The Chief Executive and myself also meet with the region's MSs and MPs on a regular basis. The First Minister, Mark Drakeford, recently met Carol CEO, Gareth Vice-Chair, Elin Chief of Staff and myself in Wrexham where we discussed our progress and had an opportunity to show the First Minister the facilities and the work undertaken at Heddfan on the Maelor site. The Regional Partnership Board continues to be a focus for updating some local government and third sector colleagues on our work and specific projects (e.g. The Royal Alexandra Hospital or Penrhos) give an opportunity for us to draw partners together to deliver facilities for the future and improved health and well-being outcomes for our population. This is undoubtedly the time for us to work closer with an array of organisations, not only due to the challenging financial context, but also to ensure a comprehensive approach to health and social care which will lead to the best possible provision for the future.

Winter pressures
Many of our services have been under extreme pressure over recent weeks, due to a combination of circumstances. Staff have gone the extra mile once more and we are grateful for all their efforts, many changing their work patterns or volunteering to do extra shifts in order to meet the increased demand and share the burden that exists at times. A heartfelt thanks to all staff from the Board of Betsi Cadwaladr.

A new approach
The next few weeks and months will see a different approach from us as a Board. We will discuss patient concerns at this Board and future meetings signalling an intention to hear concerns directly and openly with an intention to listen, understand and acknowledge the learning that will help us improve as an organisation. My hope is that this change in approach will also signal our ambition to highlight quality and standards in everything we do in the space of patient interaction – clinical and otherwise. Similarly we are embarking on a series of public conversations across the region, which will be an excellent opportunity to listen of the concerns and the ambitions of the public together with community and third sector groups. This again can be a valuable resource in our aim to be a learning organisation that strives for continual improvement.

Below is a summary of some of my meetings and visits for the period up to 12 January 2024

Date	Meeting / Visit
20 November 2023	Meeting with Welsh Government at Llandudno Junction
21 November 2023	All Wales Chairs Group
21 November 2023	Meeting re Porthi Dre, Caernarfon
21 November 2023	Meeting in Tywyn with Hospital Campaign Group and Llais
23 November 2023	Health and Social Care Committee in Cardiff
23 November 2023	Monthly meeting with Minister for Health and Social Services in Cardiff
24 November 2023	Public Leaders Forum
24 November 2023	Visit to Waunfawr Surgery with Sian Gwenllian MS
27 November 2023	Financial Oversight Group
27 November 2023	Audit Wales
30 November 2023	Health Board
30 November 2023	Meet with Graduate Scheme members
1 December 2023	Board Development Session - Developing High Quality Cultures
4 December 2023	Stakeholder Reference Group
5 December 2023	Attended Llais Planning and Priority Feedback session in Rhos on Sea
5 December 2023	Financial Oversight Group
6 December 2023	Day of visits to wards at Ysbyty Gwynedd
7 December 2023	Cyngor Gwynedd Full Council meeting
8 December 2023	Regional Partnership Board
11 December 2023	Meeting with Welsh Government
11 December 2023	Canolfan Lleu Dyffryn Nantlle Project Board
13 December 2023	NHS Chairs meeting with Minister for Health and Social Services
14 December 2023	Audit Wales
18 December 2023	Monthly meeting with Minister for Health and Social Services
18 December 2023	HSE hearing, Llandudno Magistrates Court
18 December 2023	Carol service at Ysbyty Gwynedd
19 December 2023	Radio Ysbyty Gwynedd
20 December 2023	Visit to Maelor Academic Unit of Medical & Surgical Sciences (MAUMSS), Wrexham
20 December 2023	Visit to Health Improvement Team, Wrexham
21 December 2023	Board Development Day
22 December 2023	Interviews for Director Of Corporate Governance, Mold
24 December 2023	Carol singing at Ysbyty Eryri with Chaplain Wynne Roberts
25 December 2023	Christmas day visit to ward at Ysbyty Gwynedd with Chaplain Wynne Roberts
5 January 2024	Meeting with First Minister, Mark Drakeford MS, Wrexham Maelor
8 January 2024	Meeting with Government Independent Advisers
8 January 2024	Public meeting, Betws-y-Coed re GP surgery
9 January 2024	All Wales Chairs Meeting
9 January 2024	Round Table discussion re Royal Alexandra Hospital, Rhyl
10 January 2024	Meeting of Penrhos Programme Board

10 January 2024	Dinner and discussion with Vice Chancellor and Chair of Council, Bangor University
11 January 2024	Meeting re Primary Care with Welsh Government officials
12 January 2024	Regional Partnership Board
12 January 2024	People Committee

Teitl adroddiad: ***Report title:***	Chief Executive Report			
Adrodd i: ***Report to:***	BCUHB Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of November to 17th January 2024 Some of the content is further expanded in other reports on the Board agenda. The report outlines some of the key engagement activities undertaken both within the Health Board and more broadly with partners and the public.			
Argymhellion: ***Recommendations:***	The Board is asked to **DISCUSS** and **NOTE** the report.			
Arweinydd Gweithredol: ***Executive Lead:***	Chief Executive			
Awdur yr Adroddiad: ***Report Author:***	Chief Executive			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Relates to all objectives			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***				
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?***	N/A			

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?***	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) ***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* ***Financial implications as a result of implementing the recommendations***	No recommendation results in a financial decision or implication
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	No recommendation results in a workforce decision or implication
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	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)***	N/A
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** There are a range of actions that will continue related to the content of the report. ***Implementation of recommendations*** Recommendations are to discuss and note.	
Rhestr o Atodiadau:	

Introduction

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of November to 17th January 2024. Some of the content is further expanded in other reports on the Board agenda.

Visits/Events

- **Seasonal celebrations -** Whilst for this reporting period there have been fewer service visits, the seasonal activities were in full flow and several Board members participated on the programme of events across the Health Board. Personally, it was a delight to join colleagues and members of the community at a music service at Ysbyty Gwynedd and then at Ysbyty Glan Clwyd. It was clear that the effort taken, particularly by the Chaplaincy Team, was truly appreciated by staff, patients and people from our communities.

- **Maelor Academic Medical and Surgical Research** – A visit took place to meet the Research Centre leads to learn more about the work of the Research Unit. The facilities and research portfolio is highly impressive and presents a significant opportunity both to develop new knowledge and practice and in supporting healthcare professionals. Enabling Board Members to learn of the full range of work taking place can be arranged and there is potential future reports on the developments.

Service matters

There are a number of key areas to draw to the attention of the Board including:

- Following the approval of the **Winter Resilience** Plan at the November Board, the deployment of the plan has been underway. Significant pressures have been experienced following Christmas and into the new year, with particular pressures resulting in the highest level of internal escalation and action.

- **Industrial Action** has been taken by junior doctors in relation to their pay. The 72 hour strike took place 15th – 18th January with significant planning taking place in the weeks preceding. Whilst the learning and reflection session feedback is awaited, the planning that took place to manage services appears to have run smoothly. There is potential for further strike action by junior doctors and more widely by other groups, e.g. Consultants, who are due to be balloted.

- The Health Board has been prosecuted by the Health and Safety Executive in relation to failing to provide a safe environment in one of its mental health units in 2020. The Health Board pleaded guilty, outlined the significant action taken since the incident and the commitment to implementing further work. A further, sincere apology for the failings was extended to the family of the patient who tragically died. There is absolute determination to ensure that learning continues to be driven forward.

Planning for 2024 - 27

- The Health Board has now received the NHS Wales Planning Guidance 2024-27 from the Welsh Government, along with the budget outline for 2024/25. Active work is underway in progressing the development of the 3 year integrated plan. The timeline for development and approval of the plan for submission to Welsh Government is end of March 2024, and therefore the Board will be asked to consider the whole plan at the March 2024 Board meeting. It is anticipated that the Stakeholder Reference Group and the Healthcare Professionals Forum will actively contribute to the Plan and the opportunity for a discussion at the Local Partnership Forum will also be arranged.

Working with Partners

- A meeting has been held with the Vice Chancellor and the Chair of Council at Bangor University to discuss the strategic partnership between our respective organisations. Significant progress is being made with the North Wales Medical School, with the ambition regarding developments in Pharmacy and Dental programmes gathering momentum. There is further potential to undertake joint working in a wider range of areas and mechanisms to further scope these will take place in the coming weeks.
- A further round table has been held regarding joint work on the proposal for the Royal Alex Hospital. It is anticipated that a revised case will be presented to the Board for consideration in the coming months.

Senior Staff Changes

- Teresa Owen, Executive Director of Public Health has stepped down from that role for personal reasons. Teresa is very well known in North Wales and has been a highly valued member of the Board over many years and contributed significantly to partnerships across North Wales. Teresa however will be staying with the Health Board, supporting the further improvement and strategic changes in Mental Health services.
- Adele Gittoes, Interim Executive Director of Operations will complete her secondment with the Health Board at the end of March 2024. Due to annual leave, the January Board meeting will be Adele's last, and therefore thanks are extended to Adele for her work with us.
- The recruitment process for the Director of Corporate Governance is in its final stages and further announcement may be possible in the coming days. This is a key role for the Board and will continue the improvement work already underway.

Conclusion

The report intends to give an overview of key activities undertaken by the Chief Executive as well as important matters to draw attention to which may or may not be subject of other more detailed reports. Feedback on the report is welcome.

Teitl yr adroddiad: ***Report title:***	Vice-Chair's Report			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	This report provides information on key issues within the organisation and external work with Government and other partners • Meetings with Elected Representatives • Appointments • Details of visits and meetings			
Argymhellion: ***Recommendations:***	That the Board notes the content of the report and raises any questions			
Arweinydd Gweithredol: ***Executive Lead:***	Vice-Chair			
Awdur yr Adroddiad: ***Report Author:***	Vice-Chair			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Ar gyfer sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Meetings cover a range of strategic priorities.			

Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no specific implications arising from this report.
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?***	Not applicable at this stage.
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 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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The issues raised impact across a range of risks.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no specific implications arising from this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no specific implications arising from this report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	The issues raised impact across a range of risks.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential Committee (where relevant)***	Not applicable.
Next Steps: ***Implementation of recommendations*** Not applicable to this report.	

Report of the Vice-Chair to the Betsi Cadwaladr University Health Board
25 January 2024

Since taking up the post of Vice-Chair in early November, I have been on a steep learning curve. The Vice-Chair has particular responsibility for Mental Health and Primary Care, as well as deputising when necessary for the Chair and fulfilling the 'normal' role of an Independent Member. In the latter capacity, I have agreed with the Chair that I should continue to serve as Chair of the Performance, Finance and Information Governance (PFIG) Committee and become a member of the Planning, Population Health and Partnerships (PPHP) Committee.

Mental Health and Learning Disability (MHLD)
My early priority as Vice-Chair was to start to familiarise myself with the work of MHLD. I have regular fortnightly meetings with Teresa Owen as Executive Director for MHLD, and have been undertaking a series of visits to MHLD facilities, notably:

- Hergest Unit (Adult in-patient wards at Ysbyty Gwynedd)
- Ablett Unit (Adult and older-person wards at Ysbyty Glan Clwyd)
- Bryn y Neuadd (Learning Disabled in-patient facility in Llanfairfechan)
- Bryn Hesketh (Specialist Unit for early-onset dementia in Colwyn Bay)
- Hafod Community Mental Health Team (covering North Denbighshire)

I also joined the Chair and Chief Executive on a brief visit with the First Minister to the Heddfan Unit (Ysbyty Wrexham Maelor): I expect to follow this up with a longer visit in the next two weeks. I have also had introductory meetings with Iain Wilkie (Director, MHLD), Dr.Dawn Henderson and Dr.Jean Ruddle (Clinical Psychology), Matt Downton (Welsh Government, Mental Health) and Ros Alstead (Special Measures Adviser on Mental Health).

As Vice-Chair I will be chairing the Mental Health Legislation Committee which is meeting for the first time in a year on 11 January. I will also be chairing the Together for Mental Health Partnership Board (which operates under the Regional Partnership Board) which will meet on 19 January: in preparation for this, I met with Alwyn Rhys Jones (Chief Officer Social Care, Wrexham CBC) who has been acting as Chair since the resignation of my predecessor, Adele Baguely from the Regional Collaboration Team and colleagues in mid December.

My main impressions and concerns thus far are:

- Front-line managers and staff are overwhelmingly committed to their work and in general terms, there seems considerable stability in the workforce, despite issues with vacancies: this is the more striking given the fairly consistent negative coverage in the media
- There are considerable issues with the estate, with buildings which are almost always sub-optimal (Heddfan being an exception) and often worse. I am convinced we could and should be much more proactive in managing our whole estate so as to realise assets and generate capital to supplement the very limited capital budgets that we can access.
- The resources available to community health teams are insufficient to the demand which has increased significantly since the pandemic. Despite the teams' efforts to prioritise based on an initial triage, we are carrying significant risk in respect of individuals waiting for assessment and/or treatment. These problems have been compounded by relatively recent withdrawal of local authorities' staff who were previously co-located with our teams.
- There is a fairly common concern that - while the care in our acute units is generally of a high standard – there is insufficient access to support from psychologists and other Allied Health Professionals.
- As is more generally the case, the lack of appropriate social care places is an issue in terms of managing the flow into and through our acute units. An extreme example is in the East, where there are no longer any EMI social care beds in Wrexham and Flintshire.

Children and Adolescents' Mental Health Services (CAMHS)
Unlike services for adults and for older people, CAMHS is delivered through the IHCs. I have not yet had the opportunity to visit the CAMHS teams and this is a high priority for the next two months.

Primary (and Community) Care
I am still very much in the early stages of familiarising myself with the primary care landscape. I have had a number of meetings with the Wales-wide Strategic Programme for Primary Care team (Alan Lawrie and Sue Morgan) and joined a meeting convened by Alan Lawrie and Adele Gittoes and involving all three Associate Directors from the IHCs to discuss progress on responding to this agenda in BCU. The issues which seem to me the most important to focus on at the moment are:

- How we most effectively respond to/develop the ambitious model of Advanced Clusters
- Articulating a clear alternative approach to the Urgent Primary Care Centre model which does not seem well suited to rural areas
- Developing and implementing a coherent approach to managed GP practices
- Considering what part our community hospitals and Minor Incident Units could play in providing immediate access to primary care closer to home, particularly in evenings and at weekends, and the relationship between this and GP Out of Hours services.

General Introductory Meetings
I have also had a range of introductory (as Vice-Chair!) meetings, including with all three IHC Directors and all Executive Directors. I have also had meetings with Darren Hughes and Nesta Lloyd-Jones from the Welsh NHS Confederation

Vice-Chair Network
Finally, I have participated in the Vice-Chair Network, convened by the Welsh NHS Confederation and had introductory one-to-one meetings with a number of individual members. The Network meets monthly and holds regular meetings with Ministers: I attended the meeting on 12 January.

Gareth S. Williams *12 January 2024*
Vice-Chair

Teitl adroddiad: ***Report title:***	Special Measures Update			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to provide an update on Special Measures, outlining progress to date and the plans to transition into our IMTP and annual planning process for FY24-27			
Argymhellion: ***Recommendations:***	The Board is asked to: 1) **RECEIVE ASSURANCE** on the progress made in the second 90-day cycle, acknowledging the areas of challenge 2) **APPROVE** the items of change control listed in the paper 3) **NOTE** the plans for integrating Special Measures into the 3 year planning process.			
Arweinydd Gweithredol: ***Executive Lead:***	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: ***Report Author:***	Geraint Parry, Special Measures Programme			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	To support Special Measures
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not applicable
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?***	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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: ***Next Steps:***	Implementation of recommendations
Rhestr o Atodiadau: ***List of Appendices:***	Appendix 1: Change Control Requests

HEALTH BOARD 25 January 2024

Special Measures Update

▪ Introduction

This report presents a summary of the progress to date, including a summary of the second 90-day cycle (September to November 2023) and some of the early progress in Cycle 3 (December 2023 to February 2024). It also includes some items that require approval through the agreed change control process as well as detail on plans to transition Special Measures into the 3 year planning process.

▪ Cycle 2 Closure

The following table represents the position as at 9th January in relation to Cycle 2 milestones, with 83 milestones (66%) completed. It is worth noting that a number of the milestones were delayed due to issues outside of the Health Board's control, for example those relating to the Planning Review report. The remainder were carried forward into Cycle 3. These continue to be tracked alongside new Cycle 3 milestones and will be referred to as overdue Cycle 2 milestones.

As a Health Board the approach has been to be "ambitious but realistic" and the overall outcome for Cycle 2 reflects this. A formal closure report for Cycle 2 is being finalised at the time of writing, which will include detailed updates across each of the milestones and outline revised dates and mitigations for the overdue Cycle 2 milestones.

Outcome	Completed Deliverables	Overdue	Total
Outcome 1: A well-functioning Board	15	4	19
Outcome 2: A clear, deliverable plan for 2023/24	15	9	24
Outcome 3: Stronger leadership and engagement	12	9	21
Outcome 4: Improved access, outcomes and experience for citizens	28	17	45
Outcome 5: A learning and self-improving organisation	13	4	17
Overall	**83**	**43**	**126**

Initial Cycle 3 progress

With Cycle 3 starting in December and the recent Christmas period, only a relatively small number of milestones were scheduled for completion by the time of preparing this report. Those milestones which have already completed include interviews for the post of Director of Governance, and good progress has been made within Mental Health with delivery of early Cycle 3 milestones.

Good progress is also being made with regards to Phase 2 of the Corporate Governance arrangements in readiness to present to the January Board, with Committee chairs and Executive leads meeting with colleagues from the Office of the Board Secretary to agree arrangements. The Risk Management Group also approved the risk management procedures in principle during December, subject to the conclusion of a formal consultation exercise. This consultation has now concluded and will undergo further executive scrutiny before being presented to Audit committee for ratification in due course. As part of the Learning Organisation Framework, having a single location to store all learning material centrally and facilitate appropriate sharing with other areas of the organisation is critical and progress has been made during December to develop the initial prototype. Furthermore, work to improve and strengthen how we prepare for Inquests has been completed and approved by the Executive Team.

Within our clinical services, progress continues in relation to the Orthopaedic improvement plan with activity levels steadily increasing from Mid-November onwards. There is however further work required in order to fully deliver the agreed trajectories and industrial action during January may impact activity in this area.

In those specialties that had been recognised as being fragile:

- a review of Oncology services has taken place at the Executive Team. Clear improvements in stability can be seen and consideration is now being given to how Oncology could be de-escalated from being a 'fragile' service within the Special Measures framework.

- within Vascular a full stocktake of the current Vascular Improvement Plan has been undertaken and shared with the Vascular Steering Group (VSG). In addition work has taken place with Improvement Team colleagues to develop a benefits realisation plan, all of which is on track for approval by the VSG in February 2024.

- a bundle of vascular pathways have been submitted to the Clinical Effectiveness Group (CEG) for approval with work already underway on further pathways.

Work is progressing on an Organisational Development (OD) plan and arrangements are now in place for an OD steering group, with the first meeting scheduled for the 5th February. This marks an important development and the group, chaired by the CEO, will be responsible for the co-production of the organisational wide plan with all relevant stakeholders.

The organisation has also now received the independent report around partnerships, engagement and communication, and plans are being developed to bring this to a discussion with Board members.

▪ Independent Reviews

An updated summary of the ten independent reviews commissioned by Welsh Government and their status is provided in the table below. The plan is to have completed all ten reviews and taken them along with an associated management response through the relevant Board Sub Committees, and Board, by the end of the financial year. This will mean that all the necessary discovery work across all of the Special Measures areas of concern will have concluded prior to the transition into the IMTP and annual planning process.

Independent Review	Review complete	BCU received report	Report presented to Committee Development session	Management response presented to Formal Committee	Report and management response published via Board
1) Mental Health Inpatient Safety					
2) Patient Safety					
3) Interims					
4) Office of Board Secretary					
5) Exec Portfolio			N/A[1]		
6) Vascular (part 1)				Due Feb 2024	Due Mar 2024
7) Contract Procurement Management		Draft Received[2]			
8) Planning		Awaited (overdue)[3]			
9) Stocktake Review of previous Mental Health reviews		Due Jan 2024[4]			
10) Quality governance systems	Quality Roundtable held in November and plans developing[5]				

[1] The Exec Portfolio Review will inform wider work that the CEO is leading on as a result of being appointed and will not be brought through sub committees

[2] A draft report has been received and a process of accuracy checking is underway with both Health and WG colleagues. This is expected to conclude during January after which the final report is expected.

[3] This report was originally expected by October 2023. We understand that the report is currently undergoing revisions following discussions with WG colleagues and have been advised that a draft copy may be received by the Health Board during January 2024.

[4] The initial expectation was that this review would conclude in December/January. WG have advised that they were expecting the first draft by the end of December, with copies to follow to BCU in January/February.

[5] Following discussions with Welsh Government plans are being enacted for the development of a Quality Management System

Progress is underway in delivering the actions outlined within management responses for each of the reviews received.

A thematic based approach has also been agreed in terms of bringing together the findings of the reviews in order to address the real root causes of the issues. This is being overseen via the appropriate Executive Led Delivery Group or equivalent governance. It will ensure that learning and change occurs across the wider organisation and not just within the area that was reviewed, whilst simultaneously ensuring all individual findings are still addressed within the separate reviews. From the reviews received so far, the following 7 themes have been identified:

Themes from reviews received to date
1. Data, Intelligence & Insight Ensuring that there is an organisation wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This will be a key enabler for sustainable improvement as well as supporting identification of future potential services of concern.
2. Culture Defining, engaging and committing to the long-term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.
3. Risk Management Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.
4. Patient, Family, Carer Involvement A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement.
5. Operating model Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.
6. Organisation Governance and compliance Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.
7. Integrated Planning A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.

▪ Transition to the 3 Year Planning Process

Preparation for the financial year 2024/25 and beyond is well underway with an expectation that the Special Measures plan will closely align with the Health Board 2024-27 Plan. Given that there will be considerable overlap between the requirements for improvement outlined within Special Measures and the priorities we would wish to include in the 2024-27 Plan, this will allows a more streamlined and efficient planning and oversight approach within the Health Board going forwards. For example it is envisaged that our monitoring and reporting against the contents of our annual plan, and the contents of the special measures plan, will be able to be combined into a single, more informative, periodic committee and Board report.

▪ Change Control

As part of the Special Measures governance arrangements any proposed changes require approval through a change control process. This is approved through the Special Measures Senior Responsible Officer (SRO) before submission to the Board for final approval.

A full list of Change Control Requests that were approved can be found in Appendix 1, where further explanatory notes are included.

▪ Conclusion

The Organisation has made significant strides across each of the five Special Measures outcome areas during the first two Special Measures 90-day cycles though recognises that there remains much to do. Much of the work to date has provided the foundations upon which further success can be built and ensures that the right conditions are in place for changes to embed and be sustained.

The remaining Independent Reviews are expected to report during the final quarter of this financial year which will the mark the culmination of a period of broad discovery work. Early delivery against the findings from early Reviews is already visible, and the completion of the discovery phase will allow a greater onward focus upon design of, and ultimately delivery of, change resulting in further improvements.

The Board is asked to:

1) **RECEIVE ASSURANCE** on the progress made in the second 90-day cycle, acknowledging the areas of challenge
2) **APPROVE** the items of change control listed in the paper
3) **NOTE** the plans for integrating Special Measures into the 3 year planning process.

▪ Appendix 1: Change Control

Summary of Changes

Introduction

Any changes requested in relation to a Special Measures Deliverable or Milestone are required to go through a change control process and these changes are governed by a Standard Operating Procedure (SOP). The Senior Responsible Officer (SRO) decides whether any changes can be implemented '***at risk***' in the interim (in order to prevent any operational delays) before being presented to the Board for consideration of final endorsement.

Change Log

The following table summarises the changes that have been approved by the SRO for interim implementation since the Change Log was last presented to Board.

Reference no: 20	
Change Proposed	Change of wording of milestone 1.4.4. regarding new Board Development Programme, from "*agreed by Board*" to "*agreed by Chair of the Board*".
Rationale for Change	The Chair outlined the importance of protecting scarce Board meeting time and that following appropriate consultation with members regarding content that as Chair he was able to approve on behalf of the Board.
Original Milestone	Phase 1 of the New Board development programme agreed by Board Members.
Revised Milestone (approved by SRO)	Phase 1 of the New Board development programme agreed by the Chair of the Board.

Reference no: 21	
Change Proposed	Change of wording for milestone 1.3.4. regarding new Board Induction Programme, from "*agreed by Board*" to "*agreed by Chair of the Board*"
Rationale for Change	The Chair outlined the importance of protecting scarce Board meeting time and that following appropriate consultation with members regarding content that as Chair he was able to approve on behalf of the Board.
Original Milestone	New Board induction programme for IMs agreed by Board Members
Revised Milestone (approved by SRO)	New Board induction programme for IMs agreed by Chair of the Board

Reference no: 22	
Change Proposed	Change of wording for milestone 1.8.3 from "*permanent OBS structure*" to "*interim OBS structure*"
Rationale for Change	Developing the proposal for the permanent structure requires the Director of Corporate Governance in post. This milestone had been unintentionally labelled as permanent.
Original Milestone	Proposal on permanent OBS structure [received]
Revised Milestone (approved by SRO)	Proposal on interim OBS structure [received]

Reference no: 23	
Change Proposed	Changed scope regarding milestone 1.9.3.
Rationale for Change	A revised approach is now being taken which involves adding a step within this process requiring each Executive to prioritise policies for review, with the actual approvals commencing from March 2024 onwards. This represents a more realistic scope within this cycle.
Original Milestone	1.9.3 First tranche of new or revised priority policies presented to Executive Team for approval (This is an extensive programme of policy reviews that will need an 18-month programme)
Revised Milestone (approved by SRO)	1.9.3 A stock-take of all policies will be undertaken and Exec Team members asked to prioritise the review of policies that they are responsible for by end of January 2024

Reference no: 24	
Change Proposed	Proposal to retire milestone 3.1.6 relating to the need for the Remuneration Committee to agree how to progress the Executive Portfolio Review recommendations.
Rationale for Change	The Chair outlined this was for the now substantive CEO to take forward and bring proposals to the Board in due course and this is included within Cycle 3 milestones (1.11.2)
Milestone to be retired (approved by SRO)	Agreement of how to progress Exec Portfolio review recommendations reached with Remuneration Committee.

Reference no: 25	
Change Proposed	Change the Executive Lead for Executive team recruitment from Director of Governance to Deputy Director of Workforce and OD for Milestone 1.7.10
Rationale for Change	This milestone (along with milestone 1.7.8 around CEO recruitment) had been incorporated into a broader deliverable around Board recruitment and had inadvertently led to the wrong responsible officer being assigned to this milestone.
Relates to Milestone	1.7.10 "Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)"

Reference no: 27	
Change Proposed	Strengthen the wording of milestone 2.2.8 regarding Recurrent Investment Group Assurance (Phase 2 RIGA review) and retire Cycle 3 milestone 2.2.10 which is a duplication of 2.2.8, created in error.
Rationale for Change	The wording of milestone 2.2.8 requires clarification so that it is clear the scope relates to the Phase 2 £42m budget. In addition, cycle 3 milestone 2.2.10 was created in error as it duplicates 2.2.8. Therefore milestone 2.2.10 requires deletion.
Original Milestone	2.2.8 Recurrent Investment Group Assurance (RIGA) review completed on new investments budgeted in 2023/24 plans
Revised Milestone (approved by SRO)	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.
Milestone for deletion (approved by SRO)	2.2.10 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1

Reference no: 29	
Change Proposed	Change number of IMs from 3 to 4 in milestone regarding permanent IM recruitment.
Rationale for Change	There is an additional Independent Member vacancy following the appointment of an existing IM as Vice Chair.
Relates to Milestone	1.11.1 3x Permanent IMs recruitment: Interview dates set (WG lead this activity – Board Secretary will link in for feedback on progress)
Milestone for deletion (approved by SRO)	1.11.1 4x Permanent IMs recruitment: Interview dates set (WG lead this activity – Board Secretary will link in for feedback on progress)

NOTE: Change control items 26 and 28 are not listed above as they were draft change controls that were later superseded by items listed above.

Teitl adroddiad: ***Report title:***	**Corporate Governance Report**			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	• Committee Corporate Governance arrangements • Corporate Risk Register • Board Assurance Framework • Chair's Actions			
Argymhellion: ***Recommendations:***	The Board is asked to • Approve the Terms of Reference for the Committees and Advisory Groups of the Health Board and note the work on developing Committee cycles of business • Note and consider the Corporate Risk Register • Note and consider the Board Assurance Framework • Note and ratify the Chair's Actions taken since the last Health Board.			
Arweinydd Gweithredol: ***Executive Lead:***	Phil Meakin – Acting Board Secretary			
Awdur yr Adroddiad: ***Report Author:***	Phil Meakin – Acting Board Secretary Support from Nesta Collingridge – Head of Risk Management Laura Jones – Special Measures Project Support Manager Philippa Peake-Jones – Head of Corporate Affairs Diane Davies -Corporate Governance Manager			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Health Board is required to act according to its Standing Orders in relation to Corporate Governance. This report contains information to allow the Health Board to confirm to this.			

	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks.
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? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	This paper incudes consideration of Corporate Risks and Board Assurance Risks and the details of these are included in Appendix 3 of this report. Link to CRR 24-16 "Leadership/Special Measures"
Goblygiadau ariannol o ganlyniad i roi'r ***argymhellion ar waith*** ***Financial implications as a result of implementing the recommendations***	Not directly but strong and effective Governance supports good decision making on Health Board business, including finance.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not directly but strong and effective Governance supports good decision making on Health Board business, including workforce. The development of a People and Culture Committee gives increased Governance attention to workforce matters
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Information has been considered at Audit Committee - September 2023, November 2023 and January 2024 Board – September 2023 and November 2024 Risk Management Group - December 2024
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Link to BAF SP16 - Board Leadership and Governance
Camau Nesaf: Gweithredu argymhellion ***Next Steps:*** 1. If the Board approves the Terms of Reference of the Committees of the Health Board these will be published and received at the Committees and Advisory Groups of the Health Board with consecutive Version numbers where Committees have already been established 2. Continued management and recording of Corporate Risks and Board Assurance Risks	
Rhestr o Atodiadau: ***List of Appendices:*** ***Appendix 1 – Terms of Reference for Board Committees and Advisory Groups*** ***Appendix 2 – Cycles of Business for Board Committees and Advisory Groups*** ***Appendix 3 – Risk Management Report (Risk Appetite, Board Assurance, Corporate Risks)***	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Board Corporate Governance Report – January 2023

1. INTRODUCTION

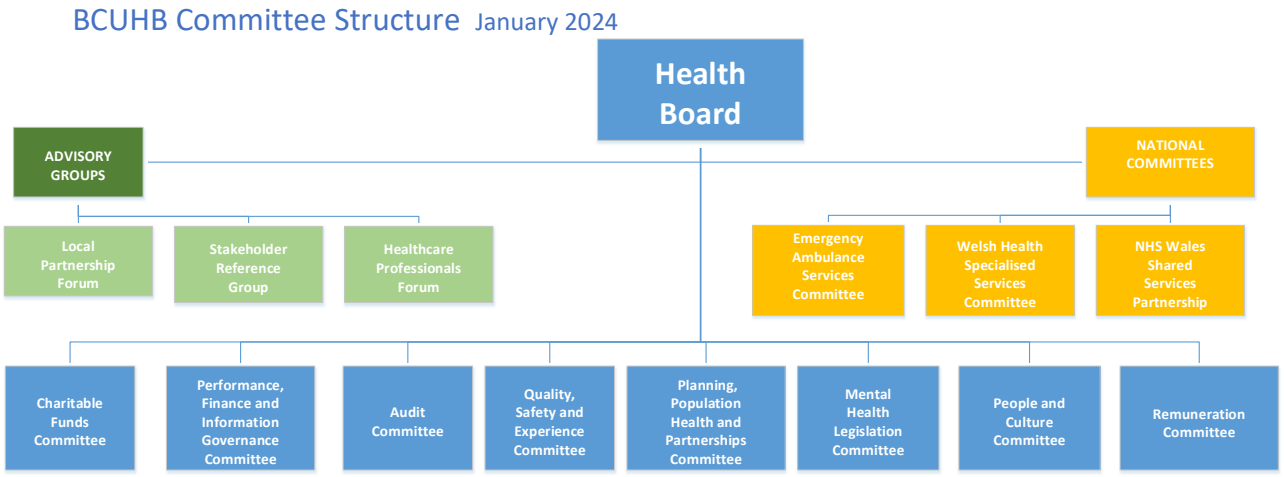
The purpose of this report is to provide the Board with an update, and where appropriate seek approval, on key Corporate Governance matters in relation to

- Committee Governance (Terms of Reference, Cycle of Business and Corporate Calendar) arrangements for the Health Board
- The Corporate Risk Register
- The Board Assurance Framework
- Chair's Action since the last Board meeting

2. CORPORATE GOVERNANCE ARRANGEMENTS

In November 2023, the Board was provided with an update on Committee and Advisory Group Governance that indicated, subject to the successful appointment of Independent Members to the Board that the Committees and Advisory Groups of the Health Board are now able to be fully established. Figure 1 below outlines the Committees and Advisory Groups the Board agreed on 28 September 2023 with subsequent amended titles.

Figure 1 – The Committees and Advisory Groups of the Health Board



Following the sharing of draft Terms of Reference, Cycles of Business, a Corporate Calendar and a Corporate Governance Standard Operating Procedure for all the proposed Committees, further discussions have taken place to draw up *final* Drafts of Terms of Reference for all Committees and Advisory Groups for the Board to consider for approval. In addition, the Corporate Calendar for the

remainder of 2023/24 and 2024/25 has been shared with Board Members, noting that the Corporate Calendars are subject to amendments.

The Audit Committee received a report on the 12 January 2024 setting out the detailed process undertaken to develop these Terms of Reference and Cycles of Business. The Audit Committee commended the work undertaken and was assured by the work that has been undertaken.

Key progress has now been made in relation to establishing/re-establishing three further Committees. Introductory/Inaugural Committee meetings have been held, enabling valuable discussion regarding the forward work programme, based on key Committee priorities. The Committees include:

1. Mental Health Legislation Committee
2. People and Culture Committee
3. Planning, Population Health and Partnerships Committee

The Board should also note that the review of the Terms of Reference has led to suggested name changes to two of the Committees.

1. The "People Committee" to become the "People and Culture Committee"
2. The "Mental Health Act Capacity and Compliance Committee" proposed to become the "Mental Health Legislation Committee"

and the Performance, Finance and Information Governance Committee retains oversight of Information Governance instead of moving to Audit Committee as previously suggested.

The newly established Committees have agreed to establish development/briefing sessions during February and March 2024 in order to rapidly establish a strong understanding of the key issues and baseline position.

The final Draft Terms of Reference are attached in Appendix 1 for approval, with final Draft Cycles of Business attached in Appendix 2 for noting.

3. CORPORATE RISK REGISTER and BOARD ASSURANCE FRAMEWORK

The Board approved the Risk Management Framework in September 2023. This is now being implemented and this report provides an update in relation progress including:

- The Corporate Risk Management Team has focused on reviewing the Risk Management Procedures which will be shared in due course as a final draft for Executives and Board Members.
- Monitoring performance of risk management is underway and two quarterly reports have been produced thus far, detailing and driving improvements required by the organisation as well as outlining positive practice, such as responsive closure rates of lower scored risks.
- There will be a continued focus on risk management performance as compliance with the Framework and procedures is embedded and monitored; with a view to developing a dashboard for ease of metric monitoring and insights.

- Risk Management Training has been revised to reflect the Framework. The Training Plan details four levels of training respective of staff need, dependent on their responsibility of risk management across the organisation. All four levels of training are concurrently being developed and videos are being produced where training is not face to face. It is anticipated that the new training programme will commence from February 2024.
- The consolidation of risks has taken place, with greater emphasis on a more strategic view of key risks. Whilst progress is being made, work is remains for the development of seven corporate risks and specifically the maturity of some action plans.
- Next stages of implementation will focus on strengthening the leadership and oversight of risk management at the Executive Team level, as well as the function and role of the Risk Management Group.

Key Corporate Risks

What Is a Corporate Risk?

A corporate risk register is a repository used by services and corporate functions to record significant risks that could impact the strategic objectives and operations of the Health Board. The register provides a comprehensive overview of the key risks facing the organisation. It is a pivotal tool to help proactively strengthen risk oversight and management.

There are 17 consolidated Corporate Risks. Nine of the those have been developed that are in this report (1 in the private part of the Board Agenda). Of those nine risks the following have been assessed as having a risk score of 20 or over and are highlighted for the Board below. The full details of these risks are highlighted in Appendix 3 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

Failure to Embed Learning (risk score 20) – Risk of failing to learn from incidents, complaints, mortality reviews etc due to lack of unified processes, resources, and outdated IT systems. This could lead to patient harm going undetected, non-compliance, and reputational damage.

Patient Safety – Falls (risk score 20) – Risk of patient falls and harm in secondary care sites due to factors like staffing levels, premises layout, and training compliance. This could lead to poorer outcomes, litigation, and reputational damage.

Financial Sustainability (risk score 20) – Risk of failing to achieve the £134.2m deficit 2023/24 plan due to not delivering the £38.7m target for financial improvement. This could increase the deficit.

Availability and Integrity of Patient Information (risk score 20) – Risk of patient harm due to lack of a joined up digital health record leading to issues like missed handovers. This could lead to patient deaths and harm.

Population Health (risk score 20) – Risk that there is a failure to improve the health of the population due to a lack of sustainable services and financial constraints.

Eight out of the seventeen corporate risks remain in development by leads:

- Urgent and Emergency Care,
- Sustainability of Sites,
- Community and Primary Care Provision,
- Timely Diagnostics,
- Harm from Equipment and Medical Devices,
- Health & Safety,
- Areas of Clinical Concern and
- Planned Care

The Corporate Risk Register is underpinned by key operational risks. The main gaps in controls relate to issues such as allocation of resources, reliance on manual processes, and lack of unified digital systems.

Key Board Assurance Framework Risks

What is a Board Assurance Risk? Comprises of high strategic risks that could prevent the Health Board from fulfilling its strategic objectives/priorities.

The Board Assurance Framework (BAF) sets out the principal risks to achieving the Health Board's priorities and objectives. The highest scoring risks relate to Quality, Innovation and Improvement, Cancer, and Digital. The Board will receive the Board Assurance Framework quarterly.

Quality, Innovation and Improvement (risk score of 20) strategic priority deliverables note a key risk of failing to strengthen governance and improve handling of incidents, complaints and embedding learning. This could lead to missed improvement opportunities, lack of family engagement, and undetected patient harm. Key gaps are lack of quality strategy, peer review structure, and consistent embedding of learning. The action plan is aligned to Limited Assurance (Falls/Lessons Learnt) Internal Audit reports and the Corporate Risk 'Failure to Embed Learning', however there are key actions and deliverables outlined within the Special Measures Response Plan.

Cancer (Risk score of 20), Digital (Risk score of 20), Population Health and Health Inequalities (Risk score of 16) and Women's Services (Risk score of 16) strategic priority deliverables all reference funding and resourcing constraints as the main gaps in reducing this risk and delivering on the strategic priorities set out by the Health Board.

Board Leadership and Governance (Risk score of 16)- Following special measures, actions are underway to strengthen governance, accountability, planning, and performance. However, progress is partially dependent on factors including public appointments. A reduced score of 12 is anticipated to be achieved by March 2024 to progress is made on Board and Executive appointments.

Further work is required in relation to the following Board Assurance Risks:
- Urgent and Emergency Care,
- Children's,
- Estates and Capital.

The Board is asked to note and consider the current risks presented in Appendix 3.

4. CHAIR'S ACTIONS & COMMON SEAL APPLICATIONS

The BCUHB common seal is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. A Register of Sealings that records the sealing of every document. The Board is asked to note that there have been 0 uses of the Common Seal since the last Board Meeting.

There were two Chair's Actions made since the last Health Board:

1. Welsh Government Funded Discretionary Capital Allocations

A Chair's Action meeting was convened on 28th December 2023 and was attended by Dyfed Edwards BCU Chair, Carol Shillabeer BCU Interim CEO and Independent Members: Karen Balmer, Prof Mike Larvin, Dyfed Jones, Caroline Turner and Urtha Felda. The Chair's Action meeting supported the recommendations to:

- Endorse the capital allocations presented in the paper supported at Executive Team on 20.12.23.
- Ratify and support the Patient Related Outcomes Measures platform provider through a mini-competitive tender and appointment of the preferred supplier.
- Support and approve the lowest tender value for the motor fleet insurance for all the Health Board's vehicles.

2. Approval of Pay Agreements during Industrial Action.

This Chair's action was taken on 29th December 2023 and relevant reports and information were communicated in advance to Dyfed Edwards BCU Chair, Nick Lyons, Executive Medical Director (and Deputy CEO) Independent Members : Dyfed Jones, Urtha Felda, Rhian Watcyn Jones. This followed a briefing to Independent Members present for the Chair's Action on 28th December 2023. The Chair's Action and associated communications supported the recommendation to:

- Approve the arrangements for Consultants and Speciality & Specialist Doctors to undertake additional work outside of their contractual arrangements during the period of industrial action from 7am on 15th January 2024. The Health Board arrangements are in keeping with general NHS Wales guidance received by health organisations.

Note and ratify the Chair's Actions taken since the last Health Board.

5. RECOMMENDATIONS

The Board is asked to:

- Approve the Terms of Reference for the Committees and Advisory Groups of the Health Board and note the work on developing Committee cycles of business
- Note and consider the Corporate Risk Register
- Note and consider the Board Assurance Framework
- Note and ratify the Chair's Actions taken since the last Health Board.

Appendix 3

Risk Management Jan 24

Risk Appetite
Board Assurance Framework
Corporate Risk Register

Risk Type	Risk Appetite	Risk Statement
Financial: How will we use our resources? ***In relation to investment and business cases***	*OPEN* 	*There was an agreed consensus on an '**open**' appetite to accept some financial risk in relation to investment allowing for innovation, however with robust and firm controls, balancing value for money with price not the overriding* factor.
Financial: How will we use our resources? ***In relation to financial control***	*CAUTIOUS* 	*There was an agreed consensus on an '**cautious**' appetite to accept less financial risk in relation to financial control, current budgets and spend, accepting less risk and the strong need to ensure value for money.*
Regulatory: How will we be perceived by our regulator?	*OPEN* 	*There was an agreed consensus supporting an '**open**' risk appetite to accept the possibility of some regulatory challenge as long as we can be reasonably confident, we would be able to challenge this successfully.*
Quality: How will we deliver safe services?	*OPEN* 	*There was willingness to be '**open**' and accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards, supporting innovation.*
Reputational: How will we be perceived by the public and our partners?	*SEEK* 	*There was an agreed consensus to '**seek**' some reputational risks and are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.*
People: How will we be perceived by the public and our partners?	*SEEK* 	*There was an agreed consensus to '**seek**' and we will pursue workforce innovation and are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognise that innovation is likely to be disruptive in the short term but with the possibilities of long-term gains.*

BOARD ASSURANCE FRAMEWORK RISKS

Risk **Strategic Priority P1 Prevention and Health Protection**

Strategic Priority P2 Primary Care

Risk **Strategic Priority P3 Planned Care** (In Development)

Risk **Strategic Priority P4 Urgent and Emergency Care** (In Development)

Risk **Strategic Priority P5 Cancer**

Strategic Priority P6 Mental Health

Strategic Priority P7 Substance Misuse

Strategic Priority P8 Learning Disability

Risk **Strategic Priority P9 Women's Services**

Risk **Strategic Priority P10 Children** (In Development)

Strategic Priority P11 Wider Delivery

Strategic Priority P12 Workforce

Risk **Strategic Priority P13 Digital, Data and Technology**

Risk **Strategic Priority P14 Estates and Capital** (In Development)

Strategic Priority P15 Partnerships

Risk **Strategic Priority P16 Board leadership and governance**

Strategic Priority P17 Organisational development

Risk **Strategic Priority P18 Quality, Innovation and Improvement**

Strategic Priority P19 Social and Civic leadership and responsibility

BAF Risk Heat Map

Impact							
	Catastrophic	5			• SP1 – Population Health and Health Inequalities	SP18 – Quality, Innovation and Improvement SP3 – Planned Care	
	Major	4			• SP12 – Workforce • SP17 - Organisational development	• SP9 – Women's Services • SP16 – Board Leadership & Governance	• SP5 – Cancer • SP13 – Digital, Data & Technology • SP10 – Children
	Moderate	3		• SP6 – Mental Health • SP8 – Learning Disabilities • SP19 – Social & Civic Leadership & Responsibility	• SP2 – Primary Care • SP15 – Partnerships		
	Minor	2		• SP7 – Substance Misuse			
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Possibility				

<table>
<tr><td rowspan="4">BAF

Prevention and Health Protection</td><td colspan="2">Executive: Executive Director of Public Health</td><td>Date Opened: March 2023 (Annual Operating Plan 23/24)</td></tr>
<tr><td colspan="2">Committee: PPPH (Quality, Safety and Experience Committee)</td><td>Date Last Reviewed: November 2023</td></tr>
<tr><td>Strategic Priority: SP1</td><td>Link to CRR: Population Health

Link to Tier 1's: 4200/4201/1642</td><td>Committee Review Date: 19/12/2023</td></tr>
<tr><td colspan="2"></td><td>Target Risk Date: 31 March 2024</td></tr>
<tr><td colspan="4">There is a risk that the Health Board fails to adequately plan for and deliver improvement of population health and reduce health inequalities. This may be caused by a lack of provision for sustainable services and targetted programmes of activity, and capacity, financial and resource constraints within the Health Board. This may contribute to poorer health outcomes and widening inequalities alongside increasing demand on services across North Wales.</td></tr>
<tr><td colspan="2">Mitigations/Controls in place</td><td>Gaps in Controls</td><td>Current Risk Score</td></tr>
<tr><td colspan="2">1. Population Health Exec Delivery Group (PHEDG) provides strategic direction and monitors delivery of the Population Health Services.
2. There are a number of key strategy documents specific to local needs developed with partners e.g. including weight, smoking, infant feeding, mental health and wellbeing, immunisations and reducing alcohol intake.
4. Integrated Health Community plans reflect local priorities based on data and evidence.
5. Population Needs assessment informs local planning.
6. Progress reports to Public Health Wales (PHW) in regard to activity funded by PHW and links to national programmes of work.
7. Progress reports to Arts Council of Wales in regard to activity funded by Arts Council.
8. Building a Healthier North Wales Partner Network meets three times per year to share learning and develop network.
9. Engagement and contribution to Regional Partnership Group.</td><td>1. In order to implement a system wide approach, it is necessary for commitment from partners wider than the Health Board to prioritise the implementation of evidence informed practices and proposals.
2. Inadequate resources and multiple constraints including finance.
3. System wide change cannot be implemented within 1-3 years as is well documented through evidence and research.

4. Prevention, health inequalities, improving health and wellbeing should be strengthened through integration into all planning and decision making frameworks, with sufficient weighting.
5. Robust intelligence and data availability at local level to support planning and decision making</td><td>
<table>
<tr><td>Impact</td><td>Likelihood</td><td>Score</td></tr>
<tr><td>5</td><td>3</td><td>15</td></tr>
</table>
Movement since last Qtr:

1. Provision of planning packs to Integrated Health Community Management and planning teams which outlines priorities 'on the patch'.
2. Funding secured for 24/25 for continuation of Arts in Health project.
3. Healthcare Public Health paper outlining potential opportunities submitted as part of special measures framework.
4. Whole System Approach to Weight Strategic Delivery Plan approved and launched with partners.
5. First iteration of Food and Drink policy for the Health Board drafted
6. Meeting quarterly targets for % of adult smokers who make a quit attempt via smoking cessation services
7. Qualitative reports have been submitted to Welsh Government outlining the progress for Help Me Quit Services (pregnancy and hospital) and Weight</td></tr>
</table>

10. Engagement and contribution to Public Services Boards. 11. Strategic partnership with Actif North Wales. 12. Regular meetings with Welsh Government in relation to Prevention and Early Years funded activity.		Services in line with National Performance Framework requirements. 8. National guidance has recently been received in relation to vaping which is informing the development of resources for schools. 9. Appointment of (secondment) Strategic Partnership Development Manager working to develop the Social Prescribing offer from 24/25. 10. Incentivisation scheme aimed at reducing smoking during pregnancy has been established. 11. Inverse Care Law programme has been established with workshops taking place across each area. 12. Continued engagement with partner organisations (e.g. third sector, health board, local authority, community organisations) 13. Maintained strong connections with the strategic programme for primary care and accelerated cluster development programme. 14. Gypsy, Roma, Traveller needs analysis undertaken.

Actions and Due Date	
Continue to deliver programmes which support the All Wales Tobacco Control plan including smoke free regulations	
Continue to deliver programmes supporting the All Wales Weight Management Pathway	
Finalise Arts in Health Strategic Plan	
Continue to implement the Infant Feeding Strategic plan	
Share report and recommendations following Gypsy Roma Traveller needs analysis	
Together with partners and as part of the work of the Area Planning Board, implement the Alcohol Strategy for North Wales	

Lines of Defence			**Overall Assessment**
1	**2**	**3**	

1. Local Public Health Team 2. Public Health Performance and Risk Management Group 3. Population Health Executive Delivery Group 4. Public Health Consultants attend Integrated Health Community Senior Meetings	1. QSE Board 2. PPPH Committee	1. Internal Audit	**Score of 15,** multiple constraints including finance, impacting on risk of the annual plan and failure of delivery in relation to prevention.

Annual Plan for Reference

Strategic Priority P1

Prevention and Health Protection: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P1.1	Launch and implement milestones of the **Healthy Weight** Strategic Delivery Plan	DPH		QA1	
	▪ Formal launch of the Healthy Weight plan, and tracking of milestones within it				
P1.2	Implement the priority actions to reduce use and impact of **smoking**:	DPH		QA1	
	▪ Strengthened Health Board response to the smoke free regulations agreed				
	▪ Implementation of the BCUHB Smoke Free Policy				

	▪ Further develop and deliver the HMQ (Help M Quit) Services - HMQ in Hospital and HMQ in Primary Care				
	▪ Progress the implementation of actions to make smoke-free the accepted position (as per the All Wales Tobacco Control Delivery Plan)				
	▪ Work with partners to achieve an increase in smoke free environments				
	▪ Improve the information available for educational professionals to support conversations around tobacco smoking and e-cigarettes/vaping with children and young people, subject to national guidance				
P1.3	Further develop and implement the strategic plan for **Early Years**, including:	DPH		QA1	
	▪ Further develop the preconception strategy and implementation plan, supported by a “preconception pregnancy, early years and family” website.				
	▪ Offer incentivised smoking cessation schemes for pregnant women and deliver schemes which promote healthy eating and alcohol reduction				
	▪ Implement key milestones in the infant feeding strategic plan, including establishing breastfeeding welcome villages in the three areas of North Wales.				
	▪ Progress the healthy schools activity plan.				
P1.4	Implement priority actions related to **Vulnerable Groups** including:	DPH		QA1	
	▪ Together with partners and as part of the work of the Area Planning Board, implement the Alcohol Strategy for North Wales				
	▪ Implement communication, data collection and monitoring mechanisms that increase access to services for the Gypsy and Traveller communities.				
	▪ Implement, in partnership, support activity to improve health and wellbeing for homeless people.				
	▪ Working in partnership, develop proposals to support increased refugee and asylum seeker population (lead - DPC)				
	▪ Support development of an insight report for dementia to understand better the depth and extent of problems faced by this population and the impact on our services, which will in turn support delivery of the Dementia Action Plan for Wales and the All Wales Care Pathway				

P1.5	Implement **Well North Wales** strategic actions including:	DPH		QA1	
	▪ Development of a North Wales Arts in Health and Wellbeing Strategic Plan				
	▪ Implementation of two Arts Council Wales supported projects (Medium Secure Unit project and Child and Adolescent Mental Health service)				
	▪ Progress the Inverse Care Law project				
P1.6	Implement actions to further develop a **Social Model of Care**, including:	DPH		QA1	
	▪ Review the range of social prescribing initiatives against the National Social Prescribing Framework				
P1.7	Implement the **Immunisation Programme**, including:	DPH		QA1	
	▪ Implementation of the Spring and Autumn COVID-19 vaccination campaigns				
	▪ Development of proposals to implement the National Immunisation Framework				
P1.8	Reshape and deliver a new **Health Protection Service**	DPH		QA1	
	▪ Redeploy TTP staff and develop new service model in line with WG guidance				

<table>
<tr><td rowspan="4">BAF
Cancer</td><td colspan="2">Executive: Executive Director of Operations</td><td>Date Opened: October 2023</td></tr>
<tr><td colspan="2">Committee: Quality, Safety and Experience Committee</td><td>Date Last Reviewed: October 2023</td></tr>
<tr><td>Strategic Priority: SP5</td><td>Link to CRR: Special Measures

Link to Tier 1’s: None</td><td>Last Date Reviewed at Committee: 19/12/2023</td></tr>
<tr><td colspan="2"></td><td>Target Risk Date: TBC</td></tr>
<tr><td colspan="4">There is a risk of failing to achieve the aims and actions outlined in the cancer strategic priority plan such as maintain access standards, further develop and implement the Cancer Strategic Plan for North Wales and implement immediate targeted actions to improve access in diagnostics and key specialities.</td></tr>
<tr><td colspan="2">Mitigations/Controls in place</td><td>Gaps in Controls</td><td>Current Risk Score</td></tr>
<tr><td colspan="2">1. Draft Cancer Strategy for North Wales developed by North Wales Cancer Partnership Board highlighting key challenges and resulting strategic aims for cancer for the next 5 years
2. Workstreams underway as part of Special Measures programme to support vulnerable services, including dermatology & plastics, urology and oncology
3. New services to improve cancer pathways in place via investment from the Performance Fund Suspected Cancer Pathway (SCP) allocation, including straight to test lung and neck lump pathways, rapid diagnosis clinics, additional breast cancer capacity and increase in tracking teams
4. Pathway reviews commenced to assess compliance with national optimal pathways for cancer and identify areas of improvement; prostate and colorectal reviews completed with breast and gynaecology underway
5. Service improvement work underway to implement streamlined pathways in dermatology, lung, gynaecology, colorectal and prostate cancer
6. Patients on suspected cancer pathway tracked and delays escalated; suspected cancer patients prioritised within available capacity</td><td>1. Cancer Partnership Board funding not secured – proposal to fund via Performance Fund SCP allocation but remains subject to Recurrent Investments Group for Assurance process.
2. Lack of operational plans to implement vision set out in the Cancer Strategy for North Wales; in particular no agreed model for services likely to require reconfiguration across IHCs including potentially colorectal, dermatology, urology, breast
3. Lack of medical workforce in vulnerable services in particular urology, dermatology, oncology, gastroenterology and some specialist radiology posts
4. Service improvements funded via Performance Fund allocation vulnerable due to RIGA process
5. Lack of new funding to implement service expansion in line with demand, and further service improvements identified via pathway review work</td><td><table><tr><td>Impact</td><td>Likelihood</td><td>Score</td></tr><tr><td>4</td><td>5</td><td>20</td></tr></table>Movement since last Qtr:</td></tr>
<tr><td colspan="4">Actions and Due Date</td></tr>
</table>

1. Present case for continued funding of Cancer Partnership Board to lead the implementation of the Cancer Strategy for North Wales as part of RIGA process.	**November 2023**
2. Present case for continued funding of service improvements via RIGA process.	**November 2023**
3. Complete work to secure vulnerable services as part of special measures programme.	**TBD**
4. Identify increased capacity to reduce current backlog of patients still active over day 62 on a suspected cancer pathway, in particular within dermatology.	**January 2024**

Lines of Defence			**Overall Assessment**
1	**2**	**3**	Confirmation of funding required.
Strategy monitored at North Wales Cancer Partnership Board Performance monitored at weekly corporate access meeting and local IHC performance meetings	Reporting line for North Wales Cancer Partnership Board to be confirmed Performance reported to Health Board's PFIG and Board	External scrutiny and support from Welsh Government and Wales Cancer Network.	

Annual Plan for Reference

Strategic Priority P5

Cancer: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P5.1	Maintain access standards in those areas meeting cancer access standards, and to continue improving those areas that do not, aiming to achieve 70% of cancer referrals starting their first definitive treatment within 62 days by the end of the year	EDIC	MP	QA2	

	▪ Maximise use of clinic and endoscopy resources in line with capacity and demand modelling				
	▪ Commence new prostate pathway to facilitate straight to test and pre-booking of biopsies				
P5.2	Further develop and implement the **Cancer Strategic Plan for North Wales**, aligned to the all Wales Cancer Plan (Cancer network)	EDIC		QA2	
	▪ Refresh and finalise the cancer plan and commence action to implement				
P5.3	Implement immediate targeted actions **to improve access in diagnostics and key specialities**, including:	EDIC	MP	QA2	
	▪ Aim for first appointment within 10 days				
	▪ Redesign of pathways that enable a 'straight to test' approach				
P5.4	Implement actions to support local delivery:	EDIC		QA2	
	▪ Finalise four local cancer pathways this year – prostate, colorectal, breast and gynaecology				
	▪ Continue to work towards filling all Consultant Clinical Oncologist vacancies by the end of the year, recognising the challenge presented by the national shortage of cancer doctors				
	▪ Continue to support the development and use of new NICE approved cancer treatment regimens				
	▪ Develop a capital estates plan for the Shooting Star Unit, which will provide additional capacity for treatments and outpatient clinics				
	▪ Our Haematology service will maintain Referral to Treatment (RTT) time at 26 weeks throughout the year and aims to undertake substantive recruitment of consultants and reduce the number of NHS locums working within the speciality by the end of 2023/24				

<table>
<tr><td rowspan="4">BAF
Women's Services</td><td colspan="2">Executive: Executive Director of Operations</td><td>Date Opened: October 2023</td></tr>
<tr><td colspan="2">Committee: Quality, Safety and Experience Committee</td><td>Date Last Reviewed: October 2023</td></tr>
<tr><td>Strategic Priority: SP9</td><td>Link to CRR: Staffing/Financial Sustainability

Link to Tier 1's: 4490/ 4773</td><td>Last Date Reviewed at Committee: 19/12/2023

Target Risk Date: April 2024</td></tr>
<tr><td colspan="3">There is a risk of failing to effectively implement critical actions to improve maternity, neonatal, and women's health services and outcomes.</td></tr>
<tr><td>Mitigations / Controls in place</td><td>Gaps in Controls</td><td>Current Risk Score</td></tr>
<tr><td>1. Local Maternity and Neonatal Strategic Plan mapping exercise of the National programme and recommendations has been undertaken to identify actions and resource requirements against 31 'short-term' maternity actions and 6 'short-term' neonatal actions.
2. On-going engagement with Welsh Government (WG). NHS Executive commissioned to undertake Phase 2 (implementation) of the Maternity and Neonatal Safety Support Programme. The network will be providing the clinical and management leadership on the design and delivery of the Programme.
3. Maternity and Neonatal Safety Support Programme actions have been included in the Women's Service Delivery Plan 23/24 under Transforming Maternity Services (Priority 1). Progress is monitored quarterly and reported to the Women's Transformation Group and Women's Service Delivery Board and upwardly via lines of defence.
4. Digital Maternity Cymru National Programme Board established with appropriate BCUHB representation.
5. Local Digital Maternity Cymru working group established ahead of the required governance structure for the implementation of the Maternity Information System.</td><td>1. Delays in prioritisation of the recommendations made in the Maternity and Neonatal Safety Support Programme Discovery Report will impact on local implementation.
2. No confirmed funding for Maternity and Neonatal Safety Support Programme implementation phase and recommendations.
3. Funding for the local Informatics capital and resource requirements for Digital Maternity Cymru Programme not confirmed.
4. Quality Statement for Women and Girls' Health - Confirmation of Corporate Executive Lead required. Also awaiting further National steer which will inform funding available for the 10-year Women's Plan.</td><td>
<table>
<tr><th>Impact</th><th>Likelihood</th><th>Score</th></tr>
<tr><td>4</td><td>4</td><td>16</td></tr>
</table>
Movement since last Qtr:
</td></tr>
</table>

6. Service is planning for pre-implementation phase ahead of the national Digital Maternity Cymru full Business Case in Dec 23 which will inform national procurement. 7. In relation to the Quality Statement Women's service continue to develop the WG funded projects e.g. pelvic health and endometriosis services.		

Actions and Due Date	
Action Detail	**Due Date**
Digital Midwife appointed to interface with the Digital Health Care Wales National team and local support for the pre-implementation planning.	March 2024 and ongoing
Of the outstanding short-term Maternity and Neonatal Strategic Plan actions 3/8 of the amber actions and 2/11 of the red actions will be achievable by the end of Q4 with minimum resource required	March 2024
Remaining Maternity and Neonatal Strategic Plan outstanding actions will be rolled over into 24/25 Women's Service Delivery Plan – implementation resource impact has been considered as part of the planning for 24/25.	March 2024
Clarification from WG as to how the NHS Executive will manage Phase 2 Implementation and prioritisation of the recommendations – update received see above.	March 2024
Local Capital and Resource requirements for Digital Maternity Cymru to be included in 24/25 planning. Band 7 Project Manager funding to be confirmed by WG.	March 2024
Quality Statement for Women and Girls' Health (issued by WG). NHS Executive commissioned to lead on the development of a National Women's Health Network and 10-year Women's service plan. An Executive lead will need to be identified to locally lead on the Plan.	March 2024

Lines of Defence	**Overall Assessment**

1	2	3	
. Women's QSE 2. Women's Risk Management Group 3. Women's Integrated Performance Group 4. Women's Senior Leadership Team meeting 5. Women's Service Delivery Board 6. Women's Transformation Delivery Group	1. BCUHB Quality Executive Delivery Group 2. QSE Committee 3. Executive Accountability Meetings	1. Welsh Government Digital Cymru Programme Board 2. National Maternity and Neonatal Safety Support Programme Board 3. IQPD	Further steer is required from NHS Executive (delegated by WG) in relation to the Maternity and Neonatal Safety Support Programme on prioritisation of recommendations made in the Discovery Phase. Local funding to deliver the priorities is to be confirmed. Short-term actions as detailed in the Maternity and Neonatal Safety Support Programme are progressing well within target and 14 green, 13 amber, 17 red and 11 further to progress. Progression with all short-term actions would reduce the score.

Annual Plan for Reference

Strategic Priority P9

Women's Services: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P9.1	Implement the organisation's Maternity and Neonatal Strategic Plan, aligned to the National Strategy for Wales	EDIC		QA2	
	▪ Implementation undertaken				

P9.2	Implement the Maternity and Neonatal Safety Support Programme (Priorities for Improvements and the PERIPrem Programme in Wales) –	EDIC		QA2	
	▪ Complete and monitor delivery of initial recommendations for year 1				
P9.3	Consider and implement the Digital Maternity Cymru Strategic Plan	EDIC		QA2	
	▪ Work to implement the Plan, including local rollout of national MiS				
P9.4	Implement next stages of the Welsh Government Quality Statement for Women and Girls' Health	EDIC		QA2	
	▪ To include completion of work to develop plans for the endometriosis centre				
P9.5	Consider the Women's Health Plan for Wales and develop a deliverable Plan for North Wales	EDIC		QA2	
	▪ Work with the third sector and with women's representative groups to develop proposals				
P9.6	Implement the planned care Gynaecology Specialty Plan, aligning the GIRFT recommendations	EDIC		QA2	
	▪ Work with improvement team to develop and implement GIRFT recommendations				
P9.7	Support the implementation of the Early Years and Best Start Programme	EDIC		QA2	
	▪ Deliver Best Start communication plan to improve uptake of initiatives under the Best Start and Early Years programmes				

<table>
<tr><td rowspan="4">BAF

Digital, Data & Technology</td><td colspan="2">Executive: Director of Digital (Chief Digital Information Officer (CDIO))</td><td>Date Opened: July 2022</td></tr>
<tr><td colspan="2">Committee: Performance, Finance and Information Governance Committee (Will revert to Partnerships, People and Population Health Committee or equivalent once the meetings recommence)</td><td>Date Last Reviewed: October 2023</td></tr>
<tr><td>Strategic Priority: P13</td><td>Link to CRR: Availability and Integrity of Patient Information

Link to Tier 1's: 2819, 3659, 4595, 4603, 4766</td><td>Last Date Reviewed at Committee: 02 November 2023</td></tr>
<tr><td colspan="2"></td><td>Target Risk Date: May 2024</td></tr>
<tr><td colspan="4">There is a risk of failing to meet the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.</td></tr>
<tr><td>Mitigations/Controls in place</td><td>Gaps in Controls</td><td colspan="2">Current Risk Score</td></tr>
<tr><td>1. Minimal controls in place with the introduction of rigor and governance to the commissioning of new Digital, Data and Technology project requests through a Project and Portfolio Management function that will ensure prioritisation, impact assessment in terms of deliverability, best use of technology, interoperability, longevity and value for money. This includes insisting that for all new projects the business change element and service design aspect up front which includes the users is built in.

2. Where possible the Health Board will bring in the necessary expertise from external service providers that the Health Board do not currently possess.

3. To set the expectations with the Health Board and Welsh Government on the inability to effectively architect and deliver Digital, Data and Technology projects and realise benefits in line with the strategy of the Health Board.</td><td>1. Funding currently not secured to implement the new operating model.
2. Unable to deliver new models of care with local and national strategies.
3. No clear technology plan, future blueprints or architectural considerations with due regards for the whole.
4. No single integrated digital health care record to address the fragmented care record concerns to deliver the special measures framework requirements.
5. Unable to replace or decommission obsolesce systems due to no funding to manage replacement or consider new ways of working.
6, Significant gaps in workforce in specific patient records and IT areas, which is resulting in decreased support for the Health Board which will impact on patient care.</td><td colspan="2"><table><tr><td>Impact</td><td>Likelihood</td><td>Score</td></tr><tr><td>4</td><td>5</td><td>20</td></tr></table>Movement since last Qtr:

Increased likelihood from 4 to 5 since August 2023.

NB. The tolerate score for this risk is 16 which is a high level of tolerance for the risk due to an inability to fund necessary resources.</td></tr>
</table>

Actions and Due Date	
Action Detail	**Due Date**
1. Costed proposals (£1.7m recurrent) and plans have been produced, validated and presented to Partnerships, People and Population Health Committee and Board for the implementation of a new operating model for Digital, Data and Technology which requires new capabilities and capacity to effectively deliver. This includes new functions for: Intelligence and Insight, Digital Project Management Office, Architecture Software engineering, service design and clinical change. These proposals were dependent on funding £500K of which was provided by the Health Board with due regards to other priorities for investment. 2. Alternative plans to be developed within the current funding constraints that will have a small but positive impact over time. 3. Commission external service providers to fill the gaps in capabilities and skills to support the delivery of objectives and special measures requirements.	April 2023 April 2024 April 2024

Lines of Defence			Overall Assessment
1	**2**	**3**	**Next steps:**
1. Digital, Data and Technology Objectives and Operating Plan reviewed quarterly by Digital Senior Leadership Team. 2. Benchmarking the service against external assessments, e.g. Gartner Group IT Score. 3. National Cyber Security Centre. 4. Cyber Essentials+ 5. Information Governance Toolkit. 6. Access to external service providers to support in critical areas. 7. Government Digital Service Digital, Data and Technology roles and possibly SFIA assessments.	1. Regular Assurance Reporting to Chief Digital Information Officer and Executive Team as well as RMG	1. Internal Audit	The Board previously agreed a high risk tolerance score of 16, which may need to be reviewed. Risk has increased in likelihood due to significant financial pressures and Health Board.

Annual Plan for Reference

Strategic Priority P13 **Digital, Data & Technology:** key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P13.1	Implement the actions within the Special Measures Response Plan 90 day cycle that support improvement including:	CDIO	SM	QA2	
	▪ Development of Strategic and tactical plans to improve access to a more integrated care record				
	▪ Develop a proposal to raise the organisations maturity in using data and intelligence for improving service planning and identification of emerging service issues				
P13.2	Progress the implementation of current Digital Programmes including:	CDIO		QA2	
	▪ Welsh Patient Administration System				
	▪ Laboratory Information Network System (LINC)				
	▪ Medicines Transcribing and E discharge (MTED)				
	▪ Stream				
	▪ Welsh Nursing Care Record				
	▪ Eye care digitisation programme				
	▪ Welsh Community Care Information System				
	▪ Cito – Electronic Health Record				

P13.3	Commence Major Digital, Data and Technology Programmes, including:	CDO		QA2	
	▪ Welsh Patient Referral Service Phase 2				
	▪ Electronic Prescribing and Medicines Administration (ePMA)				
	▪ Radiology Information System (RISP)				
	▪ Welsh Intensive care Information System (WICIS)				

<table>
<tr><td rowspan="4">BAF

Board leadership & governance</td><td colspan="2">Executive: Board Secretary</td><td>Date Opened: 19 October 2023</td></tr>
<tr><td colspan="2">Committee: Audit Committee</td><td>Date Last Reviewed: December 2023</td></tr>
<tr><td>Strategic Priority: SP16</td><td>Link to CRR: Leadership/Special Measures

Link to Tier 1’s: 4480/3969</td><td>Last Date Reviewed at Committee: 16.11.23</td></tr>
<tr><td colspan="2"></td><td>Target Risk Date: 31 January 2024 to review score. If progress made below then recommend a reduction to a score of 12 (3 x 4) by end of February 2024</td></tr>
<tr><td colspan="4">There is a risk of failing to effectively strengthen the Board arrangements following special measures and implement critical governance, accountability, planning, and performance improvements.</td></tr>
<tr><td colspan="2">Mitigations</td><td>Gaps in Controls</td><td>Current Risk Score</td></tr>
<tr><td colspan="2">1. The development and agreement of the Special Measures “Governance and board effectiveness domain” deliverables and milestones that give clarity on what needs to be delivered by when. This includes development of Board Development and Board Induction products to support Board arrangements. This is detailed in the action section.

2. Close working with Welsh Government on the recruitment of new Board members through the public appointment process.

3. Comprehensive response to the Board Effectiveness Review by Audit Wales that aligns to the Special Measures approach.</td><td>1. Welsh Government control the public appointment but progression updates are provided

2. The implementation of the review of the OBS is reliant upon following the organisational change policy and this will impact timescales for that part of the improvements

3. The appointment of some Executive appointments is reliant on the timely review of the Exec Portfolio review</td><td>Impact: 4 | Likelihood: 4 | Score: 16

Movement N/A</td></tr>
<tr><td colspan="4">Actions and Due Date</td></tr>
</table>

	Target Date
SM Ref no C1-1.3: Implement phase 1 induction for all Board members	Nov-23
SM Ref no C1-1.4: Develop phase 1 Board development programme	Dec-23
SM Ref no C1-1.5: All committees with assigned IMs operational, including ToR, Corp Calendar and Workplans	Mar-24
SM Ref no C1-1.6: Design Risk management framework and commence implementation	Dec-23
SM ref no C1-1.7: Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	Mar-24
SM ref no C2-1.8: OBS team – implement interim and design permanent structure	Dec-23
SM ref no C2-1.9: Policy management and implementation/audit approach	Oct-23
Feedback from Audit Wales follow up review – December 2023	Dec-23
Scrutiny of progress through Audit Committee	November 2023, January 2024 and March 2025
Assurance on progress through Board	November 2023, January 2024 and March 2026

Lines of Defence			Overall Assessment
1	**2**	**3**	If the above deliverables are put into place then a score of 12 could be achieved by March 2024 or earlier if new Committees and OBS Team are in place by February 2024 Next steps • Executive Team to review • Audit Committee to scrutinise on 12 January 2024 • Deliver plans as outlined above.
Special Measures meeting and assurances to committees on 90 day plan. OBS Team Meetings.	Acting Board Secretary providing recommendations and progress updates through the Executive Team meetings	Internal Audit	

Annual Plan for Reference

Strategic Priority P16

Board leadership & governance: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P16.1	Implement the actions in the Special Measures Response Plan 90 day cycles, including:	DTSP	SM	QA4	
	▪ Strengthening Board Effectiveness and invest in Board Development				
	▪ Supporting Independent member recruitment				
	▪ Executive Team Development				
	▪ Risk Management Framework				
	▪ Board Committee				
	▪ Special Measures Assurance Approach				
P16.2	Develop and implement an organisational Performance Framework	DOF		QA2	
	▪ Revised performance and accountability arrangements to be in place				
P16.3	Develop a Health Board Planning Framework, taking into account the findings of the Planning Review as part of the Special Measures response	DTSP	SM	QA2	
	▪ Planning review to be undertaken from July 2023 with report anticipated in September 2023				

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<tr><td rowspan="4">BAF

Quality, Innovation and Improvement</td><td colspan="2">Executive: Executive Director of Nursing and Midwifery</td><td colspan="3">Date Opened: 19/10/2023</td></tr>
<tr><td colspan="2">Committee: QSE</td><td colspan="3">Date Last Reviewed: January 2024</td></tr>
<tr><td>Strategic Priority: SP18
Quality, Innovation and Improvement</td><td>Link to CRR: Failure to Embed Learning
Link to Tier 1's: 3025/4519/ 4520/3795/3759</td><td colspan="3">Last Date Reviewed at Committee: 19/12/2023</td></tr>
<tr><td colspan="3">Target Risk Date: March 2024</td></tr>
<tr><td colspan="6">There is a risk of failing to effectively strengthen governance arrangements following special measures and implement robust quality governance, improve organisational learning, and improve the handling of incidents, inquests, claims, mortality reviews and complaints.</td></tr>
<tr><td colspan="2">Mitigations/Controls in place</td><td>Gaps in Controls</td><td colspan="3">Current Risk Score</td></tr>
<tr><td colspan="2">1. Putting Things Right and clinical review processes and monitoring
2. Risk management governance process being updated
3. Audit programmes & monitoring arrangements
4. Patient and carer feedback and involvement processes
5. Senior sign-off process for National Reportable Incidents (NRIs) and Complaints
6. Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems
7. Clinical staff recruitment, induction, mandatory and professional training, registration & re-validation
8. Defined nurse staffing levels for all wards & departments as per Nurse Staffing Act
9. Ward accreditation schemes and ward manager/matron checks/audits.
10. Tracking of regulatory action plans
11. Internal Reviews against External National Reports
12. Getting it Right First Time (GIRFT), localised deep dives, reports and action plans
13. HIW, Ombudsman, Coroner NHS Wales Exec and WG engagement Meetings</td><td>1. Need to further develop the Quality Management System (QMS) setting out an integrated approach to Quality Planning, Control, Assurance and Improvement
2. Need for clarity on quality leadership, structures and accountabilities
3. Need to review the quality governance framework of meetings and reporting
4. Need to develop a quality learning framework, aligned to the overall learning organisation programme
5. Need to review Putting Things Right and clinical review processes and monitoring
6. Need for resolution of outstanding overdue</td><td colspan="3"><table><tr><td>Impact</td><td>Likelihood</td><td>Score</td></tr><tr><td>5</td><td>4</td><td>20</td></tr></table>Movement since last Qtr: Further controls added and scored reviewed 18/01/2024, remains at 20 until further progress has been made on the action plan.</td></tr>
</table>

	positions for incidents, complaints, claims, mortality reviews and inquests	

Actions and Due Date	
Action Detail	**Due Date**
1. The Quality Governance Framework will be reviewed and refreshed and will include greater clarity on the roles, responsibilities and authorities of all groups including the reporting expectations, process and templates. This will include mapping meetings into an overall cycle and introducing standard templates and a single document repository.	March 2024
2. Best practice guidance will be issued to IHCs and Regional Divisions to support effective local quality governance arrangements.	March 2024
3. A Quality Dashboard will be developed underpinned by a series of specialist dashboards (i.e. falls, complains, etc). These dashboards will create a single version of the truth using agreed metrics directly connected to the quality systems for real time data.	December 2023
4. A central and digital library of learning will be established which will be launched alongside a revised approach to the collation, analysis and dissemination of learning.	March 2024
5. The approach to quality assurance will be reviewed and refreshed and a new regulatory procedure and quality assurance procedure will be developed.	March 2024
6. The new Quality Strategy will be developed through a co-design process.	March 2024
7. A Quality Management System will be further developed in line with the Duty of Quality, which will describe how Quality Planning, Quality Control, Quality Assurance and Quality Improvement will work together as a collective quality system.	March 2024

Lines of Defence			**Overall Assessment**
1	**2**	**3**	

1. Service and IHC Quality Groups 2. Putting Things Right and clinical review processes and monitoring 3. Ward accreditation schemes and ward manager/matron checks/audits 4. Organisational Learning Forum 5. Quality systems – RLDatix, Greatix, Civica Experience and AMAT 6.	1. Quality reporting to Executives 2. Executive performance reviews with IHCs 3. Clinical audit 4. Patient and Carer Experience Group and oversight/assurance reporting 5. Patient Safety Group and oversight/assurance reporting 6. Clinical Effectiveness Group and oversight/assurance reporting 7. Regulatory Assurance Group and oversight/assurance reporting 8. Annual Quality Report, Annual Putting Things Right Report and Annual Duty of Candour Report	1. Internal audit 2. HSE inspections 3. HIW/CIW inspections 4. PSOW investigations 5. WG performance monitoring and assurance 6. Welsh Government Reviews 7. Royal College Reviews	Movement in scoring to be reviewed in March 24 and reflect on progression of action plan.

Annual Plan for Reference

Strategic Priority P18

Quality, Innovation & Improvement: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P18.1	Implement the priorities within the Special Measures Response Plan 90 day cycles, including:	MD	SM	QA4	

	▪ Consider the findings and recommendations of the Patient Safety Review				
	▪ Processes and procedures for learning from incidents				
	▪ Support the Clinical Governance Review				
	▪ Scope an enhanced programme of Healthcare Public Health				
P18.2	Embed the Betsi Way improvement methodology across the organisation	DTSP		QA	
	▪ Develop a sustainable model of service improvement support for IHC/Divisional level and pan-BCUHB programmes of work				
	▪ Ensure service improvement resource is allocated to organisational strategic priorities through a designated forum				
	▪ Develop a Centre of Excellence of Improvement to coordinate the consistent delivery of improvement methodology, and drive forward staff training in improvement methodology, tools and techniques.				

Corporate Risk Register

Risks in draft and not included in the paper

CRR Risk Heat Map

Impact							
	Catastrophic	5				Extreme • Financial Sustainability (PFIGC) • ICT Failure and Cyber (PFIGC) • Patient Safety-Falls (QSE) • Failure to Embed Learning (QSE)	Extreme
	Major	4				• Safeguarding (QSE) • People, Culture and Wellbeing (PFIGC) • Leadership/Special Measures (AC)	Extreme • Availability and Integrity of Patient Information (PFIGC) • Population Health (QSE) • Planned Care (PFIGC)
	Moderate	3					
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Possibility				

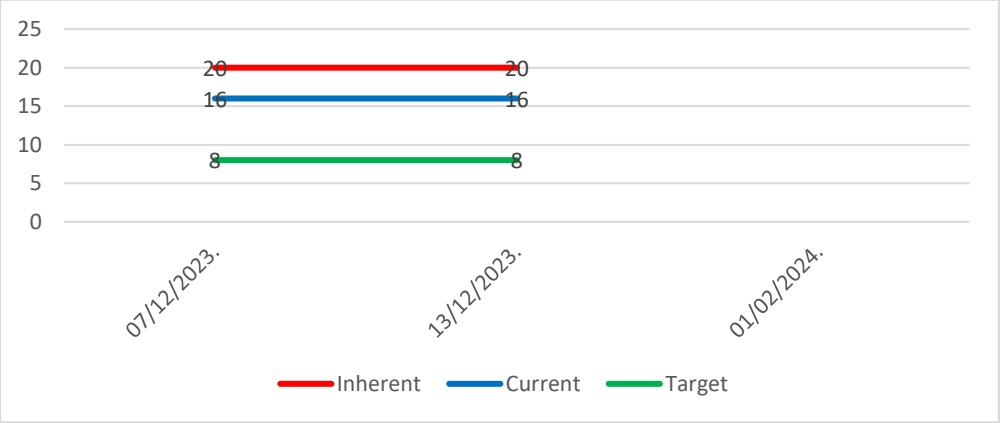
CRR 24-01	**Risk Title:** People, Culture and Wellbeing			**Date Opened:** 07/12/2023
	Assuring Committee: Performance, Finance and Information Governance Committee			**Date Last Reviewed:** 13/12/2023
	Director Lead: Deputy Director of Workforce	**Link to Datix IDs**	1976/4431/4432/3947/4726 4939/2758/4564/4669/4285/4671	**Date Last Committee Review:** 13/12/2023
		Link to BAF	SP12	**Target Risk Date:** 31/03/2024

There is a risk that BCU do not have a **highly skilled**, engaged and **motivated** workforce which could impact on safe delivery of care. This could be caused by **staffing shortfalls**, organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people.

Controls in place	Assurances	Additional Controls required	Actions and Due Date
1. People Committee is being scheduled to oversee delivery of the People Services agenda 2. Education and Learning Committee is being established 3. Local IHC & Pan Services People & Culture Committees in place 4. The Strategic Recruitment team in place deliver timely campaigns for all senior leadership and medical & dental appointments 5. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities. 6. The Recruiting well and Joining Well programmes are up and running 7. Nursing Optimisation team leading on the Nurse retention programme 8. A new Nurse Retention Lead post is at recruitment stage 9. Flexible working policy has been updated and a new All Wales policy is due in Q4 10. Staff feedback mechanism via the NHS Wales Staff Survey and ongoing pulse surveys 11. Speak out Safely MDT in place 12. Work in Confidence platform for staff to safely raise concerns	1. High risks, linked to CRR24-01 are reviewed and monitored via the People Committee, the Culture Steering Group and the People Services Senior Leadership Team. 2. Progress towards the People Service agenda is reported through the People & Culture Committee chaired by the CEO and reported to the Board. 3. Workstreams associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board	1. The programme of work through the Education and Learning Committee to be finalised 2. Increased measures on employee engagement 3. A New proposal on the line manager's impact on employee engagement	The strategic actions relating to this CRR recorded in the special measures cycle 3 milestones are; 1. Scoping and methodology proposal for the wider review of the 2022 Operating Model restructure agreed at Executive team following appropriate engagement; 31/12/2023 2. Findings from the wider review of the 2022 Operating Model restructure presented to Execs Team and next steps agreed; 29/02/2024 3. Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work

			conducted in previous cycles 29/02/24 4. Measure employee engagement: Proposal on a broad range of mechanisms to do this other than just the staff survey presented to Executive Team 29/02/24 5. Formal Culture Change Plan and accompanying Comms and Engagement plan presented to Exec Team prior to scheduling for review at Board 29/02/24 6. Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan 29/02/24 7. Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board 29/02/24 8. Staff facing version of the Learning Organisation Framework

			developed for use in work-based learning contexts. This will enable improvements in a wide range of organisational outcomes, such as quality, access, experience 29/02/24



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	2	4	8
Risk Appetite	low level		1-8

Overall Assessment

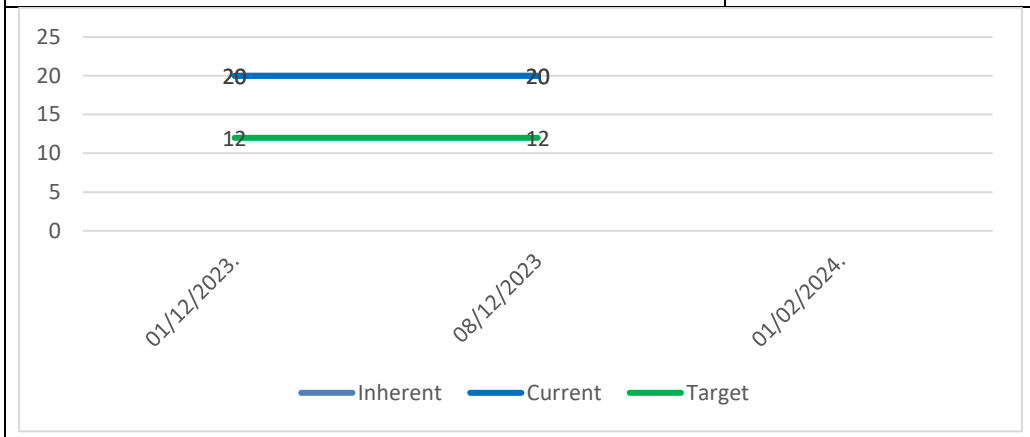
Newly developed risk, action plan to be reviewed end of March as per target date to reduce the score.

CRR 24-02	**Patient Safety - Falls**			**Date Opened:** 01/12/2023
	Assuring Committee: Quality, Safety and Experience Committee			**Date Last Reviewed:** 08/12/2023
	Director Lead: Executive Director of Nursing and Midwifery	**Link to Datix IDs**	**4748/3869/3893/4562**	**Date Last Committee Review:** 19/12/2023
		Link to BAF	**N/A**	**Target Risk Date:** 01/02/2024

There is a risk to patient safety, in particular harm, as a result of slips, trips and **falls** within Secondary Care acute sites. This may be caused by patients acuity/clinical condition/frailty alongside contributory factors such as **reduced staffing**, segregated areas and **premises** which do not allow for ease of oversight, compliance with **manual handling training,** compliance of falls risk assessment and subsequent implementation of mitigating actions. This could result in poorer patient health outcomes, extended hospital stay, regulatory non-compliance and litigation and associated financial impact.

Controls in place	Assurances	Additional Controls required	Actions and Due Date
1.Mandatory E learning modules (1a and 1b) for Falls Prevention launched and monitoring in place for completion via the Strategic Inpatient Falls Group. Health Board compliance currently 1a 93.83%, 1b 94.55%. 2. Manual Handling training data cascaded monthly to respective IHC's/Division Director of Operations to include compliance, Did Not Attend rates and available capacity for upcoming 2 months. 3. Welsh Nursing Care Record (WNCR) has been implemented which has an electronic version of the Falls and Bone Health Multifactorial Assessment (FBHMA) that is identified on the dashboard if not completed and monitored for compliance by the Ward Manager. 4. How to /good practice guide developed and implemented to support with completion and quality of FBHMA across all Adult Inpatient wards: 5. Peer review process in place for 3 months to improve quality of the FBHMA across adult inpatient wards. 6. Falls review groups in place across the Health Board with exception reporting, updating of improvements to Strategic Inpatient Falls Group. 6. Temporary staffing team have ensured Nurse Agencies have access to BCUHB e-learning packages and are encouraged to complete.	1. Strategic Inpatient Falls Group - Integrated Health Community (IHC) and Divisional falls review groups report to the falls leads who report to the strategic group. 2. Ward accreditation metrics 3. Ward accreditation review process 4. Peer reviews	1. Falls prevention and management policy to be ratified and relaunched - has been updated to include a clear step by step approach to completion of the Falls and Bone Health Multifactorial Assessment (FBHMA) and post falls management and currently under review with Patient Safety Group. 2. Assurance and training of agency workers. 3. Improved compliance with manual handling training. 4.Sustained improvement in the quality of completion of FBHMA.	1.New updated and revised Falls Prevention and Management Policy NU06 reviewed in BCUHB Patient Safety Group to be ratified and re-launched 30/12/2023. 2.Audit of Ward Managers induction checklist for agency staff to ensure falls training has been completed 13/12/2023. 3.Capacity within the Manual Handling training team to be optimised with focused recruitment drive for Band 6 posts (x3) supported by workforce 01/01/2024. 4. Manual Handling corporate team to progress contract arrangements for external training facilities to support capacity by December 2023. 30/12/2023. 5. Outcome of peer review pilot to be evaluated and

			recommendation presented to the Strategic Inpatient Falls Group for sustainable model 01/02/2024. 6. The Welsh Nursing Care Record currently does not auto populate with Patient details such as mobility status from the admission assessment section into the FBHMA. This will be a future enhancement to the Welsh Nursing Care Record on an all-Wales basis. 01/02/2024.



N.B. Inherent and Current score lines stacked as both are 20.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	low level		1-8

Overall Assessment

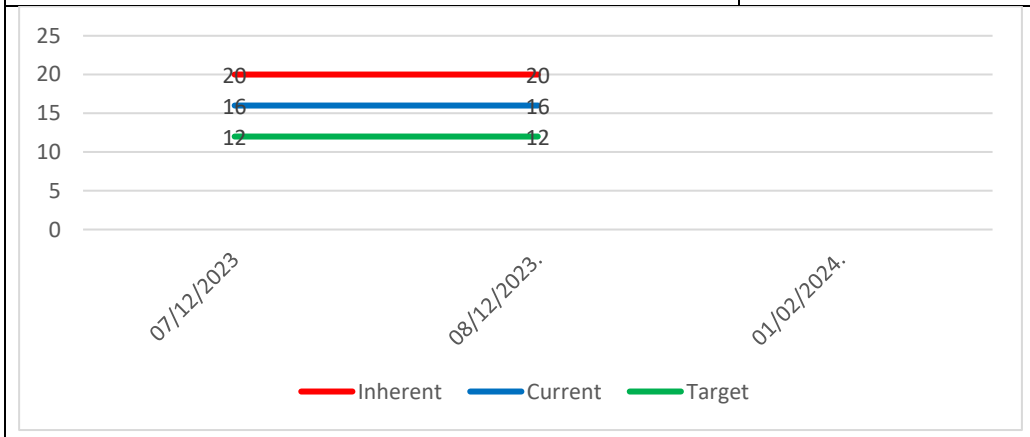
1 out of 6 actions have been completed, 2 to be progressed in Dec and remaining actions to be completed by February 2024 in order to reduce this score down to the target of 12. This is in line with the Falls Internal Audit limited assurance report. The Falls Group also have oversight of the gaps in controls and is working to mitigate these.
Further work required on current score and controls to reduce the risk score.

CRR 24-03	**Safeguarding**			**Date Opened:** 07/12/2023
	Assuring Committee: Quality, Safety and Experience Committee			**Date Last Reviewed:** 08/12/2023
	Director Lead: Executive Director of Nursing and Midwifery	**Link to Datix IDs**	**3766/2548**	**Date Last Committee Review:** 19/12/2023
		Link to BAF	**N/A**	**Target Risk Date:** 31/03/2025

There is a risk that BCU may fail in its statutory duties to protect **vulnerable** groups from harm. This could be caused by gaps in **safeguarding governance**, **insufficient** workforce **training** and engagement, complexity of legal frameworks, and lack of resources to manage growing demand. The impact may result in harm to at-risk adults, children or young persons, victims of violence/abuse, patients unlawfully detained, financial penalties, reputational damage and non-compliance with Safeguarding legislation which includes but is not exclusive to the Social Services and Wellbeing (Wales) Act 2014, the Deprivation of Liberty Safeguards, and the Mental Capacity Act.

Controls in place	Assurances	Additional Controls required	Actions and Due Date
1. Standardised formal reporting and escalation of activity, mandatory compliance and exception reports are presented in line with Health Board Governance and Reporting Frameworks. 2. Audit findings and data are monitored and escalated. Risk Management has been embedded into the processes of the reporting framework. 3. BCUHB mandatory safeguarding training is in place for all staff. 4. Welsh Government interim monies has supported temporary the implementation of additional Mental Capacity Act (MCA) training, the completion of Deprivation for Liberty (DoLS) applications, and strengthened the implementation of Court of Protection DoL for 16/17-year-olds. 5. BCUHB local work programmes are in place and aligned to the National Strategies which are regularly reported to Welsh Government. 6. Safeguarding support the Sexual Abuse Referral Centre (SARC) implementation, compliance and accreditation but the accountability remains with the Central Integrated Health Community (IHC). 7. Fully engaged and supporting the Single Unified Safeguarding Review led by Welsh Government and the Home Office/Central Government for the re-write of Safeguarding and Homicide Reviews.	1. The risks is monitored monthly and reviewed at the Safeguarding Governance and Performance Group and scrutinised at QSE/RMG. 2. Mental Capacity Act training compliance and the DoLS backlog is monitored and reported into Welsh Government. 3. This risks are regularly monitored and reviewed by the statutory engagement with the North Wales Safeguarding Board. 4. BCUHB are fully engaged in National and Regional Forums to provide assurance of the implementation of legislation.	1. New legislation and statutory guidance driven by case law, UK and Welsh Government impacts upon the organisation and the date of implementation is not within BCUHB control. 2. The increase in safeguarding activity with enhanced complexity has resulted in the delay of the implementation of strategic and operational interventions. 3. Local Authorities frequently develop independent local guidance which requires duplication of implementation across BCUHB. This is time consuming and can result in reduced compliance. 4. The rise in the number of DoLS assessments has resulted in a backlog. Current post holders work additional hours, weekends and evenings. There are local and national	1. The Ockenden Review (2018) Recommendation 6 recorded that for an organisation such as BCUHB a significant amount of work was still needed to be done to strengthen safeguarding services. A review of the safeguarding team and structure is underway. Action Due 31/03/24 2. National development and implementation of Single Unified Safeguarding Review. Action Due 31/03/25 3. Implementation and monitoring of the 'Workforce Safeguarding Responsibilities SoP, Section 5 Allegations or Concerns about Practitioners and Those in Positions of Trust. Action Due 31/03/24 4. North Wales Sexual Assault Referral Centre (SARC) to meet the National Service ISO Specifications. Action Due 31/03/24 5. Development of a DoLS/CoP DoL Standard Operating Protocol (SoP)

		staffing challenges with regard to the recruitment of Safeguarding, MCA and DoLS specialist staff. This is recognised by Public Heath Wales and WG. We support flexible working arrangements within the team to ensure staff retention. The team and service is experiencing a high sickness position. A risk assessment and an amendment to the service delivery structure is in place to mobilise staff where required. 5. There is a lack of governance and reporting of Court of Protection activity relating to a Community setting. Immediate safeguards are in place and work is taking place to develop a standard procedures.	for assessing existing BCUHB funded patients in community settings and for assessing future funded patients. Action due 31/03/24



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	low level		1-8

Overall Assessment

Five out of six actions to support controls in relation to this risk are due in March 2024 but this will not necessarily resolve the main gap in control around staffing resources. Gaps in controls have been well identified and have further mitigations noted.

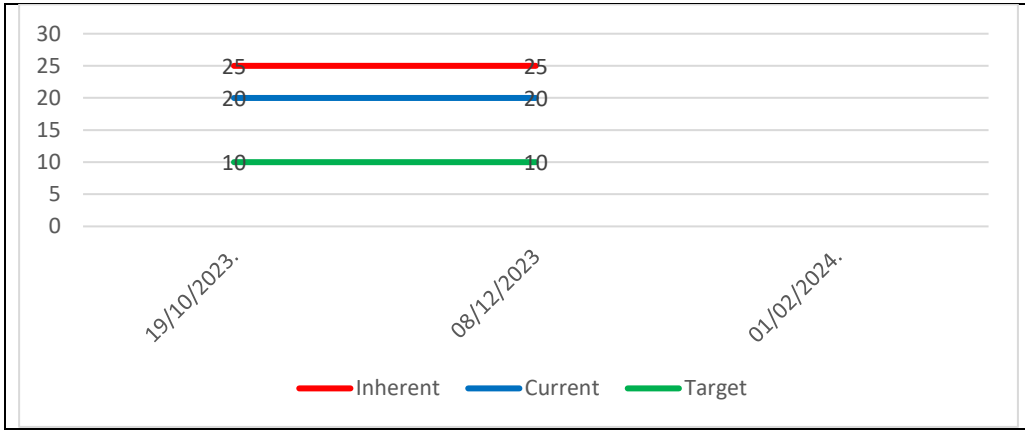
CRR 24-04	**Failure to Embed Learning**		**Date Opened:** 19/10/2023
	Assuring Committee: Quality, Safety and Experience Committee		**Date Last Reviewed:** 18/01/2023
	Director Lead: Executive Director of Nursing and Midwifery	**Link to Datix IDs: 3025/4519/4520/3795/ 3759**	**Date Last Committee Review:** 19/12/2023
		Link to BAF: SP18 - Quality, Innovation and Improvement	**Target Risk Date:** March 2024

There is a risk that the Health Board could fail to meet requirements for **timely review and learning** from mortality cases, claims, inspections, incidents and complaints. This could be caused by insufficient resources, lack of unified processes, outdated IT systems, duplication of effort, and overreliance on single personnel. The impacts may include missed opportunities for improvement, lack of family/carer engagement, potential patient harm events going undetected, non-compliance with national frameworks or legislation, and reputational damage.

Controls in place	**Assurances**	**Additional Controls required**	**Actions and Due Date**
14. Putting Things Right and clinical review processes and monitoring 15. Risk management processes 16. Audit programmes & monitoring arrangements 17. Patient and carer feedback and involvement processes 18. Senior sign-off process for National Reportable Incidents (NRIs) and Complaints 19. Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems 20. Clinical staff recruitment, induction, mandatory and professional training, registration & re-validation 21. Defined nurse staffing levels for all wards & departments as per Nurse Staffing Act 22. Ward accreditation schemes and ward manager/matron checks/audits. 23. Tracking of regulatory action plans 24. Internal Reviews against External National Reports	4. Service and IHC Quality Groups (with reporting) 5. Quality Delivery Group, its sub-groups (with reporting) and the Quality, Safety and Experience Committee oversight of quality issues 6. Quality reporting to Board 7. Executive performance reviews with IHCs 8. Clinical audit and Internal audit 9. Regulatory Assurance Group and oversight/assurance reporting 10. Annual Quality Report, Annual Putting Things Right Report and Annual Duty of Candour Report 11. Regulatory inspections and investigations – HSE, HIW, CIW, PSOW 12. WG performance monitoring and assurance 13. Welsh Government Reviews 14. Royal College Reviews 15. 16.	1. Development of a Quality Management System (QMS) setting out an integrated approach to Quality Planning, Control, Assurance and Improvement 2. Clarity on quality leadership, structures and accountabilities 3. Review of the quality governance framework of meetings and reporting 4. Development of a quality learning framework, aligned to the overall learning organisation programme 5. Review of Putting Things Right and clinical review processes and monitoring 6. Resolution of outstanding overdue positions for incidents, complaints,	8. The Quality Governance Framework will be reviewed and refreshed and will include greater clarity on the roles, responsibilities and authorities of all groups including the reporting expectations, process and templates. This will include mapping meetings into an overall cycle and introducing standard templates and a single document repository. – March 2024 9. Best practice guidance will be issued to IHCs and Regional Divisions to support effective local quality governance arrangements. – March 2024 10. A Quality Dashboard will be developed underpinned by a series of specialist dashboards (i.e. falls, complains, etc). These dashboards will create a single version of the truth using agreed metrics directly connected to the

25. Getting it Right First Time (GIRFT), localised deep dives, reports and action plans 26. HIW, Ombudsman, Coroner NHS Wales Exec and WG engagement Meetings		claims, mortality reviews and inquests	quality systems for real time data. – December 2023 11. A central and digital library of learning will be established which will be launched alongside a revised approach to the collation, analysis and dissemination of learning. – March 2024. 12. The approach to quality assurance will be reviewed and refreshed and a new regulatory procedure and quality assurance procedure will be developed. – March 2024 13. The new Quality Strategy will be developed through a co-design process. – March 2024 14. A Quality Management System will be developed in line with the Duty of Quality, which will describe how Quality Planning, Quality Control, Quality Assurance and Quality Improvement will work together as a collective quality system. – March 2024

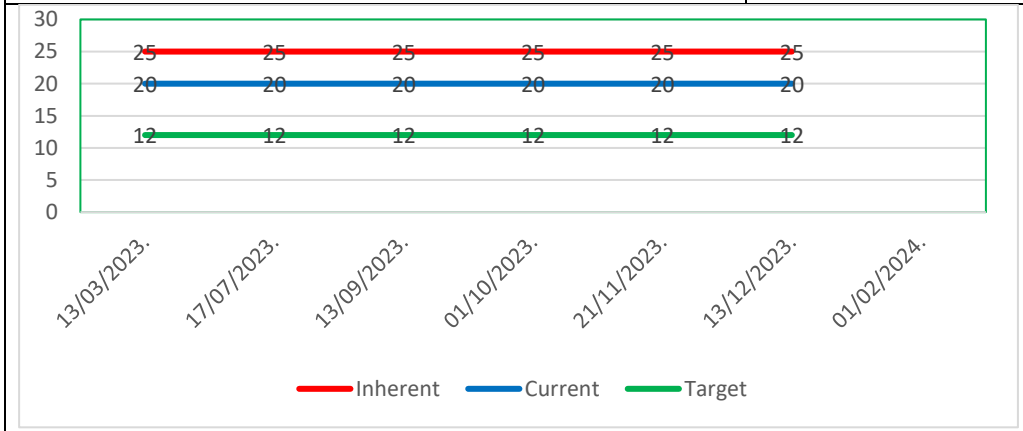
	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	5	1	5
Risk Appetite	low level		1-8
Overall Assessment			

		Six out of seven actions to support controls in relation to this risk are due in March 2024. Gaps in controls have been well identified and have further mitigations noted.

<table>
<tr><td rowspan="4">CRR 24-05</td><td colspan="3">Risk Title: 2023/24 Financial Plan</td><td>Date Opened: 13/03/2023</td></tr>
<tr><td colspan="3">Assuring Committee: Performance, Finance and Information Governance Committee</td><td>Date Last Reviewed: 13/12/2023</td></tr>
<tr><td rowspan="2">Director Lead: Executive Director of Finance</td><td>Link to Datix IDs</td><td>4861/4862</td><td>Date Last Committee Review: 19/12/2023</td></tr>
<tr><td>Link to BAF</td><td>N/A</td><td>Target Risk Date: 31/03/2024</td></tr>
<tr><td colspan="5">Failure to achieve the Annual Plan for 2023/24 (£134.2m deficit), due to non-delivery of planned level of financial improvement.
The financial plan for 2023-24 has identified a forecast deficit of £134.2m. This includes a target for financial improvement of £38.7m, which is based on the following:
• Disinvestment identified £13.5m
• Savings Target £25.2m (Stretch Target £30m)
Failure to deliver the target for financial improvement could adversely impact on the achievement of the financial plan and increase the deficit.</td></tr>
<tr><td>Controls in place</td><td colspan="2">Assurances</td><td>Additional Controls required-</td><td>Actions and Due Date</td></tr>
<tr><td>1. Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions has been agreed to meet at senior leadership team SLT and performance to be challenged at EDIPG.
2. Cross cutting themes with Executive leadership have also been agreed to support IHC/other delivery.
3. Introduction of the Recurrent Investment Group Assurance (RIGA) to assess the £100m Annual Plan investment (Phase 1).
4. Introduction of the Establish Control Group to review all requests for A&C posts and all Band 7+ posts (Non-Patient Facing) and to obtain Executive approval before advertising and reduction of Interim Corporate Staff from 52 to 7.
5. Internal reporting by Department on a monthly basis including review of overspends and forecasts.
6. Financial reporting to Welsh Government on a monthly basis, with the MMR.
7. Financial (including Savings and Finance Special Measures Action Plan) oversight arrangements in place through the Performance, Finance and Information Governance</td><td colspan="2">1. EDIPG
2. Executive Team
3. Performance, Finance and Information Governance Committee /Audit Committee
4. Board Committee
5. External</td><td>1. Welsh Government expectation to achieve a control total deficit of £20m. Delivery of control target will result in the £82m previous WG funding support plus the new 23/24 £101m investment becoming recurrent funding in 2024/25.</td><td>1. Recurrent Investment Group Assurance (RIGA) to assess the £42m Investments Plan (Phase 2).
Due Date:31/1/24
2. Application of Control Totals to Divisions to reduce expenditure by 2% between November and March 24. Due Date:31/3/24</td></tr>
</table>

Committee (PFIG)

8. Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent rather than non-recurrent.
9. Additional £101m provided by Welsh Government, reducing the deficit from £134m to £33m at Month 7.
10. Standing Financial Instructions updated to reflect the model issued by Welsh Government and Scheme of Reservation and Delegation (SoRD) strengthened.



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	cautious		1-8

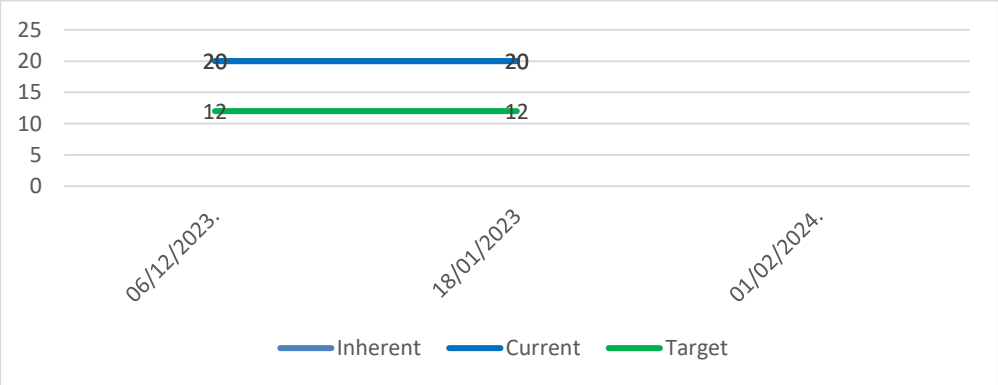
Overall Assessment

Risk Score has remained at 20 since opened in March 2023. Score to be reviewed once actions completed in March 24.

CRR 24-07	**Director Lead:** Chief Digital and Information Officer			**Date Opened:** 06/12/2023
	Assuring Committee: Partnerships, People and Population Health Committee			**Date Last Reviewed:** 06/12/2023
	Risk Title: Availability and Integrity of Patient Information	**Link to Datix IDs**	2819/4594/3659/4603/4766/4576 4420/4604/4902/4981	**Date Last Committee Review:** 13/12/2023
		Link to BAF	SP13	**Target Risk Date: April 25**

There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling which could lead to deaths and harm.

Controls in place	Assurances	Additional Controls required	Actions and Due Date
1. Digital, Data and Technology Strategy in place to set the direction and vision for digital integration, with regular reporting to, Partnerships, People and Population Health Committee. 2. Current paper file identified as the Master Copy of the full record. 3. Access to current clinical systems to print clinical information ready to store in the Master File. 4. Contract in place with third party supplier who are ISO accredited to scan directly into CiTO and destroy clinical paper records confidentially.	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Information Governance Toolkit embedded with operational group oversight and monitoring. 3. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee. 4. Internal Audit Annual Information Governance Compliance Audit. 5. Information Commissioners Office Audit.		1. Establish the cost and resource requirements to back scan all live records 2. Undertake a review of national systems to ensure these can be integrated into the CiTO system – April 2025



N.B. Inherent and Current score lines stacked as both are 20.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	low level		1-8

Overall Assessment

Newly developed risk to be further developed and reviewed

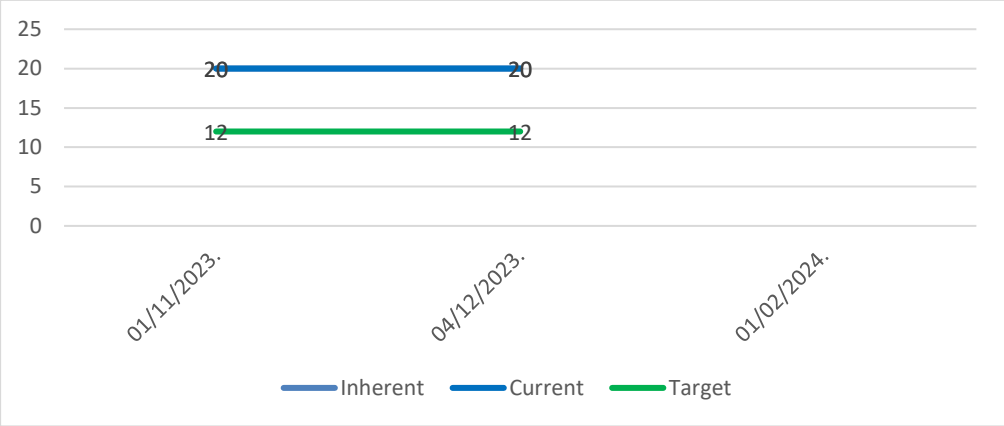
CRR 24-09	**Population Health**			**Date Opened:** 01/11/2023
	Assuring Committee: PPPH (PFIG) (QSE)			**Date Last Reviewed:** 04/12/2023
	Director Lead: Executive Director of Public Health	**Link to Datix IDs**	**4200/4201/1642**	**Last Committee Review:** 19/12/2023
		Link to BAF	**SP1 –** Prevention and Health Protection	**Target Risk Date:** March 2026

There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities. This may be caused by a lack of sustainable services, financial and resource constraints within the Health Board, dependency on grant funding to support prevention activity and demand for delivering the urgent and immediate healthcare needs of the population. Population health improvement and protection may also be impacted by population behaviours and beliefs, modifiable risk factors, wider determinants of health (eg Housing, Education, Employment), the local demographics, the living environment, food production and consumption, local planning, socio-economic factors or the accesibility of health care services. This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to to increasing rates of infectious disease such as: Hepatitis, Measles, Mumps, Rubella, HIV, E-Coli, sexually transmitted infections. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales

Controls in place	**Assurances**	**Gaps in Controls**	**Actions and Due Date**
1. Population Health Executive Delivery Group (meets monthly) provides strategic direction. 2. PPPH Committed has oversight and received regular reports. 3. Welsh Government provides oversight of grant funded activity supporting prevention and early years. 4. The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Public Health Team. 5. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales and with IHC areas, providing expertise. 6. Public Health Team provide review and feedback on planning applications. 7. Health Protection Team work in partnership with Local Authorities to provide expertise and management of cases.	1. Risks linked to CRR24-09 are reviewed and monitored via the Population Health Executive Delivery Group and the Public Health Senior Leadership Team. 2. Health Board progress is reported to Regional Partnership Board and PPPH Committee. 3. The Public Health Team provide the Health Board, its partners and the public with evidence informed information and approaches to improve health and wellbeing. 4. The Public Health Team support population needs analysis and provide professional expertise to support the development of Health Board and partner plans. 5. Prevention is embedded in the Living	1. In order to implement a system wide approach it is necessary for commitment from partners wider than the Health Board to prioritise the implementation of evidence informed practices and proposals. 2. The North Wales region is not operating at the pace or scale required to meet the current and forecast needs of the population. Resources and current pressures for all partners and the Health Board presents significant challenge to increasing the activities required. 3. It is acknowledged that this is a long term risk which cannot be	Actions supporting mitigation of this risk are via delivery of a range of specific strategies, plans and frameworks (some of which are continuous by nature of the work) which include: 1. Tobacco Control Legislation (including Smoke Free Sites) / Welsh Government Tobacco Control Plan 2. All Wales Weight Management Pathway 2021 3. Infant Feeding Strategy 2019 (current refresh underway to 2025) 4. Health Care Public Health Programme (also linked to Special Measures Plans and

	Healthier, Staying Well Strategy and a 'life-course' approach is promoted. 6. Representation by senior Public Health team members at Public Service Boards, Partner Boards, Regional Partnership Board and National forums. 7. A 'Whole System Approach' is being implemented across a number of key priority areas. 8. A number of national programmes of work are underway including implementing the Weight Management Pathway and Smoke Free Sites regulations. 9. Annual development of Public Health work plan to reflect current and emerging need. 10. National Performance Framework measures.	mitigated and fully evidenced within 1-3 years as is well documented through evidence and research. As a Health Board we will work with partners to implement the approaches (many of which are long term approaches) which support the strongest evidence base for success. 4. A recognition of the importance of investing in prevention within the health board. 5. Commitment from partners within the health board to population health and prevention. 6. The failure to recognise the risk associated with the demographic profile and current prevalence of chronic conditions and how further demand due to a lack of prevention could risk overwhelming the system in the future. 7. There is no secured long-term funding to support implementation and growth of the whole system approach across North Wales at scale. 8. The current cost of living crisis will adversely affect those most at risk. 9. The current financial position of the Health Board and its partners will impact on investment into key business cases which support this work. 10. The current position of the Health Board within escalatory measures and short term focus	chronic disease pathways) 5. Together for Mental Health Strategy (local / national) 6. Well North Wales targeted partner programmes 7. Health Board Annual Plan / IMTP milestones and associated activity 8. Working in partnership across BCUHB, PHW and LA to reduce the risk associated with infectious diseases 9. Immunisation Strategy 2023-2026 10. Actions as per detailed within specific risks linked to this CRR.

		of meeting ministerial and special measures priority actions may reduce focus on longer term priority work. 11. The availability of data to support strategic focus at the local level and planning is not available. 12. The Health Protection service is not confirmed past 23/24.	



N.B. Inherent and Current score lines stacked as both are 20.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	low level		1-8

Overall Assessment

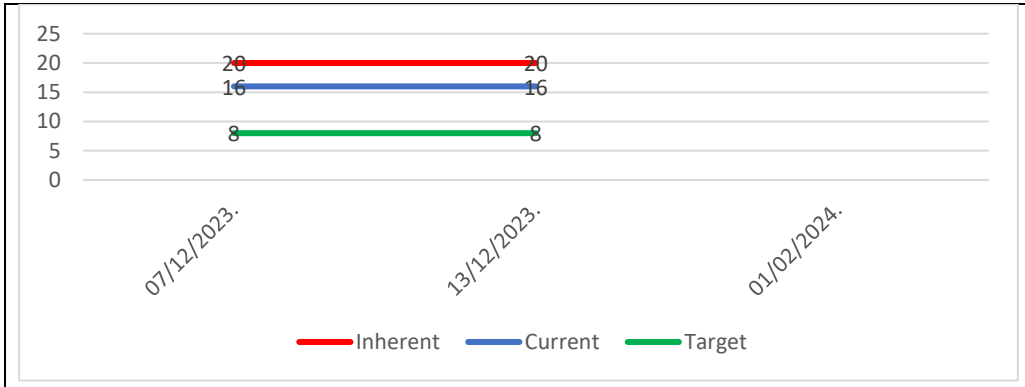
As per the previous population health corporate risks, action plans are progressing well within the control of the Health Board considering the funding constraints being the most notable gap in control. Due dates for some of the actions will be added but note the overall more long-term target date of 2026 to reduce the score to a target of 12.

CRR 24-16	**Leadership/Special Measures**			**Date Opened:** 07/12/2023
	Assuring Committee: Audit Committee			**Date Last Reviewed:** 13/12/2023
	Director Lead: Deputy Director of Workforce	**Link to Datix IDs**	**4480/3969**	**Date Last Committee Review:** 12/01/2024
		Link to BAF	**SP17**	**Target Risk Date:** 31/03/2024

There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.

Controls in place	**Assurances**	**Additional Controls required**	**Actions and Due Date**
1. People Committee is being scheduled to oversee delivery of the People Services agenda 2. Culture Change Steering Group will be reporting into Board via the CEO report 3. Local Integrated Health Communities & Pan Services People & Culture Committees 4. Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement underway.	1. Risks linked to CRR24-16 are reviewed and monitored via the People Committee, the Culture Steering Group and the People Services Senior Leadership Team. 2. Health Board progress reported through the People Committee to the Board and through the CEO report to the Board. 3. Work associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board	1. Integrated Leadership Development Framework 2. New approach to leadership and how to adopt it, aligned with the work on values and behaviours 3. Formal Culture Change Plan and accompanying Comms and Engagement plan 4. Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan 5. Revisit the values of the organisation 6. Develop a behaviours framework 7. Identification of resources to deliver the Culture Change programme	The strategic actions relating to this CRR recorded in the special measures cycle 3 milestones are; Integrated Leadership Development Framework socialised across the organisation for feedback 31/01/2024 Integrated Leadership Development Framework implementation plan presented to Executive Team 29/02/2024 Exploration of approach to leadership: Draft proposal of the approach and how to adopt it, aligned with the work on values and behaviours, presented to Executive Team prior to scheduling for review at Board 29/02/2024 OD Steering Group established 30/12/2023

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20



Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	low level		1-8

Overall Assessment

Teitl adroddiad: ***Report title:***	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinicians (Wales) Directions 2018. Update of Registers of:- **1.** Approved Clinicians (All Wales) **2.** Section 12(2) Doctors (All Wales). Reporting Period: 1st November 2023 – 2nd January 2024.
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday 25th January 2024.
Crynodeb Gweithredol: ***Executive Summary:***	This report is a standing item provided as assurance of compliance with Mental Health Act legislation, policy and process. The Board is asked to note the report contents and formally ratify approvals previously granted through weekly Chair's Action Letters. The details presented to the Board in this Report are a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality. The 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. Following approval by the Board Chairman reached at the 30th March 2023 Board meeting, ratification for approval 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 All Wales Approvals Team. Upon receipt of written ratification, the Clinician is then informed that they have received approval and this is confirmed in writing in a signed Approval Board approval letter. The Health Board then formally ratifies decisions through this paper which is submitted on a bi-monthly basis – as detailed in Appendices 1 and 2. The Board is asked to note this report and ratify the approvals in line with the requirements of the Welsh Government Guidance Document "Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians", the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the "All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals".
Argymhellion: ***Recommendations:***	The Board is asked to note the contents and is recommended to formally ratify previous Chair's Action Letters which contain recomendations to grant approval or reapproval for Approved Clinicians and Section 12(2) Doctors across the Principality.
Arweinydd Gweithredol: ***Executive Lead:***	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.			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Betsi Cadwaladr University Health Board successfully bid to take over the function of the Welsh Ministers for the Approval Process in 2009 on behalf of all former Local Health Boards. Betsi Cadwaladr University Health Board (BCUHB) acting in its capacity as the main Approving Board for Wales, has continued to effectively undertake 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. The Approving Board and Process of Approval continue to fully meet all objectives.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The approval process meets Approved Clinician regulatory requirements set out in the Mental Health Act 1983 (as amended) and the 2008 No.1204 Mental Health (Mutual Recognition) Regulations 2008. The Health Board continues to ensure an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) Doctors in Wales is in place.			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Do/Naddo No			

In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?	Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn *berthnasol* *If no please provide an explanation as to why the duty does not apply* It is 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) ***Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)***	To ensure that all Clinicians are approved and reapproved within written agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government and the Section 12(2) Process and Criteria Document. 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. The Board is asked to note that in accordance with The Mental Health (Mutual Recognition) Regulations 2008, a Section 12(2) approved Doctor in England is also approved in Wales and vice versa. (This does not apply to Approved Clinicians). Due to a lack of Section 12(2) Directions for Wales, there is a risk that a Section 12(2) Doctor approved in Wales may not be lawful in England. Considerable work to date has taken place with Welsh Government, the Approval Team and the All Wales Approval Panel Chair in order to redress the deficit. Draft Section 12(2) Directions have now been written by Welsh Government and the Approval Team is awaiting legal review of the draft Directions by Welsh Government. Until the S12(2) Directions are extant, the All Wales Section 12(2) Process and Criteria Document will continue to remain the reference document used to approve, reapprove, suspend or end Section 12(2) approval.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by Dr N Lyons, Office of the Medical Director.

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	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. If the Approving Board do not ratify approvals, this could also have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in Wales. The ratification of approvals by the Approving Board for all Health Boards is the final step in the process of granting approval or reapproval to the workforce in all of the Health Boards in Wales.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This is an ongoing process.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Lack of Section 12(2) Wales Directions is recorded on Datix Risk Register number ID: 4134.
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 of this report will be the final step in the ratification of approval process and will fully accord with all legislative and process requirements.	
Rhestr o Atodiadau: ***List of Appendices:*** **<u>Appendix 1:</u> Update of Register of Approved Clinicians - Wales**. Mental Health Act 1983 as amended by the Mental Health Act 2007, Approved Clinician (Wales) Directions 2018. **<u>Appendix 2</u>: Update of Register of Section 12(2) Approved Doctors - Wales**. Mental Health Act 1983 as amended by the Mental Health Act 2007. All Wales Section 12(2) Process and Criteria Document.	

APPENDIX 1

Update of Register of Approved Clinicians in Wales Reporting Period:- 1st November 2023 – 2nd January 2024	
	Approved Clinicians
Approvals and Re-approvals	4
Approvals suspended	0
Approvals re-instated/ returned to work in Wales	1
Removed (Left Wales)	10
Retired	0
No longer Registered & Retired:	5
Transferred from AC register (to S12 Register)	0
Transferred/Removed from S12 – Became AC approved	0
Approval Ended	3
Death in Service	2

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 - Wales

Reporting Period: 1st November 2023 – 2nd January 2024

Approvals and Re-approvals: 4

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Piette	Angharad	Swansea Bay University Health Board, Perinatal Mental Health Team, Suite 1, Tonna Hospital, Tonna Uchaf, Neath, SA11 3LX.	5th November 2028	Yes
Hoskins	Mathew	Cardiff and Vale University Health Board, Hafan Y Coed, University Hospital Llandough, Penlan Road, Penarth, CF64 2XX.	10th December 2028	Yes
Nicholls	Kevin	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW.	1st January 2029	No *Pending ratification via a Chair's Action Letter
Menon	Krishna	Cwm Taf Morgannwg University Health Board, Ty Llidiard Adolescent Inpatient Unit, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	1st January 2029	No *Pending ratification via a Chair's Action Letter

Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

Approvals Reinstated/Returned to Work in Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Sanikop	Ajat	Priory Group, Llanarth Court Hospital, Llanarth, Raglan, Usk, NP15 2YD.	26th September 2024

Removed/Left Wales: 10

Surname	First Name	Workplace	Date Approval Expires
Minhas	Omer	Cwm Taf Morgannwg University Health Board, Tonteg Child and Family Clinic, Church Road, Church Village, Tonteg, CF38 1HE.	4th November 2024
Rao	Sandeep	Betsi Cadwaladr University Health Board, Flintshire OPMHS, Wepre House, Civic Way, Wepre Drive, Connah's Quay, Flintshire, CH5 4HA.	7th July 2025
Marshall	Derek John	Elysium Healthcare, Cefn Carnau, Thornhill, Caerphilly, CF83 1LX.	21st December 2026
Aziz	Victor	Swansea Bay University Health Board, Tonna Hospital, Tonna, Neath, SA11 3LX.	22nd May 2024
Mansour	Khalid	Powys Teaching Health Board, Erwood Ward, Bronllys Hospital, Bronllys, Powys, LD3 0LU.	30th November 2024
Tuma	Tuma Touma	Betsi Cadwaladr University Health Board, Bryn Hesketh, Hesketh Road, Colwyn Bay, Conwy, LL29 8AT.	3rd December 2026
Sadanandam	Ashok	Iris Care Group, Pinetree Court Hospital, 904 Newport Road, Rumney, Cardiff, CF3 4LL.	7th February 2024
Labinjo	Francis	Hywel Dda University Health Board, Prince Philip Hospital, Bryngwyn Mawr, Llanelli, SA14 8QF.	19th January 2025
Rashid	Haroon	Powys Teaching Health Board, Ty-Illtyd CMHT, 10 Bridge Street, Llanfaes, Brecon, LD3 8AH.	25th March 2024

Surname	First Name	Workplace	Date Approval Expires
Purushothaman	Bhuvaneswari	Hywel Dda University Health Board, Bro Cerwyn Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PG.	30th October 2027

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 5

Surname	First Name	Workplace	Date Approval Expired
Burton	Simon	Iris Care Group, Heatherwood Court Hospital, Llantrisant Road, Pontypridd, CF37 1PL.	13th December 2023
Mandal	Sabyasachi	Hywel Dda University Health Board, Older Adult Psychiatry, Caebryn, Prince Philip Hospital, Llanelli, SA14 8QF.	6th December 2023
Devakumar	Azeeza	Betsi Cadwaladr University Health Board, Glan Traeth Day Hospital, 2 Alexandra Road, Rhyl, Denbighshire, LL18 9EA.	5th December 2023
Mlele	Thomas	Hywel Dda University Health Board, Learning Disability Service, 2nd Floor, 1 Penlan Road, Carmarthen, Carmarthenshire, SA31 1DN.	4th December 2023
Gindeel	Haytham Hamza Ibrahim	Powys Teaching Health Board, Erwood, Bronllys Hospital, Bronllys, Brecon, LD3 0LU.	14th December 2023

Transferred from AC Register to S12 Register: 0

Surname	First Name	Workplace	Date Approval Expires

Approval Ended: 3

Surname	First Name	Workplace	Date Approval Expired
Howe	Alison Mary	Aneurin Bevan University Health Board, Specialist Eating Disorder Service, Maindiff Court Hospital, Ross Road, Abergavenny, NP7 8NF.	15th November 2023
Lanka	Venkata Naga Srinivas	Locum Medical Agency, St Teilo House, Goshen Close, Rhymney, Tredegar, Gwent, NP22 5NF.	26th November 2023
Magee	Teresa	Hywel Dda University Health Board, Community Mental Health Team, Swn Y Gwynt, Tir-y-Dail Lane, Ammanford, Carmarthenshire, SA18 3AS.	6th December 2023

Death in Service: 2

Surname	First Name	Workplace	Date Approval Expired
Kosorinova	Eva	Swansea Bay University Health Board, Tonna Hospital, Tonna Uchaf, Neath, SA11 3LX.	6th December 2023
Ogbomor	Frank	Cwm Taf Morgannwg University Health Board, Royal Glamorgan Hospital, Llantrisant, Pontyclun, CF72 8XR.	6th December 2023

APPENDIX 2

Update of Register of Section 12(2) Approved Doctors - Wales Reporting Period:- 1st November 2023 – 2nd January 2024	
	Section 12(2) Approved Doctors
Approvals and Re-approvals	14
Approvals suspended	1
Approvals re-instated/ returned to work in Wales	1
Removed (Left Wales)	1
Retired	0
Registered without a licence to practise and retired	0
Transferred from AC register (to S12 Register)	0
Transferred/Removed from S12 – Became AC approved	2
Approval Ended	0
Death in Service	0

APPENDIX 2

Mental Health Act 1983 (as amended by the Mental Health Act 2007)
Mental Health Act 1983 – All Wales Section 12(2) Process and Criteria Document

Update of Register of Section 12(2) Approved Doctors - Wales

Reporting Period: 1st November 2023 – 2nd January 2024

S12 Approvals and Re-approvals: 14

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Nimbal	Prasanna	Cwm Taf Morgannwg University Health Board, North CMHT, Maesteg Community Hospital, Neath Road, Maesteg, CF34 9PW.	31st October 2028	Yes
Cunning	Catherine	Betsi Cadwaladr University Health Board, Child and Adolescent Mental Health Service (CAMHS), Wrexham Child Health Centre, Croesnewydd Road, Wrexham, LL13 7TD.	1st November 2028	Yes
Minhas	Asad	Swansea Bay University Health Board, Central Clinic, 21 Orchard Street, Swansea, SA1 5AT.	11th November 2028	Yes
Layton	Michael	c/o Private Address.	15th November 2028	Yes
Ogbechie	Emeka	Betsi Cadwaladr University Health Board, Llandudno General Hospital, Llandudno, Conwy, LL30 1LB.	19th November 2028	Yes
Clark	Marina	Hywel Dda University Health Board, Cwm Seren Low Secure Unit, Hafan Derwen, St David's Park, Jobs Well Road, Carmarthen, SA31 3BB.	27th November 2028	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Sanni	Idowu	Swansea Bay University Health Board, Taith Newydd, Glanrhyd Hospital, Tondu Road, Bridgend, CF31 4LN.	27th November 2028	Yes
Ojukwu	Chubby Princewill	Cardiff and Vale University Health Board, Care Home Liaison Team and Mental Health Services for Older Persons, Llanfair Unit, University Hospital Llandough, CF64 2XX.	27th November 2028	Yes
Blackman	Jonathan	Aneurin Bevan University Health Board, Ty Glas, Ysbyty Ystrad Fawr Hospital, Ystrad Mynach, CF82 7XU.	27th November 2028	Yes
Seddiq	Nehad	Betsi Cadwaladr University Health Board, Ysbyty Bryn y Neuadd, Llanfairfechan, Conwy, LL33 0HH.	4th December 2028	Yes
Herrera	Cheron	Swansea Bay University Health Board, Department of Liaison Psychiatry, Morriston Hospital, Heol Maes Eglwys, Morriston, Swansea, SA6 6NL.	5th December 2028	Yes
Woodall	Alan	Powys Teaching Health Board, Fan Gorau Unit, Montgomeryshire County Infirmary, Newtown, Powys, SY16 2DW.	17th December 2028	Yes
Sparrow	Cressida	Cwm Taf Morgannwg University Health Board, Angelton Clinic, Glanrhyd Hospital, Tondu Road, Bridgend,CF31 4LN.	20th December 2028	Yes
Amiry	Najia	Cwm Taf Morgannwg University Health Board, Ysbyty George Thomas Hospital, Treorchy, CF42 6YG.	27th December 2028	No* *pending ratification via a Chair's Action Letter

S12 suspended: 1

Surname	First Name	Workplace	Date Approval Expires
Khalil	Mohammad	Formerly Aneurin Bevan University Health Board, Maindiff Court Hospital, Ross Road, Abergavenny, NP7 8NF.	30th April 2024

S12 Approval Reinstated/Transferred/Returned to Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Kour	Sanjeet	Betsi Cadwaladr University Health Board, Conwy CAMHS Team, Mostyn Suite, Llandudno Hospital, Hospital Road, Llandudno, LL30 1LB.	21st September 2027

Removed (Left Wales): 1

Surname	First Name	Workplace	Date Approval Expires
Sebastian	Jain	Powys Teaching Health Board, Clywedog Ward, Llandrindod Wells War Memorial Hospital, Temple Street, Llandrindod Wells, LD1 5HF.	30th January 2024

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 0

Surname	First Name	Workplace	Date Approval Expired

Transferred from AC Register & Became S12 approved: 0

Surname	First Name	Workplace	Date S12(2) Approval Expires

Transferred from S12 Register & Became AC approved: 2

Surname	First Name	Workplace	Date Approval Expired
Payne	Olwen	Betsi Cadwaladr University Health Board, CAMHS Team, CAMHS Talarfon, Holyhead Road, Bangor, Gwynedd, LL57 2EE.	20th November 2023
Kramer	Julia Rose	Swansea Bay University Health Board, Liaison Psychiatry, Morriston Hospital, Swansea, SA6 6NL.	19th December 2023

S12 Approval Ended: 0

Surname	First Name	Workplace	Date Approval Expired

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expires

Teitl adroddiad: ***Report title:***	**2023-24 Month 9 Finance, Capital and Savings Report**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report provides a briefing on the financial performance of the Health Board as at the end of December 2023. The update including reference to the forecast outturn for the financial year to 31st March 2024, to include risk to delivery, mitigations in place and progress on savings. In addition, the report includes an update on delivery of the approved capital programme. Finance Report The Health Board's original financial plan has been revised down from £134.1m to £33.0m as a result of additional funding totalling £101.1m following the Welsh Government Budgetary Review. However, the Health Board also received notification from Welsh Government it is to improve the deficit plan from the original £134.1m by 10%, the result being an outturn control total of a £20m deficit for the financial year (£134m, add back the allocation of £101m and the £13m improvement ask of Welsh Government) articulated within the below table;

DESCRIPTION	£m's	£m's
Deficit Plan		**134.10**
Health Board 10% improvement		(13.41)
Deficit Plan		120.69
Conditionally Recurrent Underlying deficit contribution Inflationary uplift	 (33.30) (41.30)	(74.60)
Non-Recurrent Inflationary uplift Energy Other	 (16.70) (9.80) 0.41	(26.09)
REVISED CONTROL TOTAL		**20.00**

The Health Board forecast outturn for 2023/24 has been adjusted down to £33.0m (the £134.1m add back the additional income of £101.1m). This does not achieve the £20m control total as a consequence of the risks evident in attainment of the additional 10% improvement on plan ask.

The Health Board has received substantial resources non-recurrently, funding conditionally recurrent on moving towards the control total. As the

forecast does not at this time achieve the control total, additional allocations are reflected non-recurrently within Health Board's position and reflect the following allocations;

- Three-year allocation to support deficit, transformation and performance (£82m).
- Elective Recovery Funding (£27m & £7m)
- Additional allocations in year as articulated within the previous table (£101.1m)

The Health Board are in active dialogue in seeking to secure the allocations recurrently, with the delivery of financial control target supporting retention of elements of these funds and significantly improving the allocation received by Health Board.

In relation to in year financial performance, the year to date overspend compared to plan has decreased incrementally from c£5m adverse per month to a surplus in December, as demonstrated within the below table;

Description	Apr £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	YTD Total £m's
Deficit (YTD & month)	1	2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	19.4

The year-to-date position is a deficit of £19.4m (an improvement of £6.3m from the previous month's being a £24.8m deficit) with key drivers of the deficit being temporary workforce costs (continued use of additional emergency capacity beds), drug costs (prescribing & secondary) and continuing healthcare.

As highlighted within the table above, the December 2023 in month position is a £6.3m surplus, generated by a small operating surplus and a number of material one-off gains relating to prior year Accountancy Gains (reversal of a provision relating to a legal issue and revised energy provisions).

The continuation of the additional controls and oversight placed within the Health Board, examples being enhanced oversight of temporary workforce and formation of an Establishment Control Group, are still critical to achievement of the financial plan. It is of note that whilst these initiatives continue to reduce expenditure, they also have clinical backing and are assessed to ensure they do not impact upon patient safety.

The delivery of the control totals set at a £20m deficit would require the expenditure to fall further or income to be enhanced to offset the following risks;

- £19.4m year to date deficit
- £13.4m Welsh Government additional ask

In addition, emergency care during the winter or further elective recovery initiatives and industrial actions costs will need to be resourced from within existing baseline funding in order for the control total set by Welsh Government to be achieved.

	The Executive have initiated expenditure control totals for Directorates and Areas in order to support delivery of the deficit outturn, with additional measures under consideration should expenditure control totals not be attained in future months (noting we are fast approaching close of the financial year). Key risks centre on the Health Board not attaining the £20m deficit control total and as a consequence not securing recurrently allocations made non-recurrently (impacting on the 2024/25 available baseline funding adversely) and further the cash availability risk to servicing debts with suppliers of goods and services, leading to reputational impacts. Strategic Cash Support has been requested from Welsh Government to ensure that essential payments can continue through to March 2024. The request is for £52.0m, consisting of £33m in relation to the forecast deficit plus £19m being the risk that the year-to-date deficit will not be fully recovered, noting risk of additional costs such as industrial action and emergency pressures, less the actions that the Health Board can take to manage cash at year end due to timing of payments. <u>Capital Programme</u> The finance report articulates performance within the capital programme to enable appropriate monitoring and scrutiny. The dashboard provides an update on the status and progress of the major capital projects and the agreed capital programmes and highlights the key issues and mitigations, together with areas which need further escalation. The capital programme has increased in month 9 as further allocations have been made available to the Health Board for Emergency Care (£523k), Digital Priorities (£1,219k) and Diagnostic Equipment (£2,348k). Capital expenditure has been re-aligned and whilst reporting a small over-commitment at month 9 (£50k) this will be managed during the final quarter of the financial year, the risk to managing delivery within allocated resources considered low. <u>Savings Report</u> In the Health Board's Financial Plan for 2023/24, recurring savings of £25.2m were required to be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m. To date savings plans of £25.6m have been identified as Green schemes, up £0.9m from last month, and these are forecast to over achieve by £3.0m. Additional Accountancy Gains of £3.5m have been identified in-month bringing the total up to £5.3m at Month 9. A number of Red schemes have been converted to Green schemes, with a remaining balance of £1.0m plus potential pipeline savings of £0.2m both of which need work prior to delivery and conversion to Green Schemes. The year to date the savings target is £18.9m with delivery being £21.2m, therefore at Month 9 there is a positive over performance of £2.3m.
Argymhellion:	The Board is asked to • **receive** and scrutinise this report • **to note** the additional capital allocations received to date

Recommendations:				
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott, Interim Executive Director of Finance.			
Awdur yr Adroddiad: ***Report Author:***	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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:***				
The programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	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 as per the financial plan.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?***	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 and Social-Economic 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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	There is a risk that the Health Board does not meet its statutory financial duty for 2023-24. BAF 2.3. Current risks and mitigations are shown in Appendix A, Slide 13. From a capital perspective, the Health Board continues to experience occasions where 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* ***Financial implications as a result of implementing the recommendations***	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	**Appendix A & B** **BAF risks** BAF 2.3 Risk of the Health Board's failure to meet the break-even duty. **Corporate Risk Register:** CRR23-49, Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget CRR23-51, Risk of failure to achieve the initial financial plan for 2023/24 This risk has being updated to reflect the revised financial plan. CRR23-52, WG cash funding for 2023/24

	Appendix C **BAF risks** 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) ***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: ***List of Appendices:*** A - 2023/24 Finance Report (Revenue, Capital and Savings) - Month 9	

Finance, Capital and Savings Report December 2023 – M09

Russell Caldicott
Interim Executive Finance Director

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Summary of Year to Date Key Numbers

Month 9 Position

In Month £167.9m against plan of £174.1m.

£6.3m favourable position

YTD: £1591.0m against plan of £1571.7m

£19.4m adverse position (an improvement over month 8 being £24.8m adverse to plan)

Forecast

Projection held at planned deficit but this is subject to significant risk around savings and cost reductions (current run rate indicating a deficit outturn of £41m for the financial year)

£33.0m deficit

Divisional Performance Month 9

West IHC	£11.3m adverse
Central IHC	£16m adverse
East IHC	£9.7m adverse
Womens	£0.4m favourable
MH & LD	£5.5m adverse
Commissioning Contracts	£2.3m favourable
ICD Primary Care	£1.2m favourable
ICD Regional Services	£1.7m adverse
Support Functions	£2.5m favourable
Other Budgets	£18.4m favourable

Savings

In-month: £4.4m against target of £2.1m
£2.3m favourable

YTD: £21.2m against target of £18.9m
£2.3m favourable

Savings Forecast

£28.6m (excluding non budget reducing schemes) against target of £25.2m

£3.4m favourable.

COVID-19 Impact

£9.7m cost YTD

£15.3m forecast cost.
Fully funded by Welsh Government
£NIL impact

Year to Date Income

£113.9m against budget of £109.8m

£4.1m favourable

Year to Date Pay

£804.5m against budget of £787.5m

£16.9m adverse

Year to Date Non-Pay

£900.5m against budget of £893.9m

£6.6m adverse (above £24.8m planned deficit)

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

- At Month 9 the Approved Capital Resource Limit (CRL) for 2023/24 is £27.364m, including IFRS 16, and is forecast to be spent in full. Year to date expenditure is £11.8m against a year to date plan of £12.1m.
- Following the Welsh Government NHS Budget review, the Health Board received an additional non recurring funding allocation of £101.1m and the 2023/24 forecast outturn was revised down to £33.0m at Month 7.
- A continuation of the improved run rate is reported at Month 9, however £3.5m relates to non recurring Accountancy Gains released in Month 9.

Issues & Actions

- December in-month position is reporting a surplus of £3.5m, which is £6.3m less than the in-month planned deficit of £2.8m (1/12th of the planned £33.0m forecast outturn position).
- Total Year to date position is a deficit of £44.2m, which is £19.4m over the year to date planned deficit of £24.8m. The £19.4m deficit over plan will need to be recovered over the remainder of the financial year.
- The Health Board remains committed to taking action to mitigate any risks to delivery of the financial plan. In addition, a requirement of £52.0m of strategic cash support is required to maintain existing payment terms to staff and suppliers, noting this includes a contingency for non-delivery of mitigations. This will remain under review and will be refined further at Month 10.
- The Divisions have been allocated a control total and are requested to identify opportunities to reduce the expenditure run rate in each of the remaining months.

Key Messages

- Health Board forecast outturn for 2023/24 improved to £33.0m in Month 7 (original plan £134.1m offset by £101.1m allocation) this does achieve the £20m control total.
- The £19.4m year-to-date adverse position over the planned deficit of £24.8m (9/12th's of the full year £33.0m deficit) to be recovered over the remainder of the financial year.
- The in-month position has benefited from fortuitous gains relating to revised legal and energy provisions, leading to Accountancy Gains of £5.3m. The underlying position is still challenging and additional costs have been identified as a consequence of strike action and continued emergency pressures, However, savings rated Green are now £25.6m and exceed the targeted £25.2m contained within the initial plans (Green £25.6m, Red £1.0m & Pipeline £0.2m).
- Further capital allocations have been made available to the Health Board for Emergency Care (£523k), Digital Priorities (£1,219k) and Diagnostic Equipment (£2,348k).

Revenue Position

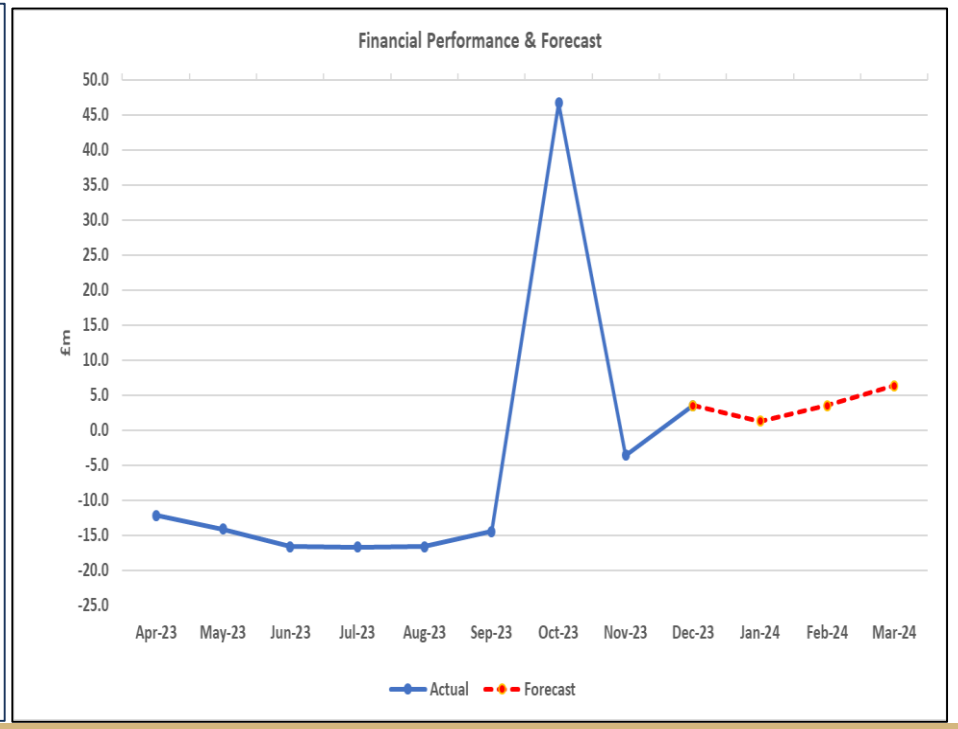
	2023-24									2023/24 Cumulative against Plan				Forecast Actual Expenditure
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(170.9)	(163.0)	(160.6)	(225.6)	(176.9)	(171.4)	(1,546.9)	(1,546.9)	0.0	0.0%	(2,075.4)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(12.3)	(12.2)	(12.3)	(13.3)	(13.4)	(13.0)	(109.8)	(113.9)	-4.1	3.7%	(151.7)
Health Board Pay Expenditure	81.1	85.3	102.7	96.2	88.0	86.8	91.3	86.9	86.2	787.5	804.5	16.9	2.1%	1,059.3
Non-Pay Expenditure	92.0	100.5	97.0	103.8	103.9	100.6	101.0	107.0	94.7	869.1	900.5	31.4	3.6%	1,200.9
Total Deficit / (Surplus)	**12.2**	**14.1**	**16.6**	**16.7**	**16.7**	**14.5**	**(46.6)**	**3.6**	**(3.5)**	**(0.0)**	**44.2**	**44.2**		**33.0**
Planned Deficit	**11.2**	**11.2**	**11.2**	**11.2**	**11.2**	**11.2**	**(47.8)**	**2.8**	**2.8**	**24.8**	**0.0**	**24.8**	**100%**	**0.0**
Total Deficit / (Surplus) above Plan	**1.0**	**2.9**	**5.4**	**5.6**	**5.5**	**3.3**	**1.2**	**0.8**	**(6.3)**	**24.8**	**44.2**	**19.4**		**33.0**

- The 2023/24 financial plan allocated substantial investments for cost pressures (c£97m), included resourcing non-delivered of savings from prior years and made further recurrent investments within establishment (Nurse Staffing Act as an example). The delivery of the plan was reliant upon full attainment of savings plans, expenditure remaining within budgets in year, and further underspends historically accruing within the Health Board remaining.

- As the year progressed additional pressures and difficulty in identifying savings plans resulted in deficits, and a number of corrective actions were introduced. These involved establishing an enhanced vacancy control process, reviewing all investment decisions and review of the use of the temporary workforce. These have resulted in reduced expenditure and a reduction of the adverse variance in recent months, with the in month surplus being attributable to several fortuitous gains.

- The year-to-date deficit is £44.2m which is £19.4m over the year to date plan of £24.8m (9/12ths of the £33.0m full year deficit) and the deficit to date will need to be recovered over the remainder of the financial year.

- The risks to delivery are highlighted on Slide 14. The Health Board has requested £52.0m of strategic cash support to maintain existing payment terms to staff and suppliers (reflecting risk to delivery in year).



Revenue Position

- The Health Board's forecast outturn for 2023/24 was adjusted down to £33.0m deficit at Month 7 (original plan of £134.1m less the £101.1m additional allocation). This does not achieve the £20m control total as a consequence of the risks evident in attainment of the additional 10% ask.

- The Health Board has received substantial resources non-recurrently, funding is conditionally recurrent on moving towards the control total. As the forecast does not at this time achieve the control total, additional allocations are reflected non-recurrently within the Health Board's position. The allocations are detailed below:

➢ Three-year basis for deficit resourcing, transformation and performance (£82m)
➢ Elective recovery funding (initial £27m and further £7m allocation)
➢ Additional allocations notified in month 7 (£101.1m)

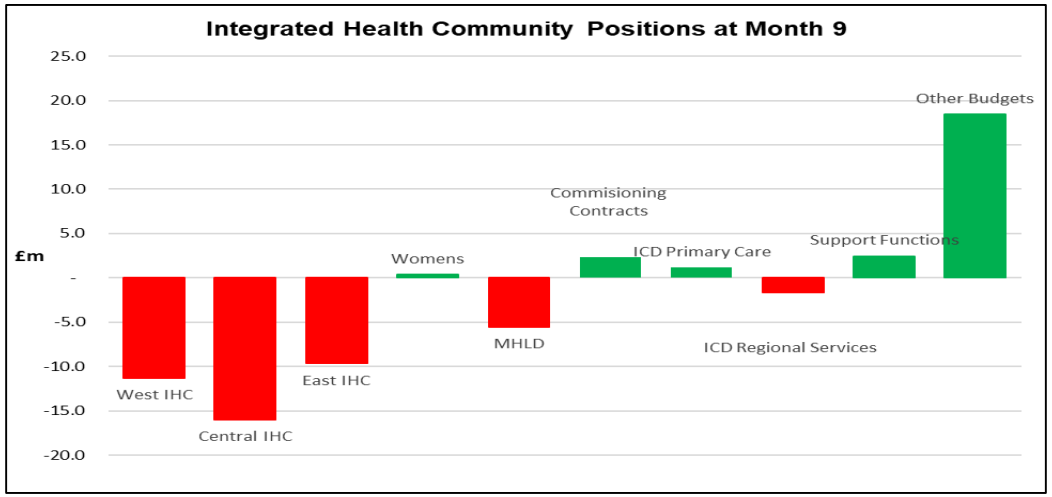
Ref	DESCRIPTION	£m's	£m's
1	**Deficit Plan**		**134.10**
2	Health Board 10% improvement		(13.41)
	Deficit Plan		120.69
3	Conditionally Recurrent		(74.60)
	Underlying deficit contribution	(33.30)	
	Inflationary uplift	(41.30)	
4	Non-Recurrent		(26.09)
	Inflationary uplift	(16.70)	
	Energy	(9.80)	
	Other	0.41	
5	**REVISED CONTROL TOTAL**		**20.00**

To deliver the £33.0m planned deficit a number of actions are being progressed:

➢ The Recurrent Investment Group Assurance (RIGA) work commenced in early October to review the 23/24 funded investments and assess if they were unavoidable costs or related to patient safety, where possible removing or reducing the investment (Three sessions 2/10, 17/10 and 1/11). The outcome presented to and endorsed by the Executive Team and communicated to divisions. Actions are now required as part of the opening planning process for 2024/25. Any in year reductions in expenditure will form part of the Executive endorsed control totals delivered by Divisions. The Health Board is now to review and re-prioritise the developments from the £42m Performance and Transformation Fund.
➢ Establishment Control Group (ECG) – The group meets weekly and the decisions up until end of December 2023 are now reflected in the savings tables and forecasting for future months. Prior months ECG savings already from part of the year to date position and these total £150k.
➢ Auto-cascade parameters have now been adjusted with no off-contract from 01/10/2023, with shifts offered to on-contract agency a maximum of 7 days prior to the start of the shift. Additional controls have been put in place for Medical, Nursing & Therapies Temporary Workforce.
➢ Develop active use of benchmarking, outputs and value from sustainability workstreams to support improvement in conjunction with FP and D.
➢ Balance sheet and reserves continue to be reviewed to assure all non-recurrent mitigations are known and deployed as required.
➢ The Executives are currently considering additional expenditure control measures.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	
WG RESOURCE ALLOCATION	(171,391)	(171,391)	0	0%	(1,546,876)	(1,546,876)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	106	85	22	-20%	(108)	815	(924)	-852%	(1,069)
West Area	16,041	16,432	(391)	-2%	146,113	149,866	(3,752)	-3%	(3,844)
Ysbyty Gwynedd	10,462	11,050	(589)	-6%	97,742	103,747	(6,004)	-6%	(8,000)
Facilities	1,119	1,168	(50)	-4%	10,426	11,021	(595)	-6%	(791)
Total West	27,728	28,735	(1,007)	-4%	254,173	265,449	(11,276)	-4%	(13,704)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	99	82	17	-17%	889	864	25	-3%	50
Central Area	21,278	21,339	(61)	0%	192,770	197,390	(4,620)	-2%	(6,547)
Ysbyty Glan Clwyd	13,139	14,040	(901)	-7%	120,908	132,005	(11,097)	-9%	(13,106)
Facilities	1,331	1,352	(20)	-2%	12,369	12,678	(309)	-3%	(341)
Total Central	35,847	36,813	(965)	-3%	326,937	342,938	(16,002)	-5%	(19,944)
EAST INTEGRATED HEALTH COMMUNITY									
Management	27	72	(44)	163%	250	796	(547)	219%	(720)
East Area	23,732	23,767	(35)	0%	215,318	219,056	(3,738)	-2%	(4,500)
Ysbyty Wrexham Maelor	11,122	11,627	(505)	-5%	103,110	107,638	(4,528)	-4%	(5,977)
Facilities	1,180	1,271	(91)	-8%	10,949	11,806	(856)	-8%	(1,109)
Total East	36,062	36,737	(676)	-2%	329,627	339,297	(9,669)	-3%	(12,306)
Total Midwifery and Women's Services	3,851	3,842	9	0%	35,498	35,116	381	1%	646
Total Mental Health and LDS	14,001	14,926	(926)	-7%	127,872	133,397	(5,525)	-4%	(7,077)
Total Commisioning Contracts	22,246	20,222	2,024	9%	204,030	201,731	2,299	1%	3,000
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	855	197	657	77%	7,921	7,175	747	9%	747
Dental North Wales	4,106	3,441	665	16%	25,139	23,654	1,485	6%	1,500
Community Dental Services	456	511	(55)	-12%	4,225	4,804	(579)	-14%	(770)
Other Primary Care	113	168	(55)	-48%	1,033	1,491	(458)	-44%	(619)
Total Integrated Clinical Delivery Primary care	5,530	4,317	1,213	22%	38,319	37,124	1,196	3%	858
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,852)	(2,214)	362	-20%	(16,668)	(17,517)	848	-5%	849
Diagnostic and Specialist Clinical Support	6,564	6,665	(101)	-2%	59,745	62,151	(2,405)	-4%	(3,365)
Cancer Services	5,159	4,969	191	4%	47,522	47,647	(125)	0%	45
Total Integrated Clinical Delivery	9,871	9,420	451	5%	90,599	92,281	(1,682)	-2%	(2,472)
Total Service Support Functions	13,558	12,232	1,326	10%	122,771	120,310	2,461	2%	940
Total Other Budgets	5,450	628	4,822	88%	41,825	23,398	18,427	44%	50,059
Total Service Support Functions and Other Bud	19,008	12,860	6,148		164,596	143,708	20,888		50,999
Total	2,753	(3,518)	6,271	228%	24,775	44,164	(19,390)	-78%	0



- Key reasons for the £19.4m year to date adverse variance above plan compared to 9/12ths of the £33.0m planned deficit is due to the following year to date cost pressures:

	In-month Cost Pressure £m	Year to Date Cost Pressures at M9 £m
Pay Pressures above planned assumptions	**0.4**	11.0
Commissioning Services incl NHS & Private Providers	**0.3**	6.9
CHC	**0.2**	6.5
Primary Care & Secondary Care Drugs	**0.4**	6.5
Other Non-Pay including Energy / GDS / GMS	**(1.2)**	(2.4)
Savings incl Run Rate	**(2.9)**	(3.8)
Accountancy Gains	**(3.5)**	(5.3)
Total	**(6.3)**	**19.4**

Expenditure – Pay & Non-Pay

Pay Costs	2023-24									Cumulative			Full Year Forecast Expenditure
	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	11.7	12.2	16.1	13.9	12.5	12.4	12.3	12.4	12.1	121.1	115.7	5.4	153.0
Medical & Dental	18.8	19.5	19.8	19.7	19.5	19.3	24.1	19.9	19.5	169.6	180.1	(10.5)	236.2
Nursing & Midwifery Registered	24.6	26.3	32.0	30.3	27.7	27.2	27.0	26.7	26.8	241.5	248.6	(7.2)	327.3
Additional Clinical Services	12.0	12.9	16.7	15.2	13.3	13.3	13.1	13.0	13.0	116.6	122.7	(6.0)	162.0
Add Prof Scientific & Technical	3.2	3.3	4.1	4.0	3.4	3.4	3.4	3.4	3.5	35.2	31.6	3.6	41.4
Allied Health Professionals	5.6	5.6	6.9	6.7	5.8	5.7	5.6	5.8	5.7	51.3	53.3	(2.0)	70.2
Healthcare Scientists	1.3	1.4	1.7	1.7	1.5	1.5	1.5	1.5	1.5	13.4	13.5	(0.1)	17.6
Estates & Ancillary	3.8	4.0	5.3	4.6	4.2	4.1	4.1	4.0	4.0	38.1	38.2	(0.1)	50.6
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.8	0.8	(0.0)	1.0
Health Board Total	**81.1**	**85.3**	**102.7**	**96.2**	**88.0**	**87.0**	**91.1**	**86.9**	**86.2**	**787.5**	**804.5**	**(16.9)**	**1,059.3**
Other Services (Incl. Primary Care)	2.1	2.8	3.2	3.0	2.5	2.5	2.8	2.9	2.7	19.5	24.6	(5.1)	32.8
Total Pay	**83.2**	**88.1**	**105.9**	**99.2**	**90.5**	**89.5**	**94.0**	**89.8**	**88.9**	**807.0**	**829.0**	**(22.0)**	**1,092.0**

Non-Pay Costs as per Monitoring Return Table	2023-24									Cumulative			Full Year Forecast Expenditure
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractor	18.7	18.3	18.9	19.1	18.2	19.0	18.4	19.0	20.3	172.2	169.8	2.4	227.7
Primary Care - Drugs & Appliances	9.3	10.4	11.4	11.0	12.2	10.8	10.4	10.9	9.8	93.1	96.1	(3.0)	127.7
Provider Services - Non Pay	16.0	18.4	18.4	17.1	18.8	18.7	18.9	19.8	17.2	169.7	163.5	6.2	223.2
Secondary Care - Drugs	6.5	7.6	7.9	8.1	8.4	7.7	8.1	8.3	7.4	66.3	70.1	(3.8)	93.3
Healthcare Services Provided by Other NHS Bodies	26.2	28.1	27.6	29.1	28.9	27.1	27.8	31.3	26.5	249.5	252.6	(3.1)	337.1
Continuing Care and Funded Nursing Care	10.1	10.2	10.0	12.3	11.3	10.8	10.9	11.6	10.9	90.4	98.2	(7.8)	127.6
Other Private & Voluntary Sector	2.1	2.1	2.2	2.4	1.6	2.1	1.5	1.6	1.4	16.3	17.0	(0.6)	20.8
Joint Financing and Other	0.2	0.1	0.3	0.3	0.3	0.2	0.2	0.3	0.3	2.0	2.4	(0.4)	3.2
Losses, Special Payments and Irrecoverable Debts	0.3	0.8	(3.6)	0.6	0.5	0.5	0.8	0.6	(2.9)	1.2	(2.4)	3.6	(1.8)
Non-pay costs	**89.5**	**96.0**	**93.1**	**100.1**	**100.3**	**97.0**	**96.9**	**103.3**	**91.0**	**860.6**	**867.2**	**(6.6)**	**1,158.8**
AME/DEL Depreciation	2.5	4.5	3.9	3.6	3.6	3.6	4.1	3.7	3.7	33.3	33.3	(0.0)	42.1
Total non-pay	**92.0**	**100.5**	**97.0**	**103.8**	**103.9**	**100.6**	**101.0**	**107.0**	**94.7**	**893.9**	**805.9**	**(6.6)**	**1,200.9**

- **Provided Services Pay:** Expenditure is £0.6m (0.7%) less than previous month due to reductions in three areas of temporary staffing expenditure:- Agency (£0.5m); overtime (£0.2m) and Locum £0.1m), with slight offsets in other pay expenditure. The annual Forecast on Pay has decreased by £3.2m (0.3%), of which Agency forecast outturn has reduced by £1.4m.

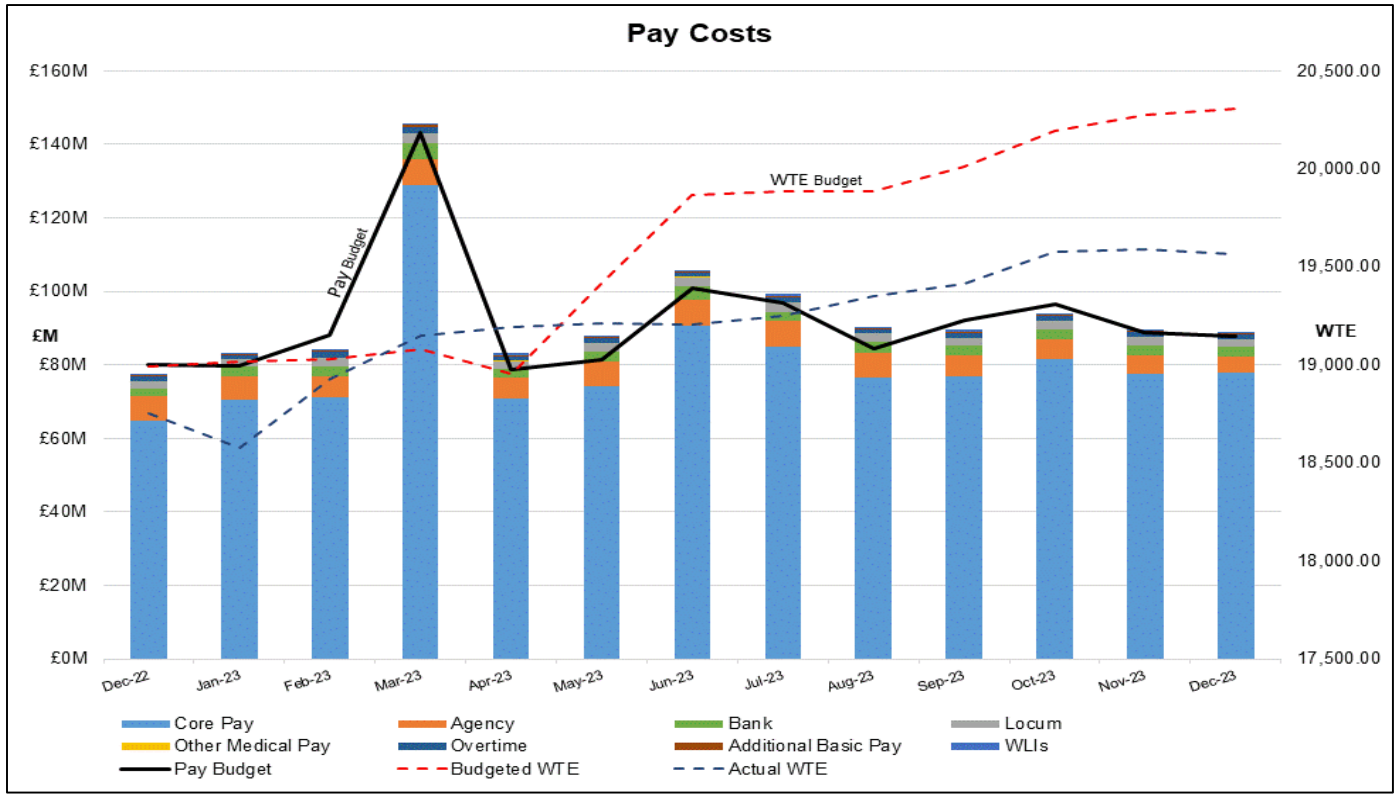
- **Non-Pay Expenditure (excluding Depreciation)**: December total non-pay expenditure is £91.0m, a decrease of £12.3m from November.

- In month significant one off benefits have been realised. These include legal related provisions, revised energy provisions and Accountancy Gains.

- Further detail on Non-Pay expenditure movements is included on Slide 11 .

Expenditure – Pay

	2023-24								
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Budgeted WTE	18,952	19,415	19,869	19,883	19,887	20,009	20,194	20,277	20,309
Actual WTE	19,193	19,211	19,206	19,248	19,350	19,413	19,575	19,589	19,563

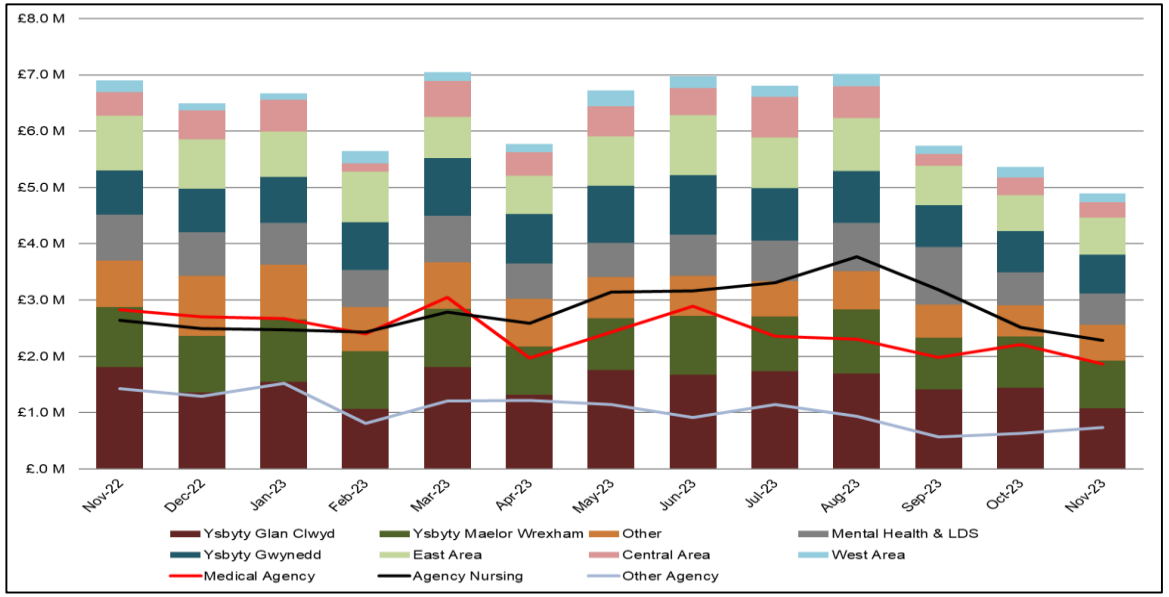


- Actual worked in December is 19,563 WTE, a decrease of 26 WTE from previous month. Total Pay expenditure has decreased by £0.9m from previous month (of which £0.6m is reduction in Provided Services Pay).
- Agency expenditure has decreased again in December by £0.5m and Locum spend has decreased by £0.1m. Bank expenditure remains in line with previous month, whilst overtime has also decreased by £0.2m.

Variable Pay	2023-24									
	M1	M2	M3	M4	M5	M6	M7	M8	M9	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	5.8	6.7	7.0	6.8	7.0	5.7	5.4	4.9	4.4	53.7
Overtime	1.1	1.2	1.1	1.3	1.1	1.2	1.3	1.3	1.1	10.8
Locum	2.2	2.4	2.6	2.6	2.3	2.0	2.0	2.4	2.3	20.6
WLIs	0.4	0.4	0.5	0.6	0.5	0.5	0.4	0.4	0.4	4.2
Bank	2.3	2.7	3.6	2.6	2.8	2.8	2.9	2.6	2.6	24.8
Other Non Core	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.6
Additional Hours	0.4	0.4	0.3	0.4	0.3	0.3	0.3	0.4	0.4	3.2
Total	**12.4**	**13.8**	**15.2**	**14.2**	**14.1**	**12.6**	**12.5**	**12.1**	**11.1**	**117.8**

Pay Costs – Agency

	23-24 Actual									Total Year to Date	Total Forecast
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23		
West Area	148	281	202	206	217	139	190	155	138	**1,675**	**2,088**
Central Area	416	527	483	718	568	208	314	270	225	**3,730**	**4,866**
East Area	676	879	1069	899	939	709	637	665	506	**6,980**	**8,740**
Ysbyty Gwynedd	884	1024	1057	934	921	742	734	692	735	**7,723**	**9,807**
Ysbyty Glan Clwyd	1323	1757	1677	1736	1,697	1,408	1,441	1,073	1,068	**13,179**	**16,868**
Ysbyty Maelor Wrexham	851	922	1038	973	1,140	926	909	849	729	**8,336**	**10,414**
Mental Health & LDS	629	602	729	722	851	1,026	583	549	489	**6,180**	**7,647**
Womens	226	130	126	111	133	127	126	112	128	**1,218**	**1,672**
Other incl pan BCU Cancer Servcies and Corporate	619	600	592	512	549	452	430	528	358	**4,640**	**5,918**
Total Agency	**5,771**	**6,721**	**6,972**	**6,811**	**7,015**	**5,737**	**5,365**	**4,893**	**4,375**	**53,660**	**68,020**



- Agency expenditure for Month 9 is £4.4m, representing 4.9% of total pay, a decrease of £0.5m on last month. The 2022-23 monthly average Agency expenditure was £6.1m. Agency year end forecast outturn has decreased by £1.4m, from £69.0m in Month 8 to £67.6m in Month 9. The impact of the change in fill criteria for auto-cascade and Off-contract Agency across the HB has had a favourable impact on the monthly Agency expenditure since Month 6.

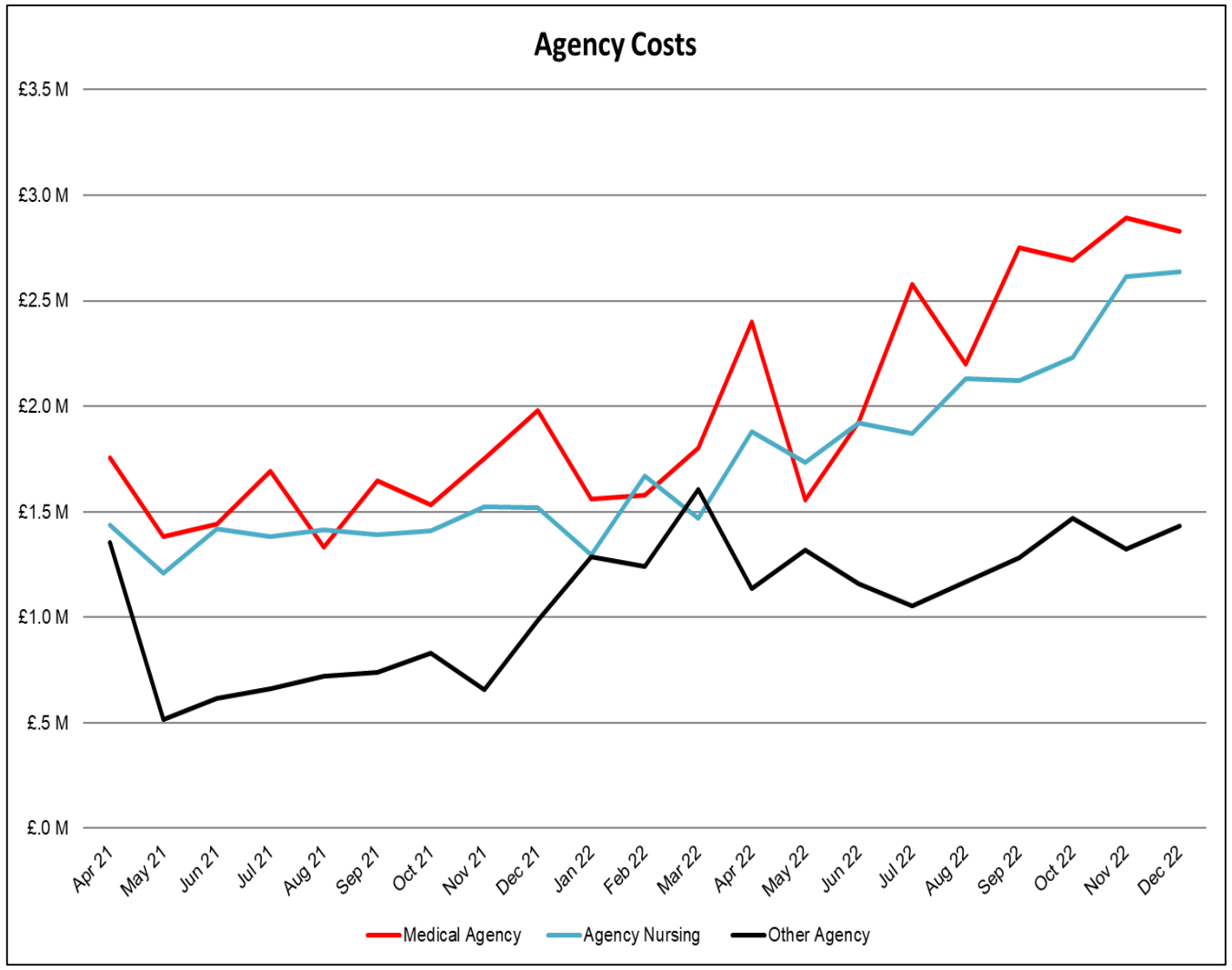
- Month 9 Medical Agency expenditure is £1.4m, a decrease of £0.5m from previous month. The decrease is mainly reported against Ysbyty Gwynedd. Medical Agency is primarily used to cover vacancies. The main areas of Month 8 Medical Agency spend are East Area (£0.2m), Ysbyty Glan Clwyd (£0.2m), Ysbyty Gwynedd (£0.3m), Ysbyty Maelor Wrexham (£0.1m) and Mental Health (£0.2m), together accounting for 70.5% of the in-month cost.

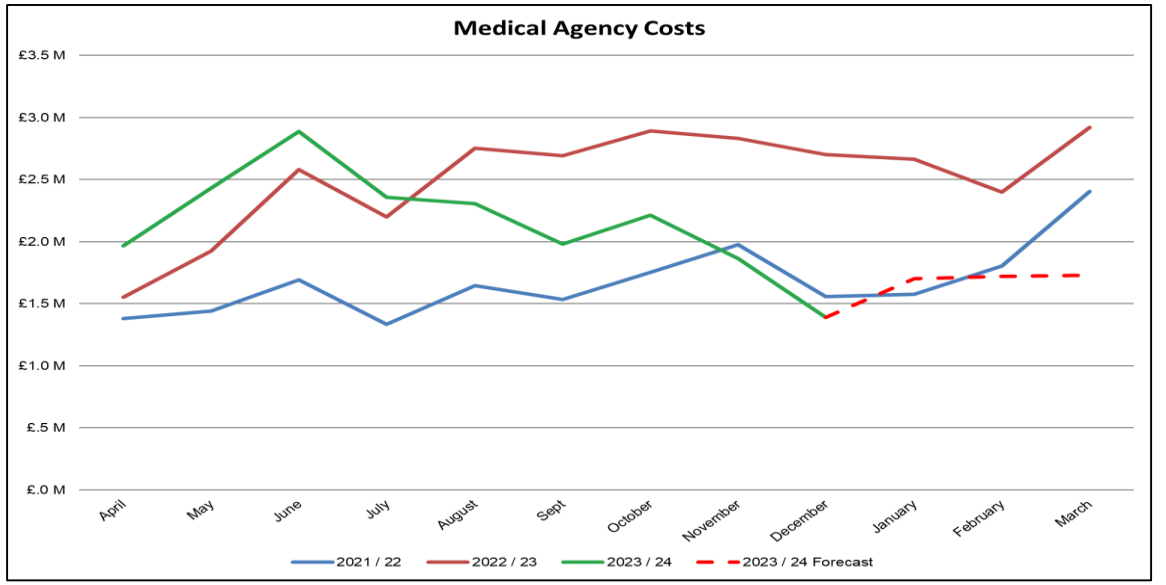
- Nurse agency costs totalled £2.5m for the month, an increase of £0.2m from previous month. Month 8 expenditure is £0.3m higher than the Nursing Agency monthly average costs of £2.2m reported in 2022/23. Agency Nursing continues to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care in maintaining the Nurse Staffing Act Ward staffing levels. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£0.8m in month), Ysbyty Maelor Wrexham (£0.7m), Ysbyty Gwynedd (£0.4m) and Mental Health (£0.3m), which together account for 88% of the December expenditure.

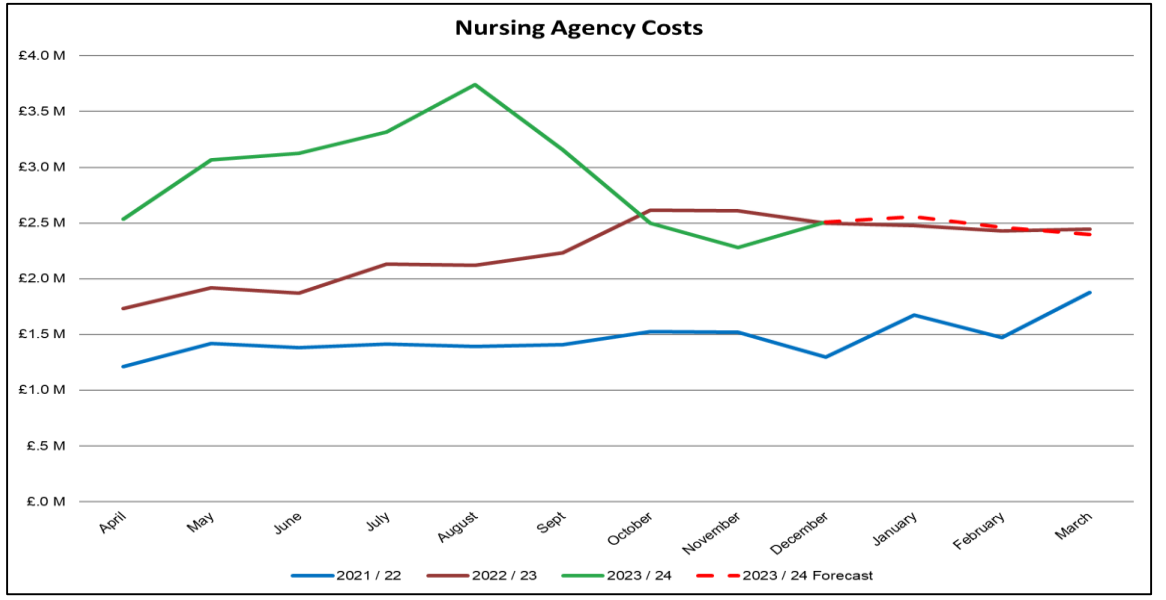
- Other agency costs at month 9 totalled £0.5m, a decrease of £0.3m from Month 8 and mainly consist of Allied Health Professionals (£0.4m) and Admin and Clerical (£0.1m).

Pay Costs – Agency

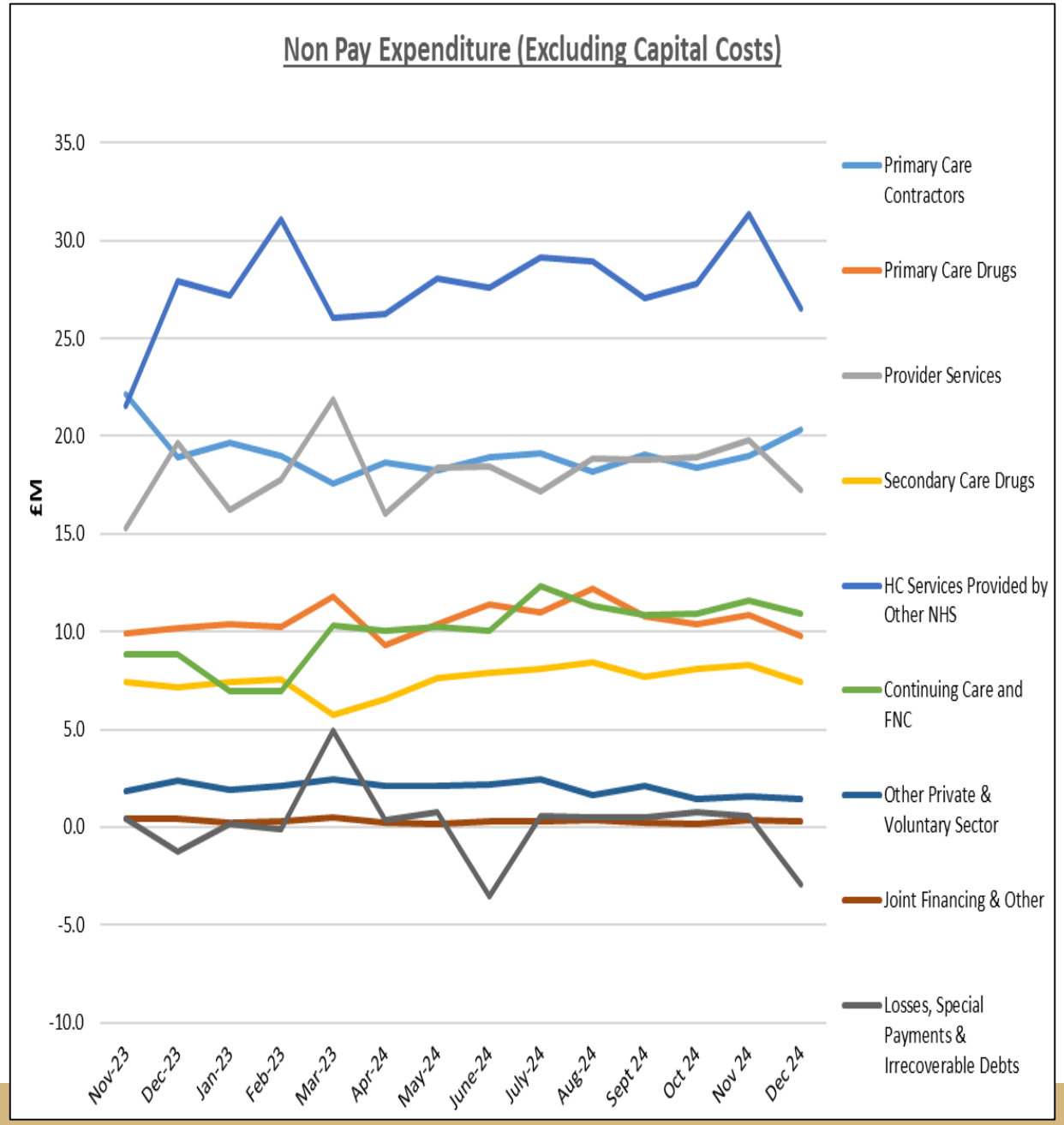
- The below graphs shows movements in both Medical & Agency Nursing costs.







Expenditure - Non Pay



- **Primary Care Contractor:** In-month expenditure is £1.4m (7.1%) higher than previous month, of which £1.1m is the 5% DDRB uplift backdated to 1st April. GMS is reporting an in-month increase of £0.4m due to continued Managed Practices GP staffing pressures, leading to increased Locum costs.

- **Primary Care Drugs:** Expenditure is £1.1m (9.9%) less than previous month. December estimate is based on 21 prescribing days, compared to 22 in November. The 3-month Average Cost per Prescribing Day in October has decreased by -0.6%. The 3-month Average Cost per Item has also decreased from £7.69 to £7.65 (-0.6%).

- **Secondary Care Drugs:** Expenditure is £0.9m less than previous month which is mainly driven by activity reductions in AMD, Theatres, Orthopaeds (Immunoglobulin), Gastroenterology and Respiratory. In addition, there has also been a reduction in Dermatology and Rheumatology Homecare Drugs expenditure.

- **Healthcare Services provided by Other NHS Bodies**: Expenditure is £4.8m (15.4%) less than previous month. Excluding the impact of the additional Vertex expenditure in Month 8, the actual reduction in expenditure is £1.7m against the previous months' monthly average. This reduction relates to the £1.6m revision of English contracts and NCA's brought into the Month 9 in-month position.

- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £0.7m (5.8%) less than previous month. The reduction in Month 9 compared to Month 8 can be attributed due to the high number of backdated expenditure in relation to 1:1 / enhanced observation costs reported in Month 8. In addition, there has been an overall reduction in packages of care in Month 9 with 2 less packages of care in IHC's and 3 less in MHLD. Annual forecast remains in line with previous month.

- **Losses, Special Payments and Irrecoverable Debts:** Expenditure is £3.5m less than previous month which predominantly relates to the release of a legal provision and release of provisions relating to ex-gratia payments for losses.

Allocations

Description	£m
Allocations Received	2,003.0
Total Allocations Received	**2,003.0**

Description	£m
Allocations anticipated	
Capital Depreciation - Impairment	1.0
COVID-19	7.5
Removal of IFRS-16 Leases (Revenue)	- 4.5
Real Living Wage (Care Homes)	3.0
IM&T Refresh Programme	1.9
Six Goals - Urgent Primary Care Centres	0.6
Six Goals - SDEC	0.9
EPMA Income	0.7
Service Improvement Fund	1.3
WRP Contribution	- 4.9
22/23 payawards not in 23/24 Alloc Paper (to be made re	12.1
23/24 5% A4C Pay Award	38.0
Repayment of the AME Provision Funding	- 4.1
TGS Cohort Doctors	0.9
5 percent M&D Pay award	8.5
Energy	6.5
Other	2.5
Total Allocations Anticipated	**71.9**

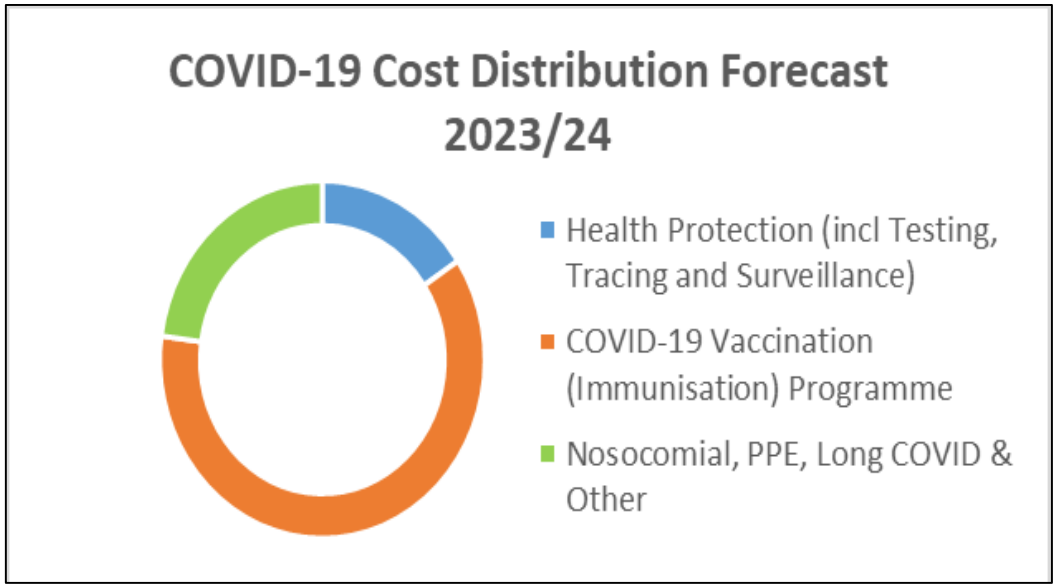
	£m
Total Allocations Received	2,003.0
Total Allocations Anticipated	71.9
Total Welsh Government Income	**2,074.9**

- Total Revenue Resource Limit (RRL) for the year is £2,075.4m. £1,546.9m of the RRL has been phased within the year to date position, which is £9.7m less than 9/12^{ths} of the RRL (£1,556.6m).
- Confirmed allocations to date is £2,003.5m, with further anticipated allocations in year of £71.9m.
- Total COVID-19 funding allocation is £15.3m, of which £7.7m funding is received and £7.5m is reported as anticipated income. Total COVID-19 income profiled into the cumulative position to date is £9.7m.
- Anticipated income includes £38.0m for the 5% 2023/24 A4C pay award impact and £8.5m for 5% M&D Pay Award.

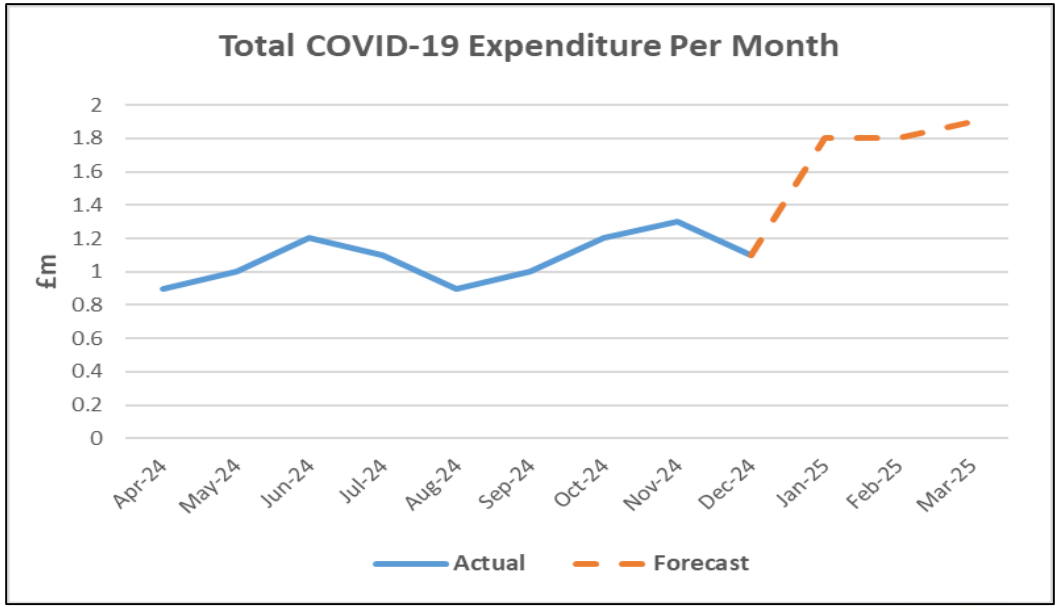
COVID -19 Funding	£m
Total 23/24 COVID-19 Forecast Expenditure	15.2
Received	7.7
Anticipated	7.5

Impact of COVID-19

- Month 9 COVID-19 expenditure for WG funded programmes is £1.1m, a decrease of £0.2m from previous month. 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 year to date COVID expenditure is £9.7m, an increase of £1.1m from Month 8. Full year forecast spend has remained the same at £15.3m.
- Mass Vaccination costs are forecast to remain within the £9.4m funding allocation. The Autumn Booster Programme is underway, and the aim is to have all vaccinations completed by the end of January.
- See below Table for Summary of COVID-19 year to date expenditure and forecast:



	Month 9 £m	Year to Date Expenditure £m	Forecast at Month 9 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.1	1.2	2.4
COVID-19 Vaccination (Immunisation) Programme	0.7	6.7	9.4
Nosocomial, PPE, Long COVID & Other	0.3	1.8	3.5
Total COVID-19 Expenditure	**1.1**	**9.7**	**15.3**
Welsh Gov COVID-19 Income	1.1	9.7	15.3
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**



Risks and Opportunities (not included in position)

- Risks and opportunities have been further assessed and refined at Month 9. The remaining risks will continue to be monitored and managed throughout the year.
- The below are current risks to the Health Board's financial position for 2023/24 as at Month 9.

	RISKS	£m	Level
1	Failure to recover 50% of the YTD run rate above plan £19m	£10.0m	High
2	Emergency pressures above plan (including winter)	£3.0m	High
3	Potential additional excess costs above plan, inflation incl Drugs	£1.0m	Medium
4	Further critical planned care improvement cannot be delivered within the £27m funding	£1.0m	Medium
5	CHC/Out of Area	£2.0m	High
6	JD Industrial action including the Impact of the diverted English patients	£2.2m	Medium
	Total Quantifiable Risks	**£19.2m**	

	OPPORTUNITIES / MITIGATIONS FOR THE IDENTIFIED RISKS	£m	Level
1	Potential cost reduction of Energy costs as per Shared Services forecast	£0.3m	Medium
1	Potential VAT recover on the Microsoft Licence (previously on Table A as possible Balance Sheet releases)	£2.9m	Low
	Total Opportunities	**£3.2m**	

Balance Sheet

Non-Current Assets	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Nov-23 £'m	Forecast Closing Balance End of Mar-24 £'m
Property, plant and equipment	707.9	689.0	708.5
Intangible assets	1.5	1.2	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	788.3	769.1	789.0
Current Assets			
Inventories	20.3	20.2	20.3
Trade and other receivables	77.4	98.9	100.3
Cash and cash equivalents	2.9	10.0	-24.1
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	100.6	129.1	96.5
TOTAL ASSETS	888.9	898.1	885.5
Current Liabilities			
Trade and other payables	237.8	213.5	201.9
Provisions	34.3	65.7	63.2
Current Liabilities sub total	272.1	279.2	265.1
NET ASSETS LESS CURRENT LIABILITIES	616.8	618.9	620.4
Non-Current Liabilities			
Trade and other payables	28.0	28.0	28.7
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	104.7	104.7	105.4
TOTAL ASSETS EMPLOYED	512.1	514.2	515.0
FINANCED BY:			
Taxpayers' Equity			
General Fund	304.4	306.6	285.1
Revaluation Reserve	207.7	207.7	229.9
Total Taxpayers' Equity	512.1	514.2	515.0

Cash Flow Forecast

- The closing cash balance as at 31st December 2023 was £9.969m, which included £4.881m cash held for revenue expenditure and £5.088m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of (£24.087m) made up of (£25.487m) revenue cash and £1.400m capital cash after internally managing £6.033m of revenue cash pressures resulting from the forecast deficit.
- This forecast balance assumes working balance support of £31.472m for revenue payments and £4.467m for capital payments relating to Right of Use Assets.
- The Health Board has submitted a request to Welsh Government for strategic cash-only support in order to continue making payments to staff and suppliers towards the end of the 2023-24 financial year.
- The current forecast is for a strategic cash support request of £52.0m, which is made up of the forecast out-turn position, cash to be managed internally and other high-risk areas as follows:

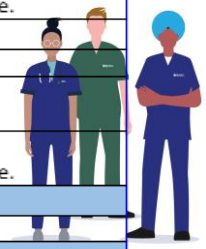
Forecast strategic cash support request	£m
Forecast out-turn position (Table B)	33.033
Out-turn position to be managed internally	(6.033)
Recovery of the year to date cost pressures (considered at risk) and other risks (including Industrial Action)	25.000
Total revenue working balances support request	**52.000**

Capital

BUDGET 23/24					
1) Capital Resource Limit 2023/24	**£m**	Brief Overview / Update The purpose of this dashboard 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 Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
WG Discretionary Capital	11.399				
All Wales Scheme	14.233				
Total CRL	**25.632**				

CAPITAL PROGRAMME 23/24	**Initial Programme taking into account 25% reduction (£m)**	**Year to Date (£m)**	**Forecast Outturn (£m)**	**Current Over/Under Commitment (£m)**	**Comments**
Divisions	4.687	5.169	6.175	-1.488	Programme adjusted to support key priorities and ensure delivery with in planned funding and includes expenditure that relates to brokerage
Operational Estates	1.765	0.828	1.709	0.056	Under commitment to be managed within programme
Medical Devices	2.306	1.643	2.125	0.181	Under commitment to be managed within programme
Informatics	2.262	1.056	1.326	0.936	Under commitment to be managed within programme
All wales funding brokerage to be re-provided from discretionary	0.379	0.000	0.000	0.379	Brokerage managed within the programme
WG Discretionary Capital	**11.399**	**8.696**	**11.335**	**0.064**	**Under commitment**

MAJOR CAPITAL SCHEMES (with in year spend)	**Programme (£m)**	**Year to Date (£m)**	**Forecast Outturn (£m)**	**Over/Under Commitment (£m)**	**Comments**
AOPMH YGC	1.688	1.601	2.073	-0.385	The scheme is currently in design and fees will be due this financial year. Over commitment is brokerage from prior year.
Efab	4.324	0.541	4.182	0.142	Under commitment to be managed within programme.
Nuclear Medicine	0.373	0.338	0.540	-0.167	The scheme is currently in design and fees will be due this financial year. Over commitment is brokerage from prior year.
Conwy West - Health & Well Being Hub	0.100	0.000	0.100	0.000	The scheme is in its initial stages and will continue into 2024/25.
Orthopaedic Hub at Llandudno	2.966	0.566	2.966	0.000	The works is due to commence in quarter 4. The programme spend profile will be closely monitored.
Ambulance Shoreline	0.071	0.001	0.071	0.000	Works complete.
RISP	0.317	0.000	0.088	0.229	The project has recognised some delays, the risk has been flagged at CRM and will be managed within the overall programme.
Substance Misuse Building, Llandudno	0.154	0.010	0.154	0.000	The scheme is in its initial stages and will continue into 2024/25.
Teledermoscopy Project	0.094	0.000	0.078	0.016	Purchase order has been raised with delivery by 31st March 2024. Underspend will be managed within the overall programme.
5 Glidescopes - Transfer NWSSP	0.056	0.056	0.056	0.000	Transfer completed and invoice paid.
Cyber Security	1.219	0.000	1.219	0.000	Tender exercise commenced, delivery expected by year end.
Emergency Department and Minor Injury Unit Improvements	0.523	0.000	0.523	0.000	The estates works have commenced across different sites.
Diagnostic Equipment	2.348	0.000	2.294	0.054	Purchase order has been raised with delivery by 31st March 2024. Underspend will be managed within the overall programme.
All Wales Capital	**14.233**	**3.113**	**14.344**	**-0.111**	**Over commitment**
Total Capital Funding Available	**25.632**	**11.809**	**25.679**	**-0.047**	**Over commitment**



Savings Executive Summary

Savings Plans compared to Target

	Target £000	Green £000	Red £000	Pipeline £000	Total £000	Variance Green v Target £000
Recurring	25,200	18,443	1,020	219	19,682	(6,757)
Non Recurring		7,158	16	-	7,174	7,158
Total	**25,200**	**25,601**	**1,036**	**219**	**26,856**	**401**

Year to date delivery performance against target

	Target	Plan	Actual	Var to Target	Var to Plan
Recurring	18,900	12,958	14,772	(4,128)	1,814
Non Recurring		4,499	6,456	6,456	1,957
Budget Reducing Savings	**18,900**	**17,458**	**21,228**	**2,328**	**3,771**

Forecast delivery performance against target

£'000's	Target	Plan	Actual	Var to Target	Var to Plan
Recurring	25,200	18,443	19,597	(5,603)	1,154
Non Recurring		7,158	9,044	9,044	1,886
Budget Reducing Savings	**25,200**	**25,601**	**28,642**	**3,442**	**3,040**

Slide – 'Savings Delivery Against Target' provides additional detail

Additional run rate savings

£3.9m run rate savings

£32.6m total budget adjusting and run rate savings

Slide – 'Run Rate Savings Summary' provides detail

- The Health Board's Financial Plan for 2023-24, requires delivery of recurring, budget adjusting savings of **£25.2m.** An additional £5.7m 'stretch' is included in the full year cash savings target of £30.9m.
- The full year plan value of Green schemes totals **£25.6m,** up £0.9m on last month. The forecast delivery against Green Savings totals **£28.6m**.
- The full year Savings Plan including both Red and Pipeline schemes totals **£26.9m**, down **£0.6m** on last month.
- The proportion of recurring Green plans now total **£18.4m.** The gap between recurring Green plans and £25.2m target is **£6.8m**. The forecast delivery of recurring Green plans is **£19.6m,** therefore the gap on delivery is **£5.6m.**

Savings Plans against Targets

Savings Scheme Pipeline	Green		Green (Proc)		Green		Variance Green to Target	Pipeline	Red	Total	Variance Total to Target
	R	NR	R	NR	Total	Target					
Centre	3,265	75	141	45	3,527	**7,950**	44%	189	704	**4,419**	56%
East	4,393	420	154	50	5,017	**8,070**	62%	30	172	**5,218**	65%
West	3,485	1,093	110	31	4,720	**6,046**	78%	0	136	**4,856**	80%
MHLD	3,355	0	5	8	3,368	**3,267**	103%		0	**3,368**	103%
Womens	915	10	5	4	935	**915**	102%			**935**	102%
Cancer	1,537	6	4	7	1,554	**755**	206%		0	**1,554**	206%
Diagnostics	108	37	341	25	511	**1,015**	50%		0	**511**	50%
Corporate	412	2,692	83	2,648	5,836	**2,495**	234%	0	24	**5,860**	235%
Primary Care	114		15	4	133	**154**	86%	0	0	**133**	86%
Provider Income					0	**267**	0%			**0**	0%
Procurement (VAT)					0	**-5,734**		0		**0**	
Budget Reducing Savings	**17,585**	**4,335**	**858**	**2,823**	**25,601**	**25,200**	**102%**	**219**	**1,036**	**26,856**	**107%**

- At Month 9, the full year Plan value of Green schemes totals £25.6m**,** which represents an increase of £0.9m in month.
- Following an exercise to review the conversion of current red and pipeline schemes the full year savings plan including these schemes now totals £26.9m representing a decrease of £0.6m from the previous month.
- The recurring green scheme plans are £18.4m, which leaves a material gap of £6.8m on the requirement of recurring plans to total £25.2m.
- The cancer schemes have a £60K investment necessary to enable the savings to be delivered, which is not reflected in the table above.

			£000
FY Plan Value Green schemes previous month			**24,713**
Change in FY Plan value of existing schemes			
n/a			
Sub-total		0	
New Green Schemes this month			
YGC - Medical Agency	509		
Central Area - Dressings	90		
Central Area Non Pay Efficiencies	100		
Central Area Pay Efficiencies	108		
East Area Physio Non Pay Efficiencies	64		
East Area S&L Non Pay Efficiencies	17		
Sub-total		888	
Total increase in FY Plan relating to Green schemes			**888**
Plan Value Green schemes - M9 (Budget Reducing only)			**25,601**

Savings Delivery Against Target

Target

- Financial Plan requires £25.2m savings
- Additional 'stretch target' of £5.7m allocated to IHC's/Services
- Target flat phased £2.1m per month

	YTD M9				Full Year		
IHC / Service Plans	Target £000	Plan* £000	Actual £000	Variance to Plan	Target £000	Plan* £000	Forecast £000
Recurring	18,900	12,958	14,772	1,814	25,200	18,443	19,597
Non Recurring		4,499	6,456	1,957		7,158	9,044
Budget Reducing Savings	**18,900**	**17,458**	**21,228**	**3,771**	**25,200**	**25,601**	**28,642**

Year To Date

- Year to Date actual savings total £21.2m, of which £14.8m is recurring, against a £17.5m plan and £18.9m Target.
- The favourable variance of actual savings to Plan totals £3.8m. This includes:
  - Procurement £1.70m - mainly relating to non recurring contract savings
  - IHC Central CHC Programme £0.41m
  - IHC West CHC Programme £0.37m
  - Apixaban Off Patent savings in Primary Care Prescribing £0.30m
  - IHC Central IHC Bio-similar (AMD) £0.30m
  - IHC Central Primary Care Reviews (Polypharmacy & switches) £0.29m
  - IHC West Primary Care Reviews (Polypharmacy & switches) £0.17m
  - IHC Central Dressings £0.16m
  - MHLD Right Care Programme £0.15m
  - IHC West – Pay Grip And Control (£0.12m)
  - MHLD Out of Area Placements (£0.16m)
  - Womens Birth Choices scheme delayed as previously reported (£0.19m)

Figures relate to Green schemes. There are no Amber schemes. A detailed variance analysis is provided in 'Green Scheme Details' slides 1 & 2.

In Month

- Savings delivered in Month totalled **£4.4m**, of which £2.6m recurring, against a £3.7m Plan and £2.1m Target

Summary by Category

Full Year Plan (Green Schemes)

Full Year Plan by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Agency - Reduced usage of Agency/Locums paid at a premium	630	509	1,618	147	488					3,392
CHC and Funded Nursing Care	1,546	855	880	1,924						5,205
Commissioned Services	79			300	255					634
Medicines Management (Primary & Secondary Care)	1,237	1,678	1,702	322			1,537			6,476
Non Pay - Procurement	141	186	204	13	9	366	11	19	2,732	3,681
Non Pay - Other	282	190	401	20	183	145	6	5	3,059	4,291
Pay	804	108	213	642				109	46	1,922
Grand Total	**4,720**	**3,527**	**5,017**	**3,368**	**935**	**511**	**1,554**	**133**	**5,836**	**25,601**

Full Year Forecast (Green Schemes)

Full Year Forecast by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Agency - Reduced usage of Agency/Locums paid at a premium	443	509	1,759	147	488					3,347
CHC and Funded Nursing Care	1,746	1,125	920	1,924						5,714
Commissioned Services	84			91	0					174
Medicines Management (Primary & Secondary Care)	1,411	2,831	1,793	322			1,712			8,070
Non Pay - Procurement	74	107	97	10	13	349	5	5	4,585	5,245
Non Pay - Other	252	187	362	7	183	147	6	5	3,059	4,207
Pay	724	108	213	685				109	46	1,885
Grand Total	**4,734**	**4,866**	**5,144**	**3,185**	**684**	**496**	**1,723**	**119**	**7,690**	**28,642**

Run Rate Savings Summary

Run rate expenditure reductions are not budget adjusting. These mitigate the additional in year cost pressures reported above the planned deficit and include actions such as the Enhanced Control Review measures.

At Month 9 the total full year forecast value is £3.9m, and includes a value of £1.0m for the actual (inc December) and forecast impact of Establishment control decisions.

	Run Rate Savings						
	Actual Year to Date			Full Year Forecast			
	Recurring £'000	Non-Recurring £'000	Total £'000	Recurring £'000	Non-Recurring £'000	Total £'000	Planned Savings plus Run Rate £'000
ECR related 'Run Rate' savings	-	1,030	1,030	-	3,151	3,151	
Other local 'Run Rate' savings	405	5	410	729	20	749	
Cost Avoidance (non-cash)	-	-	-	-	43	43	
Total	**405**	**1,035**	**1,440**	**729**	**3,215**	**3,944**	**32,585**

In addition, Accountancy Gains totalling £3.5m were also reported at Month 9, bringing the accountancy gains year to date to **£5.3m.**

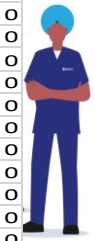
The need to submit details of Accountancy Gains on a timely basis has been reiterated to all Divisions to ensure that such gains are reported in the same month that they are posted to the financial ledger in line with WG reporting requirements. Divisions have been asked to check that details of all gains posted in the year to date are submitted in time to confirm at Month 9. The standard monthly savings reporting template provides for this type of reporting.

Green Schemes Details (1/2)

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	Accommodation Rental Increase	R	14,833	11,699	-3,134	7,417	7,000	-417
HC - Centre	Apixaban Off Patent savings in Primary Care Prescribing	R	701,436	832,667	131,231	350,718	458,915	108,197
HC - Centre	B Braun Giving Sets Credit	NR	75,224	75,224	0	75,224	75,224	0
HC - Centre	CHC	R	855,000	1,124,562	269,562	715,000	1,124,562	409,562
HC - Centre	Dressings	R	90,000	334,501	244,501	67,500	223,000	155,500
HC - Centre	Medical Agency	R	508,950	508,950	0	339,300	339,300	0
HC - Centre	NWSSP Drug Contract implementation	R	180,208	144,561	-35,647	105,302	97,701	-7,601
HC - Centre	Polypharmacy Reviews	R	406,850	718,413	311,563	305,600	592,020	286,420
HC - Centre	Primary & Community Non Pay Efficiencies	R	99,743	99,743	0	74,807	74,807	0
HC - Centre	Primary & Community Pay Efficiencies	R	107,907	107,907	0	80,928	80,928	0
HC - Centre	Secondary Care Drugs (AMD Biosimilars)	R	300,000	800,709	500,709	255,000	558,453	303,453
HC - East	Accommodation Rental Increase	R	18,900	18,900	0	11,100	11,100	0
HC - East	Agency Medical reduction ED	R	480,000	436,727	-43,273	360,000	310,727	-49,273
HC - East	Agency Medical Reduction Medicine YMW	R	150,000	179,160	29,160	112,500	104,160	-8,340
HC - East	Agency Medical Reduction Surgery	NR	166,000	226,253	60,253	124,500	184,753	60,253
HC - East	Apixaban Off Patent savings in Primary Care Prescribing	R	853,224	1,004,533	151,309	426,612	552,857	126,245
HC - East	B Braun Giving Sets Credit	NR	74,362	74,362	0	74,362	74,362	0
HC - East	CHC Cost containment	R	600,000	600,000	0	480,000	559,598	79,598
HC - East	CHC Management & Trigger Tool	NR	180,000	180,000	0	90,000	145,675	55,675
HC - East	Childrens	R	100,000	139,500	39,500	71,875	120,473	48,598
HC - East	Dietetics non pay efficiencies	R	21,553	21,553	0	16,165	16,165	0
HC - East	ENT Disposable Scopes	R	200,000	161,003	-38,997	125,000	86,003	-38,997
HC - East	Medical Agency Reduction - Community Services	R	383,486	371,703	-11,783	252,239	238,916	-13,323
HC - East	Medical Agency Reduction - Primary Care - Managed Practices	R	300,000	356,851	56,851	167,500	224,371	56,871
HC - East	Medical Staffing - Agency reduction Childrens Services	R	138,039	188,486	50,447	103,529	152,486	48,957
HC - East	NWSSP Drug Contract implementation	R	83,434	66,629	-16,805	53,311	54,652	1,341
HC - East	OT Non Pay efficiencies	R	4,013	4,013	0	3,010	3,010	0
HC - East	OT Pay 0.5wte Band 6	R	26,468	26,468	0	19,851	19,851	0
HC - East	Physio non pay efficiencies	R	64,484	64,484	0	48,363	48,363	0
HC - East	Podiatry Pay 1 wte Band 3	R	24,379	24,379	0	18,284	18,284	0
HC - East	Polypharmacy Review (previously GP Prescribing)	R	489,850	459,201	-30,649	367,853	423,201	55,348
HC - East	Reduced costs at managed practices	R	162,573	162,573	0	121,930	121,930	0
HC - East	Secondary Care Drugs (AMD Biosimilars)	R	275,000	263,093	-11,907	173,000	155,197	-17,803
HC - East	Speech and Language non pay efficiencies	R	17,391	17,391	0	13,043	13,043	0
HC - West	Accommodation Rental Increase	R	17,418	20,277	2,859	8,709	11,568	2,859
HC - West	Apixaban Off Patent savings in Primary Care Prescribing	R	466,782	537,964	71,182	233,391	296,971	63,580
HC - West	B Braun Giving Sets Credit	NR	71,077	71,077	0	71,077	71,077	0
HC - West	BAU: Grip and control measures - pay	R	607,500	367,554	-239,946	360,000	240,000	-120,000
HC - West	Children Special Cases Review	R	150,000	113,524	-36,476	112,500	94,799	-17,701
HC - West	Continence Products - usage review within community	R	50,000	15,000	-35,000	37,497	0	-37,497
HC - West	Continuing Healthcare	R	996,320	1,199,878	203,558	719,213	1,087,876	368,663
HC - West	Continuing Healthcare - Phase 2	NR	400,000	432,975	32,975	160,000	173,190	13,190
HC - West	Enteral feeding - therapies	NR	40,000	41,349	1,349	26,664	28,013	1,349
HC - West	Grip and control measures - pay	NR	250,000	162,000	-88,000	187,498	121,506	-65,992

Green Schemes Details (2/2)

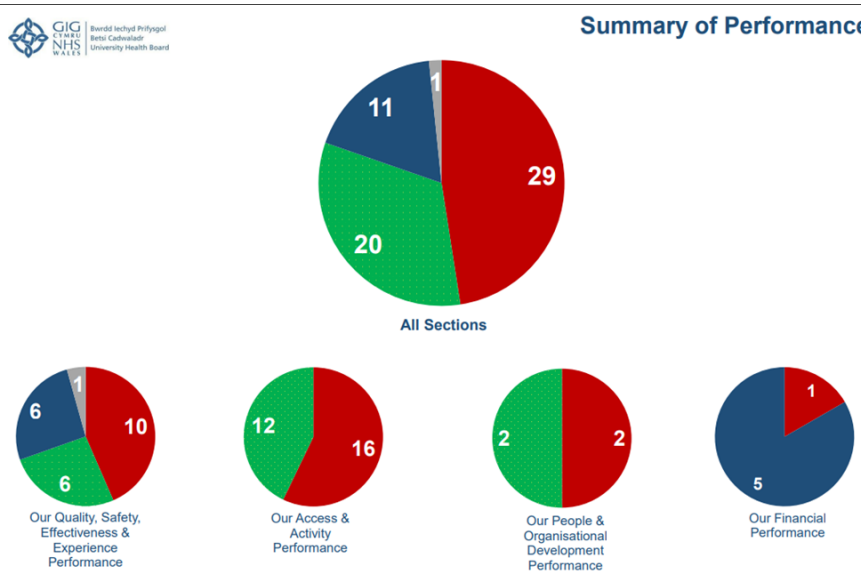
			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	IHCW 10 GCC ED Social Worker	NR	46,992	46,992	0	35,164	35,164	0
HC - West	IHCW 19 - Pay Grip and Control - SACC Nursing	R	360,000	354,844	-5,156	270,000	245,500	-24,500
HC - West	IHCW 3 - Benefit Realisation of SICAT	R	90,000	156,461	66,461	67,500	117,461	49,961
HC - West	IHCW 5 - Grip and control measures NEPTS	R	32,400	36,795	4,395	24,300	30,717	6,417
HC - West	IHCW20 - BAU: Grip and control measures - non pay	NR	28,950	28,950	0	21,713	21,713	0
HC - West	Medicines Management - Primary Care	R	400,000	499,881	99,881	300,991	475,224	174,233
HC - West	Medicines Management - Supply Chain Projects	R	180,000	164,222	-15,778	122,496	123,089	593
HC - West	NWSSP Drug Contract implementation	R	59,813	59,886	73	36,482	36,987	505
HC - West	Primary Care Rebate Schemes	NR	130,000	149,500	19,500	87,000	119,500	32,500
HC - West	Release part vacancy within COTE Medicine - N/R	NR	51,263	51,263	0	51,263	51,263	0
HC - West	Review of GP Bed payments within community hospitals	R	75,000	75,000	0	56,250	56,250	0
HC - West	Urology Robot - VAT Recovery	NR	75,000	75,000	0	56,250	56,250	0
Cancer	B Braun Giving Sets Credit	NR	6,102	6,102	0	6,102	6,102	0
Cancer	I2S - Increasing Cancer Homecare Activity - East	R	177,196	227,470	50,274	119,596	168,815	49,219
Cancer	Increasing Cancer Homecare Activity - Centre	R	101,280	67,680	-33,600	68,340	45,502	-22,838
Cancer	Increasing Cancer Homecare Activity - West	R	20,871	81,478	60,607	15,651	55,654	40,003
Cancer	Patent/Price Reduction Drugs scheme - New 23-24	R	251,468	341,662	90,194	182,099	255,865	73,766
Cancer	Patent/Price Reduction Drugs scheme -Existing	R	986,402	993,368	6,966	986,402	980,592	-5,810
DSCS	B Braun Giving Sets Credit	NR	3,272	3,272	0	3,272	3,272	0
DSCS	EBME covid equipment maintenance	R	60,017	61,644	1,627	45,013	46,029	1,016
DSCS	EBME covid equipment maintenance	NR	8,076	8,657	581	6,057	6,491	434
DSCS	Linac Warranty Maintenance -Non Rec	NR	26,064	26,064	0	10,426	10,426	0
DSCS	Pathology Contracts & Batch Efficencies	R	47,531	47,531	0	35,648	35,648	0
MH&LDS	Bank, Agency & Overtime Reductions	R	642,000	684,721	42,722	394,680	435,212	40,532
MH&LDS	Drug Costs	R	322,236	322,236	0	240,794	248,494	7,700
MH&LDS	Patient Transport	R	20,400	6,800	-13,600	13,600	0	-13,600
MH&LDS	Reductions in OOA Placements	R	300,000	90,704	-209,296	163,944	0	-163,944
MH&LDS	RIGA Savings - MHLD	R	147,000	147,000	0	110,250	110,250	0
MH&LDS	Right Care Programme	R	1,923,809	1,923,809	-1	1,442,857	1,588,587	145,730
Midw & Womens	B Braun Giving Sets Credit	NR	10,358	10,358	0	10,358	10,358	0
Midw & Womens	Birth Choices Scheme 23/24	R	254,670	0	-254,670	191,003	0	-191,003
Midw & Womens	I2S - Medical Agency: Recruitment over-establishment (Invest to Save)	R	100,797	100,797	0	75,598	75,598	0
Midw & Womens	Medical Agency: Local increase in Medical Bank rates for fixed period -	R	80,193	80,193	0	60,145	60,145	0
Midw & Womens	Medical Agency: Recruitment to substantive posts	R	307,116	307,116	-0	181,298	181,298	-0
Midw & Womens	Non Pay: Dressing (Leukomed Sorbact)	R	23,047	23,047	0	17,285	17,285	0
Midw & Womens	Non Pay: Local enhanced governance re ad-hoc expenditure	R	149,469	149,469	0	112,102	112,102	0
Corporate and Estates	B Braun Giving Sets Credit	NR	121	121	0	121	121	0
Corporate and Estates	DDaT-004 McAfee Subscription	R	41,744	41,744	0	41,744	41,744	0
Corporate and Estates	Disposal of Ala Road	R	38,502	38,502	0	19,251	19,251	0
Corporate and Estates	Energy Sell Back	NR	534,709	534,709	0	0	0	0
Corporate and Estates	LINC	NR	1,079,000	1,079,000	0	809,250	809,250	0
Corporate and Estates	Office of CEO	R	14,026	14,026	0	8,015	8,015	0
Corporate and Estates	Office of CEO	NR	21,920	21,920	0	21,920	21,920	0
Corporate and Estates	Pest Control across Health Board	R	66,609	66,609	0	66,609	66,609	0
Corporate and Estates	PH - Review of None Pay budgets	R	20,000	20,000	0	15,000	15,000	0
Corporate and Estates	Plas Gororau utilities	NR	451,490	451,490	0	451,490	451,490	0
Corporate and Estates	Review of Non Pay	R	132,000	132,000	0	132,000	132,000	0
Corporate and Estates	Review of pay vacancies	NR	9,909	9,909	0	7,432	7,432	0
Corporate and Estates	RIGA Savings - Finance	R	37,000	37,000	0	27,749	27,749	0
Corporate and Estates	RIGA Savings - Medical Director	R	62,500	62,500	0	46,876	46,876	0
Corporate and Estates	WICIS Project	NR	595,000	595,000	0	148,750	148,750	0
Primary Care	CDS Redesign and modernisation (non pay)	R	5,000	5,000	0	0	0	0
Primary Care	CDS Redesign and modernisation (pay)	R	109,080	109,080	0	81,810	81,810	0
Total excl. NWSSP Procurement Plan			**21,919,807**	**23,396,379**	**1,476,572**	**15,027,317**	**17,096,946**	**2,069,629**
Procurement			3,681,311	5,245,195	1,563,883	2,430,213	4,131,481	1,701,268
Total			**25,601,119**	**28,641,573**	**3,040,455**	**17,457,530**	**21,228,427**	**3,770,897**



Next Steps

	Update	Actions Required
Improve Savings Plans 23/24	Plans remain less than target for the IHC's, Diagnostics and Primary Care. Divisions continue to report that transformation is required to unlock significant benefits.	Divisions, Directorates and Areas are asked to revisit the plan values of green schemes as currently there are a number that are materially overdelivering. The increased plan value will take the Health Board closer to the target. Divisions to review the outcomes from the RIGA phase 1 and to build exit strategies on the investments that are not supported.
Convert all schemes to Green	The Full Year Plan value of Green schemes totals £25.6m, up £0.9m on last month.	A final review of the remaining current red and pipeline schemes is to be carried out with service based decisions required to confirm progression or removal of these schemes and applicable schemes may need to be added to the 24/25 pipeline.
Monthly Reviews	Progress is reported to the monthly Integrated performance group, with Divisions being held to account for both identification of plans and delivery of identified savings.	Divisions, Directorates and Areas to take action to increase plans and ensure full delivery.
24-25 Plan	Draft plans have been received, which incorporate an estimated £5m of opportunities.	Divisions, Directorates and Areas formulate robust Savings Delivery Documentation and continue to identify pipeline schemes for the new financial year. Implement clear governance, accountability and monitoring to deliver the cross-cutting theme savings and the development of a Transformational Plan. Focus on KPI's, articulating opportunities including from the Value & Sustainability approach and completion of HFMA key grip and control checklist.

Teitl adroddiad: ***Report title:***	Integrated Performance Report – Month 8, 2023/24
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024
Crynodeb Gweithredol: ***Executive Summary:***	This Report relates to the Month 8, 2023/24 (Month 9 for Financials) The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of three new frameworks intended to drive the strategic objectives of the Health Board for the next four years. The IPF will be used in conjunction with the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF). The Framework will align with the Quality Surveillance Strategy as it is developed. The purpose of the Framework is to integrate key performance indicators (KPIs) from: - 1. Key deliverables from the Annual Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Key deliverables in response to WG, HIEW and other formal recommendations (including Special Measures). The Health Board has a number of measures rated monthly and included within this report, this report relating to the 2023/24 financial year validated month 8 performance and financials for month 9, the below graphic indicating a number of these measures are off target;



The Framework will support the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities. The management requirements of the Integrated Performance Framework (IPF) aligns to the Health Board's corporate governance structure.

Performance improvement is achieved through an approach of partnership and openness about our current performance and opportunities for innovation, and engenders a commitment at all levels of the organisation to improve, firmly based on our values: -

- Put patients first
- Work together
- Value and respect each other
- Learn and innovate
- Communicate open and honestly

We also reflect the Health Board's current level of performance escalation with Welsh Government within the framework; the approach will be subject to review should escalation levels change.

The Performance Directorate has been working with our partners across the organisation and continues to develop the report with the Executive Delivery - Integrated Performance Group (IPG). The implementation requiring production of an Integrated Performance Report (IPR).

The structure of our IPR is based upon the 'Quadruple Aims' as per the Welsh Government's A Healthier Wales paper, the NHS Wales Performance Framework 2023-24 and identifies where metrics fall within the Special Measures Framework for BCUHB or within the Ministerial Priorities.

Performance is RAG rated against the targets set within the NHS Wales Performance Framework 2023-24, set by Welsh Government

	in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories as submitted and agreed by Welsh Government have also been included. Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report. This section will be strengthened as the report matures, to include more information about the plans to mitigate or improve performance, the report composition articulates the following; • Within the escalation, a high-level one-page summary that highlights key performance across the four quadrants, followed by escalation pages to further articulate performance within the escalated metrics. • A brief introduction to the Performance report to include a key for rag rating and Statistical Process Control (SPC) charts. • The further reporting contains all of the metrics by domain, so members can review performance against all metrics. The intention of the report structure is to enable members to identify key escalations from committees of the Health Board, whilst enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, a key enhancement to the reporting moving forwards will be for the following; • Development of local metrics that give greater insight into understanding current performance (through Executive forums & Committees). • Greater ownership by committees of the measures then included within the escalation section of the report for Health Board, with areas of good practice also to be included within this section. The Performance team continue to work with the Health Board to further embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal accountability review structures and escalation / de-escalation mechanisms.
Argymhellion: ***Recommendations:***	The Health Board is asked to: Review the contents of the report and note current performance and areas of focus for Improvement.
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott, Interim Executive Director of Finance
Awdur yr Adroddiad:	Ed Williams, Acting Director of Performance

Report Author:				
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐		I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	This report will be available to the public once published for Health Board			
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?***	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.			
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?***	N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance			

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)***	There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact upon the financial recovery plan of the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This report has been reviewed by Executive Team. The full report has been reviewed by the Acting Director of Performance, and the Executive Director of Finance.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	The Acting Director of Performance is working with the Head of Risk Management to develop linkage from this report into the Board Assurance Framework (BAF) and Corporate Risk Register. Hence, throughout the Report, there is a column in readiness to include BAF reference numbers as appropriate.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
Implementation of recommendations: Continued focus on support for areas of under-performance to identify where assurance is not of sufficient quality to derive performance is or will improve as described.

The Integrated Performance Report will undergo continuous development through the remainder of 2023-24 with a view to have the 'end product' embedded as business as usual from 1st April 2024.

In addition, the Performance Directorate is working with executive colleagues via the Executive Delivery Integrated Performance Group, on the development of a suite of locally defined measures that once ratified, will be include in the Integrated Performance Reports in due course.
Rhestr o Atodiadau: ***List of Appendices: 2*** *1: Summary of Report (see below)* *2: Integrated Performance Report (see separate report)*

Appendix 1 – Summary of Report

Recipient: **Health Board**

Report title: **Summary of Integrated Performance Report (month 8)**

Report Author: **Acting Director of Performance**

1. Introduction

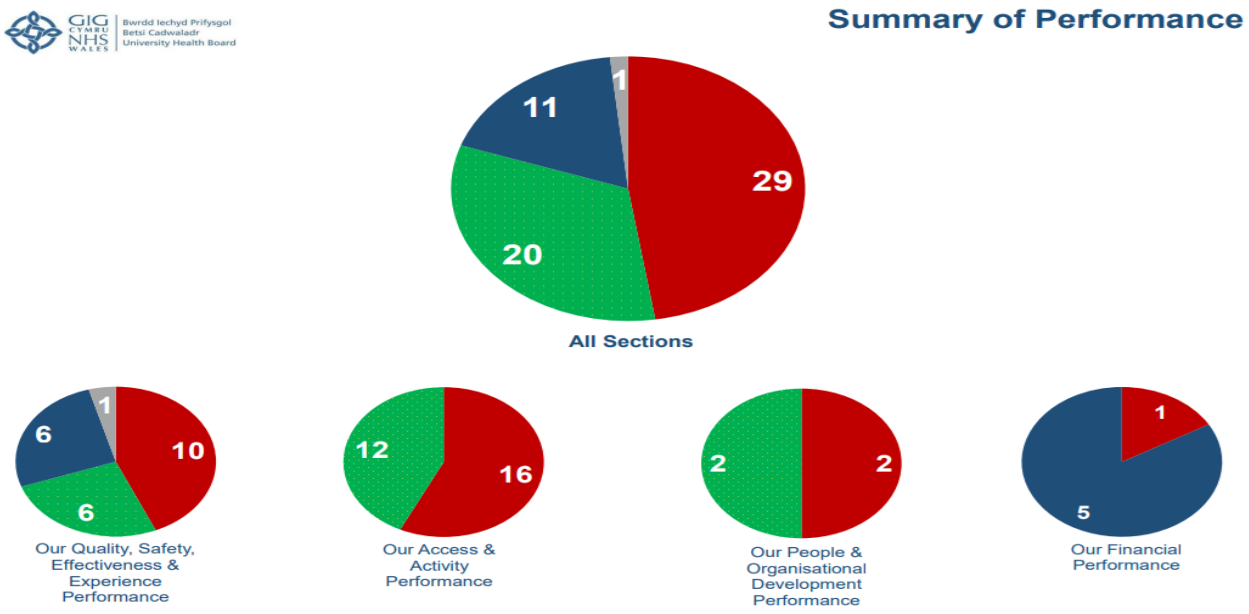
The Performance Department has been developing a revised performance report for the Health Board, key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' now including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

This structure enables an 'at a glance' view of the main concerns or message of the report through review of the initial one-page summary that is split into four quadrants, with the further slides contained within this escalation section articulating in more detail the current performance and actions being taken to support improvements.

This structure enables an 'at a glance' view of the main concerns or message of the report. Following the summary quadrant page, there is a page on each section providing more detail about the measures escalated. This should be the area of most focus in the report.

2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 28 are on target, 27 are off target and six are a cumulative basis. There is one measure for which the data is not yet available.

There are clearly significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic. It is envisaged that for future reporting a prioritisation of the metrics off plan will be used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term.

This summary report will indicate some key elements from our access and activity, our people and our finance as seen within the Health Board.

3. Key outputs from oversight of Access & Activity Performance

3.1 Quality (Safety, Effectiveness & Experience) Performance

The key areas highlighted centre upon;

Overdue investigations remain a challenge, 296 investigations are overdue at the end of December 2023. The number of overdue complaints remain consistent without any significant reduction although some improvement has been seen on the average length of time to respond

Infection rates remain above predicted trajectories. The Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign ("HABITS") being established to further engage staff, patients and public.

Clinical coding compliance remains a significant risk that is likely attributed to staff absence: work is underway to review this and a paper pertaining to solutions is being presented to the Health Board in due course.

3.2 People & Organisational Development

The key areas highlighted centre upon;

There has been a 1% reduction in the turnover rates of nursing and midwifery staff since September 2023, now at 1.8%. Sickness absence remains static at 6.2% with stress and other mental health issues continuing to be the main reason for sickness absence.

The percentage rate of agency spend as a proportion of the total pay bill continues to fall and now at 5.5% compared to 8.4% at the same period last year.

3.3 Access & Activity Performance

The key areas highlighted centre upon

This is the greatest number of measures contained within the report, with the 30 measures within this section requiring oversight through Performance, Finance and Information Governance Committee, noting BCUHB is achieving the target for 11 and not achieving the target rate for 19 (64%) of the measures.

3.3.1 Adult Mental Health Measures Performance

Overall BCUHB performance has continued to improve or sustained above the 85% target rate, with East performing very well and West and Centre offering an opportunity to further enhance performance within this area.

3.3.2 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

Performance against the measures remains below trajectory. The steady improvement over three consecutive months for Part 1a has not continued into November. Part 1b performance continues to deteriorate. The service continues good performance with regards the specialist CAMHS first appointment within 28 days measure.

Neurodevelopment waiting times continue to deteriorate and remain a concern, with this area seeing decline within the national footprint.

3.3.3 Urgent & Emergency Care Performance

After remaining consistent around the 69% mark for the previous three months, the percentage of patients experiencing waits over 4 hours in our Emergency Departments has dipped to 66.3% in November. Patients experiencing waits of over 12 hours has seen a slight increase and remains an area of escalation within the service. The number of ambulance handover delays of an hour or more continues to be of concern, currently reported at 1,977 and the number of patients delayed over 4 hours in an ambulance remains static at just over 600 (although over 400 fewer than seen a year ago).

Delayed pathways of care remain a key concern for the Health Board with over 330 patients experiencing delays in their pathway and no significant reduction seen since June 2023. There is heightened concern due to developing winter pressures and strike actions that will affect performance across all areas of the system.

3.3.4 Planned Care Performance

Our performance against the single cancer pathway (SCP) target remains fragile, however, at 58.8% was not as low as had been anticipated for October 2023. (Latest available position). Concerns remain regarding the position with dermatology and the forecast is that the overall position may continue to deteriorate in coming months.

Despite a significant increase in demand, the number of patients waiting over 8 weeks for a diagnostic test in November continues to fall significantly each month at 5,943 compared to nearly 10,000 a year ago. Diagnostic testing remains a challenge with prioritisation taking place to ensure we deliver care based on clinical criteria (urgent and urgent suspected cancer cohorts).

The number of patients experiencing waits over 14 weeks for therapy interventions continues to increase at pace with 2,799 patients waiting in November compared to 2,102 in September.

The number of patients waiting over 52 weeks for a new outpatient appointment has continued to rise through the fiscal year and is now at 13,286 compared to 12,000 in April. However, the focus placed upon longer waits explains this with continuous reductions in the number of patients waiting over:-

- 208 weeks – down to 187 (these mainly in Maxillo-facial, Orthodontics)
- 156 weeks - down to 1,446 from 3,359 in April 2023
- 104 weeks - down to 8,207 from approx. 9,500 in April 2023

The number of urgent (R1) patients seen within 25% over their clinical target date remains static at the 56% mark.

The number of patients experiencing a delay of over 100% of their waiting time for a follow up outpatient appointment continues to increase at 91,334 compared to circa 80,000 in April 2023.

3.3.5 Summary

The Health Board is facing many challenges for the remainder of the 2023/24 financial year, the level of delayed pathways of care compounding system flow pressures and medical outliers driving increased use of agency and affecting upon capacity to service elective care, with increased use of temporary workforce driving potential quality and performance impacts.

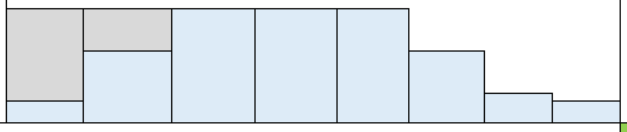
The Health Board also has key areas of challenge, centred upon;

- Impact of Junior Doctor strike action
- Patient flow (emergency departments and delays to discharge)
- Maintaining CAMHS performance
- Achievement of cancer standards (Dermatology)
- Ambulance handover times and performance

In addition, there are concerns over the waiting times for elective care recovery. However, outpatient waiting times for over 104 weeks have reduced and adult mental health assessment is an area performing well in relation to the 85% assessment criteria.

3.4 Financial Performance (Month 9)

Financial performance has incrementally improved month on month, as demonstrated within the below table:

Description	April £m's	May £m's	June £m's	July £m's	Aug £m's	Sept £m's	Oct £m's	Nov £m's	December £m's	Total YTD Deficit £m's
Deficit / (surplus) per month	*1	*2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	19.4
Deficit in month compared to budget in £m's (*grey shading in month reserve release)										
Break-even line									The in month position benefited from £5.3m of one off benefits.	The adverse variance of £19.4m is the variation to delivery of the £33m deficit plan endorsed at commencement of the financial year.

Whilst current expenditure patterns indicate a risk to delivery of the outturn, the forecast for the financial year remains at a £33m deficit (which does not attain the Welsh Government control target of a £20m deficit) with performance reported for year to 31st December 2023 against this £33m deficit plan as follows;

- The Health Board has a deficit year to date totalling £44.2m
- This is £19.4m adverse to the plan of a £33m deficit at close of the financial year

Drivers of cost overruns centre upon use of escalation beds (emergency care) that is driving use of premium working, high prescribing and secondary care drug usage and Continuing Healthcare costs

To attain the control target, the Health Board has implemented a series of cost controls (establishment and non-pay controls) and identified balance sheet flexibility. Risks remaining to delivery of the plan being costs associated with high emergency demand and the strike action. The Health Board will not have latitude to invest additional funds in support of Elective Recovery and still attain forecast outturn.

4. Overall Summary

The Health Board continues to face challenge in attainment of the performance targeted within the national and local plans. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison). Members are invited to review the detail contained within the performance report to assess areas of key challenge and improvement opportunity, debating delivery on a balanced scorecard.

5. Appendix

Appendix 1 – Integrated Performance Report – validated performance to November 2023 (Finance to December 2023)

Integrated Performance Report

Reporting period to the 31st December 2023 (where data is available)

Presented to the
Health Board
on the 25th January 2024

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Produced on behalf of the Health Board by the
Performance Directorate and Partners

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Performance Escalations Report

GIG CYMRU NHS WALES
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Betsi Cadwalar
University Health Board

Produced on behalf of the Health Board by the Performance Directorate and Partners

A summary of escalated performance measures

Quality, Safety, Effectiveness & Experience Performance

- Regarding infection rates, the Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign ("HABITS") being established to further engage staff, patients and public.
- Clinical coding compliance has seen a significant reduction which is likely attributed to staff absence: work is underway to review this.

Access & Activity Performance

- Extreme RTT waits over 208 weeks.
- Single Cancer Pathway performance – specific focus on Dermatology/skin.
- Emergency Department medical assessment waits
- Ambulance handover waits
- Pathways of Care Delays
- Diagnostics waits over 8 weeks
- Smoking Cessation
- '4 in 1' Childhood vaccinations
- Flu vaccination rate
- Mental Health Measures
- Staff Sickness Rates

People & Organisational Development Performance

- Sickness absence rate stayed below 6.5% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW
- Focus on off-contract agency reduction with lowest agency usage reported in September YTD
- PADR rate increased steadily over last 12 months and been consistently over 76% for the last 3 months, this work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

The Health Board has a £20m deficit control target for the 2023/24 financial year.

Reference	Description	Amount £m's
1	Original Deficit Plan 2023/24	(134)
2	Additional Allocation from Welsh Government	101
3	Revised Deficit post receipt of additional allocation	(33)
4	Additional improvement ask on current deficit plan (cost reductions required)	13
5	Welsh Government Control Total	(20)

The current expenditure patterns indicate a risk to delivery of the outturn, the forecast for the financial year a £33m deficit (which does not attain the Welsh Government control target of a £20m deficit) with performance reported for year to 31st December 2023 as follows;

- The Health Board has a deficit year to date totalling £44.2m
- This is £19.4m adverse to the plan to attain a £33m deficit at close of the financial year
- Drivers of cost overruns centre upon use of escalation beds (emergency care) that is driving use of premium working, high prescribing and secondary care drug usage and Continuing Healthcare costs

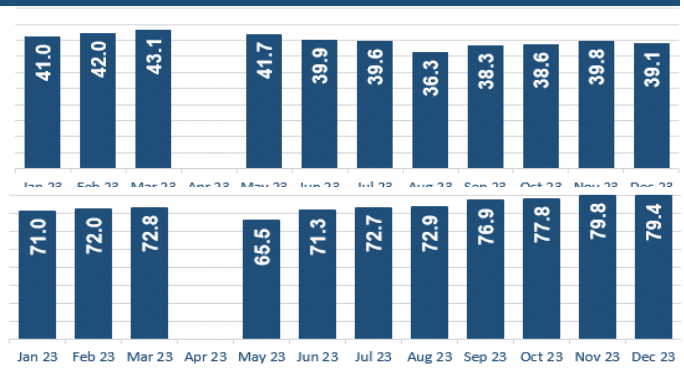
To attain the control target, the Health Board has implemented a series of cost controls (establishment and non-pay controls) and identified balance sheet flexibility. The risks being costs associated with high emergency demand and the strike action.

The Health Board will not have latitude to invest additional funds in support of Elective Recovery and still attain forecast outturn.

Quality: Escalated Performance Measures

- C.difficile and E.Coli infection rates

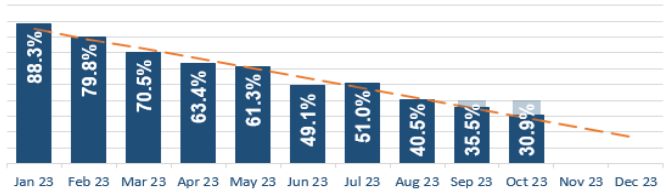
Measure	WG Target	Internal Target	Position	Wales Rank
The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	Not available	TBC	39.1	4th of 6 (at Dec 23)
The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	Not available	TBC	79.4	4th of 6 (at Dec 23)



- Regarding infection rates, the Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign (“HABITS”) being established to further engage staff, patients and public.

- Clinical coding compliance

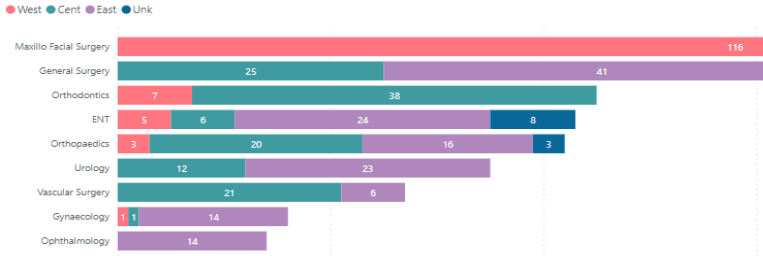
Measure	WG Target	Internal Target	Position	Wales Rank
Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	30.9%	8th of 8 (at Oct 23)



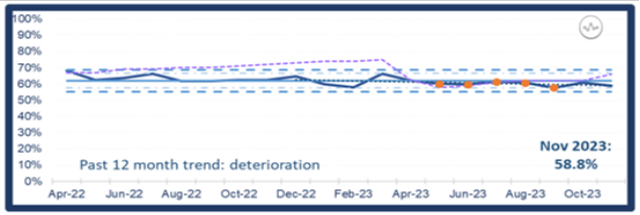
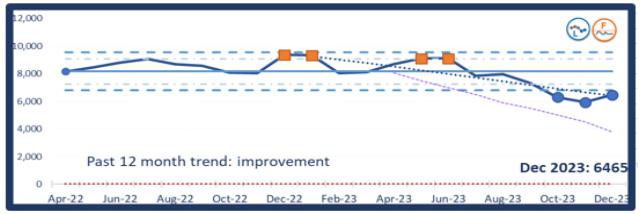
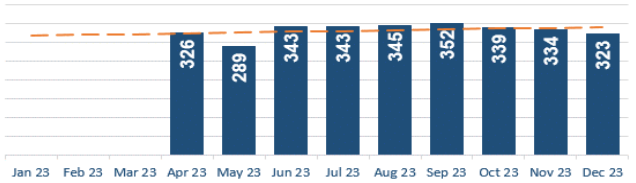
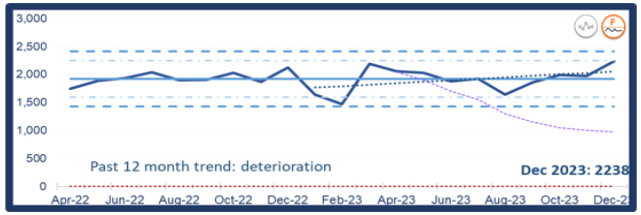
- Clinical coding compliance has seen a significant reduction which is attributed to staff absence and vacancies. Due to the impact coding has on other areas of business for the Health Board, it is recommended that if this performance does not rapidly improve, that guidance from our Risk Management Directorate be sought as to the appropriateness of adding this on to the corporate risk register.

Access & Activity: Escalated Performance Measures

- Extreme RTT waits, 409 patients waiting over 200 weeks at time of reporting.



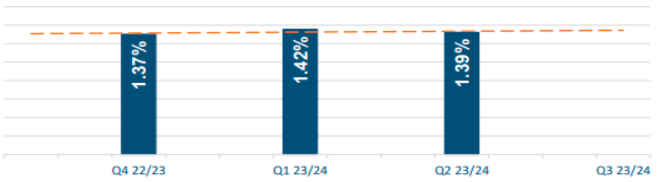
- Single Cancer Pathway performance – specific focus on Dermatology/skin.
- 6,465 patients waiting over 8 weeks for a specified diagnostic test
- Emergency Department medical assessment waits
- Pathways of Care Delays
- Ambulance handover waits

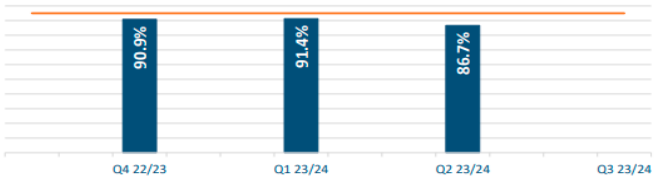
Measure	WG Target	Internal Target	Position	Wales Rank	
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	65.0%	58.8%	1st of 6 (at Nov 23)	
Number of pathways waiting 8 weeks for specific diagnostic	Decreasing trend (to 0)	3800	6465	3rd of 7 (at Nov 23)	
Median time from arrival at an emergency department to triage by a clinician	Decreasing trend	TBC	21.0	3rd of 6 (at Dec 23)	
Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	323	8st of 8 (at Dec 23)	
Number of ambulance patient handovers over 1 hour	Decreasing trend (to 0)	975	2238	6th of 6 (at Dec 23)	

Access & Activity: Escalated Performance Measures

- Smoking Cessation
- '4 in 1' Childhood vaccinations
- Flu vaccination rate

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-001	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	1.39%	2nd of 7 (at Jun 23)
QA1-003	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	86.7%	1st of 7 (at Sep 23)



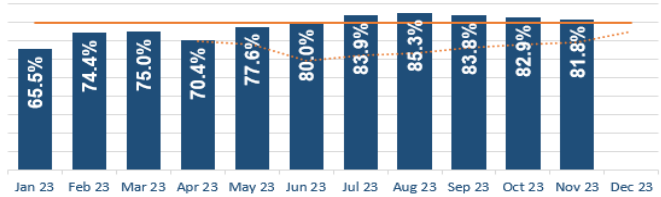


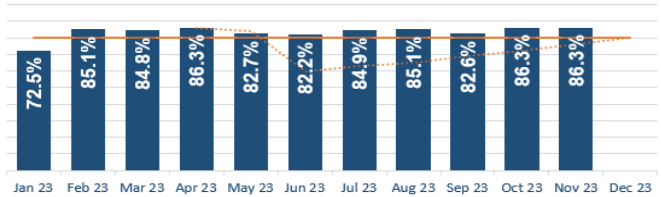
Although this is a cumulative target (i.e. 5% by 31.03.2024) there is a reluctance, or lack of appetite in the community towards cessation of smoking. However the smoking cessation teams are working hard on tackling this. As for smoking on our premises, enforcement of the non-smoking policy on all our sites is underway.

There is a prevalence of reluctance/ hesitance regarding vaccinations in the community. This has led to some outbreaks in some areas. Public Health Wales and our local vaccination teams are working to reassure the public that the vaccinations are safe and to encourage higher uptake.

- Adult Mental Health Measures Part 1a and 1b

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
QA2-016	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	75.0%	81.8%	6th of 7 (at Nov 23)
QA2-017	PFIG	Percentage of theraputic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80.0%	86.3%	5th of 7 (at Nov 23)





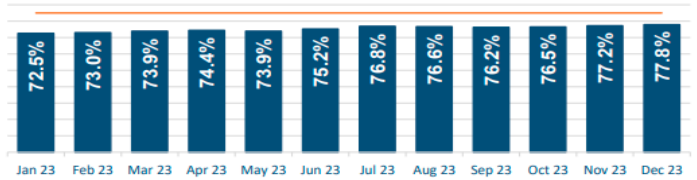
Performance has seen consistent achievement of the 80% target rate for 4 months or more. If this positive performance continues into Q4, it is recommended that the de-escalation process be implemented and these two measures be stood down from requiring exception reporting.

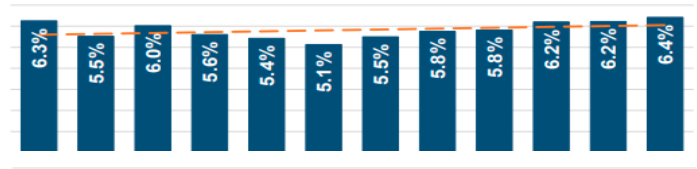
People & OD: Escalated Performance Measures

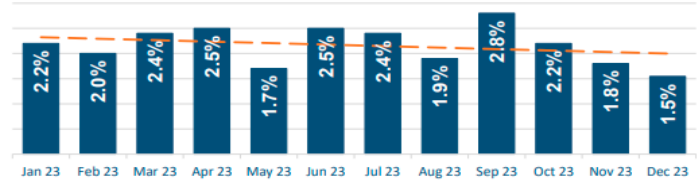
Measures:

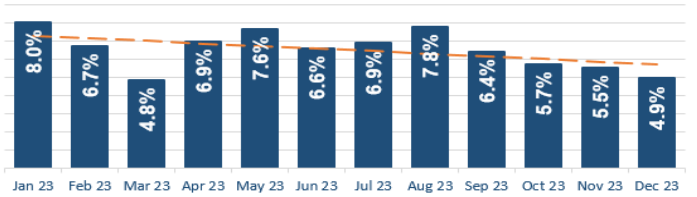
- Percentage of sickness absence rate of staff
- Turnover for Nursing & Midwifery staff leaving NHS Wales
- Agency spend as % of total pay bill
- PADR rate in previous 12 months

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-039	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	77.8%	4th of 13 (at Oct 23)
QA3-036	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	6.4%	6th of 12 (at Oct 23)
QA3-037	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreasing trend against 2019/20	TBC	1.5%	3rd of 11 (at Sep 23)
QA3-038	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	4.9%	10th of 12 (at Oct 23)









Narrative:

- Sickness absence rate stayed below 6.5% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW
- Focus on off-contract agency reduction with lowest agency usage reported in September YTD
- PADR rate increased steadily over last 12 months and been consistently over 76% for the last 3 months, this work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

Finance: Escalated Performance Measures

The Health Board has been issued with a control target for the 2023/24 financial year of a £20m deficit, as detailed below;

Reference	Description	Amount £m's
1	Original Deficit Plan 2023/24	(134)
2	Additional Allocation from Welsh Government	101
3	Revised Deficit post receipt of additional allocation	(33)
4	Additional improvement ask on current deficit plan (cost reductions required)	13
5	Welsh Government Control Total	(20)

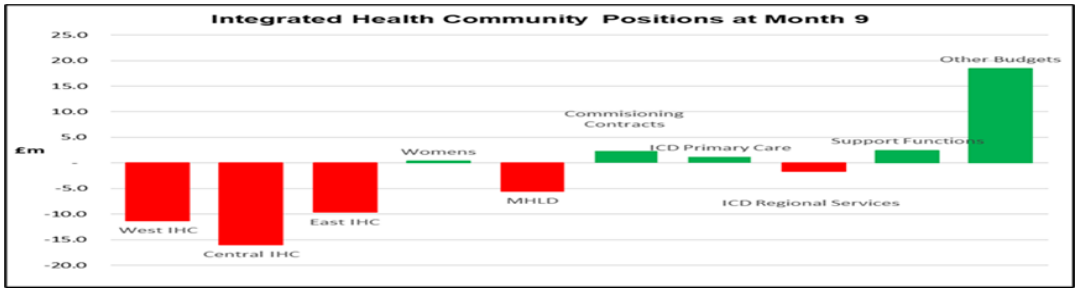
The Year to date financial performance is as detailed below;

Description	April £m's	May £m's	June £m's	July £m's	Aug £m's	Sept £m's	Oct £m's	Nov £m's	December £m's	Total YTD Deficit £m's
Deficit / (surplus) per month	*1	*2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	19.4
Deficit in month compared to budget in £m's (*grey shading in month reserve release)										The adverse variance of £19.4m is the variation to delivery of the £33m deficit plan endorsed at commencement of the financial year.
Break-even line									The in month position benefited from £5.3m of one off benefits.	

The current expenditure patterns indicate a risk to delivery of the outturn, the forecast for the financial year a £33m deficit (which does not attain the Welsh Government control target of a £20m deficit) with performance reported for year to 31st December 2023 as follows;

- The Health Board has a deficit year to date totalling £44.2m
- £19.4m adverse to the plan to attain a £33m deficit for the year

The Health Board will not have latitude to invest additional funds in support of Elective Recovery and still attain forecast outturn.



The deficit is largely driven through the IHCs, as detailed below;

Key drivers of the deficit being;

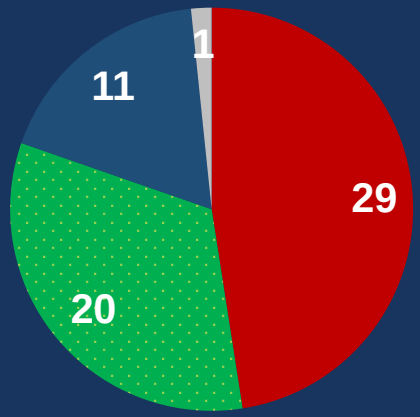
- Temporary workforce to service emergency additional bed capacity
- Costs of continuing Healthcare, prescribing and secondary care drugs

The Health Board has implemented a series of cost controls centred upon establishment and non-pay oversight, whilst also reviewing investment decisions undertaken at commencement of the financial year.

The costs continue to reduce with sustained reductions in use of premium working (Medical & Nursing agency) and non-pay cost exposure. Also, focus placed upon savings delivery has resulted in the Health Board exceeding targeted levels for the 2023/24 financial year, with £25.6m of schemes now rated green against the target of £25.2m (£19.7m of these schemes recurrent in nature).

The 2024/25 financial year is fast approaching, with an expectation of a minimum savings target of 2% (c£46m) and it is therefore important for the Health Board to place focus upon transformational opportunities, aligning the program with Welsh Government value and sustainability initiatives, commencing from 1st April 2024.

The Integrated Performance Report



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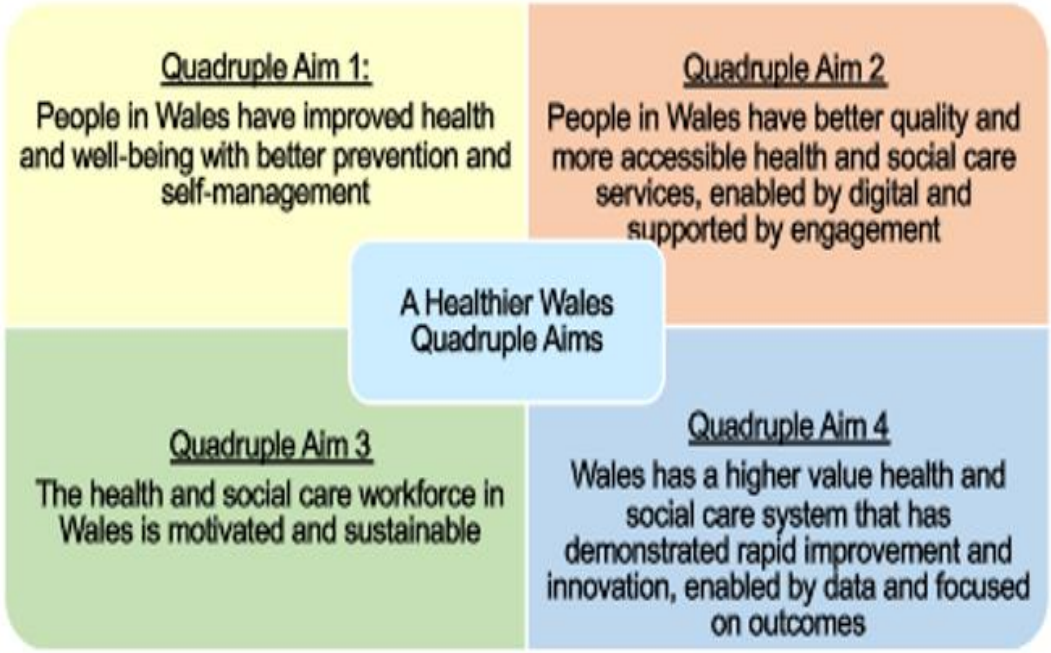
NHS Wales Performance Framework 2023-24

The NHS Performance Framework is a key measurement tool for "A Healthier Wales" outcomes, the 2023/24 revision now consists of 53 quantitative measures, of which 9 are Ministerial Priorities and require Health Board submitted trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government.

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



The Integrated Performance Report

Quality, Safety, Effectiveness & Experience Performance

Access & Activity Performance

People & Organisational Development Performance

Financial Performance

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance is assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.

The IPF is undergoing phased implementation across the Health Board with core integration by quarter 4, 2023/24 and to run as business as usual from 1st April 2024.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measures metrics, and Ministerial priority trajectories. In the Integrated Performance Review meetings we will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

About this report: Rating System

Performance is monitored against our Annual Plan but is rated against the Welsh Government targets contained in the Performance Framework.

Green – The *latest available data point* indicates that performance is at, or better than the target

Red – The *latest available data point* indicates that performance is worse than the target

Blue – It is inappropriate, or not possible, to rate available data against any available target

Grey – There is no / insufficient data available to rate against the target

Exception

Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken

Criteria of an exception

Any metric failing against an NHS Performance Framework, operational, or local target / trajectory

Where statistical process chart (SPC) methodology flags consistent negative variance and no assurance.

Any reportable commissioned metric where the performance is not meeting the National target

Escalation

When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.

Criteria for escalation

Any measure that fails a health submitted trajectory as part of the Ministerial Priorities.

Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)

Any significant failure of a quality standard e.g. never event or failing accountability conditions.

About this report: Charts

This report contains some statistical process charts (SPCs); please see below for legends.
If you would like any support / advice regarding interpretation of these charts, please contact the team, who will be happy to discuss.

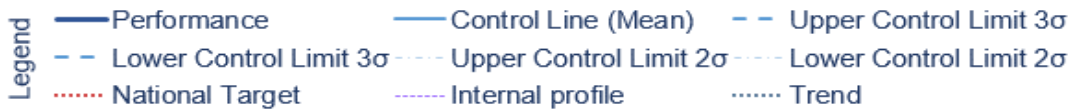
Variance

- Common cause variation present: there is no significant change or pattern
- Special cause variation present: changes or patterns appear to show improvement
- Special cause variation present: concerning changes or patterns present that require investigation / action.
- Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.

Assurance (*based on data presented in the SPC only)

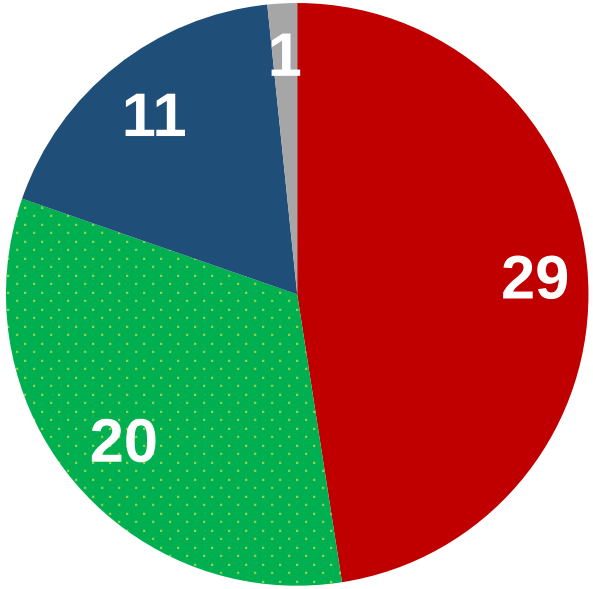
- No assurance: we would expect to sometimes achieve, and sometimes miss the target
- Positive assurance: we would consistently expect to achieve the target
- No assurance: we would consistently expect to miss the target
- There is no profile or target, or insufficient data, thus assurance can not be ascertained

Orange icons indicate negative occurance
Blue icons indicate a positive occurance
Grey icons indicate no significant data occurance

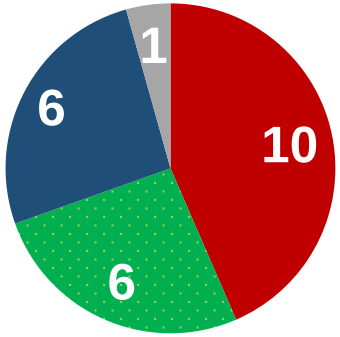


The column charts that feature within this report use the following legend:

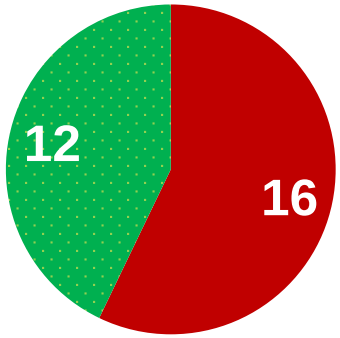
Summary of Performance



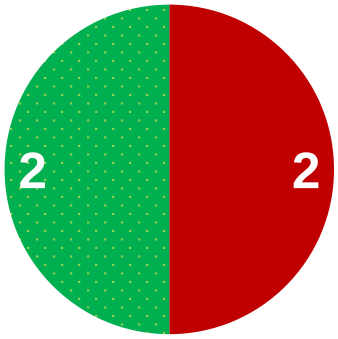
All Sections



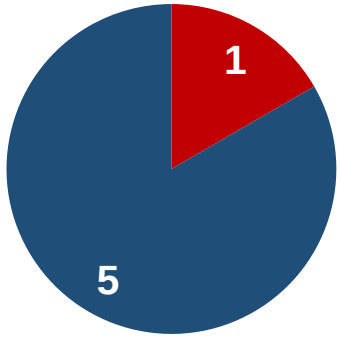
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

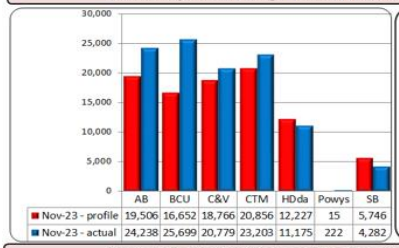


Financial Performance

NHS Wales Performance Dashboard - part 1

PERFORMANCE DASHBOARD

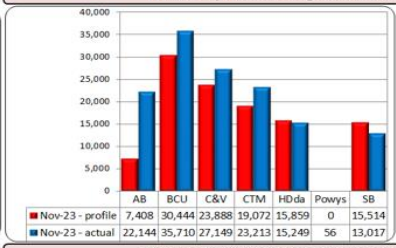
Number of patients waiting more than 36 weeks for a new outpatient appointment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Nov-23 - profile	19,506	16,652	18,766	20,856	12,227	15	5,746
Nov-23 - actual	24,238	25,699	20,779	23,203	11,175	222	4,282

- In Nov-23, HDda and SB achieved their trajectories for the number of patients waiting over 36 weeks for a new outpatient appointment.
- Powys and SB saw a reduction in Nov-23 when compared to the previous month.
- At an all Wales level, the number of patients waiting over 36 weeks for a new outpatient appointment has increased in Nov-23 when compared to the previous month by 1,679 to 109,598, a 1.6% increase.
- Powys had the lowest number of patients waiting over 36 weeks for a new outpatient appointment in Nov-23 at 222, BCU had the highest number of waits at 25,699 (23.4% of the total).

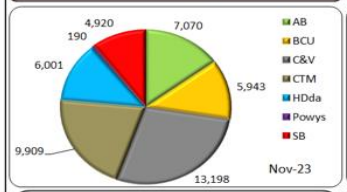
Number of patients waiting more than 52 weeks for referral to treatment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Nov-23 - profile	7,408	30,444	23,888	19,072	15,859	0	15,514
Nov-23 - actual	22,144	35,710	27,149	23,213	15,249	56	13,017

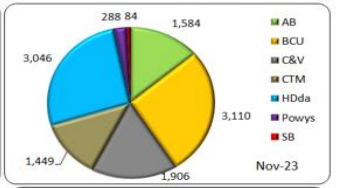
- In Nov-23, HDda and SB achieved their trajectories for the number of patients waiting over 52 weeks for referral to treatment.
- BCU, CTM, Powys and SB saw a reduction in Nov-23 when compared to the previous month.
- At an all Wales level, the number of over 52 week referral to treatment waits has increased in Nov-23 when compared to the previous month by 2,082 to 136,538, a 1.5% increase.
- Powys had the lowest number of patients waiting over 52 weeks for referral to treatment in Nov-23 at 56, BCU had the highest number of waits at 35,710 (26.2% of the total).

Number of patients waiting more than 8 weeks for a specified diagnostic



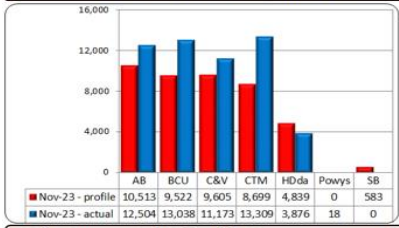
- In Nov-23 only SB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 8 weeks for a specified diagnostic.
- AB has not yet provided an 8 week diagnostic trajectory.
- BCU, CTM and SB saw a reduction in Nov-23 when compared to the previous month.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has reduced in Nov-23 when compared to the previous month by 582 to 47,231, a 1.2% reduction.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Nov-23 at 190, C&V had the highest at 13,198 (27.9% of the total).

Number of patients waiting more than 14 weeks for a specified therapy (including audiology)



- In Nov-23 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 14 weeks for a specified therapy.
- CTM has not yet provided a 14 week therapy trajectory.
- CTM, HDda, Powys and SB saw a reduction in Nov-23 when compared to the previous month.
- At an all Wales level, the number of over 14 week waits for specific therapies increased in Nov-23 when compared to the previous month by 15 to 11,467, a 0.1% increase.
- SB had the lowest number of over 14 week waits for specific therapies in Nov-23 at 84, BCU had the highest at 3,110 (27.1% of the total).

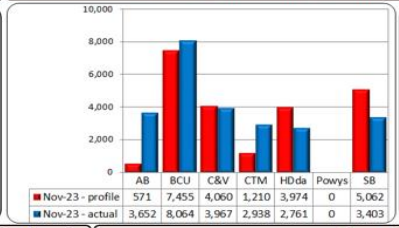
Number of patients waiting more than 52 weeks for a new outpatient appointment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Nov-23 - profile	10,513	9,522	9,605	8,699	4,839	0	583
Nov-23 - actual	12,504	13,038	11,173	13,309	3,876	18	0

- In Nov-23, HDda and SB achieved their trajectory for the number of patients waiting over 52 weeks for a new outpatient appointment.
- Only Powys saw a reduction in Nov-23 compared to the previous month.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Nov-23 when compared to the previous month by 1,746 to 53,918, a 3.3% increase.
- SB have had no over 52 week new outpatient waits for the last 2 months, CTM had the highest number of waits at 13,309 (24.7% of the total).

Number of patients waiting more than 104 weeks for referral to treatment

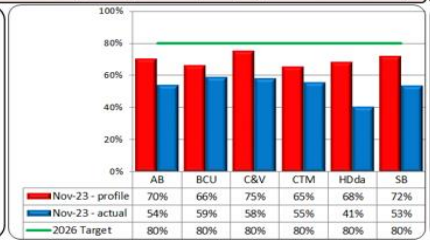


	AB	BCU	C&V	CTM	HDda	Powys	SB
Nov-23 - profile	571	7,455	4,060	1,210	3,974	0	5,062
Nov-23 - actual	3,652	8,064	3,967	2,938	2,761	0	3,403

- In Nov-23, C&V, HDda, Powys and SB all achieved their trajectories for the number of patients waiting over 104 weeks for referral to treatment.
- All HBs, except C&V, have seen a reduction in Nov-23 when compared to the previous month.
- At an all Wales level, the number of over 104 week referral to treatment waits has reduced in Nov-23 when compared to the previous month by 884 to 24,785, a 3.4% reduction.
- Powys have had no over 104 week referral to treatment waits since Feb-22, BCU had the highest number of waits at 8,064 (32.5% of the total).

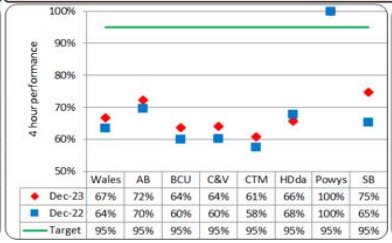
% of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route)

- In Nov-23, none of the HBs achieved their trajectory for the percentage of patients starting 1st definitive cancer treatment within 62 days.
- CTM and SB saw an improvement in performance in Nov-23 when compared to the previous month.
- At all Wales level, the percentage of patients starting 1st definitive treatment within 62 days has seen a deterioration in performance in Nov-23 when compared to the previous month of 2.7 percentage points to 53.5%.
- The best performing HB in Nov-23 was BCU with performance at 58.8%, HDda had the lowest performance at 40.5%.

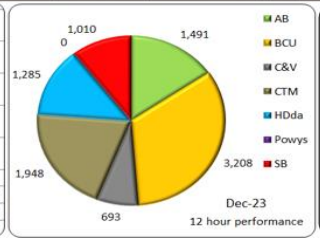


	AB	BCU	C&V	CTM	HDda	SB
Nov-23 - profile	70%	66%	75%	65%	68%	72%
Nov-23 - actual	54%	59%	58%	55%	41%	53%
2026 Target	80%	80%	80%	80%	80%	80%

4 hour and 12 hour A&E waiting times in all major and minor emergency care facilities - from arrival until admission, transfer or discharge



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Dec-23	67%	72%	64%	64%	61%	66%	100%	75%
Dec-22	64%	70%	60%	60%	58%	68%	100%	65%
Target	95%	95%	95%	95%	95%	95%	95%	95%

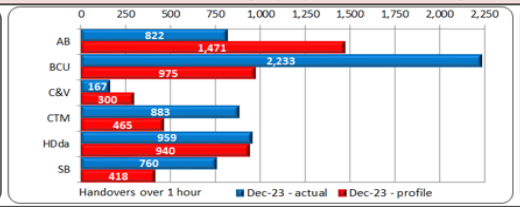


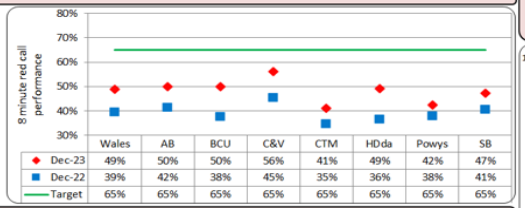
- In Dec-23 all HBs, except HDda, achieved the target of an improvement compared to the same month in 2022-23, towards the national target of 95%, for the percentage of patients who spent less than 4 hours in A&E.
- All HBs saw a deterioration in performance in Dec-23 when compared to the previous month, except Powys who remained the same at 100%.
- At all Wales level, the percentage of patients who spent less than 4 hours in A&E has seen a deterioration in performance in Dec-23 when compared to the previous month of 2.7 percentage points to 66.7%.
- The best performing HB in Dec-23, exc. Powys, was SB at 74.7%, CTM had the lowest performance at 60.7%.
- In Dec-23 AB and Powys achieved the target of an improvement trajectory towards a national target of 0 by 31 March 2024 for the number of patients who spent more than 12 hours in A&E.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 693, BCU had the highest at 3,208 (33.3% of the total).

NHS Wales Performance Dashboard - part 2

Number of ambulance patient handovers over 1 hour and % of emergency responses to red calls arriving within 8 minutes

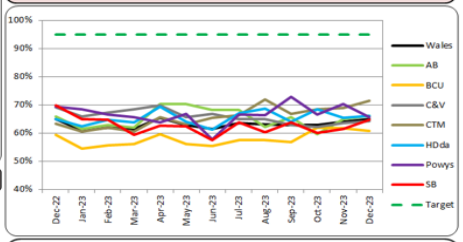
- In Dec-23, AB and C&V achieved their trajectory for the number of ambulance patient handovers over 1 hour.
- C&V had the lowest number of over 1 hour handovers in Dec-23 with 167 over 1 hour handovers, BCU had the highest at 2,233 (38.3% of the total).
- Over the last 12 months, all HBs, except BCU ansd SB, saw an improvement trend in performance.
- In Dec-23, no HB achieved the 65% target for the percentage of emergency responses to red calls within 8 minutes.
- CV were the best performing HB in Dec-23 with performance at 56.2%, CTM were the lowest with performance at 41.2%.
- Over the last 12 months only Powys saw an improvement trend in performance. BCU, C&V and HDda saw an improvement in performance in Dec-23 when compared to the previous month.





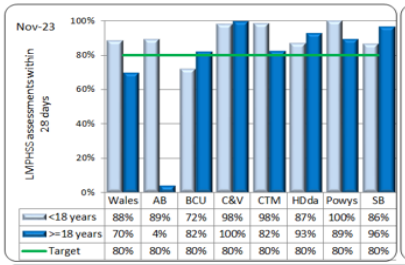
	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Dec-23	49%	50%	50%	56%	41%	49%	42%	47%
Dec-22	39%	42%	38%	45%	35%	36%	38%	41%
Target	65%	65%	65%	65%	65%	65%	65%	65%

% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

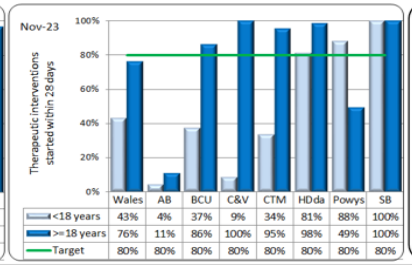


- In Dec-23 no HB achieved the 95% target for the percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- The best performing HB in Dec-23 was CTM with performance at 71.4%, BCU were the lowest performing HB with performance at 60.7%.
- In Dec-23, all HBs, except BCU and Powys, saw an improvement in performance compared to the previous month.
- Over the last 12 months, all HBs, except C&V and SB, saw an improvement trend in performance.

Mental Health Part 1 - % of LPMHSS assessments and therapeutic interventions within 28 days



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
<18 years	88%	89%	72%	98%	98%	87%	100%	86%
>=18 years	70%	4%	82%	100%	82%	93%	89%	96%
Target	80%	80%	80%	80%	80%	80%	80%	80%



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
<18 years	43%	4%	37%	9%	34%	81%	88%	100%
>=18 years	76%	11%	86%	100%	95%	98%	49%	100%
Target	80%	80%	80%	80%	80%	80%	80%	80%

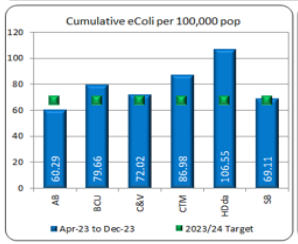
<18 years

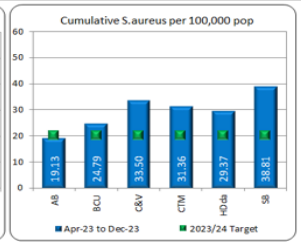
- In Nov-23 only BCU failed to achieve the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%, BCU had the lowest performance at 72.1%. Over the last 12 months, only Powys saw a deterioration trend in performance.
- In Nov-23 Hywel Dda, Powys and SB achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was SB at 100%, AB had the lowest performance at 4.3%. Over the last 12 months, BCU, CTM, HDda and SB, saw an improvement trend in performance.

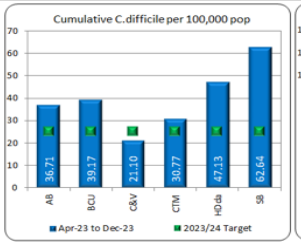
>=18 years

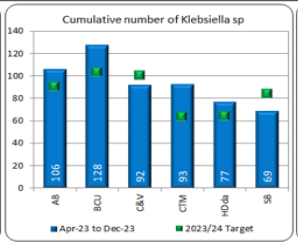
- In Nov-23, only AB failed to achieve the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HB was C&V at 99.6%, AB had the lowest performance at 4.4%. Over the last 12 months, all HBs, except AB and CTM, saw an improvement trend in performance.
- In Nov-23, only AB and Powys failed to achieve the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HBs were C&V and SB at 100%, AB had the lowest performance at 11.1%. Over the last 12 months, all HBs, except AB, saw an improvement trend in performance.
- Note: AB are still validating their data from Apr-23 due to moving to a new IT system so data may be revised in future months.

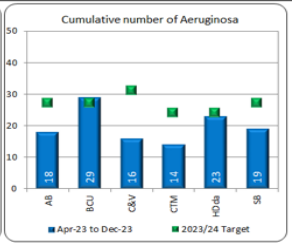
Health Care Acquired Infections - HCAIs (provisional data)



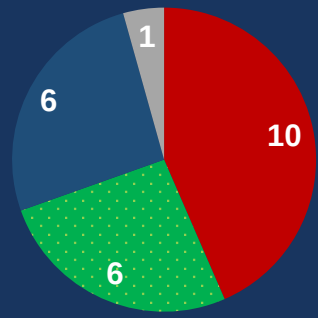








- For eColi, only AB are currently achieving the 2023/24 cumulative target. In the Apr-23 to Dec-23 period, HDda had the highest rate of eColi at 106.55 per 100,000 population compared to AB who had the lowest rate at 60.29 per 100,000 population.
- For S.aureus, only AB is currently achieving the 2023/24 cumulative target. In the Apr-23 to Dec-23 period, SB had the highest rate of S.aureus at 38.81 per 100,000 population compared to AB who had the lowest rate at 19.13 per 100,000 population.
- For C.difficile, only C&V are currently achieving the 2023/24 cumulative target. In the Apr-23 to Dec-23 period, SB had the highest rate of C.difficile at 62.64 per 100,000 population compared to C&V who had the lowest rate at 21.10 per 100,000 population.
- For Klebsiella, C&V and SB are currently achieving the 2023/24 cumulative target. In the Apr-23 to Dec-23 period, BCU had the highest number of cases of Klebsiella at 128 compared to SB who had the lowest number at 69.
- For Aeruginosa, all HBs, except BCU, are currently achieving the 2023/24 cumulative target. In the Apr-23 to Dec-23 period, BCU had the highest number of cases of Aeruginosa at 29 compared to CTM who had the lowest number at 14.



Section 1

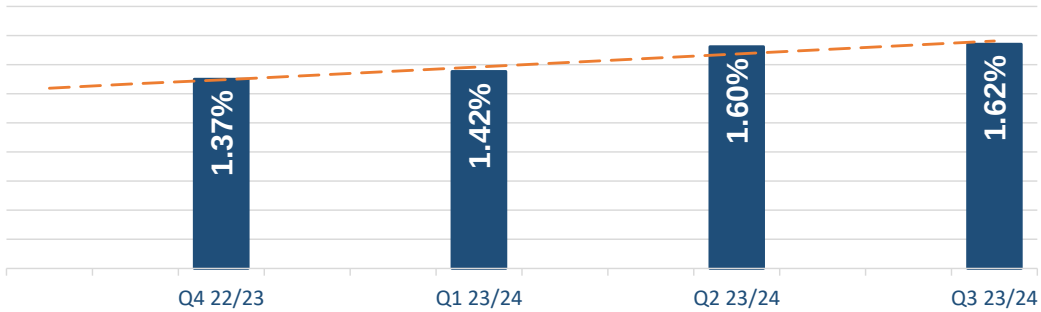
Quality, Safety, Effectiveness and Experience Performance

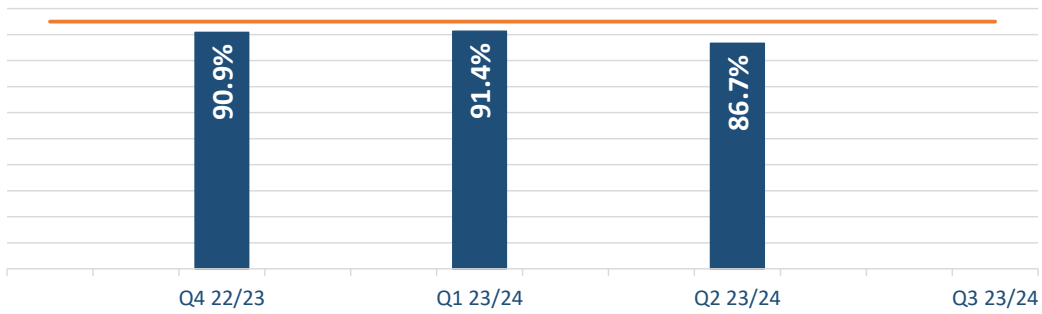
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

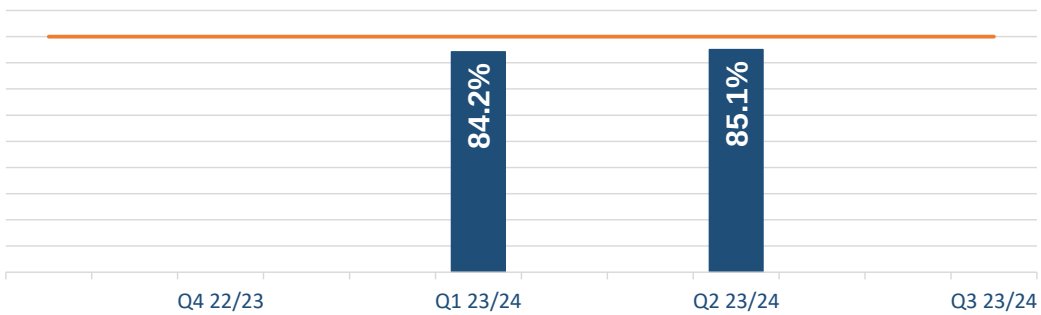
Produced on behalf of the Health Board by the Performance Directorate and Partners

Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-001	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	1.62%	2nd of 7 (at Jun 23)
QA1-003	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	86.7%	1st of 7 (at Sep 23)
QA1-004	QSE	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	TBC	85.1%	5th of 7 (at Jun 23)

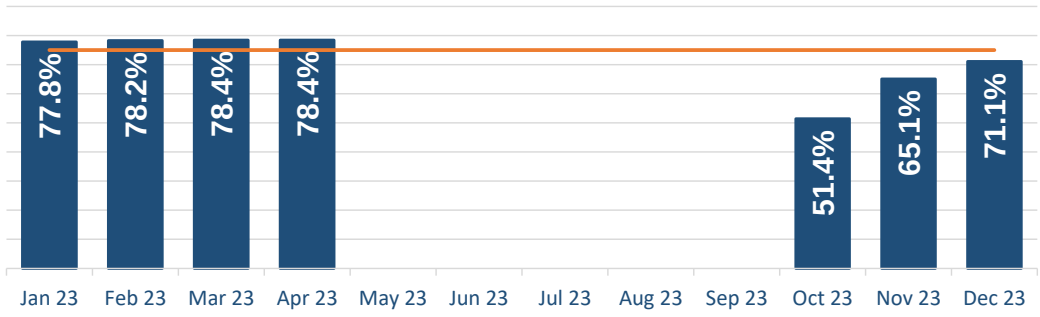


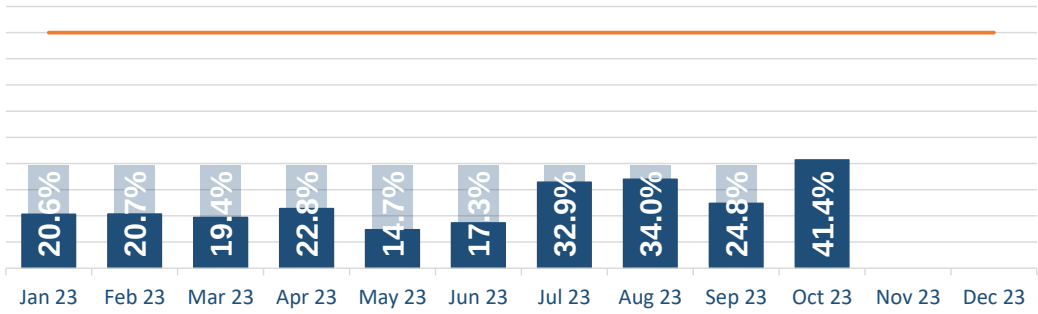




Quality: Performance

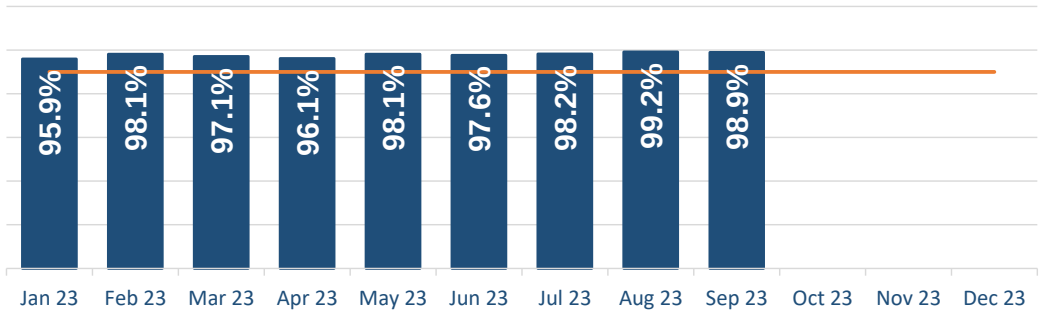
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-005	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	71.1%	2nd of 7 (at Dec 23)
QA1-006	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring Booster 2023: Aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over Autumn Booster 2023: Age range to be confirmed	75%	TBC	65.1%	4th of 7 (at Dec 23)
QA1-007	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	41.4%	2nd of 7 (at Oct 23)

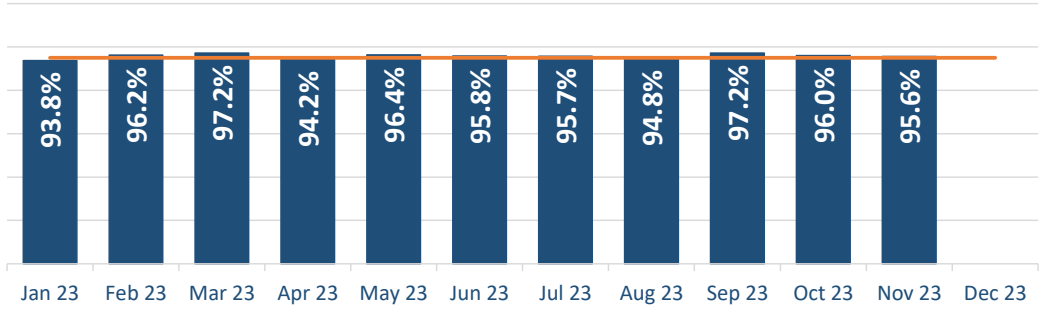


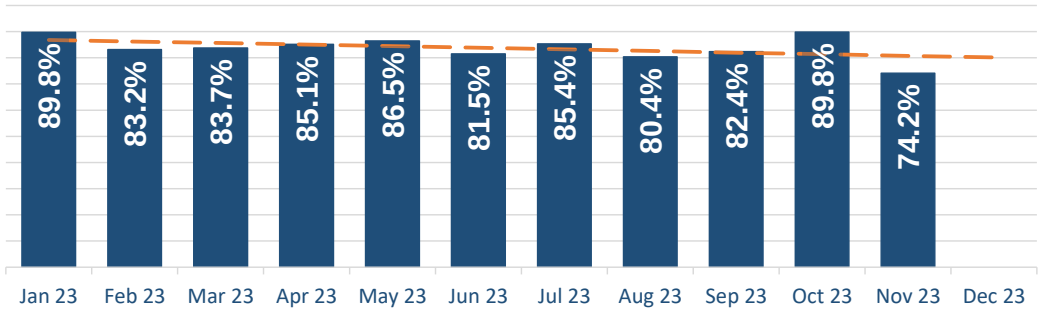


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-008	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	98.9%	2nd of 7 (at Oct 23)
QA1-009	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	95.6%	4th of 7 (at Nov 23)
QA1-002	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	74.2%	3rd of 7 (at Sep 23)

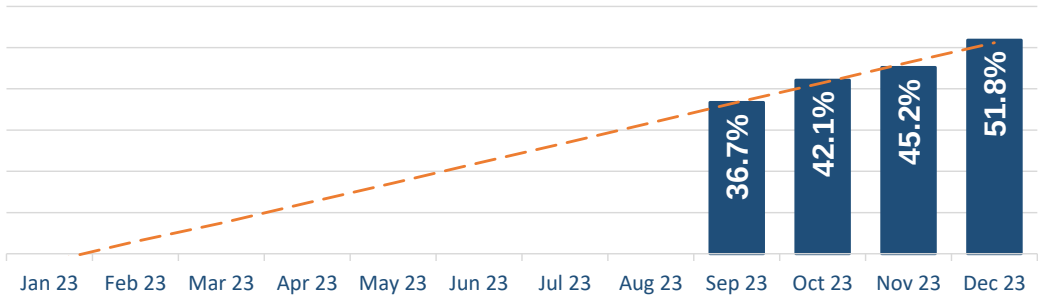


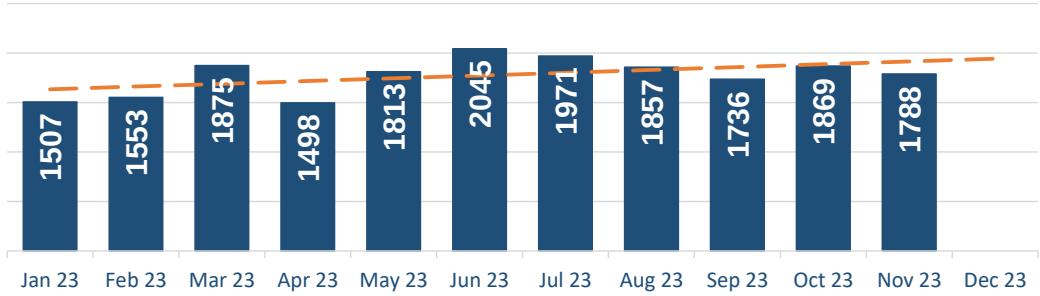


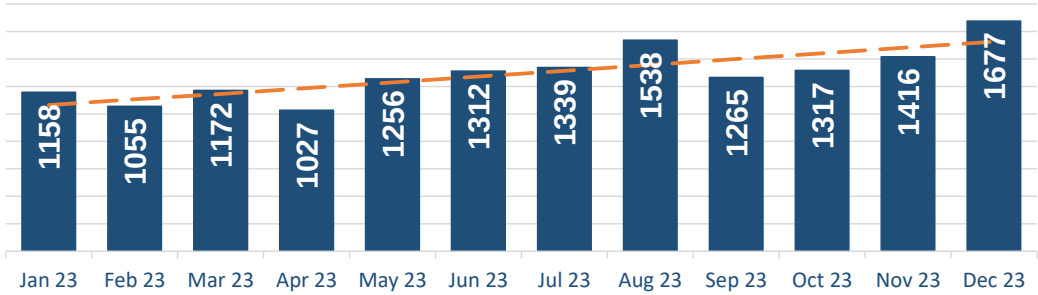


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-011	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increas-ing trend (to 100%)	TBC	51.8%	5th of 7 (at Dec 23)
QA2-012	PFIG	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Decreas-ing trend	TBC	1788	7th of 7 (at Nov 23)
QA2-013	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Mth to mth increase (2022/23 to 2023/24)	TBC	1677	1st of 7 (at Nov 23)

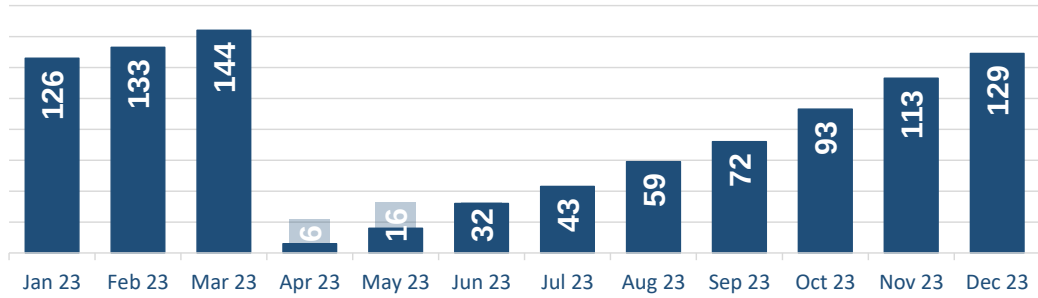


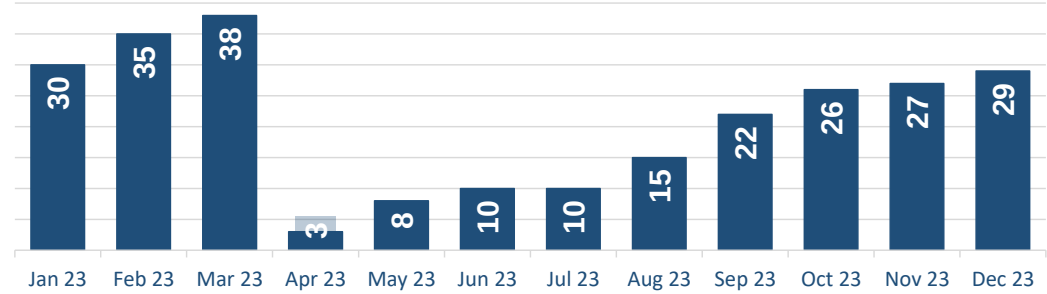




Quality: Performance

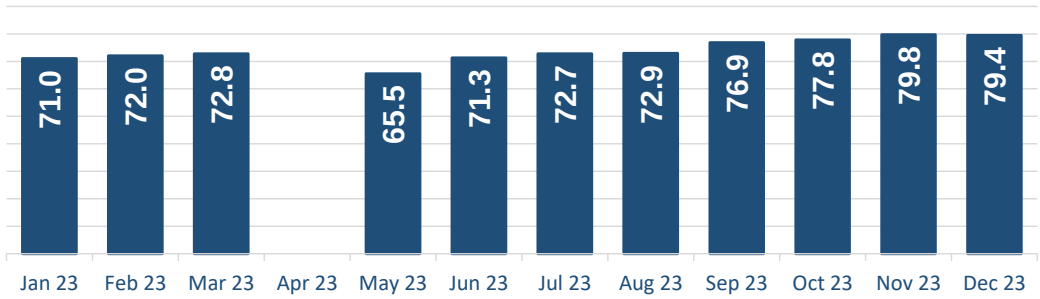
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-046	QSE	Number of patient experience surveys completed and recorded on CIVICA	Increas-ing trend	TBC	Data not currently available	N/A
QA4-047	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	Not avail-able	TBC	129	6th of 6 (at Dec 23)
QA4-048	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	Not avail-able	TBC	29	6th of 6 (at Dec 23)

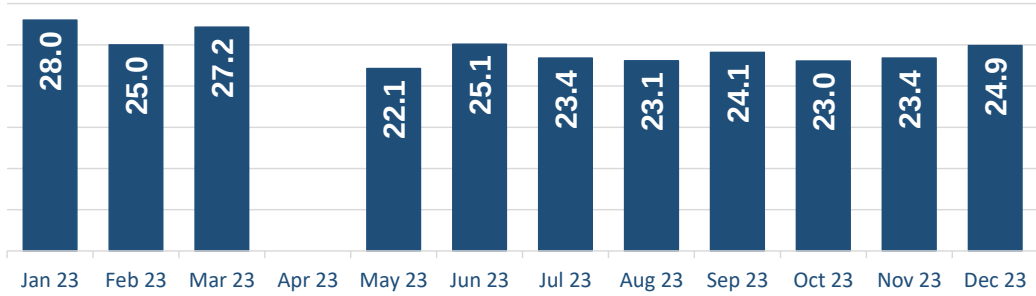


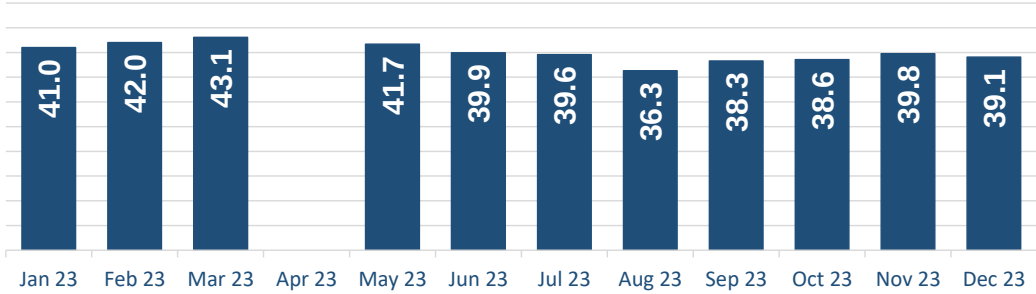


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-049	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	Not available	TBC	79.4	4th of 6 (at Dec 23)
QA4-050	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	Not available	TBC	24.9	2nd of 6 (at Dec 23)
QA4-051	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	Not available	TBC	39.1	4th of 6 (at Dec 23)

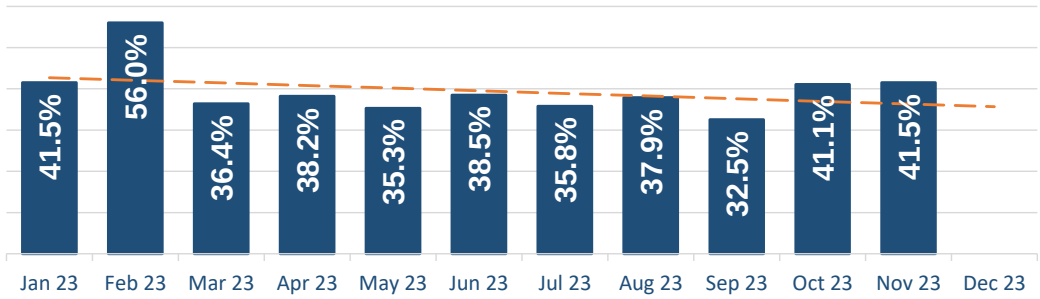


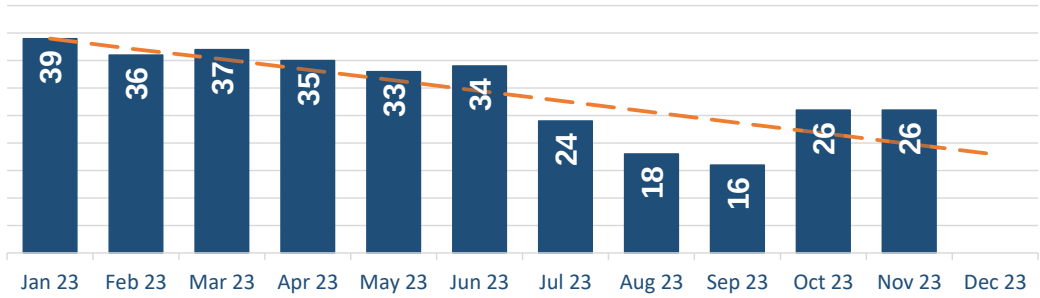


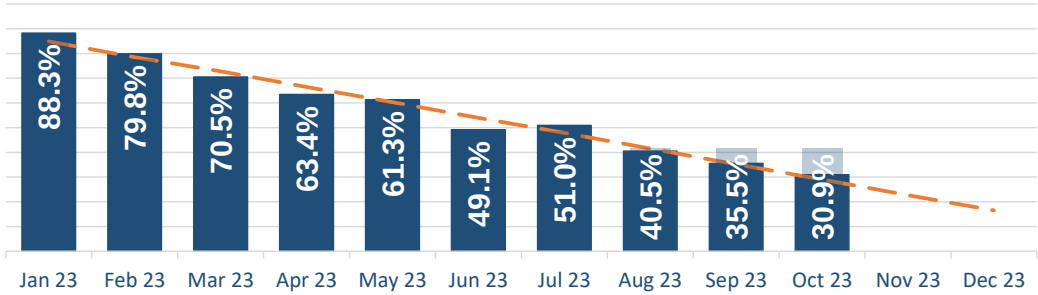


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-052	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Mth to mth reduction (2022/23 to 2023/24)	TBC	41.5%	6th of 6 (at Dec 23)
QA4-055	QSE	Number of National Reportable incidents that remain open 90 days or more	Decreas-ing trend	TBC	26	5th of 10 (at Dec 23)
QA4-040	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increas-ing trend (to 95%)	TBC	30.9%	8th of 8 (at Oct 23)

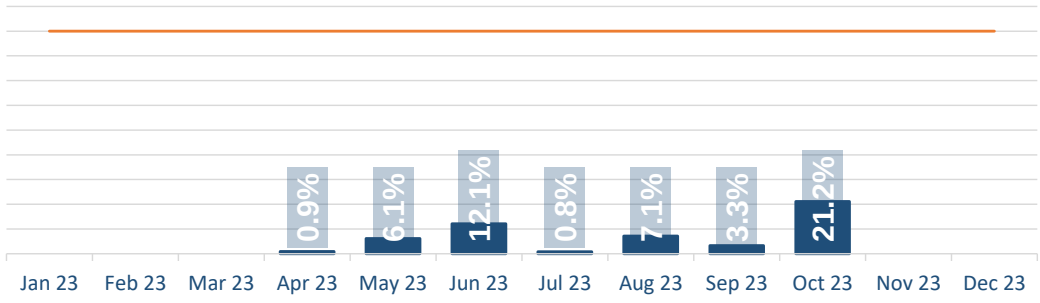


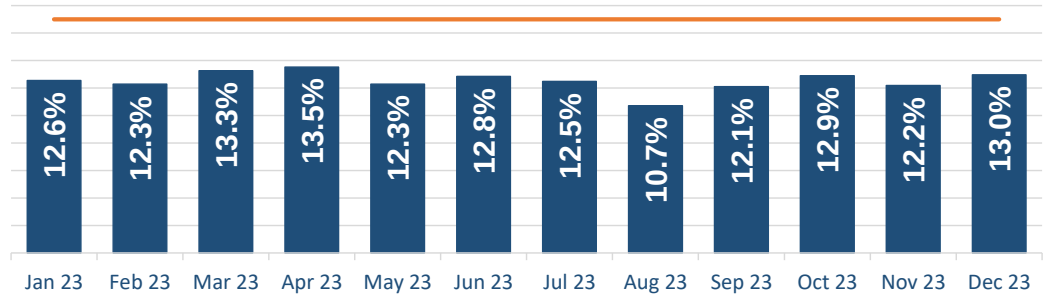


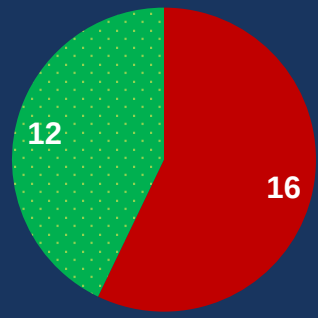


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-041	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	21.2%	7th of 8 (at Nov 23)
QA4-042	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	>17%	TBC	13.0%	6th of 7 (at Nov 23)







Section 2

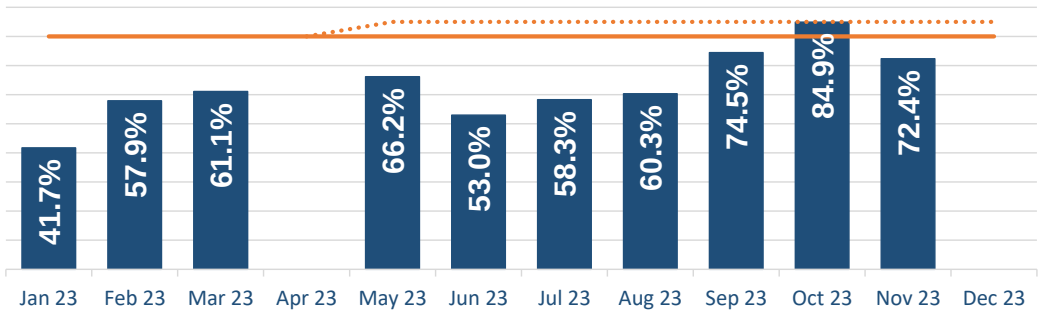
Access & Activity Performance

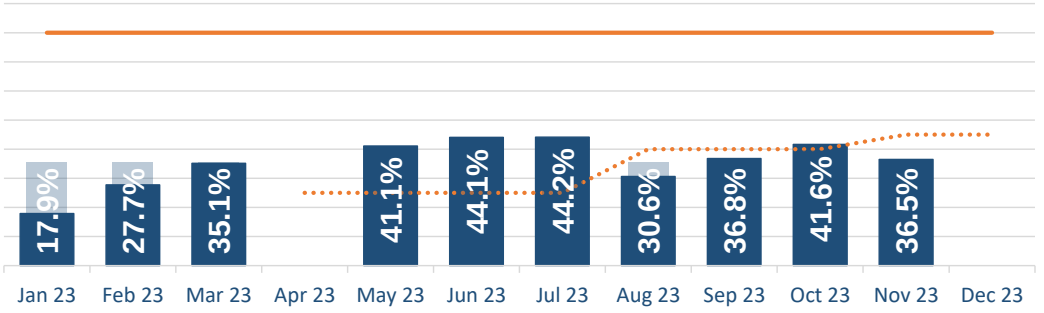
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

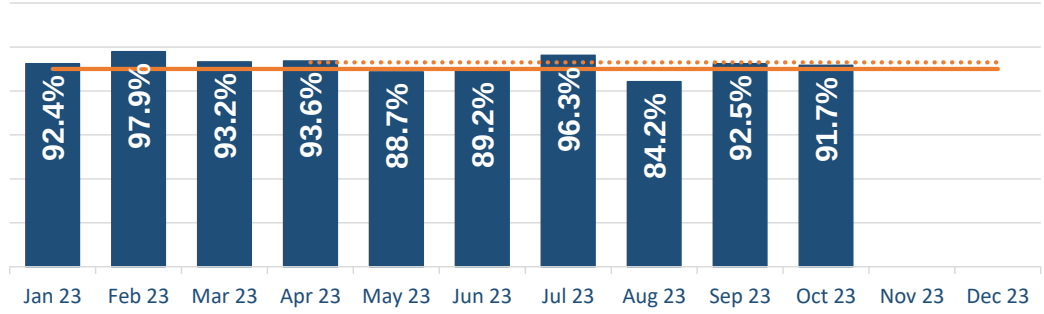
Produced on behalf of the Health Board by the Performance Directorate and Partners

Access and Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
QA2-014	PFIG	Percentage of Local Primary mental health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	85.0%	72.4%	7th of 7 (at Nov 23)
QA2-015	PFIG	Percentage of theraputic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	45.0%	36.5%	4th of 7 (at Nov 23)
QA4-044	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	93.0%	91.7%	2nd of 7 (at Nov 23)

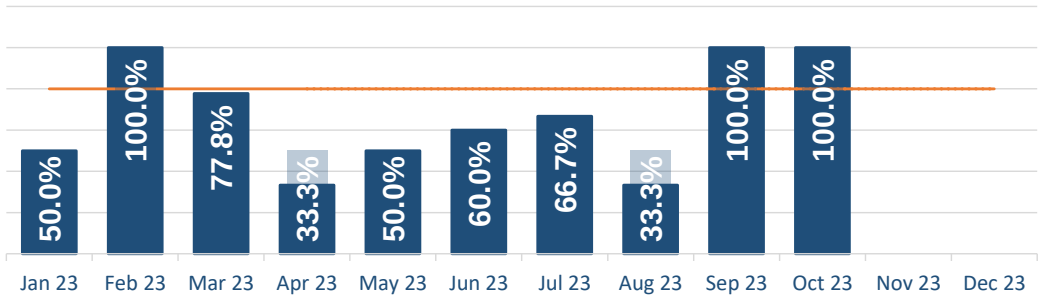


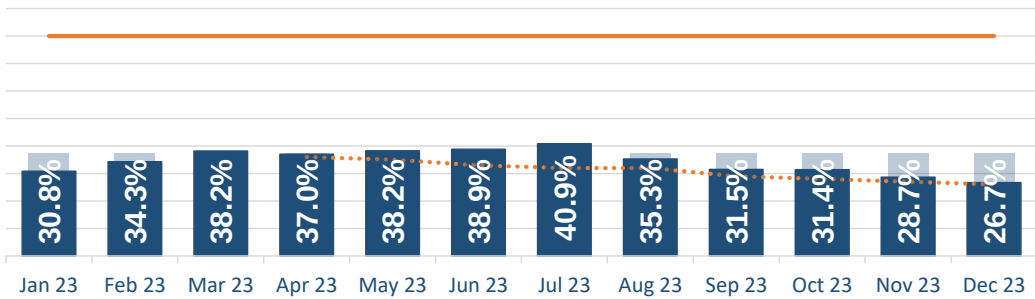


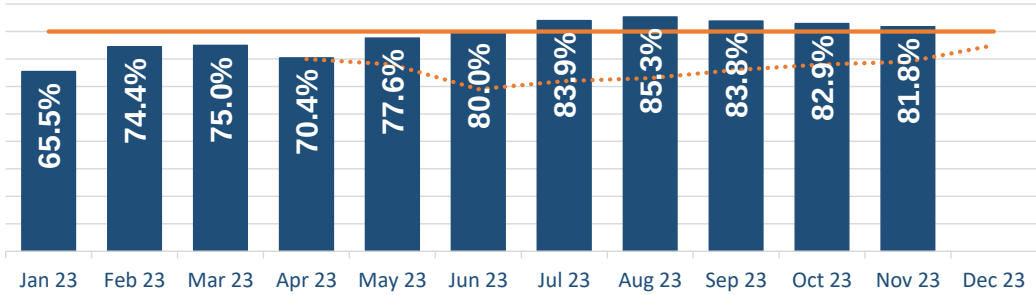


Access and Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-033	PFIG	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	80%	80.0%	100.0%	1st of 6 (at Oct 23)
QA2-034	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	26.0%	26.7%	5th of 7 (at Nov 23)
QA2-016	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	75.0%	81.8%	6th of 7 (at Nov 23)

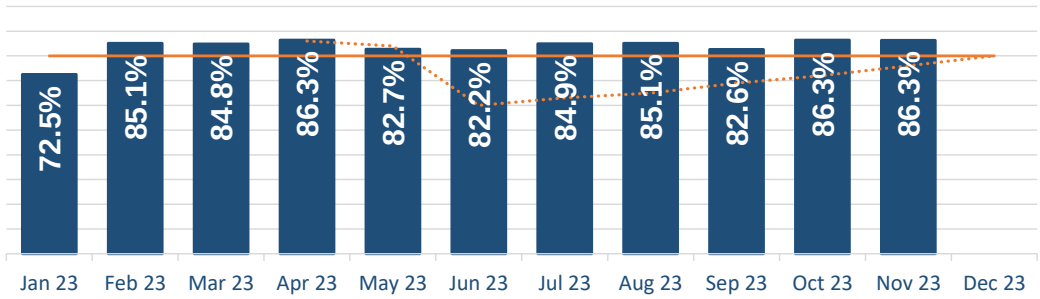


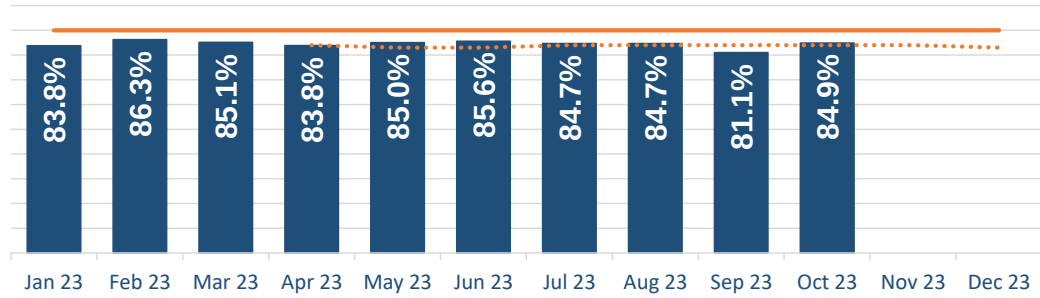


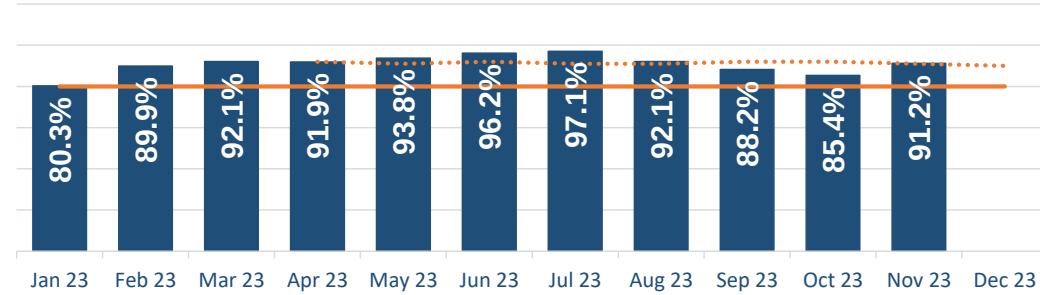


Access and Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-017	PFIG	Percentage of theraputic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80.0%	86.3%	5th of 7 (at Nov 23)
QA4-045	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	83.0%	84.9%	4th of 7 (at Nov 23)
QA2-035	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	90.0%	91.2%	2nd of 7 (at Nov 23)

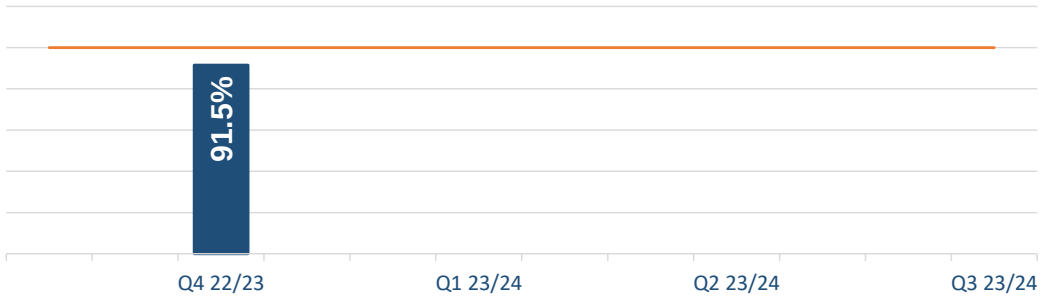


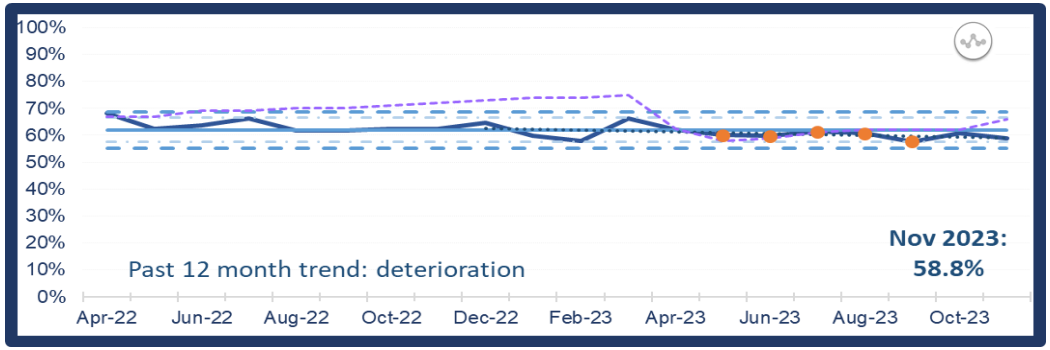


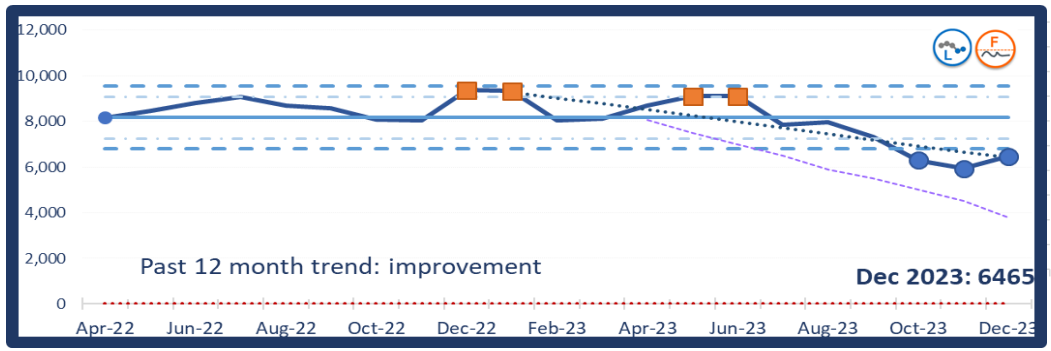


Access and Activity: Performance

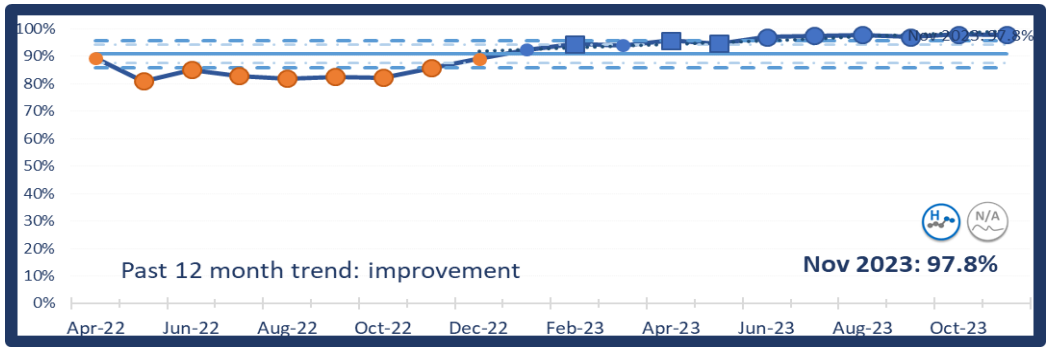
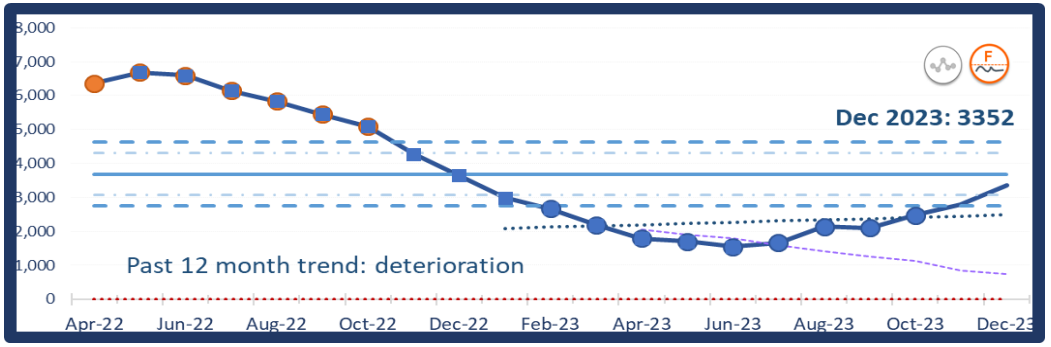
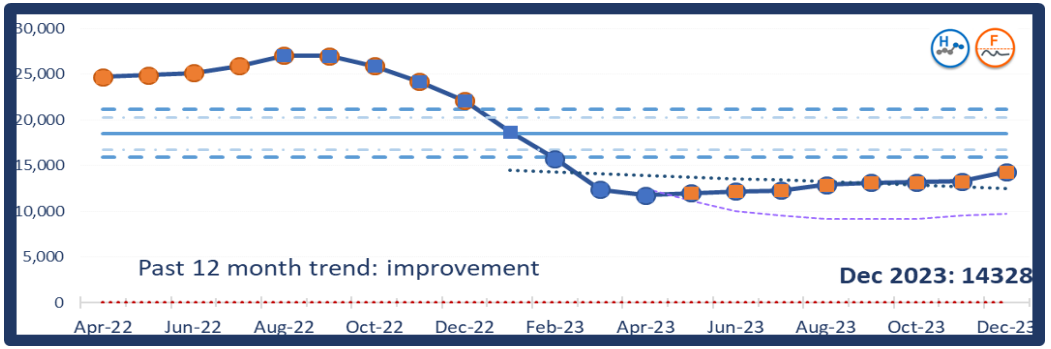
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-010	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	91.5%	6th of 7 (at Mar 23)
QA2-024	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increas-ing trend (to 80%)	65.0%	58.8%	1st of 6 (at Nov 23)
QA2-025	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	Decreas-ing trend (to 0)	3800	6465	3rd of 7 (at Nov 23)





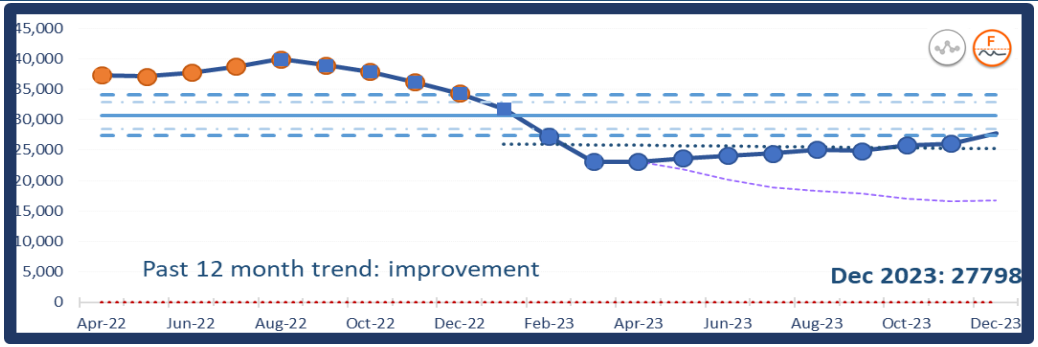


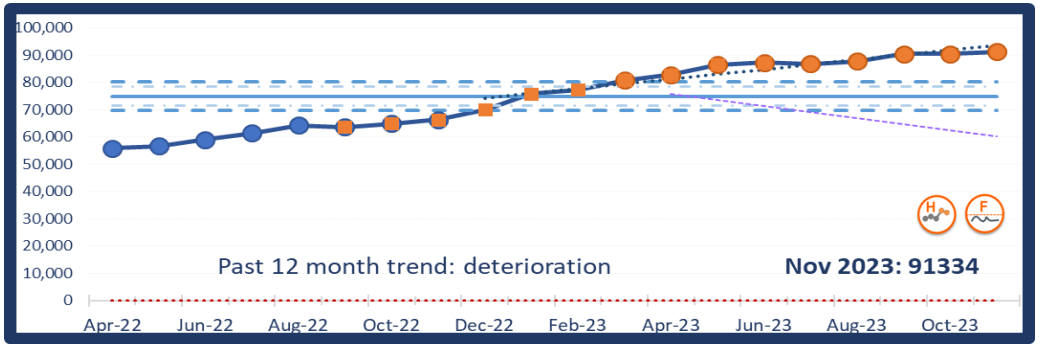
Access and Activity: Performance

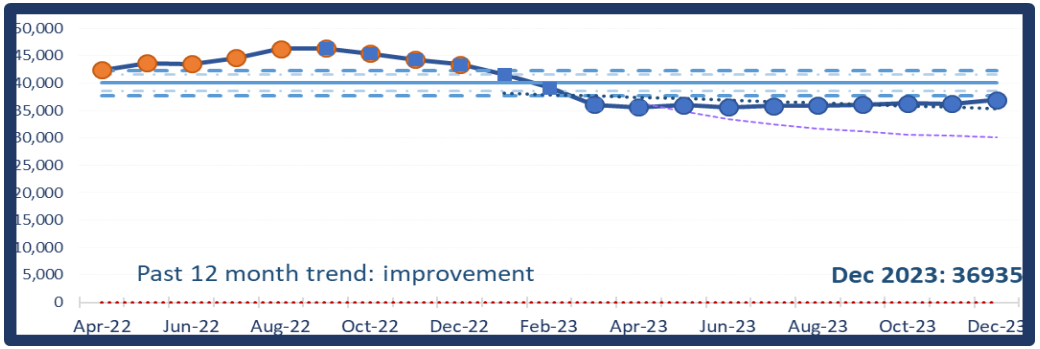
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
QA2-026	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	Increas-ing trend	TBC	97.8%	1st of 7 (at Nov 23)	
QA2-027	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)	Decreas-ing trend (to 0)	753	3352	7th of 7 (at Nov 23)	
QA2-028	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	Decreas-ing trend (to 0)	9748	14328	6th of 7 (at Nov 23)	

Access and Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-029	PFIG	Number of patients waiting more than 36 weeks for a new outpatient appointment	Decreasing trend (to 0)	16660	27798	7th of 7 (at Nov 23)
QA2-030	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	57892	91334	7th of 7 (at Dec 23)
QA2-032	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0)	30075	36935	7th of 7 (at Nov 23)

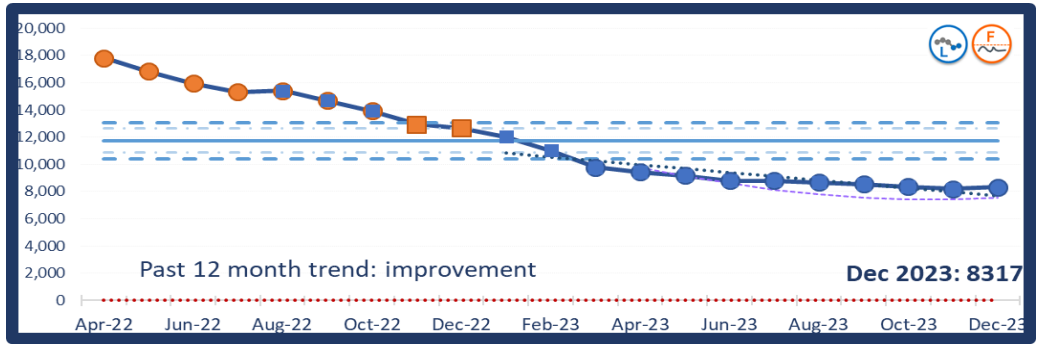


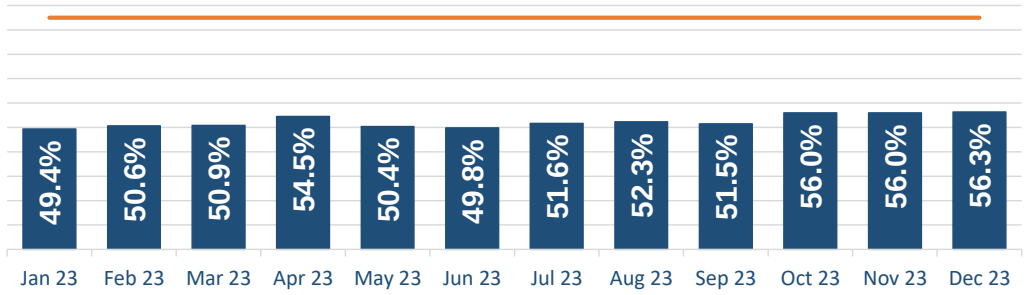


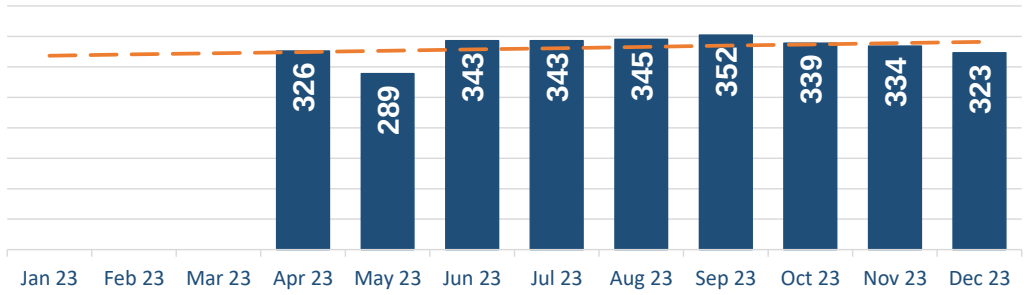


Access and Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-031	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	Decreasing trend (to 0)	7527	8317	7th of 7 (at Nov 23)
QA4-053	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%	TBC	56.3%	7th of 7 (at Dec 23)
QA4-043	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	323	8st of 8 (at Dec 23)

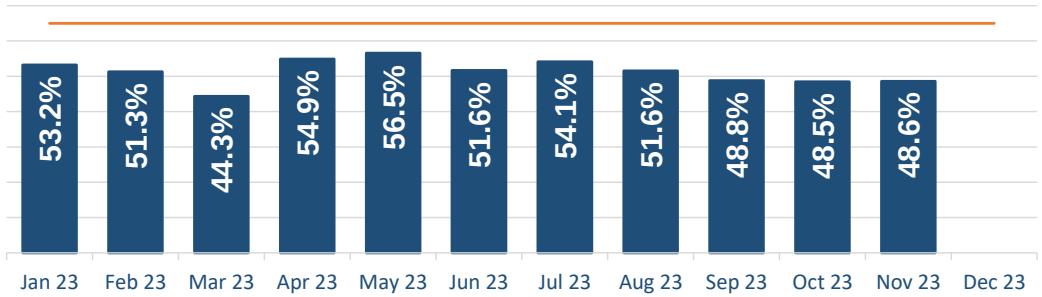


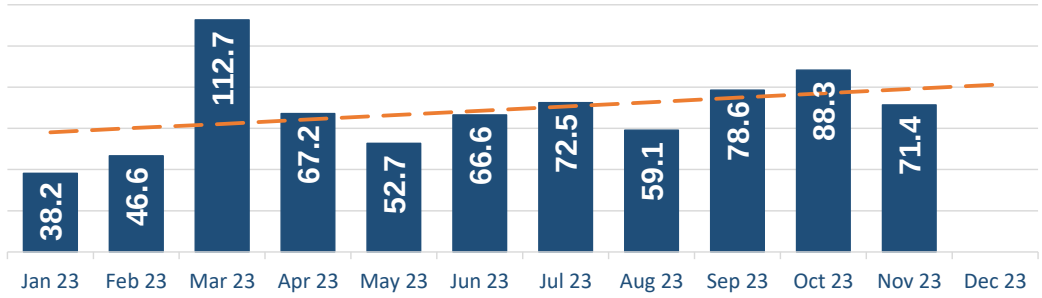


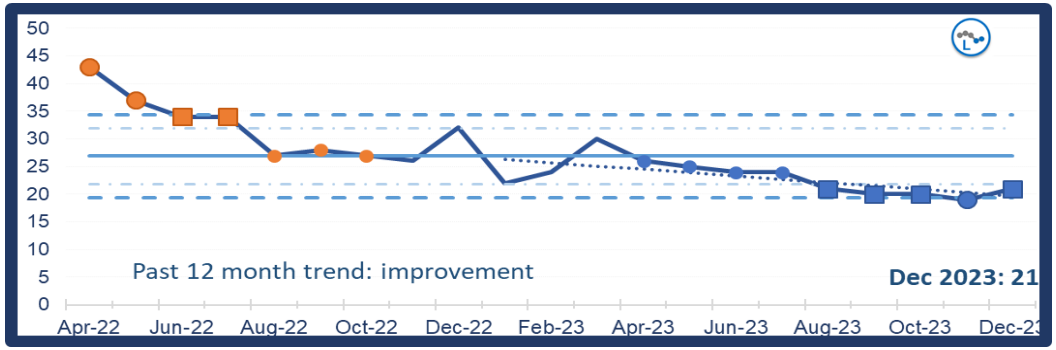


Access and Activity: Performance

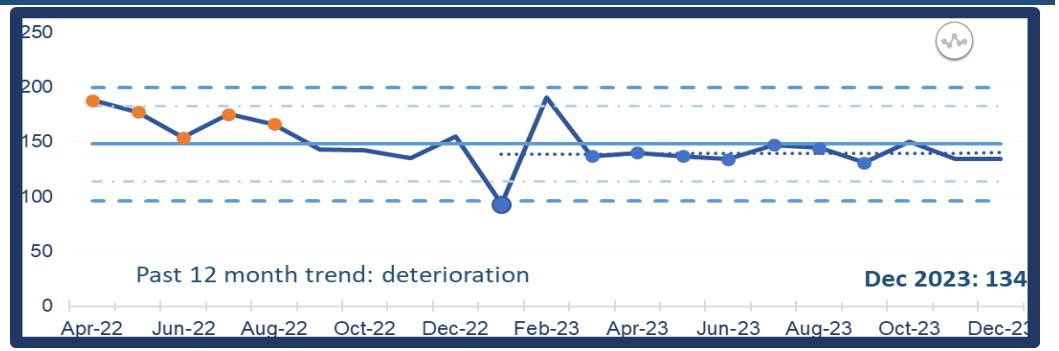
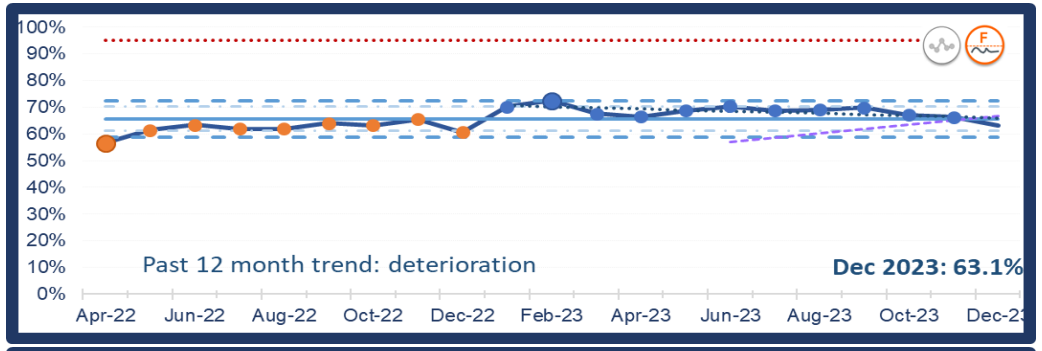
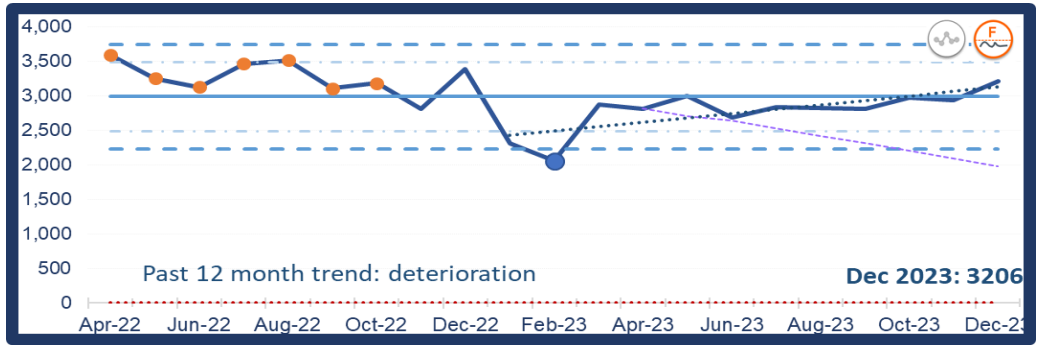
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-018	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	TBC	48.6%	2nd of 7 (at Dec 23)
QA2-019	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	71.4	3rd of 7 (at Nov 23)
QA2-020	PFIG	Median time from arrival at an emergency department to triage by a clinician	Decreasing trend	TBC	21.0	3rd of 6 (at Dec 23)



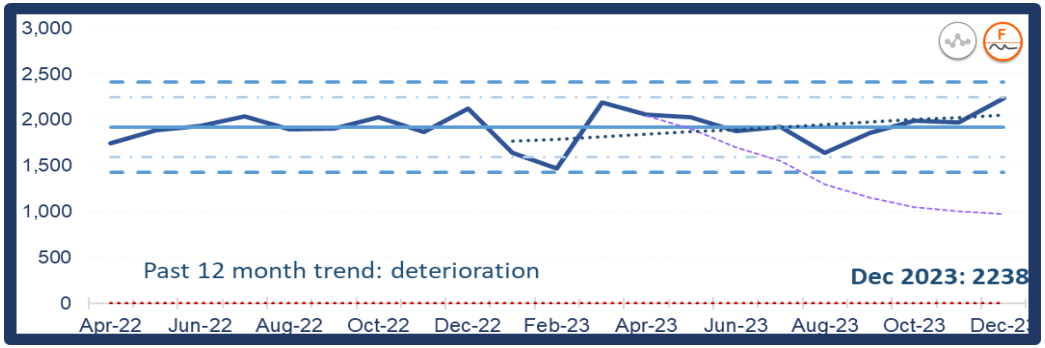


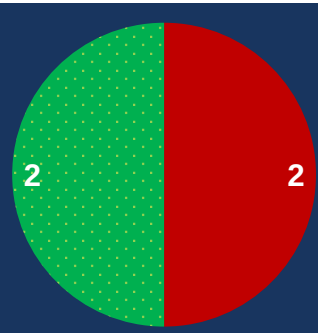


Access and Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
QA2-021	PFIG	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Decreas-ing trend	TBC	134.0	5th of 6 (at Dec 23)	
QA2-022	PFIG	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	Mth to mth increase (2022/23 to 2023/24)	66.6%	63.1%	6th of 7 (at Dec 23)	
QA2-023	PFIG	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	Decreas-ing trend (to 0)	1980	3206	7th of 7 (at Dec 23)	

Access and Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
QA4-054	PFIG	Number of ambulance patient handovers over 1 hour	Decreas-ing trend (to 0)	975	2238	6th of 6 (at Dec 23)	



Section 3

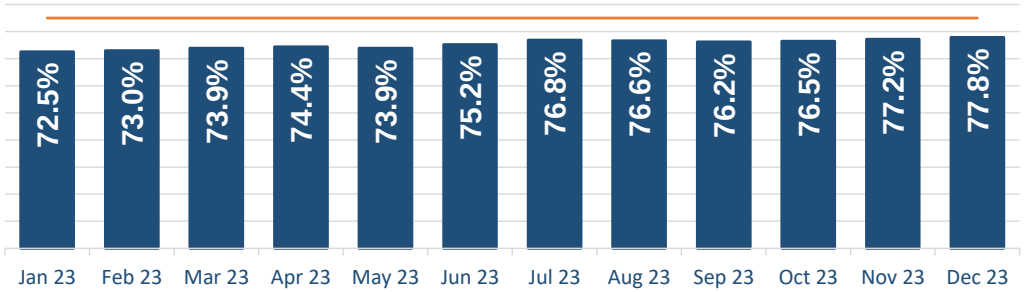
People & Organisational Development Performance

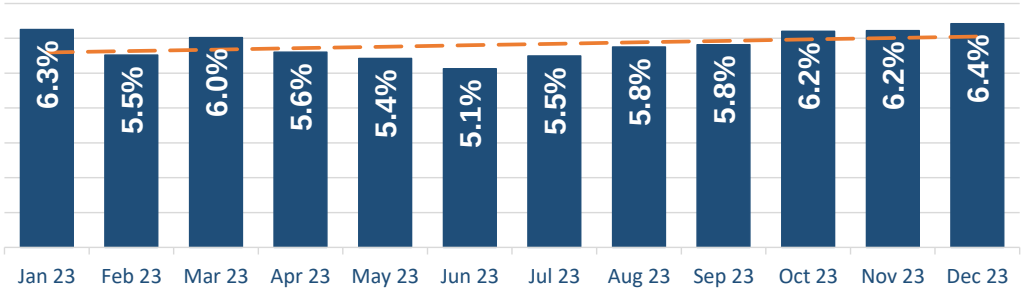
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

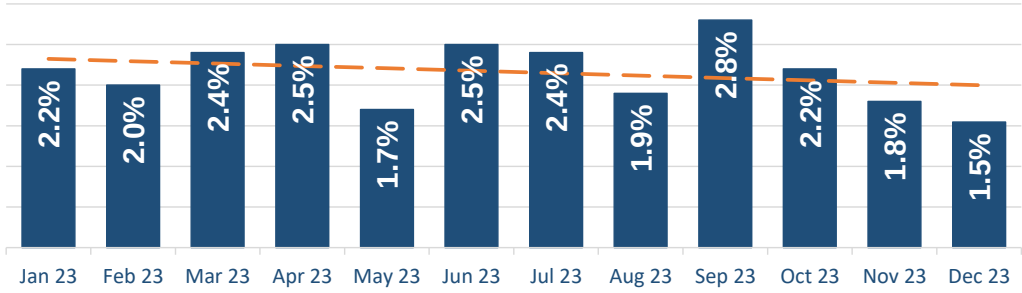
Produced on behalf of the Health Board by the Performance Directorate and Partners

People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-039	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	77.8%	4th of 13 (at Oct 23)
QA3-036	PFIG	Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	6.4%	6th of 12 (at Oct 23)
QA3-037	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreas-ing trend against 2019/20	TBC	1.5%	3rd of 11 (at Sep 23)



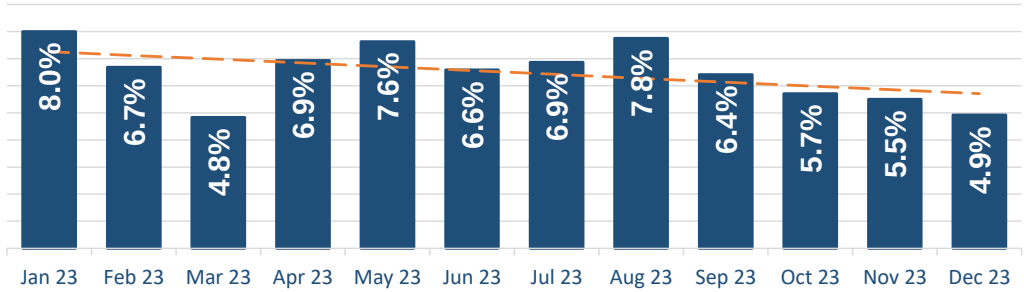




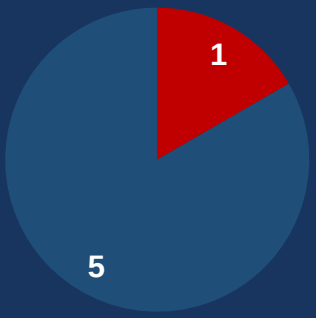
*Rank is based on National HEIW data, where as position data uses BCU methodology

People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-038	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	4.9%	10th of 12 (at Oct 23)



*Rank is based on National HEIW data, where as position data uses BCU methodology



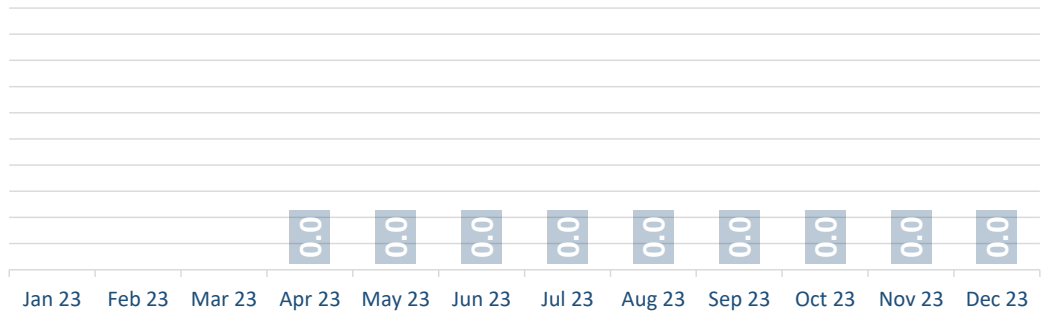
Section 4

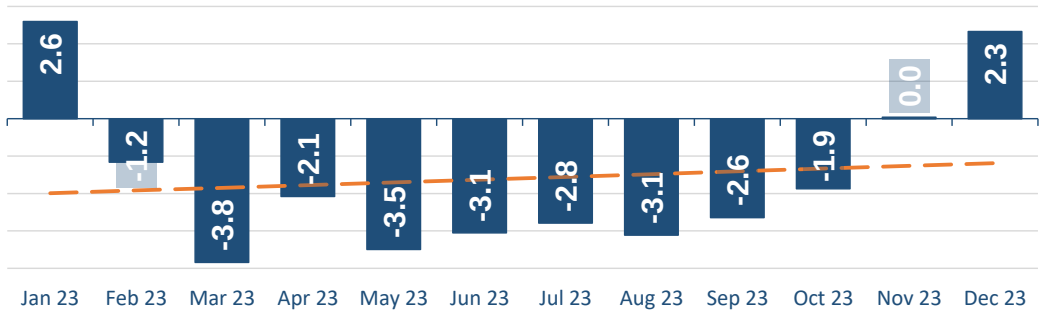
Financial Performance

Produced on behalf of the Health Board by the Performance Directorate and Partners

Finance: Performance

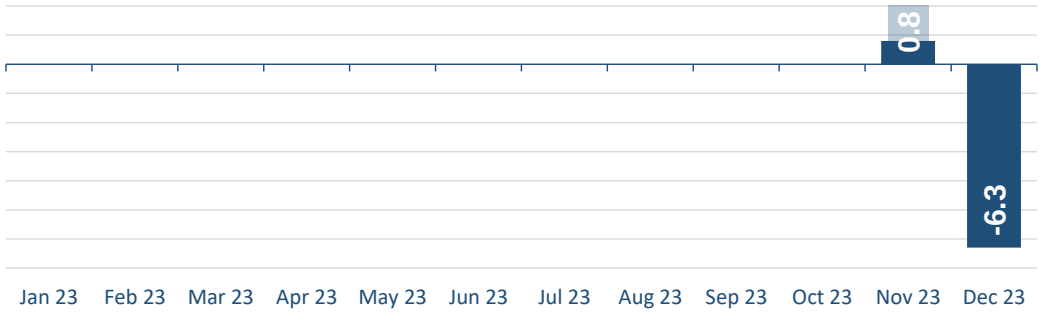
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
LM	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	
LM	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	2.3	
LM	PFIG	Year to date deficit against plan (£million)	N/A	TBC	19.4	

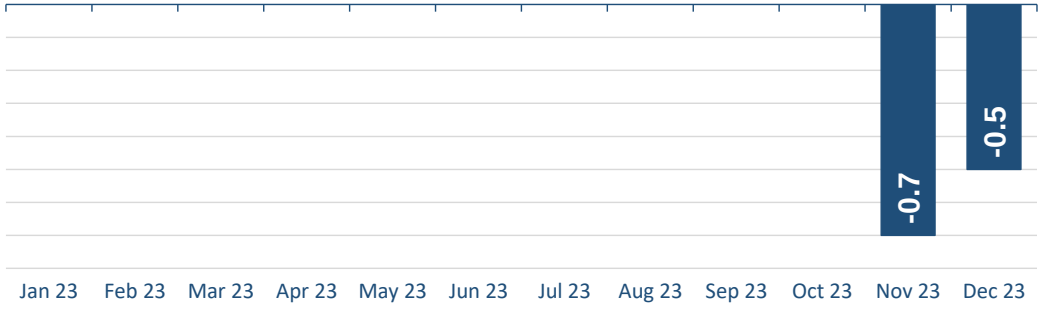




Finance: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
LM	PFIG	In month variance to plan (£million)	N/A	TBC	-6.3	
LM	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	3.4	
LM	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	-0.5	





Additional Information

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Produced on behalf of the Health Board by the Performance Directorate and Partners

Introduction to the Integrated Performance Report (IPR)

What is an Integrated Performance Report (IPR)?
The Integrated Performance Report (IPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

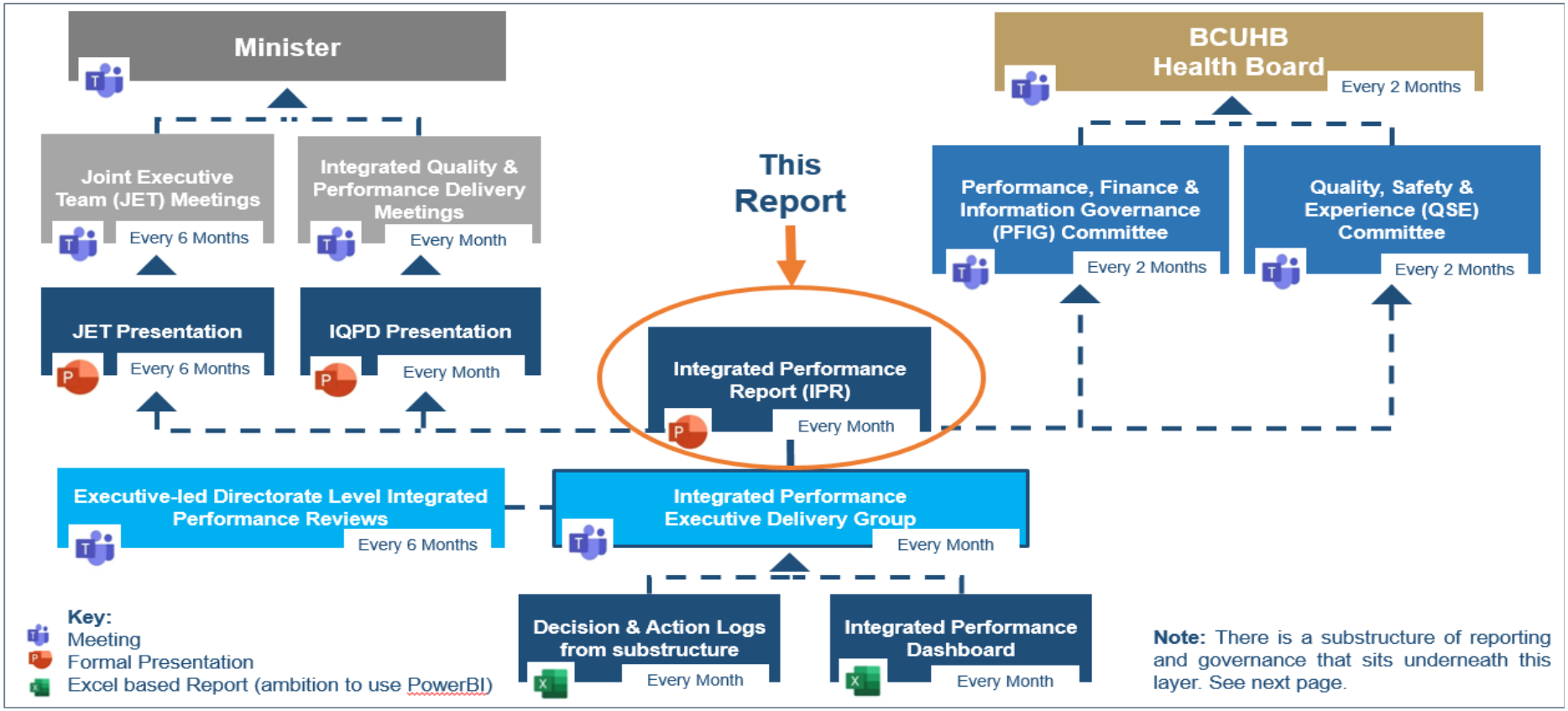
The Integrated Performance Framework (IPF)
The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28th September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

The Integrated Performance Framework sits within a 'triumvirate', together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery, and monitoring of the Health Board's strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

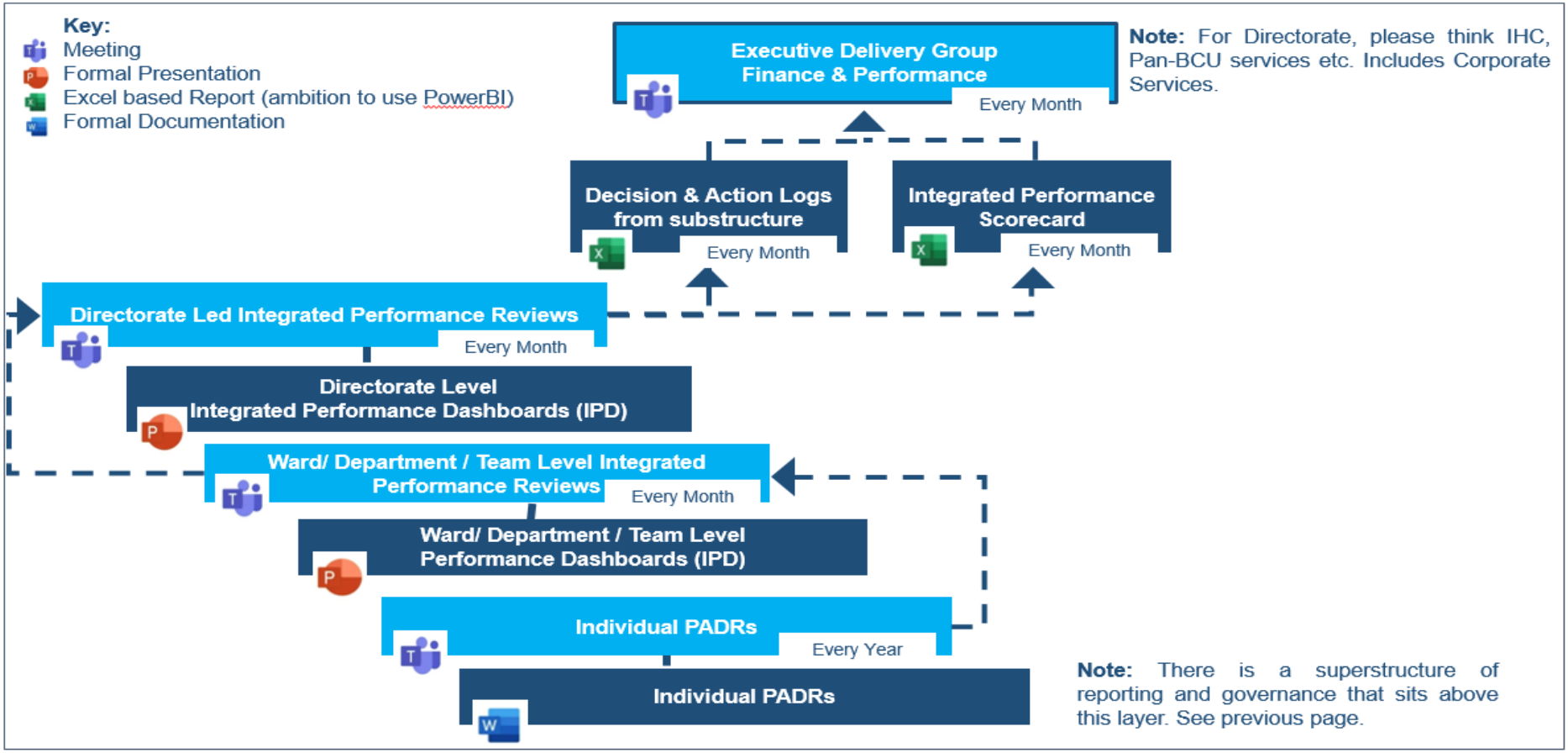
Where does the IPR feature within the Performance Governance Structure?
The Health Board's business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success, however, the main focus is on metrics in exception or escalation.

The IPR will be embedded as the 'single version of the truth' and used to report on performance to the Health Board, it's scrutinising committees, namely Performance, Finance & information Governance (PFIG) Committee, and Quality, Safety & Experience (QSE) Committee, and externally by Welsh Government. Once published for each committee / Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board's (BCUHB) external facing website, and shared in parts or as a whole on other channels, such as social media via our partners in BCUHB's Communications Team.

The IPR and Governance Superstructure



The IPR and Governance Substructure



Performance Directorate Outputs

Integrated Performance Reports	Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD) (Welsh Government) and the Joint Executive Team (JET).
Integrated Performance Scorecards	Summary scorecards for the Integrated Performance Executive Delivery Group *et al.*
Integrated Performance Dashboards	Operational level performance dashboards with drill through capabilities. For the end of month submitted position. There is an ambition for production in PowerBI (produced by Digital, Data & Technology (DDAT) in partnership with the Performance Directorate.
Deep Dive Reports	Detailed deep dive reports used in accompaniment to formal reports, scorecards, and dashboards to complement data, provide context, add intelligence, and provide assurances as appropriate. Used at all levels as necessary, i.e. to support escalation and de-escalation.
Ad-hoc Reports	Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.

The Integrated Performance Report
Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance regarding this report. In addition, further information on our performance can be found online at:

Our website: www.bcu.wales.nhs.uk

StatsWales: https://statswales.gov.wales/Catelogue/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

Appendix

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Produced on behalf of the Health Board by the Performance Directorate and Partners

Partners

This report has been produced on behalf of the Health Board by the Performance Directorate in partnership with:
- Integrated Health Communities (West, Centre & East)
- Digital, Data & Technology Directorate (DDAT)
- People & Organisational Development Directorate (POD)
- Adult Mental Health & Learning Disabilities Directorate (AMH&LD)
- Children & Young Adolescent Mental Health Services Directorate (CAMHS)
- Women's Services Directorate (WS)
- Public Health
- Finance Directorate
- Office of the Medical Director (OMD)
- Quality & Patient Experience Directorate (Q&PE)
- Equal Opportunities Team
- Risk Management Department
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.
- Executive Director of Operations
- Executive Director of Finance
- Executive Director for Public HealthExecutive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Executive Medical Director

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS

Teitl adroddiad: ***Report title:***	Quality Report			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	25th January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	This report provides the Health Board with information and analysis on significant quality issues arising during the prior period, alongside longer-term trend data, and information on the improvements underway.			
Argymhellion: ***Recommendations:***	The Board is asked to note this report.			
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery Dr Nick Lyons, Executive Medical Director Gareth Evans, Acting Executive Director of Therapies and Health Sciences			
Awdur yr Adroddiad: ***Report Author:***	Matthew Joyes, Deputy Director of Quality Governance			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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:***				
There is confidence in the data provided in the report however, the pace 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 Special Measures and the Board Assurance Framework.				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Quality			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. 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 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? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	BAF1.2
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***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF1.2
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: ***List of Appendices:*** 1. Board Integrated Quality Report	

Board Quality Report – January 2024

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 (in November, a new and detailed integrated report was presented to the Committee as part of its evolving cycle of business).

The report is structured, for ease, around assurance, regulation and improvement; and the three domains of quality: patient safety, patient experience and clinical effectiveness. Work is currently being undertaken to have quality data presented as part of the Integrated Performance Report, and actions and escalations will be provided in that format. This report will then provide information and narrative updates on improvements and activity in relation to quality.

Quality Strategy/Framework – Quality Management System

The Quality Strategy/Framework continues to be a requirement for the organisation in line with the Duty of Quality introduced in April 2023. The work to develop a Quality Management System (QMS) and thus a Quality Framework is underway. Working in partnership with Improvement Cymru and the Institute of Healthcare Improvement, the intention is to engage colleagues across the health board to contribute to the development of the QMS. A development session is planned for the Board at the end of February following both an executive Roundtable and a wider organisation Workshop session both being held in January.

This will be a significant step forward for the organisation in designing its system with quality as a golden thread throughout.

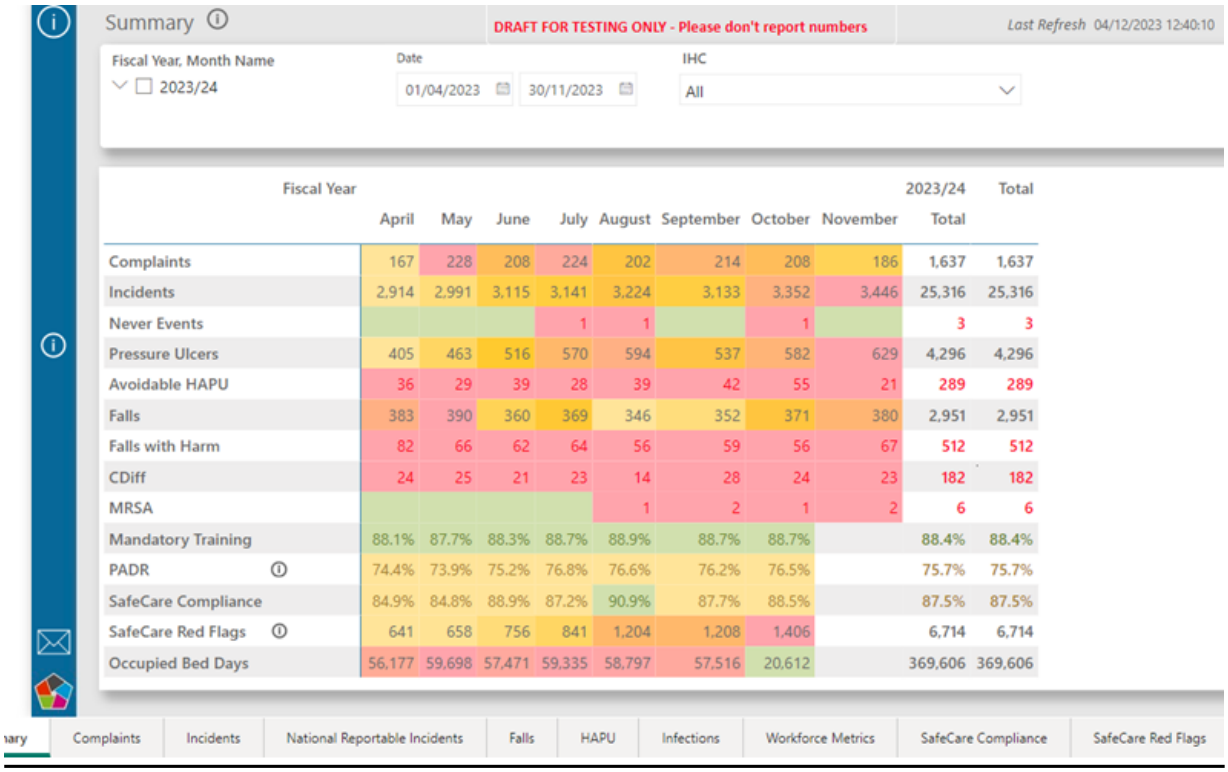
Quality Dashboard

The quality dashboard has been in development for some time, which will allow a more transparent quality position in the organisation and to allow consistent scrutiny. The plan is for the dashboard to be able to be interrogated and provided at a ward, department, site and Integrated Healthcare Community (IHC) level, as well as an overarching Health Board level.

The screen shot below gives a first look at a limited, but populated dashboard, with a caveat that data validation still needs to be undertaken on the numbers presented.

Future QSE meetings will see the quality dashboard presented with a narrative provided and areas escalated and mitigating actions identified. This may then inform areas for deep dives for the committee to undertake going forward.

Fig 1. Draft Quality Dashboard



ASSURANCE AND REGULATION

Healthcare Law

Since April 2023, the Health Board has received 18 Regulation 28 Prevention of Future Death Notices. Both Senior Coroners in the region have raised a number of serious concerns. These concerns can be grouped into three clear themes:

- Ambulance handover delays, and Emergency Department pressures.
- Absence of electronic patient records and referral systems.
- The quality of incident investigations and quality of evidence against action plans.

All Notices have been responded to outlining:

- The work of the Unscheduled and Emergency Care Programme, aligned to the Welsh Government Six Goals Programme, to reduce and manage demand on emergency care (a number of the Notices were jointly issued to WAST and the six local authorities, and a joint cover letter was provided setting out the commitment of all organisations to work together).
- The work underway to raise issues nationally regarding electronic record systems.
- The full review of the incident investigation process underway at the moment, due to deliver a new process and procedure for April 2024.

Additionally, the Executive Team approved a new Inquest Procedure in October 2023.

A bi-weekly Inquest Oversight Panel was established in autumn to provide executive support to ensure deadlines were achieved. There is a significant improvement in the timely submission of documents. At the time of writing, there are no overdue exceptions to report. A number of inquests continue to be listed which are several years following a death however, these are beyond the control of the Health Board and reflect various external factors such as the long term impact of the pandemic.

The Health Board shares the concerns raised by HM Senior Coroners regarding investigation quality and evidence of learning. In response, a new programme work ~~work~~ will be established to:

1. Review the investigations undertaken over the last few years, to ensure that as far as is practicably possible, the highest standard of investigation has been deployed;
2. Review the Action Plan and update on the implementation of actions;
3. Review/ensure Learning Outcomes have been embedded.

Further detail of the new programme of work will be discussed at the Quality, Safety and Experience Committee.

The Health Board continues to meet with the two Senior Coroners to ensure good working practices.

The Health Board has a number of overdue Learning from Events Reports which are due to be submitted to the Welsh Risk Pool (WRP). This is mainly due to delays within services in providing evidence of learning. There is a risk of financial penalty for delayed forms. As with other areas of overdue documents (such as incidents and complaints which both remain unacceptably high) support is being provided to divisions to facilitate completion and regularly reporting and escalation is in place.

The WRP team host the national Once for Wales Concerns System Team and have been providing enhanced support to the Health Board to strengthen its management of Datix Cymru and Civica Experience Cymru, two key systems for managing quality.

Quality Regulation

In November 2023, Healthcare Inspectorate Wales (HIW) published their report following an inspection of Morfa Ward at Llandudno General Hospital. They found the quality of patient experience to be good. Patients and their relatives spoken with during the inspection expressed satisfaction with the care and treatment received. Patients told HIW that staff were kind and caring. HIW observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner. HIW also saw staff attending to patients in a calm and reassuring manner. However, some patients and their relatives told inspectors that they were not always involved in discussions around care planning and discharge arrangements.

HIW will be providing an announced visit to Nant-y-Glyn Community Mental Health Team in January 2024. A number of written assurances about Nant-y-Glyn have been provided to HIW prior to this planned inspection.

The Health Board continues to meet with the relationship team at HIW to ensure good working practices.

Ombudsman

A Pubic Interest Report was issued on 02 November 2023. In this case the patient was seen at Ysbyty Glan Clwyd in January 2018, however it took 11 months before they had urgent surgery resulting in permanent sight loss in one eye and a need for lifelong treatment to manage pain and condition caused by the damage. The Ombudsman criticised the delay in the complaint response. The Ombudsman made a number of recommendations which are now being delivered.

The Health Board continues to meet with the Ombudsman's Complaints Standards Authority to ensure good working practices.

Health and Safety Executive

The Health Board attended court in December 2023 facing charges under the Section 3 of the Health and Safety at Work etc Act 1974 following a serious incident in mental health services in April 2021. The Health Board entered a guilty plea and was sentenced to a fine of £200,000 plus costs and surcharge. The court was presented with a bundle of evidence demonstrating the improvements made since the incident.

The Chief Executive issued a statement following the conclusion of the hearing:

"My heart goes out to the family and loved ones of Dawn Owen for their tragic loss. On behalf of the Board I wish to reiterate how sorry I am for the failings in her care.

"We are determined to keep improving the safety and experience of the service that we provide, and although the vast majority of patients receive safe and effective care, we will ensure that, where we fall short, that this drives long lasting change."

The Mental Health and Learning Disability (MHLD) Division has received reports from an external consultant on the ligature related risks alongside internal tripartite ligature assessments. The Division has progressed with ligature related improvements but more work is required. The compilation of the ligature related work is underway. The Division has also put in place a strengthened governance process for monitoring ligature assessment alongside a training programme for carrying out tripartite ligature assessments aligned to the Health Board's procedure.

PATIENT SAFETY

Nationally Reportable Incidents (NRI)

During November 2023, 19 nationally reportable incidents occurred.

At the end of November 2023, the total number of nationally reportable incident investigations overdue was 24 (down from 27 at the time of writing the last report and notably down from the figure in November 2022 which was 40). The Deputy Director of Nursing for patient safety continues to lead weekly support and scrutiny meetings with divisions to reduce this number.

The NRIs occurring during this period can be themed as follows:

- Grade 3 or above healthcare acquired pressure ulcer (HAPU)
- Inpatient falls
- Assessing and recognising patient/service user deterioration

All NRIs are subject to a Make it Safe Rapid Review, potentially a Rapid Learning Panel (led by a clinical executive or deputy) and further investigation. The learning and actions from each are recorded on the Datix Cymru incident management module. Learning forms are drafted for each investigation and are submitted nationally to the NHS Wales Executive to provide assurance of learning and actions.

Details of the improvement work underway against the themes have been presented to the QSE Committee and a deep dive on falls was presented at its October meeting. A future HAPU deep dive is being scheduled.

The Health Board is working to resolve the concerns raised by HM Senior Coroners regarding the quality of investigations and is working through a full review and redesign of the incident and investigation process. This is being done in co-design with staff and stakeholders, fully aligned to

the learning improvement work and the special measures work. The work will also include ensuring closer alignment between the incident process and the mortality review process (including Independent Medical Examiner feedback) which currently accounts for many of the recent concerns identified by coroners. The new process is due for launch in April 2024, with further refinement expected over the coming year in partnership with the NHS Wales Executive national quality team through the Quality Governance Intervention Programme as part of special measures.

Never Events

During November 2023, zero Never Events occurred.

Three Never Events have occurred in the financial year to date. In the previous financial year, five never events were reported, and ten in the year 2021/22.

Patient Safety Alerts and Notices

The Health Board has zero overdue alerts.

Infection Prevention and Control

The Health Board is currently above trajectory for all key organisms, however when compared to the other acute hospital providers, the health board's performance is the second lowest and below average for Staphylococcus aureus bloodstream infections i.e. both MRSA and MSSA. In addition, the Health Board is reporting fewer cases than the same time period last year and the rate is lower than the all Wales average.

For gram-negative bloodstream infections, the Health Board is below average and achieving the lowest rate for Klebsiella. The Health Board is on average and third highest for E.coli yet above average and second highest for Pseudomonas aeruginosa. There is a working group and a detailed action plan in place in the East IHC to manage and reduce the anti-microbial resistant gram negatives with any new cases being rapidly isolated into side rooms.

The Health Board is slightly above average for Clostridioides difficile and third highest in Wales, however reporting less cases than for the same time period last year.

Having seen an increase on COVID-19 cases during September and October, the number of cases fell in November. Influenza and Norovirus is not currently causing concern across the Health Board (at the time of writing).

The Infection Prevention Team and the Integrated Health Communities are working closely together to:

- Ensure learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and the strategic infection prevention group.
- Deliver a robust audit programme of practice associated with the key infections and feedback performance data to inform improvement.
- Increase awareness through promotional campaigns with a new campaign ("HABITS") being established to further engage our staff, patients and public.

Nosocomial COVID Review

Improvements in process and increased resource suggest that the current trajectory will allow the Health Board to meet all the reviews required, as long as the current resource remains in place, and the pace of the reviews undertaken is maintained. The risk of losing resource and activity is being mitigated, with weekly oversight by the Executive Director of Nursing and Midwifery.

The Learning from Staff Experience of Covid 19 Survey has now been now completed and themes are being reviewed and a report will be presented to the Executive Team before being shared with the wider organisation via the Organisational Learning Forum, and presented to the QSE Committee.

Medical Gases

Training arrangements for oxygen management and delivery is a continued risk for the Health Board. A task and finish group has been established, to include representation from IHCs/divisions with a remit to review the most appropriate options for training. Part of this review will be to consider an e-learning package from the National Association of Medical Device Educators and Trainers (NAMDET) which has just been made available.

To further support patient safety, a digital version of the CD oxygen cylinder is expected to be available once the licensing process is complete. This would reduce the risk of 'no flow' oxygen incidents - if the flow-rate is less than selected, or if the cylinder runs empty. Consideration of the options and costs of introducing digital cylinders needs to be given, and ensuring training reflects the changes if made.

Massive Obstetric Haemorrhage Review

In August 2022, an Independent External Expert Review was commissioned to investigate 11 cases of Massive Obstetric Haemorrhage which occurred in the Ysbyty Glan Clwyd Maternity Unit, between January 2022 and July 2022.

The findings and recommendations of both reviews have been collated into one overall improvement plan which will be monitored by the Women's Service Senior Leadership Team and assurance updates will be provided to the Women's Service Board on a quarterly basis or until actions are completed and full assurances received. The QSE Committee will receive updates and escalations as required.

PATIENT EXPERIENCE

Complaints

During November 2023, 159 complaints were managed under the Putting Things Right Regulations (PTR) and 27 complains were managed as Early Resolutions. The PALS Team had 593 contacts.

The consistent themes were delays in appointment time, lack of treatment or assessment and attitude and behaviour of clinical staff. These themes will form the basis of improvement and learning activity that will be undertaken with team to identify the actions and interventions needed to reduce the complaints in this area by addressing the root causes.

Overdue complaints investigations remain a challenge – at the end of November 2023, 280 investigations are overdue and the improvement trajectory has reached a plateau. The Deputy Director of Nursing for patient and carer experience continues to lead weekly support and scrutiny meetings with divisions to reduce this number, and the Complaints Team have worked with IHCs to develop renewed trajectories and improvement plans. Recognising the stall in the trajectory and deterioration in position, a deep dive into complaints has been undertaken during November 2023 with each of the IHCs/Divisions and the Executive Director of Nursing ad Midwifery.

It has been highlighted during the review of complaints that around 40% are being returned to the service due to poor quality and lack of local quality assurance, often due to reports not addressing

all the questions raised which is often due to the lack of communication from the complaint reviewer. This insight is being utilised by the Complaints Team to support services, and the team will be providing additional training and support to complaint reviewers to ensure improved quality and consistency of responses.

Patient feedback

From September 2023 to October 2023, the Health Board received 7,745 patient experience feedback responses via the Civica Experience Cymru feedback system. The newly launched SMS service offers the survey via a text to all patients attending an Outpatient appointment. 5,388 responses were collected in this reporting period were received through SMS relating to outpatient services. This demonstrates the importance and value of SMS feedback and the Patient and Carer Experience Team will seek support to role this out to each Emergency Department.

Key findings from the survey feedback include:

- 80.92% of staff always introduced themselves;
- 83.33% of respondents always felt listened to;
- 80.8% of respondents felt that staff took the time to understand what mattered to them as a person and took this into account when planning and delivering their care.

There are now nine Civica Experience Cymru feedback kiosks installed across the Health Board. The kiosks are located in outpatient areas, Emergency Department waiting areas, Cancer Services and community hospitals. The feedback kiosks provide patients, relatives and carers with the opportunity to record their experience.

A task and finish group has been established to review the system functionality and to see how the Health Board can increase feedback responses, reporting and demonstrate learning from patient feedback.

Translation

A ‘Digital First’ initiative is being promoted whereby staff are advised to book remote digital support, in the first instance. This will help reduce cost and improve access to translation. This is not available for British Sign Language (BSL) interpretation, although an online BSL service will be promoted as part of staff communication. There has been an increase in the number of face to face interpreter bookings which has resulted in increased spend.

Patient Communication

A patient communication pilot project in Ysbyty Glan Clwyd is now live. Ward 9 are now sending daily updates to relatives through a digital system. Ward 1 and 5 are due to go live over the next two weeks. The pilot will run for 3 months. The aim of the project is to improve communication between the family/relative whilst their loved one is in hospital.

Chaplaincy and Spiritual Care

From September 2023, the Chaplaincy and Spiritual Care Service joined the Patient and Carer Experience Department, working together to support patient, family and carer experiences. The chaplaincy continues to develop outreach events on wards and in community hospitals, including music, art, group chats and 1-1 pastoral work. Within the reporting period, the service has been involved in a number of public celebrations and memorials, including Organ Donation Week,

Remembrance Services and Dedication to Veterans. In October 2023, the Chaplain Service made Qur'an Cubes available for staff and patients to support members of the Muslim community with an audible version of their holy book.

Chaplain and Spiritual Care Service recently received charitable funding from Awyr Las to purchase a new Christian Altar and Credence Table for the Glan Clwyd Chaplaincy worship area and a new multi-faith information trolley for staff to access for Ty Llywelyn Medium Secure Unit.

CLINICAL EFFECTIVENESS

All NICE guidance is now being managed on the Audit Management and Tracking (AMaT) system, from April 2023. Initially, a pilot was completed within the Women's and Midwifery Division to monitor the database and reports with positive results. This system has allowed the Health Board to get a clear picture of compliance.

All services participating in National Clinical Audits and Outcome Reviews are now being asked to complete the Service Assessment Form that is sent out to the recommendations made in the published report for the mandatory National Audit/Review.

QUALITY IMPROVEMENT

Safe Care Collaborative – Call 4 Concern

Call 4 Concern has been implemented by the Acute Intervention Team in Ysbyty Gwynedd. Call 4 Concern allows patients and families to activate a direct referral to the Acute Intervention Team if they have concerns that themselves or the patient/relative is deteriorating, and their concerns have not been recognised or acknowledged. The patient themselves and relatives will often pick up on deterioration before it is identified by staff.

Having a Call 4 Concern service provides patients and families with a voice, and adds a safety net for our patients. Having patients involved in their health care treatment decisions improves patient safety, reduces harm and rebalances the relationship between individuals and health professionals. Having the Call 4 Concern service available within BCUHB has the potential to prevent patient deterioration, and will positively influence the quality of the patient and family experience.

The service was initially piloted with patients discharged from critical care to the general wards at Ysbyty Gwynedd. This allowed them to test the calling/referral system for a very small group of patients. From May 2022 – March 2023 the second phase of the pilot study included one surgical ward. During the pilot phase a total of 8 calls were received. From these calls 1 patient was escalated to critical care with another patient being treated on the ward which prevented a critical care admission from the Acute Intervention Team interventions. The Call 4 Concern initiative enrolled on the Safe Care collaborative programme in November 2022, which has provided the Acute Intervention Team with the support and guidance to implement the service to all adult in patients at Ysbyty Gwynedd in April 2023. Since April 2023, a total of 50 calls have been received.

The recommendation is to continue with the ongoing work of Call 4 Concern at Ysbyty Gwynedd, with the aim of having the service available at Central and East in the near future.

CONCLUSION

This report provides the Health Board with information and analysis on quality matters.

The key points of note are:

- The main themes of Nationally Reportable Incidents (NRIs) 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.
- Zero Never Events have occurred.
- One Public Interest Report from the Ombudsman has been issued.
- The Coroners continue to raise concerns in a number of areas, these areas are under review and have actions being undertaken.
- The number of overdue patient safety incident investigations, and consequently closure within the target timeframe, remains a challenge. A review of the process is underway.
- The number of overdue complaints remains unacceptably high, with an unacceptable impact on patients and has an impact on the closure target compliance.
- The Health Board was convicted of an offence under the Health and Safety at Work etc Act 1974.

The Health Board will continue to submit more detailed information to the QSE Committee.

The Health Board is asked to note the report.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Board Integrated Quality Report

January 2024

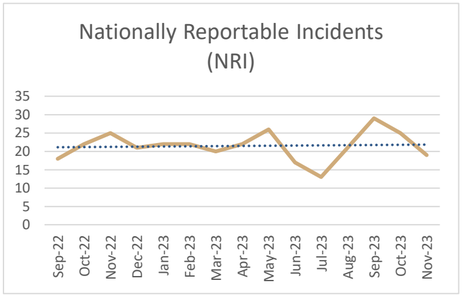
This report is produced by the Health Board's Quality Directorate. This is a new and developing report to provide the Board, public and stakeholders with key quality indicators.

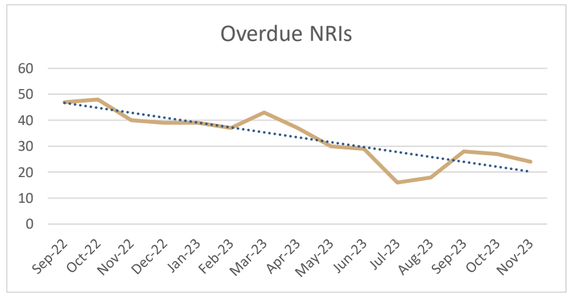
Board Integrated Quality Report - Patient Safety

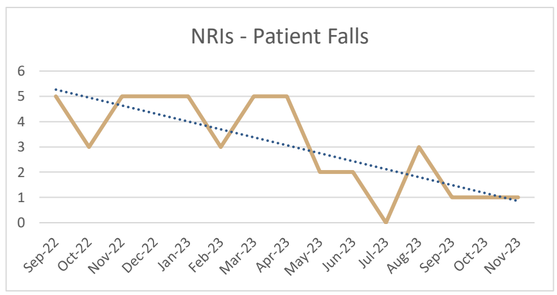
Indicator	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Total	Average	Sparkline
Patient safety incidents with harm	1,556	1,632	1,558	1,742	1,730	1,552	2,103	2,113	2,259	2,350	2,448	2,452	2,353	2,540	2,576	30,964	2,064	
Nationally Reportable Incidents (NRI)	18	22	25	21	22	22	20	22	26	17	13	21	29	25	19	322	21	
Overdue NRIs	47	48	40	39	39	37	43	37	30	29	16	18	28	27	24	N/A	33	
NRIs - Patient Falls	5	3	5	5	5	3	5	5	2	2	0	3	1	1	1	46	3	
NRIs - Healthcare Acquired Pressure Ulcers	6	8	8	4	10	12	6	9	11	10	7	5	14	9	3	122	8	
NRIs - Patient Deterioration	1	3	2	1	1	1	2	1	0	0	0	3	0	0	1	16	1	
NRIs - Never Events	2	0	1	0	0	0	0	0	0	0	1	1	0	1	0	6	0	

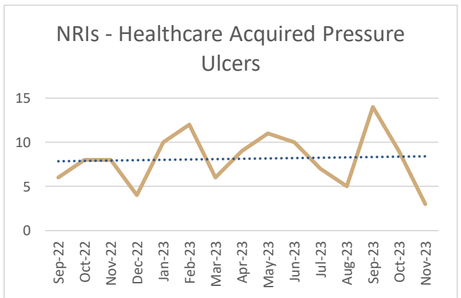
Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (27/12/2023). Incident data shows the date of the incident (which is different from the date reported).

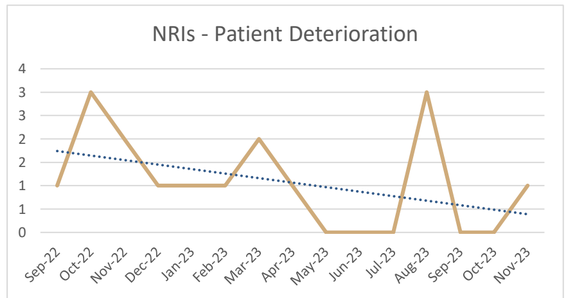
Key areas of focus:









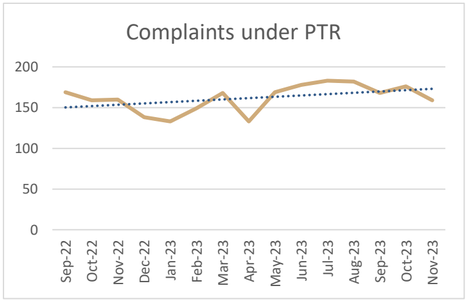


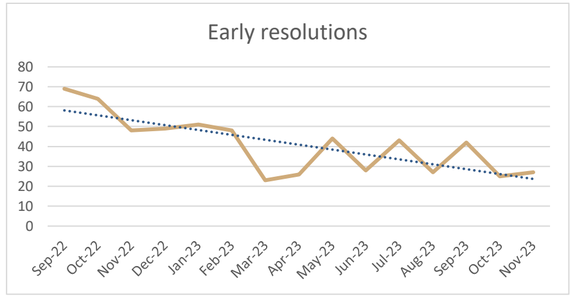
Board Integrated Quality Report - Patient and Carer Experience

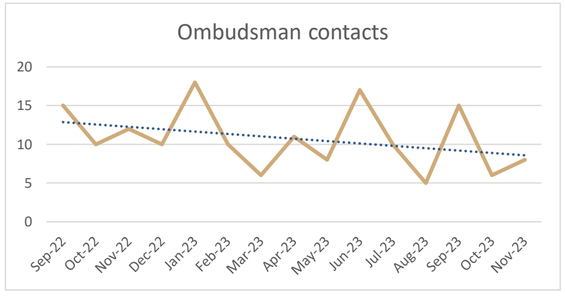
Indicator	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Total	Average	Sparkline
Complaints under PTR	169	159	160	138	133	149	168	133	169	178	183	182	168	176	159	2,424	162	
Early resolutions	69	64	48	49	51	48	23	26	44	28	43	27	42	25	27	614	41	
Overdue complaints under PTR	464	420	341	335	359	307	295	271	254	266	260	284	260	287	280	N/A	312	
Ombudsman contacts	15	10	12	10	18	10	6	11	8	17	10	5	15	6	8	161	11	
Ombudsman full investigations	5	4	1	4	5	5	1	1	1	6	2	0	3	0	1	39	3	
PALS contacts	578	645	505	432	479	518	694	563	519	595	556	566	583	654	593	8,480	565	

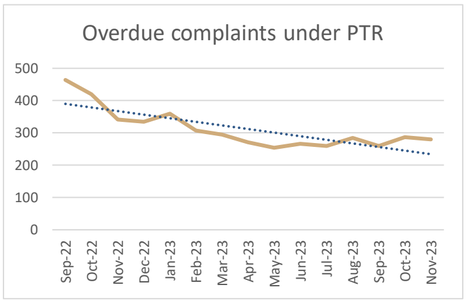
Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (27/12/2023). Experience data shows the date of the complaint or contact.

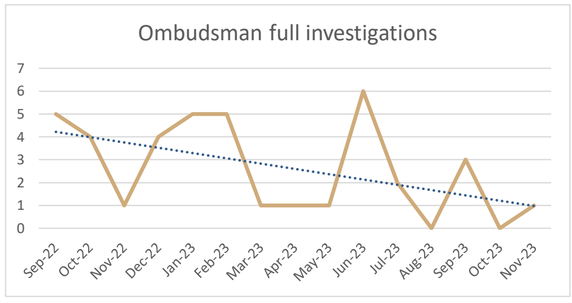
Key areas of focus:

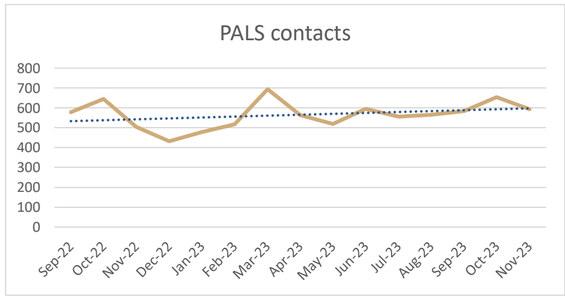












Teitl adroddiad: ***Report title:***	Engagement Update			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	To provide the Board with an update on the key public, partner and engagement.			
Argymhellion: ***Recommendations:***	That the Board notes the content of the report and raises any questions			
Arweinydd Gweithredol: ***Executive Lead:***	Helen Stevens Jones, Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: ***Report Author:***	Rob Callow, Head of Engagement			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Engagement and involvement runs through all the Health Boards strategic objectives and plans			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with			

	citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the NHS (Wales) Act 2006
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?***	Not applicable for the purpose of this report
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)***	None associated with this paper
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no specific financial implications associated with this report
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no specific workforce implications associated with this report
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: Dim	

List of Appendices:
None

HEALTH BOARD MEETING IN PUBLIC
25th JANUARY 2024
ENGAGEMENT UPDATE

1.0 Introduction

1.1 This report provides information of some of the key engagement undertaken by the Health Board over the last two quarters of 2023-2024. It focuses specifically on public and partner engagement, but also touches on staff engagement around services and strategy. It also provides updates on our planned and ongoing engagement priorities over the coming year.

1.2 The Health Board has been continually engaging with public, staff, patients and partners to help inform strategic priorities and deliver service improvements.

1.3 It has also been making concerted efforts to reconnect with communities and re-build trust in light of the Welsh Government's decision to place the Health Board back in Special Measures, and ongoing quality and performance concerns.

1.4 Our ongoing ambitions are:

- Reconnecting with our communities to become a listening organisation;
- Improving public confidence and trust in the Health Board;
- Shifting from "doing to" to "doing with"; and
- Increasing involvement in service development and improvement.

2.1 The Engagement approach

2.2 A key ambition for the Health Board is to be more visible in our communities and to build a strong reputation as a listening organisation.

2.2. To achieve this, we have been involved in a range of engagement activities. Over the summer, we attended the National Eisteddfod in Boduan, Gwynedd. The main themes of the week were health promotion - *"help us to help you"*, recruitment and engagement on Health Board priorities. The event also provided opportunities for our staff to promote their services, provide key health and wellbeing information and show the "human face" of the Health Board.

2.3 A large number of services and staff attended the Eisteddfod including, dental services, school nursing, Children & Mental Health services (CAMHs), health visiting, continence team, community pharmacy, recruitment and public health. Partner organisations also joined us including Liver Trust, RNIB, CALL Helpline, Integrated Autism Service and Felin Fach.

2.4 As well as many members of the public, a number of Welsh Government ministers visited our stand to talk with staff and offer support for the work they do. This included the First Minister, the Minister for Health and Social Services and the Minister for Rural Affairs. The Eisteddfod also provided an opportunity for the Health Board's Chair, Dyfed Edwards and the Minister for Health and Social Services, Eluned Morgan to host a public question and answer session. This provided a further

opportunity to engage with the public on both the challenges and ambitions for the Health Board going forward.

2.5 Other public events the Health Board attended included the Denbigh and Flint, and Anglesey shows, again this provided opportunities to engage with the public on health prevention messages such as stroke prevention and mental health.

2.6 Attending the Eisteddfod and other high public footfall events provides a platform for the Health Board to speak with thousands of people, provide useful health and wellbeing advice, increase visibility and contribute towards improving reputation, transparency and trust. It also enables collaboration with partners through sharing our stands with other agencies and inviting them to deliver activities such as CPR training.

2.7 We are building on the recent Annual General Meeting in Llandudno in August, which included a "Healthy Fayre", with a series of Board Member engagement events. These are planned to take place across North Wales during 2024. The purpose of these events are to:

- Listen and connect with the public
- Provide opportunities to hear from communities about what they feel works well in health care, what could be better and what the Health Board should prioritise in the coming months and years
- Increase opportunities for Board Members and senior leaders to hear from and talk with the people of North Wales.

2.8 These events aim to create an inclusive session, focusing on local, regional or national topics of interest. They are intended to help build public confidence in the Health Board in an environment of mature discussion and involvement, and where decision makers listen to communities to inform their priorities. This includes explaining why certain decisions are made and being open with people who want to question or disagree with those decisions. The aim is to promote trust, accountability and equality, leading to increased public engagement.

3.0 Partnership and Networks

3.1 It is important that the Health Board maintains and grows its collaboration with our partners and networks both internally and externally.

3.2 Our Bitesize Health events have also grown from strength to strength over the last year. The events brings together Health Board services and partners to offer support and advice to our population. Originally, they were aimed at the working age population, and delivered through lunchtime drop-in session at local companies. However, we have now rolled them out to wider groups and communities. Staff who attend the sessions bring information on issues such as diabetes, healthy lifestyles, mental health, community pharmacy, trips and falls etc. To make this happen we also work with many partners from third sector and charities as British Liver Trust, carers' organisations and Macmillan Cancer Support who support our events.

3.3 Over the last few months the Health Board - in collaboration with partners - have delivered Bitesize Health events in collaboration with Coleg Llandrillo Menai in Llangefni and Bangor, Wales and West Housing, in Prestatyn, the Conwy West Cluster in Llandudno and the Nifty Sixty's exercise group in Holyhead. We have also continued to focus on the working age population and delivered events at three local companies, Very.co.uk, Hoya Vision and 2 Sisters Food Group sites. A popular stand at the business events was the Stroke Prevention Team, who checked the blood pressure of more than 75 employees. As a result, a number of employees were referred to see their GP for further investigation.

3.4 Our Engagement Practitioner Forums have continued across North Wales. These bring together public, third and voluntary sector engagement professionals to share information, good practice, identify opportunities for collaboration and identify common challenges. Two were held in the East and Central areas and a joint West and Central forum will be taking place in February 2024.

3.5 As part of our commitment to strengthen and improve how the Health Board engages with Black, Asian and Minority Ethnic communities, we are continuing to meet with those stakeholders that provide support to their communities. An example of this is the collaborative working with British Red Cross to provide *Health Chats* for Afghan and Syrian resettled population. A lot of time is also committed to cultivating relationships to understand barriers to accessing health and support understanding through facilitating health and wellbeing events and advice.

4.0 Strategy Development and Service Improvement

4.1 Engagement and stakeholder involvement is continuously undertaken to inform Health Board strategy development and service improvements. Below is a snapshot of some of the key engagement programmes that are currently taking place:

4.2 The Digital, Data & Technology Service (DDaT) are currently reviewing the Health Board' Digital Strategy and have been undertaking engagement activities to understand what patients, carers, staff and partner agencies should experience from digital services in the future. As part of the engagement activities, the DDaT team has been delivering digital roadshow events across all acute and community hospitals to capture feedback from stakeholders through discussion and tailored surveys. In addition, the Senior Leadership Team have been holding Q&A sessions with staff and workshops are planned for January 2024. Specific engagement sessions have also taken place with various stakeholder groups via the Equality and Patient Advice and Liaison (PALS) teams.

4.3 The feedback will be analysed and it will help to shape the next iteration of the Digital and Data Strategy 2024-27. This will be the Heath Board's plan to deliver what is important for patients and carers, partners, and staff in relation to how we improve access to health services, how we use technology to support services, and the way we work.

4.4 Building on the success of the £29.4m Welsh Government funding for a new orthopaedic hub at Llandudno Hospital, engagement will continue in 2024 to help us develop further service improvements in orthopaedics. Clinical and staff engagement has already been undertaken prior to the submission of the business

case, which was also informed by our previous engagement of the Clinical Services Strategy and the refresh of the Living Healthier Staying Well Strategy. An engagement programme is planned for early 2024 to gather further insight and involve patients, staff and the wider public in shaping the next steps.

4.5 Other examples of the impact of engagement, and how it is playing an important role in service improvement include the breast cancer pathway redesign and the gynaecological cancer pathway. An engagement event was held in October with around 50 multi-disciplinary members of staff from across primary, community and secondary care. Clinicians are leading on the review, which will consider how the Health Board can improve patient experience, support early diagnosis, reduce delays and reduce variations in clinical practice.

4.6 The Health Board has undertaken engagement on a how it will meet the Welsh Government's Anti-racist Action plan and LGBTQ+ Action plan. We have ensured ongoing conversations have taken place with our own staff, through our staff networks and through roadshows and events. Since the summer the focus has been on the development of the Strategic Equality Objectives for the period 2024-2028, and all of the engagement and conversations up to this point have been incorporated into identifying the priorities to accessing healthcare and tackling health inequalities in North Wales.

4.7 The Health Board has also been working in collaboration with the National Stroke Programme through supporting patient surveys and ongoing advice and support through engagement with community groups such as the North Wales Deaf Group and presentations to Stroke Association UK. This will inform the Health Board's improvement programme for stroke services and any future business case applications.

4.8 Through the Emergency Ambulance Services Committee (EASC) we have been supporting on-going conversations with the public about the future configuration of the Emergency Medical Retrieval and Transfer Service (EMRTS). Following a decision by the Committee, which is made up of the seven Health Boards, to undertake a third and final public and stakeholder phase of the EMRTS Review, we will be raising awareness of the final phase and how our population can comment on the options. The Health Board will also consider the shortlisted options throughout February and provide feedback to the Commissioner (deadline 29 February 2024).

5.0 Digital Engagement

5.1 The Health Board uses its digital channels to regularly engage with public, staff, patients and partners to help inform and influence behaviour, highlight and inform strategic priorities and deliver service improvements. The majority of this activity is delivered using the BCU website, intranet and social media channels (Facebook, Instagram and X – formerly known as Twitter).

5.2 Between June and December 2023, the BCU website had nearly 600,000 visits while social media posts were viewed more that 13 million times, generating about 400,000 engagements with content and drawing about 50,000 people through to the website.

5.3 During the same time period we have used email campaigns to directly target information and engage with groups and individuals with an interest in specific

topics. For example our *Best Start* campaign and orthopaedic developments have been directly communicated with people who have registered their interest in them. This way of engaging is increasingly becoming an effective way to engage and we are exploring how we can widen this methodology as we expand our digital engagement offer over the coming months.

6.0 Campaign activity

6.1 We continue to embed engagement and partnership principles in the development of our campaign activity. For example, our annual SEXtember campaign – delivered alongside long-standing partners at Cwmni Addysg Rhiw, and with student support teams at universities and colleges throughout North Wales – directly engaged thousands of young people. We used this opportunity to learn more about how young people prefer to use and hear about our sexual health services. More than 90% of respondents to a survey said they had learned more about our sexual health services following our campaign.

6.2 We also engaged with young people in the development of behavioural science-informed campaign messages and materials to support uptake of teenage vaccines, with delivery of this campaign activity expected to begin imminently.

6.3 Other examples include partnership with registered social landlords to support uptake of Help Me Quit smoking cessation services by their tenants, and direct engagement with service users and service user groups in the creation and ongoing development and delivery of our Rethinking Our Drinking campaign. Around 1,700 people have taken part in an online alcohol-use assessment tool (with onward referral to relevant reduction advice and services) since Rethinking Our Drinking launched in December 2021.

7.0 Stakeholder Management and Public Affairs

7.1 We hold regular meetings with MSs and MPs. These have been invaluable in building up a trusting relationship and to gather their views about the performance of the Health Board.

7.2 Most MSs and MPs have been visited at least once over the last three months. Visits to several hospitals and other Health Board premises have been arranged, with further visits planned. Senior managers have joined some of the meetings to discuss specific issues, including dental services and GP practices, and these meetings have proven to be invaluable.

7.3 In the 12 months to the end of December 2023 we received 945 enquires from Members of the Senedd and MPs on behalf of their constituents, of which at the time of writing 907 have been completed. The 2023 figure is slightly down on the 2022 caseload of 1,005 enquires.

7.4 Feedback from stakeholders and politicians regarding the information contained in the weekly stakeholder bulletin is positive, with several sharing the information it contains with via their own communication channels.

8.0 Looking ahead

8.1 Over the 2024/25 financial year we will continue to support public and stakeholder engagement on Health Board plans and strategies and major service improvements

8.2 Meaningful engagement, strong relationships, partnerships and communication are at the heart of building trust and confidence in the quality of care and services, and intrinsic in the journey of improvement and developing care to meet the needs of our population.

8.3 To support the Health Board's efforts to make sustained improvements in engagement, an independent review was commissioned into how we:

- engage and involve citizens and staff
- understand experiences of patients
- communicate with patients, citizens, staff, communities and partners to build trust and confidence in the work of the health board
- listen and act upon the insight
- design services informed by the priorities of the people of North Wales.

8.4 The findings and the recommendations from the review are now being digested with subsequent actions forming an implementation plan. These will help us take forward our aspirations to develop an organisational approach to engagement, embed a culture of continuous engagement more widely and demonstrate how engagement is resulting in co-design, co-production and positive improvements.

Teitl adroddiad: ***Report title:***	Report of Partnerships – Regional Partnership Board, Public Service Boards and NHS Wales Shared Services Partnership Committee			
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board meeting			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	Betsi Cadwaladr University Health Board is a member of a number of partnership boards. The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings			
Argymhellion: ***Recommendations:***	The Board is asked to note the report			
Arweinydd Gweithredol: ***Executive Lead:***	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: ***Report Author:***	Alan Morris, Assistant Director of Public Affairs			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***				
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? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	N/A
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***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A

Betsi Cadwaladr University Health Board is a member of a number of partnership boards.

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- North Wales Regional Partnership Board;
- Conwy and Denbighshire Public Services Board;
- Flintshire and Wrexham Public Services Board;
- Gwynedd and Ynys Môn Public Services Board.
- NHS Wales Shared Services Partnership Committee

North Wales Regional Partnership Board

RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered.

All Regional Partnership Boards must produce population assessments, a regional area plan, provide a regional annual report and demonstrate citizen engagement and co-production

Membership includes an elected member from one local authority in the region**;** a member of the local health board**;** a Director of Social Services from each local authority in the region**;** a local authority housing representative; a registered social landlord**;** a local authority education representative**;** at least one person from the third sector who works with the local authority and local health board**;** a member of the public and a carer

Among the items discussed at their most recent RPB meetings were:

- **The market stability report.** Steering group members have reviewed their relevant sections and highlighted any major changes.
- **North Wales Regional Innovation Hub.** Work recently completed include an update to the population needs assessment; research support for regional work; improving access to evidence and workstreams underway for the digital, data and technology board. These workstreams will continue into 2024, as well as further work on dementia and a focus on neurodevelopment.
- **Children's Regional Partnership Board.** A governance review has been completed, with the east, west and central areas all agreeing to slightly different focus for their next stage of delivery, with east focus on children moving from primary to secondary school, central on 0-7-year-olds, and west looking at different cohorts and also prioritising neurodevelopment.
- **Implementation of the autism code of practice.** Progress with the implementation of the code of practice was noted, with the next steps agreed to be the establishment of an advisory group to support co-production and the development of a North Wales regional overarching code of practice action plan.
- **Regional dementia update.** Members approved the North Wales RPB Dementia Friendly Communities (DFC) Recognition and Accreditation Scheme, following the Alzheimer Association's decision to end their DFC at the end of December. An update on progress made in the regional dementia programme in five key areas was also noted.
- **Capital funding update.** Noted the current spend forecast for the 2023-24 regional HCF and IRCF capital programmes at quarter 2.
- **T4MH.** A report showing the considerable progress that had been made over the previous six months was presented and accepted.
- **Strategic Capital Plan.** An update included a 10 year strategic capital plan scheme prioritisation regional report, which the RPB endorsed for submission.
- **North Wales Safeguarding Boards.** An update to sit alongside the Regional Safeguarding Boards Annual Reports outlined the progress that had been made in the face of increasing challenges as the cost of living crisis continues to bring pressure on the public's finances.

Public Service Boards

In April 2016, the Wellbeing of Future Generations (Wales) Act 2015 established a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. Conwy and Denbighshire, Gwynedd and Anglesey and lately Flintshire and Wrexham have used the power within the Act to merge their separate PSBs.

The PSB is a collection of public bodies working together to improve the well-being of their county. This means that as a group they must improve the economic, social, environmental and cultural well-being of their areas.

In Gwynedd and Anglesey, the Board has divided the two counties into 14 smaller areas. Every five years an assessment of local well-being is published and includes detailed research on economic, social, environmental and cultural issues.

After working in partnership throughout COVID, the Public Services Boards of Flintshire and Wrexham have now come together as a single body, committed to working with energy and enthusiasm and listening to others.

Conwy and Denbighshire Public Service Board

Recent meetings of this PSB received presentations on the following subjects.

- The Community Engagement Plan;
- Community Wealth Building and Progressive Procurement's pilot findings and recommendations.
- The PSB's approach to system leadership;
- Corporate risks and issues findings.
- Inverse Care Law presentation by the Health Board's Helena Belmans on the programme for North Wales;

Minutes for all the meetings are available on their website.

Flintshire and Wrexham Public Service Board

The Flintshire and Wrexham Public Service Board has produced a comprehensive wellbeing plan for local residents covering 2023-2028. The long-term plan looks at issues such as climate change and mental health and wellbeing, and can be read in full on their website. The following are some of the updates from recent meetings.

- Wellbeing plan. Updates received from the Children and Young People, Communities and Workplaces Outcomes Boards. The Integration Team, sitting above the Outcomes Boards, will oversee their priorities.
- Inverse Care Law Programme. An overview was provided by the Health Board of a place-based partnership approach to address health inequalities across North Wales.
- PSB Regional Support Grant. Noted how the grant demonstrates how the PSB works regionally but delivers locally.
- Regional Engagement Strategy. This will include activities such as community narratives, funded through the PSB Regional Support Grant, and the development of a citizens engagement toolkit.

Gwynedd and Ynys Môn Public Service Board

The most recent meeting was a strategic session and involved a presentation and workshop session on hypertension before members were split into separate groups to discuss it.

The discussion covered what the Public Service Board as individual organisations and as a group together could contribute to improvements. They also discussed whether other organisations should be invited to contribute, and to plan the next steps.

Minutes of their recent meetings can be found here.

NHS Wales Shared Services Partnership Committee

NHS Wales Shared Services Partnership Committee (NWSSPC) is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

Among the items they have recently discussed are the following.

- The Annual Review was approved.
- The committee endorsed the establishment of an All-Wales Establishment Control Programme.
- An Audit Wales review of the procurement and supply of Personal Protective Equipment (PPE).

The full minutes of the committee can be found here.

It is recommended that the Board:
Receive and note the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Teitl adroddiad: ***Report title:***	Report of Joint Committee Activity			
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board meeting			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	Betsi Cadwaladr University Health Board has Joint Committee arrangements with other Health Boards and NHS organisations for Specialised Services and Emergency Ambulance Services. • Welsh Health Specialised Services Committee (WHSCC) • Emergency Ambulance Services Committee (EASC) The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board.			
Argymhellion: ***Recommendations:***	It is recommended that the Board: ▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.			
Arweinydd Gweithredol: ***Executive Lead:***	Carol Shillabeer, Chief Executive Officer			
Awdur yr Adroddiad: ***Report Author:***	Phil Meakin, Acting Board Secretary			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Our long term strategy for health and well-being, Living Healthier, Staying Well, provides the foundation for our planning. The			

	work of the Joint Committees is an important part of this
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Joint Committees consider regulatory and legal implications of the Services it commissions.
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? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	See below
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***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF 1.4 Risk of a consistent failure to meet performance targets, resulting in an adverse impact on patient experience and quality of care, as well as a loss in Public confidence
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Betsi Cadwaladr University Health Board is a member of two Joint Committees. The Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee. (WHSSC)	

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent Joint Committee meetings since the last Board meeting

Welsh Health Specialised Services Committee

The Welsh Health Specialised Services Committee held a virtual meeting on 21st December 2023, attended by Adele Gittoes, Interim Executive Director of Operations. The agenda and papers for this meeting are available at: https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20232024-joint-committee/ , however in summary the items discussed include:

Performance Report 2.1.1 Ambulance Service Indicators 2.1.2 Performance Dashboard 2.1.3 Immediate Release Requests 2.1.4 Statistical Process Control (SPC) Charts
Quality and Safety Report 2.2.1 Quality and Safety Dashboard 2.2.2 North East Ambulance Service Assurance
EASC Commissioning Update: 2.3.1Draft Commissioning Intentions 2024-25
Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Service Review by EASC Update
Chief Ambulance Services Commissioner's Report 2.5.1 WAST Stakeholder Brief x2 2.5.2 Winter Ambulance Improvement Plan

To specifically note, discussion took place relating to EMRTS and following the Chief Ambulance Commissioners discussions with Llais, further engagement work would be undertaken. The Board will need to consider this engagement further in relation to any future decision regarding service provision. The date of any further items for consideration/decision is yet to be determined.

A clear focus of the meeting was the Winter Improvement Plan, seeking to enable as resilient approach as possible to the system resilience challenges that often peak during early January.

Welsh Health Specialised Services Joint Committee (WHSSC)

The Joint Committee met on 21st November 2023, and whilst the approved minutes of the meeting are not yet available, the agenda was expansive and included the following item:

Financial Savings Update
Draft Integrated Commissioning Plan (ICP)
Managing Director's Report Managing Director
Paediatric Surgery Update
Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)
Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks
Gender Identity Services for Children and Young People Update
Audit Wales – WHSSC Committee Governance

WHSSC Integrated Performance Report August 2023
Financial Performance Report Month 6
Corporate Governance Report Committee Secretary
Reports from the Joint Sub-Committees

i. Audit and Risk Committee (ARC) Assurance Reports
ii. Management Group Briefings
iii. Individual Patient Funding Request (IPFR) Panel
iv. Integrated Governance Committee (IGC)
v. Quality & Patient Safety Committee (QPSC)
vi. Welsh Kidney Network (WKN)

As the development of Corporate Governance arrangements within the organisation mature, it is anticipated that more detailed reporting through the relevant routes takes place. Recognising the scope of the commissioning of specialised services, further discussion on mechanisms to achieve strong oversight will be discussed.

The Executive Team met with the WHSSC Management Team on 15th November, discussing a wide range of matters specific to the North Wales region. Agreement was made to have a regular North Wales specific meeting, understanding the specific requirements of the population in terms of specialised services commissioning and the significant provision from the NHS in England.

It is recommended that the Board:

NOTES the updates contained in this report in respect of the matters discussed at recent Joint Committee meetings.

Appendix 1 – Emergency Ambulance Chair's Report from 18 July 2023 Meeting

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	18 July 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: https://easc.nhs.wales/the-committee/meetings-and-papers/july-2023/

- The minutes of the EASC meeting held on 16 May 2023 were approved.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted that:

- The latest Ambulance Service Indicators (ASIs) https://easc.nhs.wales/asi/ would be published on Thursday 20 July, reporting the June position
- 999 call volumes were 8% lower than in May 2022
- 4% reduction in incidents
- Hear and treat rates continued to improve
- See and treat rate back to the historical norm
- Improvements in response times – all on an improving trajectory as well as for those patients waiting the longest in the red and amber categories, although there was still a long way to go before the performance would be considered satisfactory (but in the right direction)
- An increase in the number of patients conveyed to hospital compared to the same period last year – this needed to be analysed further and would be presented to the EASC Management Group
- Improvement in handover delays and the number of patients waiting over 4 hours has reduced, in some areas this has been eradicated while others, though showing signs of improvement, required continued attention
- EASC Action Plan was being updated and, although it was no longer required to be submitted monthly, would be used at the Integrated Quality, Planning and Delivery meetings with Welsh Government.

Discussion took place and Members raised the issue of variation both across Wales but also within health boards. Members welcomed the dashboard approach in providing clarity and sought assurance that the data was being validated, particularly in relation to red release. Members noted that the weekly dashboard was constantly under review and enhancements would continue where members identified additional requirements. Members discussed the impact of reducing handover delays and the expectation that this would affect performance although this had not yet been seen with performance in red consistently at the mid 50% level.

Jason Killens was asked to forecast where and when improvements would be seen and whether the assumptions made in the IMTP would be realised. Further discussion took place in relation to variation and Members noted good performance improvement in some areas whereas others were stubbornly at unacceptable levels. Further improvements were anticipated with the roll out of the Cymru High Acuity Response Units (CHARUs) and the improved utilisation of the ambulance fleet.

Stephen Harrhy raised the role of the Community First Responders, particularly in rural areas and also the variation in conveyance rates across health boards which would be important areas for the deployment of Advanced Paramedic Practitioners (APPs) in trying to avoid conveyance. Jason Killens explained that additional CFRs had been recruited & trained.

It was agreed that additional work would be required to retrospectively analyse the data from the electronic patient clinical record (ePCR) and other sources to correctly categorise the work; this would be included in the next report and would have the alternative services identified.

Members noted:

- Modelling suggested 4% of WAST activity could be dealt with in the Same Day Emergency Care (SDEC) units; this was currently at 0.2%
- The aim to make more use of video consultation, and to use to best effect
- The development of directories of services in health boards and the importance of ensuring access for WAST staff
- For lower acuity chest pain patients and some care homes analyse the data for potential opportunities to create services and track through actions (real time access)
- The importance of driving out variation in an environment of improving performance.

The version of data presented to the Committee was raised in view of the requirement for StatsWales to publish the Ambulance Service Indicators before any publication of the information. Ross Whitehead explained that ongoing meetings were taking place with the aim to resolve the issue and be agile as commissioners of the ambulance service. The aim would be to try and make progress in some areas with a view to ensuring the Committee had the most current information. Members noted that the Office of National Statistics (ONS) had been tasked to produce cross UK measures for health, which in view of the four different operating models was a complex request.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received.

In presenting the report, Ross Whitehead highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.

Noted that:

- 25 ongoing investigations under the Joint Framework in May
- Work continuing to identify key themes in meetings with WAST and health boards
- The Welsh Risk Pool were supporting the work and seeking improvement opportunities for the tracking and reporting of joint investigations
- Reduction in the number of patients waiting over 12 hours in the community, although still a large number, the trajectory was one of improvement

- Improvement in the compliance of the clinical indicators within the Ambulance Service Indicators
- A technical error had been identified within the STEMI bundle and this would be rectified back to June 2020
- The published levels for the return of spontaneous circulation (ROSC) was 20% (the highest level achieved)
- The latest information was not available in respect of patients arriving as 'walk ins' but in the triage category one. This would be rectified as it was agreed this was an important metric for patient safety. Joint work was underway with the NHS Wales Delivery Unit (NHS Executive) to analyse those self-presenting and included stroke patients (high level of patients presenting at emergency departments).

Members responded asking about:

- learning from the North East Ambulance Service review and the potential to undertake a gap analysis to secure any insight or learning – noted that the EASC Team currently analysing the review and would report to EASC Management Group on any findings
- other reviews of ambulance services and noted that the EASC Team constantly scan for any ambulance service reviews and consider any learning. This would again be reported initially via EASC Management Group. Jason Killens also confirmed that WAST routinely undertake a gap analysis approach to any significant report on ambulance services.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. This included:

- Integrated Medium Term Plan 2023-26
- Current EASC Integrated Medium Term Plan (IMTP) Tracker
- Non-Emergency Patient Transport Services (NEPTS) Strategic Direction
- Integrated Commissioning Action Plans (ICAPs)

Members noted that:

- Work had commenced on reviewing the Non-Emergency Patient Transport Services Commissioning Framework as per the agreed commissioning cycle
- The work to develop a longer-term strategy for NEPTS following the completion of the business case and adapting to the ongoing changes within the service. The final report would be presented at a future meeting
- In relation to the EASC IMTP Tracker some of the performance ambitions had been achieved including:
  - longest red – 95th percentile 30 minutes by the end of Quarter 1 – this had been achieved and it was suggested to review Quarter 2 ambition to <18 minutes
  - longest amber – 95th percentile 8 hours by the end of Quarter 1; this had been achieved and suggested revising the Quarter 2 ambition to 4.5 hours and Quarter 3 to 3.5 hours.

Agreed to: Revise the performance ambitions as outlined above

FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE REVIEW

Stephen Harrhy gave an overview of the work to date and introduced Lee Leyshon, Deputy Director of Communications and Engagement to deliver the presentation on the emerging themes.

Noted:

- Discussed the factors for developing options for the service and the weightings as previous used for EMRTS developments
- In relation to the EMRT Service:
  - General support and appreciation
  - Local bases mean local services for the people who live near
  - Some consider it a 'fast ambulance'

- Understanding of a problem to fix
- Important about effectiveness of working with other services and agencies
- Implications for hours of operation, for air and road, with staffing implication
- The small mutual aid implications

- In terms of wider issues and the original service development proposal:
  - Another rural loss – like banks, dentists, GP practices, post offices etc
  - Lack of understanding of 'unmet need'
  - The rationale for the original base locations; the coastal locations and the importance of rapid response vehicles RRVs
  - That the critical care staff would want to treat as many patients as possible
  - The impact of the weather on services
- In reference to the Wales Air Ambulance Charity:
  - Potential reputational damage with a risk to funding
  - Perception of cost saving
  - Accepted the findings of the original Service Development Review
- For rural and coastal areas the following issues were regularly raised:
  - Remote and lone working in high risk occupations
  - Seasonal population variations
  - Impact of rural geography, road infrastructure and topography
  - Mobile phone coverage
  - Patient road transfer experiences and outcomes
  - Impact of climate change affecting access
- Public perception that services prioritised in urban areas when using services per head of population and the respective needs were different in rural and urban areas
- Response times was a major concern, of increased response times, losing the 'golden hour' and the impact of adverse weather. The proximity to emergency department in urban areas was raised regularly
- Data was an area of focus regularly raised in sessions including:
  - The initial data period involving the Covid period
  - The significance of the average response times
  - Using historical and forecasting data
  - Seasonal and population variation and projected demographics for rural areas
  - Understanding the under-utilisation data
- In terms of the factors and weightings:
  - Regular questions related to cost saving perception
  - Cross over between the factors suggested
  - Importance of defining the factors
  - That clinical skills and sustainability needed a higher score and a reduction to the value for money weighting.
- With regard to the engagement process:
  - Understood a complex matter
  - Questionnaire available at all sessions and online
  - Increased and regular communications
  - Commissioner trusted and the public confidence in the approach
  - Responses received included 'balanced, fair, comprehensive and diligent'; not a 'fait accompli'
- Suggestions received included:
  - Same bases different hours; all bases 24/7; base investments; all 4 into one base
  - Variations on the issues above with RRV usage
  - Make either (or both) Welshpool and Caernarfon 24/7 instead of Cardiff
  - More RRVs to be available
  - Move the South Wales bases
  - That WAST provide similar critical care skilled staff
  - Make more incremental changes from aviation contract
  - Opportunities to work with Fire and Rescue

- Broader system issues included appreciation of the scale and landscape, the vulnerabilities and the context of other services
- Concerns about WAST in out of area; handover delays, triaging of 999 calls and recruitment of staff
- For health boards – primary and secondary care in terms of loss of access to services; sustainability of services (local) and how people can have a say (want to be involved)
- For public services – need to be more integrated; recognise local service loss and its impact; involve the local populations more and more raise more awareness
- For policy and decision makers – understand the current pressures; reliance on charitable donations; road infrastructure important and involving the public in decision making.

Members raised the following:

- Thanked the CASC and the EASC Team for their thorough exemplar process; lots of learning for the system on the strength of the approach
- The timescales for the independent analysis, keen to ensure the collective perspective considered
- Sharing the data, modelling and information received from the engagement process
- The importance of the next phase.

Stephen Harrhy explained the next phase of work in terms of sharing data, learning from the approach and responding to the concerns by formally reporting at the next meeting to provide the facts for the Committee to consider. Further modelling would be available for members to scrutinise at the next meeting.

Members noted that there was a strength of feeling in the locality of the Welshpool and Caernarfon bases in their desire to maintain the status quo.

Areas for further consideration would include:

- Making the best use of resources (mindful of the very different levels of utilisation of the current service)
- Whether the EMRT Service is too specialised and what opportunities could exist for different patient groups
- How rural areas receive health care and the issues with time sensitive requirements
- The options for a new base and whether this could be delivered by the Charity in terms of infrastructure – some assurance for the next phase
- Adapting the approach in light of the comments received and amending the weightings on clinical skills and value for money
- Options for closer working between WAST and EMRTS
- The wider picture – local areas primarily mentioned bases; Stakeholder Reference Groups across health board areas did not have major concerns if the service would be improved for all of the population, and in particular providing more ability to deliver to patients in the unmet need category.

Stephen Harrhy explained that further work was required in order to make a recommendation to Members and that Members in turn would make a fully informed decision no earlier than the meeting in November. Members noted the risk of reputational damage to the Charity and the potential impact on donations. Members agreed the importance of making the best use of the commissioning allocation for EMRTS and WAST.

A factual report including data and the independent analysis of the responses received would be provided at the September meeting.

It was reiterated that it was too early to make a recommendation to EASC and **no decision had been made.**

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.

Noted:

- Suggestions to slightly amend the weightings
- Plans for next report at the September meeting
- Continuation of the approach including planning of Phase 2 and maintaining work with the All Wales Communications and Engagement leads in health boards and trusts; and planning & informatics colleagues.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received. In presenting the report, Jason Killens highlighted:

- The use of the Clinical Safety Plan - WAST were at escalation level 2 (4 is the maximum) and in May 2023, WAST spent 1% of the time at Clinical Safety Plan (CSP) level 3b (the third highest level). The levels of escalation and CSP were significantly lower than those seen in the depths of winter, which was reflected in the lower levels of patient cancellations and "no sends"
- Red Performance and the continued roll out of the Cymru High Acuity Resource Units (CHARU), about half had been commenced and more staff are being recruited, trained and deployed with an aim to build on the roster rota work and ensure the right fleet mix across Wales. This would improve red performance and the already seen increase in the return of spontaneous circulation (ROSC) rate.
- Ambulance production levels against the plan for the latest four months at 97% against the ambition of 95%
- The progress made by health boards in reducing handover delays at emergency departments and the consequential impact on the ambulance service
- The numbers of patients conveyed at 41% into EDs in May 2023 (27% in December 2022, with the Clinical Safety Plan affecting this)
- The Non-Emergency Patient Transport Services (NEPTS) and meeting the targets for kidney patients in arriving within 30 minutes of the appointment time (performance at 75% to the target of 70%). Also, an amendment had been made for the service provided to oncology patients moving from -30/+30mins to -45/+15mins to provide a better service for this group of patients
- The first meeting of the Strategic Demand and Capacity Review had taken place at WAST with the aim of making the best use of resources available and continuing the approach.

Stephen Harrhy raised the issue of **red release** and confirmed the ongoing work to study the impact of the immediate release on the service provided. This would include validating the data before this was shared in the public domain, although it was acknowledged that this would potentially lead to a short time lag as this was a manual process. The work to develop confidence in the information included the health board Chief Operating Officers and their teams who receive the unvalidated report and therefore can challenge the data with respect to their areas. Further updates would be provided as the work progresses.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harrhy highlighted key areas which included:

- Six Goals for Urgent and Emergency Care Programme (latest highlight report shared) work continuing to deliver Goal 4 and locally based work captured through the Integrated Commissioning Action Plan (ICAP) meetings.

- A new clinical lead, Dr Tim Rogerson, had been appointed by the Six Goals for Urgent and Emergency Care Programme. Collaborative work had started on what a good emergency department would look like and a clinical event had been planned.
- Specific work was planned in Swansea Bay and Betsi Cadwaladr UHBs to pilot an approach undertaken in Bristol 'the continuous flow work' as well as learning the system lessons from the experience in Cardiff & Vale and more recently Cwm Taf Morgannwg UHBs.

- Connected Support Cymru (previously known as Night Sitting Service) An update report would be provided on progress at the next meeting
- Data linking – the plan to hold a workshop was still in place although it was not yet scheduled as further steps were required to ensure all information sources would be available and reliable. At that stage, a workshop would be held with all relevant health boards, WAST and Digital Health and Care Wales (DHCW) staff. Members noted that DHCW had also been commissioned by Welsh Government to develop an urgent and emergency care dashboard
- Health Education and Improvement Wales (HEIW) – Education commissioning of Paramedics and Advanced Paramedic Practitioners (APPs). Positive conversations had taken place with the EASC Team and it was suggested and agreed that Alex Howells, CEO of HEIW would be invited to periodically attend the Committee meeting. Members suggested the importance of the timescales for this work to meet academic timetables.

EASC FINANCIAL PERFORMANCE REPORT MONTH 12 2022/23

The EASC Financial Performance Report at month 3 in 2023/24 was received. There were no variances to report on the financial position given the very early point in the financial year.

SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD ON 22 JUNE 2023

The first summary from a meeting of the EASC Management Group was received. The aim of the report was to ensure consistency of issues identified at the ongoing meetings.

Members noted:

- Ongoing discussions on a health board by health board basis re operational matters of WAST staff undertaking supporting duties within EDs to help flow and get the balance right
- Work to ensure the consistency of data, especially in relation to immediate release.

EASC SUB-GROUPS CONFIRMED MINUTES

Approved:

- EASC Management Group 20 April 2023
- Non-Emergency Patient Transport Services Delivery Assurance Group notes 13 April 2023
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 6 March 2023

EASC GOVERNANCE

The report on EASC Governance was received which included the:

- EASC Risk Register and suggested approach to risk appetite
- EASC Assurance Framework
- EASC Key Organisational Contacts
- Welsh Language Commissioner – Final Report and Decision Notice

- Letter to host in relation to the statutory Duty of Quality and Candour.

Noted that:

- The Risk Register had five red risks in total, three scoring the highest level at 25.
- The EASC Assurance Framework had been updated in line with the changes above to the risk register
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The Welsh Language Commissioner – Final Report and Decision Notice and ongoing work
- Letter to host in relation to the statutory Duty of Quality and Candour - Stephen Harrhy had signed on behalf of the Committee to confirm that EASC would use reasonable endeavours to comply with the legislation and activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act.
  A formal report on the EASC compliance would be included in next year's Annual Governance Statement (Added to Action Log).

Members **agreed** to the use of **CTMUHBs Risk Appetite Statement** for commissioning risks until arrangements could be developed for the new Joint Committee.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST
- The ongoing formal engagement process for the EMRTS Service Review, further meetings planned for later in the year

Matters requiring Board level consideration

- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.
- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	**19 September 2023**			

Reporting Committee:	**Audit Committee**
Committee Chair:	Karen Balmer, Independent Member
Date of last meeting:	12 January 2024
Paper prepared by:	Danielle Hunt, Senior Risk Management Administrator

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Audit Committee on 12 January 2024:

- Terms of Reference were approved, subject to feedback from Internal Audit, ensuring it aligns with the Audit Committee's handbook.
- Assurance around matters relating to Committee Governance and next steps for approval at Board.
- Policy on Policies noted the Executive Team will be meeting w/c 15 January 2024 and the final document will be returning to Audit Committee in March for approval which needs to be reflected in the Special measures milestones and deadlines.
- Details of breaches were reported listing ongoing actions that are still in place.
- Declarations of interest, gifts and hospitality were discussed and next steps are to make sure it is reported in a more granular way on bands of people who responded. Allowing for more robust benchmarking. This will remain a standing item for the Corporate Governance report.
- Ombudsman review, noted the update and status of matters raised with the Ombudsman.
- Risk Management noted updates on the Corporate Risk Register (CRR) and Board Assurance Framework (BAF), generally good progress, however, more work to assure the committee of progress on the risks. Some of the controls were challenged for the Leadership corporate risk.
- Special Measures report noted good progress and the timelines on Policy on Policies may need to be adjusted.
- Accounting progress and conformance reports to note in particular the approval of losses special payments.
- A progress report for Counter Fraud, was discussed in the Private section of the meeting and assurances were provided.
- Internal and External Audit Tracker was noted with partial assurances due to the number of high and overdue recommendations. Further scrutiny will be requested of other committees for oversight and further discussion and ownership by the Executive Team.
- Internal Audit Progress report noted items reported on including deferral of 4 audits including Wrexham Maelor Continuity Phase One. Limited Assurances reports received: Lessons Learnt, Decarbonisation and Waiting lists (revised management response from 2022).
- Auditor General's updates noted the work programme.

ITEMS TO BE ESCALATED TO THE BOARD

- Corporate Governance Arrangements

- Feedback from the perspective of Audit around the Corporate Risk Register and Board Assurance Framework.

NEXT MEETING

An extraordinary Audit Committee meeting will be held at the end of February to receive the Internal and External Recommendations updates from the Interim Executive Director of Operations on 26 recommendations as these had not been received in time to update the committee on progress.

The next meeting of the Audit Committee will be held on 15 March 2024.

Reporting Committee:	**Quality, Safety & Experience Committee**
Committee Chair:	Rhian Watcyn Jones, Independent Member
Date of last meeting:	19.12.23
Paper prepared by:	Fiona Lewis, Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the QSE Committee on 19th December, 2023:

- A Patient Story regarding a local cardiac care clinic
- The Committee's Terms of Reference and Cycle of Business
- Patient Safety, Effectiveness and Experience Report
- Corporate Risk Register (CRR) and Board Assurance Framework (BAF)
- Special Measures Report
- Regulatory Report
- Primary Care Report
- Notification of matters referred from other Board Committees on this or future agendas
- The Committee received a Quality report in private session

Approved minutes and papers will be available on our BCUHB website:
Quality, Safety and Experience Committee - Betsi Cadwaladr University Health Board (nhs.wales)

ITEMS TO BE ESCALATED TO THE BOARD

- Members felt that there was a need for clarification of the relationship between the CRR and BAF, and the mechanism of how to report BAF issues – possibly a transferrable action for other Committees?
- A mechanism to pass items between Committees would be useful
- The long term risk around Population Health and Health Inequalities had been identified as critical and it was felt that this must be included in the Organisation's long term/10 year
- When discussing the Patient Safety, Effectiveness and Experience Report, requests were made to be kept informed of progress with ongoing inquests
- The Committee felt that both QSE and the Board tended to focus on secondary care and the acute system and there was concern that this was by no means the whole picture - more than 85% of contact for the population is in Primary Care. QSE would like to ensure a balance within its agendas to cover quality across the piece as far as possible.

NEXT MEETING

The next meeting of the Quality, Safety and Experience Committee will be held on 20th February 2024.

Reporting Committee:	**Planning, Population Health and Partnerships Committee**
Committee Chair:	Clare Budden, Independent Member
Date of last meeting:	10.1.24
Paper prepared by:	Diane Davies, Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the inaugural meeting held on 10.1.24 at Carlton Court Boardroom

The inaugural meeting considered the Terms of Reference and future workplan of the Committee.

The discussion focussed on the strategic nature of the Committee alongside its assurance role and the need to consider a more cohesive approach to strategic thinking, especially in regard to the organisation's Integrated Medium Term Plan.

The Committee agreed to include definitions to the Terms of Reference eg Population Health and clarify the difference in partnership working between the Committee's role and that of the Stakeholder Reference Group's advisory group role. There was also a need to consider governance arrangements with other key stakeholder groups in North Wales eg Regional Partnership Board.

In regard to work planning and future agendas, the Committee considered the importance of appropriate prioritisation and weighting of agenda items to ensure sufficient time for effective discussion, including consideration of wider change across the region which could impact BCUHB eg Developments at Wylfa / Anglesey Freeport. Considerable discussion arose around collaboration with partners and effectively understanding their challenges and developing "joined up" solutions to improve population health..

The Committee also considered agenda format, internal group reporting arrangements and potential external organisation invitations to the committee as needed. It was agreed that it would be beneficial to hold a development session prior to the next formal meeting to further develop the Cycle of Business around the following areas:

- Planning review and longer term planning
- Integrated Medium Term Plan
- Capability and capacity for planning and major programmes
- Population health influence on plans including wider determinants of health
- Winter resilience planning
- Civil contingency and business continuity planning
- Service change and engagement
- Monitoring of strategies by exception

Approved minutes and papers will be available on our BCUHB website:
Planning, Population Health and Partnerships Committee - Betsi Cadwaladr University Health Board (nhs.wales)

ITEMS TO BE ESCALATED TO THE BOARD
None
NEXT MEETING
The next meeting of the Committee will be held in April (date to be reviewed). A committee workshop will be held in February.

v1.0

Reporting Committee:	**People and Culture Committee**
Committee Chair:	Dyfed Edwards, Chair BCUHB
Date of last meeting:	January 12, 2024
Paper prepared by:	Laura Jones, Special Measures Project Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the inaugural meeting of the People and Culture Committee held on January 12, 2024 in the Boardroom, Carlton Court.

The meeting considered the Terms of Reference and future workplan of the Committee. The Committee agreed that the Committee would be known as the “People and Culture Committee”.

The discussion focussed on the strategic nature of the Committee alongside its assurance role and the need to consider a greater cohesive approach to people and culture considerations including:

- Culture
- Leadership and Organisational Development
- Engagement
- Workforce Planning
- Recruitment and Retention
- Wellbeing
- Welsh Language and Culture
- Equality, Diversity and Inclusion
- Health and Safety
- Social Partnership

The Committee were keen to ensure that a full understanding of people and culture related data and information is provided to the Committee members at a Committee Development Session to be arranged in February 2024. This Development Session will then further inform a more strategic approach to the forward work programme and associated cycle of business and will be informed by this well-developed data set to help inform Committee priorities.

The Committee is also keen to ensure that it is visible and available to the workforce of the Health Board in appropriate settings and is intending to coordinate its meetings with this in mind. The Committee reviewed the terms of reference and cycle of business and a revised draft of the terms of reference was shared with Committee members after the meeting. These are presented for approval by the Board in today’s meeting, January 25, 2024.

The current cycle of business was reviewed and a number of amendments and additions were highlighted. The Committee Development Session in February 2024 will seek to develop a more strategically focussed agenda for future People and Culture Committees.

ITEMS TO BE ESCALATED TO THE BOARD

None
NEXT MEETING
The next meeting of the Committee will be held on April 11, 2024

v1.00 Final

Reporting Committee:	**Mental Health Legislation Committee**
Committee Chair:	Gareth Williams, Vice Chair of the Health Board
Date of last meeting:	11.1.24
Paper prepared by:	Phil Meakin, Acting Board Secretary

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the meeting held on 11.1.24 at Carlton Court Boardroom and Teams.

This Committee has been re-established now that there are sufficient Independent Members appointed to the Health Board to support its effective running. This was an inaugural/introductory meeting to consider the Terms of Reference and future workplan of the Committee. In addition the Committee was also asked to note the papers and endorse the Minutes from the meeting convened by the Chief Executive on 13 December 2023.

The Committee also welcomed Ros Alstead, the Adviser on Mental Health appointed by the Welsh Government who was in attendance at the meeting.

The discussion focussed on the nature of the work programme that was required to ensure it can provide assurance to the Board and all stakeholders that Health Board services compy with the relevant Mental Health Legislation. The Committee agreed to name the Committee as the "Mental Health Legislation Committee". It was agreed unanimously that the focus of the Committee's work was on ensuring that the Health Board was fully compliant with its statutory duties, with quality and performance issues being the responsibility of QSE and PFIG Committees respectively. The relationship with these Committees was therefore critical, with the need for appropriate escalation arrangements.

The Committee reviewed the Draft Terms of Reference (that had been reviewed by the Chair and Executive Lead in previous meetings) and agreed to include references to legal compliance with the court of protection and to of advocacy. The role of Hospital Managers in the context of this Committee was discussed and it was agreed to nominate 2 people on a 12 month term of office to fulfil that membership role. It was also agreed that a CAMHS Clinical Director should be invited to attend alongside the Mental Health and Learning Development Clinical Director.

In regard to work planning and future agendas, the Committee considered the importance of appropriate prioritisation and weighting of agenda items to ensure sufficient time for effective discussion, including consideration of key items of importance. Key elements of each agenda should be:

- Mental Health Legislation Assurance, including with regard to the Court of Protection
- Assurance in relation to Health Inspectorate Wales (HIW) report findings and recommendations relevant to the Committee's remit
- Hospital Managers role and remit
- Power of Discharge Group
- The adequacy of advocacy arrangements
- Drawing on the experience of hospital managers and advocates to inform the Committee's understanding of the patient experience.

It was agreed that it would be beneficial to hold a development session prior to the next formal meeting to to give a clear understanding to members on the content of the relevant legislation and the statutory duties placed on the Health Board. The Consultant Psychiatrist/Medical Director of Mental Health and Learning Disability will lead this.

The Committee and colleagues in attendance noted and commented on the papers from the Management Team Mental Health Act Compliance and Capacity Meeting that was held on 13 December 2023. The minutes of that meeting were noted by the Committee.

It was recognised that the current members of the Committee had for the most part not been present at the meeting. It was agreed that the Chief Executive and Executive Lead of the Committee should agree the minutes, noting comments made in advance of the Committee's meeting and this will be reflected in the minutes of this meeting to be tabled in due course.

ITEMS TO BE ESCALATED TO THE BOARD

None

NEXT MEETING

The next meeting of the Committee will be held in 9 April 2024
A committee workshop will be held in February/March

Reporting Group:	**Local Partnership Forum**
Advisory Group Chair:	Jan Tomlinson, Representative of Staff Organisations (Joint Chair)
Date of last meeting:	10th October 2023
Paper prepared by:	Fiona Lewis, Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE GROUP

The Board is asked to note that the following matters were discussed at the Local Partnership Forum meeting on 10th October 2023:

- NHS 111 Press 2 Service Patient's Story
- Special Measures Update
- Bilingual Skills Policy & Procedure
- M5 August 2023 Finance Report
- Corporate Planning Update
- Workforce report October 2023
- Culture and Leadership October 2023
- Codi Llais Yn Ddiogel / Speak Out Safely Verbal Update
- Health & Wellbeing Annual Report
- Issues Raised by Trade Unions
- Integrated Quality & Performance Report up to 31.7.23
- Welsh Partnership Forum Minutes 17.11.22
- Strategic Occupational Health and Safety Group (issues of significance)
- Radon Monitoring Report 2022-23

ITEMS TO BE ESCALATED TO THE BOARD

There were none.

NEXT MEETING

The next meeting of the Local Partnership Forum will be held on 16th January 2024.

Reporting Group:	**Healthcare Professionals Forum (HPF)**
Advisory Group Chair:	Jane Wild, Scientific Advisory
Date of last meeting:	1 December 2023
Paper prepared by:	Rona Newton, Secretariat HPF

KEY DECISIONS / MATTERS CONSIDERED BY THE GROUP

The Board is asked to note that the following matters were discussed at the Healthcare Professionals Forum on 1 December 2023:

Public Health update

The HPF were pleased to welcome Teresa Owen, Executive Director of Public Health and Jane Moore, Deputy Director of Public Health who provided a Public Health Update. Members were supportive of the plans to take a pathway approach and initially to focus on diabetes. They agreed this was an important area to prioritise and could provide a useful model for other health conditions.

There was further discussion about the strategic priorities for Public Health and the forward programme of work for Public Health Healthcare. The Forum were keen to contribute to the development of those plans and offered their support.

CEO update

Forum Members were pleased to welcome Carol Shillabeer, CEO to the meeting for the annual CEO update.

Discussions following the update covered the role of HPF and how it can contribute to shaping the direction of the organisation. There was recognition that the organisation would benefit from early input from the Forum and that the Forum might need to develop to be more agile in its cycle of business and approach to maximise impact. It was noted that work is underway to develop a Teams channel and a larger network through identification of member deputies, that would contribute to the strength of the Forum.

Planning workshop

HPF members were pleased to be able to provide feedback to planning team colleagues on the planning process at a dedicated workshop following the HPF meeting. Members shared their experiences of the process and identified some potential areas of improvement. A number of key points were identified as being important to improve: timely engagement; engaging comprehensively and systematically; ensuring transparency around prioritisation and decision making; a joined up approach to prevent planning within organisational structural silos.

ITEMS TO BE ESCALATED TO THE BOARD

None

NEXT MEETING
The next meeting of the Healthcare Professionals Forum will be held on 1 March 2024.

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Reporting Advisory Group :	**Stakeholder Reference Group**
Advisory Group Chair	Mike Parry (Chair Elect)
Date of last meeting:	4th December 2023
Paper prepared by:	Fiona Lewis, Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE GROUP

The last meeting of the Stakeholder Reference Group (SRG) took place on 4th December 2023.

The Board is asked to note that the following matters were discussed at the meeting:

- Governance arrangements for the SRG
- Special Measures update
- Llandudno Additional Planned Care Business Case Update
- Planning Update

Group Action Log

The Group received and discussed the Committee Action Log.

The Chair -

- provided an update of his first Board meeting, as an Associate Member of the Board. He acknowledged the substantial challenges facing the Health Board and recognised that the SRG plays its part.
- described the insight he and other Board Members were provided into some of the most successful Health Boards and organisations in both the UK and Europe, and felt that what had become clear to him was that a huge change in culture was needed which must start and cascade down from the top.
- was very impressed with the make-up and cross-section of the newly appointed Board; he felt that the Board showed tremendous leadership potential.
- reiterated that he would impress upon the Board the need for the SRG to be involved in planning at a much earlier stage

- reflected on his concern regarding poor attendance at recent SRG meetings and how the Group should cast its net wider to invite more local organisations to join the SRG

Governance Arrangements for SRG

The Acting Board Secretary

- confirmed appointments to Chair as Mike Parry and Vice-Chair as Peter Lewis.
- provided an update to development of new Terms of Reference, including parameters for membership tenure.

Special Measures Update

The Quality Improvement Fellow The Group provided a presentation on Special Measures, which noted

- the considerable progress being made in establishing a well-functioning Board – Carol Shillabeer to substantive CEO, Gareth Williams to Vice-Chair and two new IMs – Urtha Felda and Caroline Turner.
- the Board Induction and Board Development programme were developing well
- the reduction of the use of interims – from 50+ in September to 2 at the time of the meeting
- acknowledgement that patient outcomes and experiences remained extremely important and that there had been very good progress in both Oncology and Dermatology Services.
- confirmation that the business case for the new orthopaedic hub at Llandudno hospital had been approved at the September Board
- updates on the Welsh Government-commissioned reviews
- Members were pleased to note the positive news provided

Llandudno Additional Planned Care Business Case Update - Neil Windsor

The Deputy Director Of Transformation and Improvement, provided an update which noted:

- Welsh Government had approved the Phase 1 Business case (the provision of two new theatres, refurbishment of a x19 bed ward, significant radiology investment, a day reception area, additional car parking and Recovery beds with availability for PACU and in addition to this, the September Board also approved a Phase 2 scenario, which would look at providing additional high volume, short stay, low complexity orthopaedic activity off-site from the acute sites and work is now underway to progress the Phase 2 Business Case.
- Members raised concerns regarding public transport and access, asking what work had been done to mitigate the problems a regional hub might create. Neil Windsor confirmed that that this was an issue and work was being done to mitigate

this. However, bearing in mind the extensive waiting times, when the public have been consulted as to which would be their preference – timely surgery or care closer to home – people suggested the former.

Planning Verbal Update

The Assistant Director, Health Strategy Planning, provided a verbal update highlighting the organisation's wish to engage with and involve the SRG in future plans in a timely and meaningful manner and the intention for involvement to take place on a much more regular basis moving forward.

ITEMS TO BE ESCALATED TO THE BOARD

No items were escalated to the Board.

NEXT MEETING

The next meeting of the Stakeholder Reference Group will be a workshop to be held on 29th January 2024.

Teitl adroddiad: ***Report title:***	Summary of Private Board Business			
Adrodd i: ***Report to:***	Health Board – Public			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 January 2024			
Crynodeb Gweithredol: ***Executive Summary:***	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: ***Recommendations:***	The Board is asked to note the report			
Arweinydd Gweithredol: ***Executive Lead:***	Phil Meakin – Acting Board Secretary			
Awdur yr Adroddiad: ***Report Author:***	Diane Davies – Corporate Governance Manager			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	No - N/A/			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	No - 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?***	No - N/A/
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	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) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	No - N/A/
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 ***Workforce implications as a result of implementing the recommendations***	None
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable

The Health Board considered the following matters in private session on 30.11.23:

- Approved renewal of existing IT software contract to support the GP Out of Hours service
- Endorsed appointment of Peter Lewis as Vice Chair of the Stakeholder Reference Group
- Noted Inquest briefing
- Approved High Value Claims
- Undertook a review of meeting effectiveness

List of Appendices:
None