

Bundle Health Board 28 November 2024

- 1 09:30 - PRELIMINARY MATTERS
- 2 24/223 Welcome, introductions and apologies for absence
- 3 24/224 Declarations of interest relating to agenda
- 4 24/225 Draft minutes of the Annual General Meeting held on 25th September 2024 and previous Health Board meeting held on 26th September 2024 - Chair
24.225a Health Board AGM minutes 25.9.24 draft v.02
24.225b Health Board minutes 26.9.24 Draft v.03 Public
- 5 24/226 Action Log - Chair
24.226 Action log
- 6 09:40 - 24/227 Patient Experience story - Executive Director Nursing and Midwifery
24.227 Patient Story - PIPYN
- 7 09:55 - 24/228 Chair's Report
24.228 Chair report November 2024 v1.0
- 8 10:05 - 24/229 Chief Executive's Report
to follow
- 9 10:15 - 24/230 Vice Chair's report
24.230 Vice-Chair Report November 2024
- 10 STRATEGIC DIRECTION
- 11 10:25 - 24/231 Winter Resilience Planning 2024 – 2025 - Interim Chief Operating Officer
24.231a Winter Resilience Plan Board Paper 2024 2025 V3 PW
24.231b Winter Planning Approach 2024 2025 Board 28 November 2024 (V7)
- 12 10:55 - 24/232 Annual Plan Quarter 2 report - Executive Director Transformation and Planning
24.232 FINAL - 2024-11-28 - Health Board Paper ADP Q2
- 13 11:15 - Comfort break
- 14 11:25 - 24/233 Integrated planning process update - Executive Director Transformation and Planning
24.233 Integrated Planning Process Update v2.0 English
- 15 11:45 - 24/234 Public Health Annual Report 2023/24 - Acting Executive Director Public Health
Louise Woodfine, Consultant in Public Health in attendance
24.234a DPH Annual Report 2024 cover
24.234b BCUHB DPH Annual Report 2024
24.234c BCUHB DPH Annual Report 2024 Infographics
24.234d BCUHB DPH Annual Report 2024 Presentation dwyethog reduced filesize
- 16 IMPROVING QUALITY
- 17 12:05 - 24/235 Chair's Assurance report : Quality, Safety and Experience Committee - Independent Member Caroline Turner
24.235 AAA Report for QSE Committee 24.10.24 V1.0
- 18 12:10 - 24/236 Improving Quality report - Executive Director Nursing & Midwifery
24.236 Improving Quality Report - November 2024 Final
- 19 12:25 - 24/237 Draft response to Ombudsman's letter 2023/24 - Executive Director Nursing & Midwifery
24.237a Ombudsmans Annual Letter 2023-24
24.237b PSOW Annual Letter 2023-24

- 24.237c Ombudsman Annual Letter - Health Board Draft Response v2 - approved by QSE Committee
- 20 12:35 - 24/238 Nurse Staffing Level report (Autumn 2024) - Executive Director Nursing & Midwifery
24.238a Nurse Staffing Levels Coversheet
24.238b Appendix 1 - Annual Presentation of Nurse Staffing Levels to the Board
24.238c Appendix 2 - Summary of Nurse Staffing Levels for wards where Section 25B applies
- 21 12:50 - 24/239 Chair assurance report : People & Culture Committee - Independent Member Dyfed Jones
24.239 Chair Report P&CC 10.10.24 V2.00
- 22 12:55 - 24/240 Developing our refreshed Values and Behaviours Framework - Chief Executive
To follow
- 23 13:15 - Lunch break
- 24 MONITORING PERFORMANCE AND FINANCE
- 25 13:35 - 24/241 Chair's assurance report : Performance, Finance and Information Governance Committee - Vice Chair
24.241 Chair report PFIGC 29.10.24 v1.0
- 26 13:40 - 24/242 Financial Performance 2024/25 month 7 report - Interim Executive Director Finance
24.242a 24-25 Finance Report Cover- Month 7 V2
24.242b 2024-25 M07 Finance Report - HB V2.1
- 27 13:55 - 24/243 Integrated Performance Report - Director Performance and Commissioning
24.243a Coversheet - IQPR HB 28.11.2024 FINAL (1)
24.243b IQPR - HB - November 2024 FINAL
- 28 14:10 - GOVERNANCE & ASSURANCE
- 29 24/244 Corporate Governance Report - Director Corporate Governance
24.244a Corporate Governance Report - November 2024 - V1.0
24.244b Appendix 1 Health Board CoB V3.0
- 30 14:20 - 24/245 Corporate Risk Register
24.245 Corporate Risk Register November 2024
- 31 24/246 Chair reports of Committees and Advisory Groups:
.1 *Audit Committee 12.9.24 and 5.11.24*
.2 *Planning, Public Health and Partnerships Committee 22.10.24*
.3 *Mental Health Legislation Committee 7.11.24*
.4 *Remuneration Committee October - October 2024 meetings*
.5 *Charitable Funds Committee 12.11.24*
.6 *Healthcare Professionals Forum 13.9.24*
24.246.1a Chair Report Audit Committee 12.09.24 V1.0
24.246.1b AAA Report for Audit Committee 05.11.24 V2.00
24.246.2 AAA Report PPHP Committee 22.10.24 V1.00
24.246.3 AAA Report MHLC 7.11.24 V2.0
24.246.4 Chair report Rem Com October 2024 v2.0
24.246.5 CFC 12.11.24 KLT Committee Chair Report
24.246.5b CFC TOR November 2024
24.246.6 Chair Report HPF 13.9.24 v1.0
- 32 14:25 - OTHER MATTERS
- 33 24/247 Any other business (previously agreed with the Chair)

34 24/248 Review of meeting effectiveness - Chair

35 24/249 Date of next meeting 30 January 2025

36 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 (BCUHB)
Draft minutes of the Annual General Meeting held in public
on 25th September 2024 at Venue Cymru and livestreamed

Board Members present	
Name	Title
Dyfed Edwards	Chair
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Imran Devji	Interim Chief Operating Officer
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Chris Lothian-Field	Independent Member
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Mike Parry	Associate Member – Chair Stakeholder Reference Group (SRG)
Fôn Roberts	Associate Member – representing Directors of Social Services
Carol Shillabeer	Chief Executive
Rhian Watcyn Jones	Independent Member
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Mr Edwin Jesudason	Orthopaedic Consultant
Mr Preetham Kodumuri	Orthopaedic Consultant
Sean Gallagher	Interim Head of Nursing Learning Disability
Alaw Griffiths	Welsh Language Standards Compliance Officer
Philippa Peake-Jones	Head of Corporate Affairs
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts	Associate Director - People Services
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance
Diane Davies	Corporate Governance Manager - Board Secretariat
Members of the Public and Patients	
BCU staff members	

Agenda Item	Action
<p>A24/1 Welcome, introductions and apologies for absence</p> <p>Apologies were received from Vice Chair Gareth Williams, Independent Members Dr Caroline Turner, Prof Mike Larvin, Karen Balmer, Dr Nick Lyons – Executive Medical Director, Dr Jane Moore – Acting Executive Director Public Health, Jane Wild - Associate Member, Dr Chris Stockport - Executive Director Transformation & Planning and Jason Brannan - Deputy Director of People for whom Georgina Roberts deputised.</p> <p>The Chair welcomed the opportunity to reach out to staff, public and patients at this first livestreamed AGM of BCUHB. He referenced the well attended Health Fayre taking place before and after the AGM at Venue Cymru to provide BCUHB staff with opportunities to showcase their services and listen to feedback. He emphasised the importance of engagement in order that the organisation could learn from experiences.</p>	



<p>A24/2 Declarations of interest relating to agenda</p> <p>None were received.</p>	
<p>A24/3 Annual Accounts 2023/24: Year in review, presentation of the Annual Report, including Annual Governance Statement</p> <p>The Chief Executive provided a presentation which outlined BCUHB's services and whom it served from where, the challenges faced in 2023/24, areas of improvement in Special Measures and also explained the following key areas:</p> <ul style="list-style-type: none">• The effectiveness of the health board is improving, but there is a way to go to achieve the ambition we have• Improvements have been made in key services - Vascular services were deescalated by Health Inspectorate Wales and received a positive external review; there has also been improvement in Emergency Departments• There has been relentless focus on planned care waiting times with significant reductions in numbers of patients waiting extreme waits but this continues to be an area needing considerable work• Welsh Government approved plans for a multi-million-pound planned care hub in Llandudno which is due to open late spring 2025• Some improvements have been achieved in urgent and emergency care – however this is very challenging and the numbers of people with a delayed discharge from hospital remains high• There were key developments for primary and community care, e.g. Bangor, Rhyl, subject to funding by Welsh Government• Mental health – there are service pressures as more people need mental health services, progress was being made but there is more to do• There has been significantly greater focus on the experience of people who access services, particularly regarding the quality of care <p>The Chief Executive thanked all those whom were supporting the work of BCUHB.</p>	
<p>A24/4 Service presentations</p> <p>Orthopaedic services</p> <p>Mr Edwin Jesudason and Mr Preetham Kodumuri provided an overview of the timeline, key contributors, evidence of multidisciplinary engagement, results and impact of the improvements introduced to day case surgery in Orthopaedics, as well as future plans for 'adapting and adopting' similar approaches in other services across BCUHB.</p> <p>The Chair congratulated the team who demonstrated that it was possible to improve the environment, make efficiencies and improve patient outcomes through the process undertaken, which he hoped would also inspire other services in BCUHB to achieve similar improvements.</p> <p>Learning Disability services</p> <p>Sean Gallagher provided an overview of the Learning Disability service across North Wales including for whom and where support was provided, strategic planning, partnership working, key priorities, the role of health checking and several new developments emerging within the provision of LD services eg pooled funding.</p> <p>The Executive Director of Allied Health Professionals and Health Science was also pleased to highlight continuing success of the Project Search programme which provided young people with learning disabilities opportunities to train and gain work experience at different sites, some of whom had been successfully recruited to substantive roles in BCUHB. The Chair thanked the LD team for their commitment to</p>	

ensure the best service provision to those that BCUHB serves, and particularly for their partnership work, and addressing health inequalities.

Welsh language services

Alaw Griffiths provided a verbal report on Welsh language services which included compliance with legislation, training provision, awards & accreditations, strategic planning, technological developments, partnership working and BCUHB’s proactive approach - as well as plans for involvement with the developing Medical School and Primary Care services in North Wales.

The Chair commended the excellent work undertaken by the Welsh language Team. He stated that there was a high percentage of Welsh speakers in the areas BCUHB served. He encouraged everyone, no matter what their level of spoken Welsh was, to use the language to their maximum. Everyone has the opportunity to be a Welsh language champion and promote its use within services for the population across North Wales. He reflected that language was more than just a tool of communication, it also defines whom people are.

A24/5 Annual Quality report 2023/24 (draft)

The Executive Director of Nursing and Midwifery presented the draft report which the Board was required to publish, reporting on the steps it has taken to secure improvement in the quality of health services. An overview was provided on the collaborative approach undertaken and exploration of the introduction of a Quality Management System. She drew attention to the implementation of the new Integrated Concerns Policy, Learning Repository, Quality Dashboard and Quality Management Framework which would be key to the organisation driving a quality-focused approach and to become a learning and improving organisation, working to prevent harm.

A24/6 Annual Financial Accounts and Auditor Opinion

The Interim Executive Director of Finance thanked everyone in the Health Board whom had supported and managed financial resources within the organisation during the period, especially the Finance team. A presentation was provided which highlighted:

- The Health Board had submitted draft & final accounts to Welsh Government, reporting a £24m deficit;
- Financial returns were submitted as per national requirements
- The accounts were audited (by Audit Wales) who issued an unqualified opinion and **True & Fair view ‘Clean Bill of Health’** on the numbers
- Regulatory opinion was qualified for not delivering key financial duties and payments to a Director above approval limits
- Capital limits were adhered to (expenditure was below limit)
- The vast majority, (97% by value and 94.5% by number) of non-NHS invoices paid within 30 days during 2023/24.

In regard to the Financial Plan for 2024/25

- Finances remain challenging across the Healthcare system
- £19.8m deficit plan to be set following further receipt of non-recurrent funds of £82m, requiring £48m of savings delivery.
- The Plan would not attain the key financial duties, but if attained would offer the opportunity to make the £82m one off allocation received in previous years and again in 2024/25 a permanent allocation for future years.

<p>The Chair reflected that improvement was not always about finance but more about what could be done with financial management, and importantly considering return on investment decisions based on clinical need.</p>	
<p>A24/7 Questions and answers to the Health Board</p> <p>In response to a written request on orthodontic service patient waiting times, the Chair advised that priorities were based on clinical need however, sometimes this also relied on the availability of other specialties such as maxillofacial to move treatment forward. He reported that recruitment activity was progressing in relation to orthodontics as well as a tendering process to increase capacity.</p> <p>In response to questions within the room, it was advised that social responsibilities were being undertaken in many areas of the Health Board in partnership working which included the third sector. Local authorities were increasingly involved with new developments and successful coproduction.</p> <p>In regard to suggestions regarding input to the Quality Management Dashboard, discussion ensued which was taken on board by the Executive Director of Nursing & Midwifery particularly in regard to comments on staff participation and utilising the tool to transform services through listening and speaking with patients.</p> <p>It was acknowledged that robotic surgery would be an integral part of future surgery delivering top class service to BCUHB's patients.</p> <p>It was understood that Board members were actively discussing how to ensure that successful improvements were disseminated across the organisation, reflecting its strategic objective to be a learning organisation. There was a real need to encourage discussion of new initiatives and consider how to 'adapt and adopt' within other appropriate service areas.</p> <p>The Chair stated that he welcomed questions at any time from patients, staff, the public and other organisations.</p>	
<p>A24/8 Closing remarks</p> <p>The Chair thanked everyone whom had attended and supported the meeting.</p>	

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Health Board meeting held in public
on 26th September 2024 at Venue Cymru

Board Members present	
Name	Title
Dyfed Edwards	Chair
Karen Balmer	Independent Member (IM) (part meeting)
Clare Budden	Independent Member
Russell Caldicott (RC)	Interim Executive Director of Finance
Imran Devji (ID)	Interim Chief Operating Officer
Urtha Felda	Independent Member (part meeting)
Dyfed Jones	Independent Member (part meeting)
Chris Lothian-Field	Independent Member
Dr Jane Moore	Acting Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Mike Parry	Associate Member – Chair Stakeholder Reference Group (SRG)
Carol Shillabeer	Chief Executive
Rhian Watcyn Jones	Independent Member
Jane Wild	Associate Member – Chair Healthcare Professionals Forum (HPF)
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Jane Berry	Patient Experience Manager (part meeting)
Philippa Peake-Jones	Head of Corporate Affairs
Liz Fletcher	Assistant Director Children's services West (part meeting)
Teri Howson-Griffiths	Arts in Health strategic lead (part meeting)
Brian Lang	Strategic Partnership Manager, Public Health (part meeting)
Alex Pengelly	Young person's representative (part meeting)
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts (GR)	Associate Director - People Services
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger (PW)	Director of Corporate Governance
Scarlett Williams	Young person's representative (part meeting)
Diane Davies	Corporate Governance Manager - Board Secretariat

Agenda Item	Action
<p>24/181 Welcome, introductions and apologies for absence</p> <p>Apologies were received from Independent Members Dr Caroline Turner, Prof Mike Larvin, Dr Nick Lyons – Executive Medical Director, Fôn Roberts - Associate Member, Dr Chris Stockport - Executive Director Transformation & Planning and Jason Brannan - Deputy Director of People for whom Georgina Roberts deputised.</p>	
<p>24/182 Declarations of interest relating to agenda</p> <p>Clare Budden advised that she would absent herself from discussion of item 24/202 due to her substantive role as Chief Executive of a housing association.</p>	

<p>24/183 Unconfirmed minutes of the Health Board meeting held on 25 July 2024</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Approved the minutes as a true and correct record <i>subject to minor typographical amendments</i> 	
<p>24/184 Matters arising and action log</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Agreed the updates provided 	
<p>24/185 Citizens Experience report</p> <p>The Chair thanked the team for continuing to develop this voice of the citizen experience report and acknowledged the examples of good experiences within the report but equally highlighted the continuing issues of patient's difficulties in accessing services and their varied experiences.</p> <p>The Director of Partnerships, Engagement and Communication drew attention to the increase in engagement work being undertaken and the input of Llais in appreciating more widely patients' experiences. This included the effects on patients waiting within Emergency Departments (EDs) and other areas such as dentistry and neurodevelopment.</p> <p>Board members commented widely on the report. In response, it was advised that the Small Business Research Initiative was a Welsh Government pilot which was undergoing benefits realisation. Any further activity or development to support other groups, eg staff, would require additional funding.</p> <p>A discussion on ED experiences and the impacts of delayed transfers of care to patients and their families followed. This also included how patients were cared for as they waited for appointments and treatment. It was understood that concentrated focus on finding and implementing solutions to these difficult experiences was underway through the Chief Executive. The Chair encouraged the team to consider effective, safe and sustainable systems which had been successfully implemented across the UK in order to potentially benefit the patients of North Wales in BCUHB's care. The Board would also need to discuss and consider community care investment. He requested that the Director of Corporate Governance ensure that the Quality, Safety and Experience Committee monitor progress in this area.</p> <p>The Vice Chair emphasised his concern with patients waiting to access Community Mental Health Team services in order to support those in distress with their mental health.</p> <p>In addition, feedback was provided on report formatting, including the need to reflect the volume of survey sampling in order to more accurately reflect any variance and concerning trends and also present data in a manner that ensured improvements and impacts could be clearly identified.</p> <p>It was pleasing to hear that digitally supported solutions introduced by the Patient Experience Team were being positively recognised, including at UK national awards. The Acting Executive Director of Public Health sought to explore whether vaccination work could also benefit from these innovations.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report. 	<p>PW</p>

<p>24/186 Chair's report</p> <p>The Chair highlighted recent constructive meetings held with Mark Drakeford and Jeremy Miles as Cabinet Ministers for Health and Social Care. He stressed the importance of focussing attention on improving waiting times for patients, their experiences within Emergency Departments (EDs) and whilst awaiting planned care.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report 	
<p>24/187 Chief Executive's report</p> <p>Members received the report and noted the report. The Chief Executive introduced Interim Chief Operating Officer Imran Devji to his first Board meeting as part of the Executive Team and advised that newly appointed Performance & Commissioning Director Stephen Powell would be in post by the next meeting. She drew members' attention to updates within the report content, including Thirlwell Inquiry on the Countess of Chester hospital maternity services, Health Inspectorate Wales de-escalation of Ysbyty Glan Clwyd and the important open and transparent approach being undertaken by the Health Board.</p> <p>The Vice Chair sincerely thanked the Chief Executive for taking time to meet personally with patients and families affected by incidents that had resulted in severe harm to themselves or their loved ones.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report 	
<p>24/188 Vice Chair's report - Vice Chair</p> <p>The Chair welcomed the Vice Chair's continued commitment to visit a wide breadth of services across the organisation's sites.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report 	
<p>STRATEGIC PRIORITIES</p>	
<p>24/189 Children's Charter</p> <p>The Chair welcomed Scarlett Williams and Alex Pengelly, accompanied by the Assistant Director Children's Services West and Patient Experience Manager whom had presented the charter to a development session of the Board the previous day which was well received.</p> <p>Scarlett Williams and Alex Pengelly thanked the Board for the opportunity to be the first young people to present to Board members and share in the discussion with, and learning from, young people in the development of BCU services into the future. For context, it was noted that there were 181k+ children and young people within BCU's catchment and over 300k appointments had been scheduled between January to March 2024 in children's services and a wide range of others eg Physiotherapy, Mental Health, ED etc. In developing the Children's Charter it was hoped that it would provide confidence for children and young people to have a voice and enter in discussion with medical professionals in an age appropriate manner and provide trust that the system in place would support and respect children's rights. It was noted that the Charter had been formed with the positive engagement of children and young people whom were eager to influence the development of services to better nurture their physical, mental and emotional wellbeing into the future.</p>	

A discussion ensued on preferred communication in which it was acknowledged that there was no 'one size fits all' solution, however it was important to capture this information on an individual basis and ensure that there was a consistent process in place to regularly maintain contact and provide reassurance whilst on a treatment journey.

Board members commented on the importance of recognising this key moment in acknowledging and listening to the voice of children being involved within the Health Board and having the opportunity to influence their future service provision. It would be important to demonstrate this going forward.

The Assistant Director Children's services emphasised the need for clinician engagement in all areas that provided services to children. She asserted that older people do not understand children's rights, which must be dealt with differently, and it was important to recognise that children had very different experiences of life. The Chief Executive concurred on the need to ensure compliance with the Children's Act and review how BCU worked with children. She suggested that the Board receive an update each year on the implementation plan which was being developed and any further developments.

The Chair thanked the young people for their presentation at the meeting and in the Board Development session held the previous day. Their suggestions and inspiration for the future was welcomed by the Board.

It was resolved that the Board

- **Endorsed** the BCUHB Children's Charter; and
- **Agreed** to support the development of the implementation plan across all service areas in BCUHB
- **Agreed** to receive an update to the Board each year.

PM

Karen Balmer joined the meeting

24/190 Urgent and Emergency Care

The Interim Chief Operating Officer presented the report drawing attention to deep dives taking place across the services and the positive commitment and effort he had witnessed by staff working in these pressured areas. He acknowledged that patients' waiting times within Emergency Departments and ambulances to be transferred into BCU's care was unacceptable and outlined much work taking place in partnership with the Welsh Ambulance Services Trust (WAST) and BCU services to make improvements. These included changes to triaging, senior level decision making involvement and a strong focus on patient safety wherever patients were waiting. The management of safe and consistent patient discharge was paramount and required positive working with Local Authorities to maintain. It was critical to enable patient flow and their discharge into the community at the appropriate time to avoid the current position of over 300 patients whom were medically fit for discharge transferring safely out of general hospital care to a more appropriate and supported setting. The 6 Emergency Care goals were being addressed by focussed workstreams.

The Vice Chair commended the strong analysis set out in the paper which was recognised as an All Wales issue, especially patients waiting in ambulances. He questioned whether some patients could be transferred direct to Minor Injury Units for quicker treatment if appropriate. Board members also questioned how effectively the general North Wales population understood where to go to for appropriate treatment, the efficacy of medicine dispensing whilst awaiting discharge, the efficacy of the introduction of trusted assessors, GP referrals to the most appropriate site, inequality

issues arising from sites with high deprivation areas and the need to agree the Board's risk appetite in order to consider solutions.

Patient presentation at ED was strongly debated, with the need to enable everyone to understand when and what services were available where across 24 hours so that the quickest and most appropriate treatment was provided, without the potential for vulnerable patients to remain in an acute hospital bed unnecessarily.

The Interim Chief Operating Officer advised that a Single Point of Access for emergency care would be the ideal future solution however, immediate actions needed to be moved forward which required clear risk based solutions to enable effective, supported triaging to be implemented safely. Considerations around capacity, community step up, risk, patients needs from deprived areas and cross site transfers were also shared with members. However, the Interim Chief Operating Officer emphasised the need for safety and an understanding of staff pressures within services across the region.

The Chief Executive emphasised the need for the NHS in Wales to change in order to meet changing demographics and patient presentations. Long term strategy solutions needed to be developed and implemented, she also shared work being undertaken with partner organisations to change patient pathways and advice for better outcomes. Safety, faster assessment and risk based safe discharges were all important factors that needed to be addressed in the shorter term. Patient outcomes, access and experience would be measures that were assessed in 6 months time.

The Chair was pleased to note that the Performance, Finance and Information Governance Committee would be monitoring performance reports in this area closely. He welcomed the solutions being explored and emphasised the need to ensure a consultative approach.

It was resolved that the Board

- **Received** assurance from the update provided and the actions being taken within the Urgent and Emergency Care programme and initial approach towards finalising the resilience plan for winter 2024/25.
- **Noted** the position on Urgent and Emergency Care system and the progress against the Programme;
- **Agreed** that the Performance, Finance and Information Governance Committee receive regular reports on progress against the plans and escalate to the Board as necessary
- **Agreed** the Winter Plan would be considered by the Board in November 2024

PW/ID

PW/ID

24/191 Well North Wales (WNW) report

The Acting Executive Director Public Health presented the Director of Public Health Annual report which was focussed on the work of the Well North Wales programme including Arts in Health and Wellbeing. She highlighted the changing model of public health moving from medicalised to behavioural and social modelling to enable people to live healthier, more fulfilling lives. Introductions such as social prescribing were supplementing the prevention agenda through strong partnership working. Sustainability was a key consideration.

The Strategic Partnership Manager and Arts in Health Lead joined the meeting sharing the work being undertaken with patients, staff, partners and vulnerable groups.

Board members questioned how BCUHB's Stakeholder Reference Group (SRG) and Planning, Population Health and Partnerships (PPHP) Committee supported these

<p>areas, which would be considered further by the Director of Corporate Governance. The Arts in Health Lead advised that, as well as culture, other diverse activities such as gardening could be integrated into further phased wellbeing developments. Clarity was sought on whether the vision outlined was BCUHB's or WNW's and whether there was alignment to BCUHB's strategic plans. It was suggested that partners such as Voluntary Services Councils could be approached to also support innovations within the community.</p> <p>Discussion ensued on the effect of the challenging financial climate on BCUHB resource availability and those of external organisations. It was challenging to provide meaningful outcome measures for areas such as Arts.</p> <p>The Chair was very supportive of the positive aspects these models brought to improve the local population's health.</p> <p>The Chief Executive acknowledged the importance of being able to live well across the life course, even when living with long term physical or mental health issues. It was important to contribute to the population health's wellbeing, especially when other interventions could not be offered.</p> <p>She emphasised the need to involve other partners in activity discussion. Allocative efficiencies would be important moving forward with partners in order to consider where to allocate resource in the most effective way through the most appropriate service to enable the best and most efficient outcome. The Acting Executive Director of Public Health concurred and shared recent experiences with the Regional Partnership Board and the need to connect more effectively with groups in communities. She emphasised the importance of incorporation into the Board's 10 year strategy as failure to do so would result in an inability to sustainably support the health of North Wales' population into the future and also have a deep socio-economic impact upon local communities.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the progress to date of the Well North Wales Programme, recognising the role and importance of the work in shaping and developing the longer-term shift towards prevention of health and care services, and wider cultural shift towards a wellness economy model. • Approved the Arts, Health and Wellbeing Strategic Framework, recognising the role and importance of the work in shaping and developing the longer-term shift towards prevention of health and care services, and wider cultural shift towards a wellness economy model • Approved the regional partnership approach being undertaken to scope and adopt a whole systems model to addressing the socio-economic root causes affecting the wider determinants of health & wellbeing • Noted a Business Case would be required for longer-term resources to lead on sustainable delivery of a 3-5 year programme (and beyond) • Supported a shift to a prevention-focussed approach both within the Health Board and how we work with partners across the whole system 	<p>PM</p>
<p>24/192 Health and Safety policy and annual report 2023/24</p> <p>The Associate Director - People Services introduced the revised policy which set out executive responsibility aligned to the Chief Executive and new risk management framework. The report provided an overview of the corporate Health and Safety team's activity during 2023-2024 highlighting challenges which included an increase in Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR)</p>	

<p>reportable incidents, ongoing issues with manual handling training compliance, and the need for improved governance and reporting structures. A recent internal audit had reported limited assurance which underscored the importance of addressing these challenges promptly and effectively.</p> <p>The Health Board had initiated several actions to address these issues, including policy reviews, enhancing executive leadership in health and safety matters, and developing more robust risk assessment and management frameworks. The ongoing gap analysis and development of a new Strategic Plan for addressing the improvements in Health and Safety would be crucial in guiding future improvements. The Associate Director - People Services advised that a Head of Health and Safety had been recently recruited. The Chief Executive advised that regular reporting would be provided through the Board's governance structure.</p> <p>Discussion ensued on the efficacy of the policy presented given the level of procedural/operational detail included instead of high level strategic information. It was understood that the Chief Executive and Director of Corporate Governance were in the process of considering this alongside other general policy documentation. They also took onboard comments in regard to risk, accountability and 'positive' health and safety culture.</p> <p>Following concern raised it was agreed that the Vice Chair would be provided with further detail on the cases of Violence & Aggression against staff.</p> <p>The Chief Executive shared with Board members the various levels of assurance provided at the current time which she understood would be strengthened, through the implementation of robust plans being introduced via the newly appointed Head of Health and Safety across the organisation. The Chair was pleased to understand that individual accountability would be clarified. In response to the Audit Committee Chair, assurance was provided that internal audit would be incorporating Health and Safety within their work programme. A suggestion to incorporate learning from near misses was noted for future iterations moving forward.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Approved the Health and Safety Policy; • Noted the Health and Safety Annual Report 2023-2024 	<p>GR</p> <p>GR</p>
<p>24/193 Chair's assurance report People and Culture (P&C) Committee</p> <p>The P&C Committee Chair highlighted that the Committee was in its early stage and progress was being made through development sessions. He highlighted the importance of culture, leadership and engagement which impacted across the organisation.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report 	
<p>24/194 Culture, Leadership and Engagement</p> <p>The Chief Executive explained that as part of the culture, leadership and engagement work being developed, shared values & behaviours were also being established to support these areas and re-inforce expectations. The document also set out a leadership programme as the development of managers was critical to embed engagement within the organisation.</p>	

<p>A discussion ensued on the advantages and disadvantages of using examples of negative behaviours instead of reinforcing positive messaging within the framework. Feedback was also provided on the naming conventions utilised. It was understood that these would be considered further in the development process which would aim to produce a clear and effective framework to improve culture across all areas of the organisation. This encouraging step forward was also considered to be a positive element to include within the recruitment and orientation process to set out the behavioural expectations of the organisation to candidates and newly appointed employees.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the progress of the work supporting wider engagement on Values and Behaviours Framework, prior to consideration for approval at November's Board. • Endorsed the NHS Wales Compassionate Leadership Pledge on behalf of BCUHB 	
<p>24/195 Chair's assurance report - Quality, Safety and Experience (QSE) Committee 15.8.24 and 6.6.24</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the reports 	
<p>IMPROVING QUALITY</p>	
<p>24/196 Annual Quality report</p> <p>The Executive Director Nursing and Midwifery presented the draft annual quality report on behalf of the Board's Executive Clinical Directors, outlining the evolution of this new report format required by WG to include Duty of Candour. She acknowledged the feedback provided by the QSE Committee, Executive Team and Board members since publication of the paper and undertook to incorporate this into the finalised version including improved alignment with the annual report format and annual plan.</p> <p>In the ensuing discussion, a Board member shared an unfortunate incident he had witnessed in the delivery of bad news to a patient. A member reflected that contextualising the frequency of negative occurrences against total number of patient interactions (eg per month) with BCU staff would be a useful parameter to include in respect of evaluation.</p> <p>The Chief Executive reflected on the candour and improved transparency of much of the Health Board's reporting within the previous year and looked forward to subsequent reports also incorporating greater examples and evidence of this as an embedded approach.</p> <p>The Director of Corporate Governance sought agreement that the Board would delegate approval to the QSE Committee going forward, ensuring appropriate scrutiny and alignment with the WG timetable.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the draft Annual Quality Report 2023-24 • Agreed delegation to the Quality, Safety and Experience Committee to approve on behalf of the Board at the next meeting in October 2024 	
<p>ITEMS FOR DISCUSSION</p>	

<p>24/197 Improving Quality report</p> <p>The Executive Director Nursing & Midwifery presented the report outlining the key points. These included significant improvement with falls management, appointments had been made as Matron Patient Safety and Pressure Ulcer lead which added to increased confidence levels, improvements in concerns compliance were being achieved (including policy refinement in learning lessons) and the Ysbyty Glan Clwyd (YGC) Improvement programme action plan was being progressed. In response to Board members she gave assurance that further rollout work would be undertaken into treatment of pulmonary embolisms.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the Improving Quality Report 	
<p>24/198 Chair's assurance report - Performance, Finance and Information Governance Committee 27.8.24</p> <p>The Vice Chair advised the Committee remained concerned with the delivery of Planned Care targets by the end of the financial year.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the Committee chair assurance report. 	
<p>24/199 Integrated Performance report</p> <p>The Interim Executive Director Finance presented the report. Highlights were provided by the appropriate Executive Directors. Of note were improvements in some recruitment areas, consistency in sickness levels, concerning levels of turnover, decreasing disciplinary cases, deterioration in cancer performance. It was also noted that operational teams were very engaged and utilising innovative improvements, there were currently no patients waiting 208 weeks and the patients waiting over 156 weeks were reducing. The Interim Executive Director Finance advised that additional insourcing had been commissioned, or was being progressed, in areas eg endoscopy and dermatology. Further opportunities for improvements and funding to support them were being undertaken and monitored through the PFIG Committee. It was acknowledged that many of the performance improvements being made were at significant cost due to premium working costs.</p> <p>In the ensuing discussion the Chief Executive shared opportunities, positive progress and challenges with colleagues drawing attention to the increases in referrals, long term conditions and subsequent need to develop a strategy to ensure earlier diagnostic interventions, especially in areas such as dermatology, ophthalmology and urology. The Executive Director Therapies and Allied Health Professionals also shared demand and capacity work being explored and staffing challenges. The Interim Executive Director of Finance also shared potential alternative resource utilisation and investment considerations in prevention activity being explored to achieve more appropriate and effective investment.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report • Referred the People and Culture Committee to consider staff turnover 	PW/GR
<p>24/200 Finance report</p> <p>The Interim Executive Director Finance presented the report, which indicated that £38m of savings would need to be achieved to deliver the £19.8m forecast deficit position.</p>	

<p>BCU was currently £8.6m adverse to plan. The current year to date deficit above plan was driven by additional pressures of Continuing Health Care increased activity, Commissioned Services including Out of Area Placements, Primary & Secondary Care Drugs, and undelivered savings. He acknowledged that all Health Boards in Wales were in financially pressured positions to deliver the required targets agreed with WG. Regular meetings were being undertaken throughout the organisation to support operational teams in delivering their budgets.</p> <p>A discussion ensued in which the Interim Executive Director of Finance undertook to review capital profiling and arranged to share further detail with members on increases to budgeted staffing/whole time equivalent changes. The Chair acknowledged the Chief Digital and Information Officer's point that sometimes investment was important in the short term in order to achieve longer term gains which were clearly articulated and understood.</p> <p>The Chief Executive emphasised the importance of ensuring effective plans were in place to focus and deliver on the £82m Strategic Support Funding target in order to bring this into BCU's recurrent funding for the future.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report. 	RC
<p>24/201 Holyhead Integrated Health & Wellbeing Centre Development - Strategic Outline Case</p> <p>The Chief Executive emphasised the importance of the development for the wellbeing of the population of Holyhead. There had been much joint work with partners including positive support from Anglesey County Council.</p> <p>The Chair advised that the case would be considered later in private session with consideration of commercially sensitive information in order to seek endorsement of the Strategic Outline Case for onward submission to Welsh Government to confirm commitment to the identified capital requirements of the scheme (Integration & Rebalancing Capital Fund (IRCF) & Transforming Towns) including the funding necessary to complete the required outline business case and to proceed to the next stage business case.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the work undertaken in partnership in the SOC development 	
<p><i>Clare Budden absented herself for discussion of this item only</i></p> <p>24/202 Update on Continuing NHS Health Care (CHC) Annual Fee Rates 2024/2025</p> <p>The Chief Executive and Interim Executive Director of Finance briefly outlined work undertaken which had resulted in an amendment of the previously advised fee rate to 6%. It would be necessary to reconsider BCUHB's budget in order to meet the additional costing from existing funds.</p> <p>Members questioned the level of control in regard to increased complexity cases and whether future alternative provision modelling with partners were planned. It was understood that there was planned discussion being moved forward in these areas.</p> <p>It was resolved that the Board</p>	

<ul style="list-style-type: none"> • Noted the negotiations with Care Forum Wales since the Board decision in May 2024 • Approved the recalculated CHC fee rate of 6% • Approved the development of a strategic approach to the development of new models for commissioning CHC provision 		
<p>GOVERNANCE AND ASSURANCE</p>		
<p>24/203 Welsh Language annual report 2023/24</p> <p>The Executive Director Allied Health Professionals and Health Sciences (AHPHS), as Board lead for the Welsh Language, presented the annual report. She drew board members' attention to the many awards the Welsh language service team had won and been nominated for, as well as the depth and breadth of work and training being undertaken within the organisation to enable patients and staff to communicate in the Welsh language.</p> <p>In response to Board members, she recognised the level of bilingual meetings supported internally and externally and also outlined the types of roles which BCUHB deemed as requiring fluency in the Welsh language. It was important to have an organisation which provided people with opportunities to comfortably use the Welsh language to whatever their level of fluency. In response to the Trade Union Independent Member she explained the 'active offer' in practice.</p> <p>The Chair commended the use of the Welsh language in the organisation and the Team's efforts to promote and facilitate this with patients and staff. He requested that the People and Culture Committee schedule to their forward plan further discussion on how the organisation could widen opportunities to increase and incorporate use of the Welsh language.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Approved the Annual Report for publication and submission to the Welsh Language Commissioner's Office. • Approved the <i>More than just words</i> for submission to the Welsh Language Policy Unit at the Welsh Government's Health and Social Services Department. 		<p>PW</p>
<p>24/204 Nurse Staffing Level annual report</p> <p>The Executive Director Nursing & Midwifery presented the annual report which was mandated due to Nurse Staffing Act requirements. A discussion ensued on provision of wellbeing support to managers, and those whom they supported, to remain working at BCUHB and avoid 'burn out' and pressures, such as improving rostering systems. In response to the Trade Union Independent Member's comment, it was agreed that the Executive Team would consider the potential effect of static remuneration of agency staffing, following the recent pay award to substantive staff. The Chief Executive agreed to discuss this matter further outside the meeting. It was also agreed that the People and Culture Committee would ensure that Recruitment and development of local young people in North Wales to meet the future needs of different service areas across BCUHB would be prioritised on the Committee's workplan and agenda moving forward.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Received assurance in relation to meeting BCUHB's statutory duty to 		<p>PW</p>

<ul style="list-style-type: none"> • “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 • provide a Three Yearly Assurance report on compliance with the Nurse Staffing Levels (Wales) Act 2016 to the Welsh Ministers 	
<p>24/205 Covid Inquiry report</p> <p>The Director of Corporate Governance gave assurance that work was being undertaken to consider outputs from the Inquiry through a newly established Health Board Steering Group which would also undertake monitoring of any future inquiries or major reviews. The Acting Executive Director of Public Health also advised that appropriate recommendations would be incorporated into BCUHB’s future emergency plans.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted <ul style="list-style-type: none"> • the lessons learnt from the first report and recommendations of Module 1 of the UK Covid-19 Inquiry • the creation of a Health Board Steering Group to address actions from the UK Covid-19 Inquiry, and other public inquiries, reviews or major incidents • the latest update on the UK Covid-19 Inquiry 	
<p>24/206 Emergency Preparedness, Resilience and Response (EPRR) – annual report 2023/24 and strategic update</p> <p>The Acting Executive Director Public Health presented the report. She advised that work was progressing in this area with the newly appointed Head of EPRR drawing on best practices from around the UK to consider implementation around the North Wales environment. There had been improved partnership working, with a focus on testing and exercises as well as OnCall training. A prioritised programme would be in place for the year ahead which would also consider BCUHB’s estate.</p> <p>It was agreed that the Planning, Population Health and Partnerships Committee would have oversight of the delivery of the programme and that an annual update would be provided to the Board.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report • supported the following recommendations: <ol style="list-style-type: none"> 1. To continue to support the EPRR Service 2. Support the affirmative EPRR Assurance Statement (referenced in section 2.3) 3. Support the 9 key EPRR priorities (referenced in section 2.4) 	
<p>24/207 Corporate Governance report</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the contents of the report • Ratified the Chair’s Action dated 13 September 2024 • Noted the matters considered in the Private Board meeting on 25 July 2024 • Received the minutes of the Joint Committees of the Board • Ratified the Joint Commissioning Committee Governance documentation for inclusion in the JCC Governance Framework and • Ratified the approved Clinicians and Section 12(2) Doctors across Wales 	

<p>24/208 Committee and Advisory Group Chairs' reports</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the following reports: <p>24/208.1 Audit Committee 12.9.24 & 18.7.24 24/208.2 Planning, Public Health and Partnerships Committee 20.8.24 24/208.3 Mental Health Legislation Committee 1.8.24 24/208.4 Remuneration Committee August - September 2024 meetings 24/208.5 Charitable Funds Committee 13.9.24 24/208.6 Local Partnership Forum 10.9.24</p>	
<p>CLOSING BUSINESS</p>	
<p>24/209 Review of meeting effectiveness</p> <p>The Board shared the following comments</p> <ul style="list-style-type: none"> • Welcomed the use of the support pack in managing the agenda bundle • The change to agenda format was positive • The duration and amount of business to discuss was improved but still too long • Concern was expressed with the timeliness of Board paper publication • Focus on key areas were to be welcomed at future meetings • There was an acknowledgement that much research had previously been undertaken to consider suitable venues to accommodate hybrid Board meetings across North Wales. Whilst Venue Cymru was a suitable central venue for this purpose, other meetings were held at different locations. • The Director of Corporate Governance felt it was important to have appropriate time allocated for discussion of items and that Committees were delegated work appropriately to follow up and monitor. 	
<p>24/210 Date of next meeting 28 November 2024</p>	
<p>Resolution to exclude the Press and Public "Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	

Health Board Action Log

arising from meetings held in public - updated 21.11.24

Actions Remaining Open						
Action No	Minute Reference	Meeting date	Agreed action	Lead	Timescale	Status
12	24/104.3	30.5.24	Arrange a demonstration of the developing Quality Management System for Board members	Angela Wood/ Pam Wenger	31.12.24	Due to the absence of the Executive Medical Director this has not been completed. Discussions to take place with the Executive Director of Nursing and Midwifery (EDON) and the Chair of the Quality, Safety and Experience Committee. 19.9.24 EDON suggests a session at a board development session later in the year once pilot has produced toolkits and gap analysis to inform roll out.
Actions Proposed for Closure						
1	24/185	26.9.24	Arrange for QSE Committee workplan to include monitoring of patient safety and experience across EDs reporting	Pam Wenger (Angela Wood)	1.12.24	Entered on transfer log to QSEC.
2	24/189	26.9.24	Arrange for Board Cycle of Business to receive annual updates on Children's Charter progress	Pam Wenger	1.12.24	It has been agreed that an update on Children and Young People will be added to the Cycle of Business.

3	24/190	26.9.24	Arrange for PFIG Committee workplan to include regular monitoring of Urgent and Emergency Care reporting	Pam Wenger (Imran Devji)	1.12.24	Entered on transfer log to PFIGC
4	24/190	26.9.24	Arrange for Winter Plan 2024/25 to be provided to November Board meeting	Pam Wenger (Imran Devji)	21.11.24	Board agenda item 24/231 28.11.24
5	24/191	26.9.24	Consider role of SRG and PPHP Committee in relation to WNW work	Pam Wenger	31.12.24	Completed, agreed that Well North Wales will fall under the remit and oversight of PPHPC. As part of agenda planning, opportunities for elements of the WNW will be factored into the business of the SRG.
6	24/192	26.9.24	Provide Vice Chair with further detail of Violence and Aggression cases against staff	George Roberts	21.11.24	18.11.24 Violence and Aggression report provided to Vice Chair
7	24/192	26.9.24	Include Near Misses learning to future H&S annual reports	George Roberts	20.5.25	Associate Director for Health & Safety has been informed of the request
8	24/199	26.9.24	Arrange for P&C Committee workplan to include Staff Turnover report	Pam Wenger (George Roberts)	1.12.24	Completed, discussed at People and Culture Development Session on 19.11.24.
9	24/200	26.9.24	Review capital profiling and arrange to share further detail with members on increases to budgeted staffing/whole time equivalent changes.	Russ Caldicott	21.11.24	The capital expenditure review was completed and the finance report now contains an analysis of movement in budgeted wte month on month.
10	24/203	26.9.24	Arrange for P&C Committee workplan to facilitate discussion on how the organisation could widen opportunities to increase and incorporate use of the Welsh language.	Pam Wenger (George Roberts)	1.12.24	Completed, discussed at People and Culture Development Session on 19.11.24. Paper scheduled to the next Committee in February 2025.

11	24/204	26.9.24	Arrange for P&C Committee workplan to include Recruitment and Development of local young people in North Wales to meet the future needs of different service areas across BCUHB	Pam Wenger (George Roberts)	1.12.24	Completed, this has been actioned by the Corporate Governance team.
13	24/115	30.5.24	Explore improving clarity of sound issues within the room at hybrid meetings	Pam Wenger	31.12.24	19.09.24 Ongoing discussion taking place to factor in audio solution for hybrid meetings that take place in person with live streaming and provision of simultaneous translation. Further options to be explored by Director of Corporate Governance and discussed at the Chairs Advisory Group by end of December 2024. 21.11.24 Update Options are being considered including the use of the 'owl'. Recommend this action is closed and this is discussed at the Chair's Advisory Group

Teitl adroddiad: Report title:	Patient Story: Rhian's Story - Our family journey with PIPYN			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	28 th November 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 Hannah Hughes, Patient & Carer Experience Project Manager			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
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 EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A			



Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	BAF21-10 - Listening and Learning
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) 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) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i> N/A	
Rhestr o Atodiadau: PIPYN Patient Story - ENGLISH SUBTITLES.mov PIPYN Patient Story - WELSH SUBTITLES.mov I am willing for my story to be shared with: [√] Level 1 – Any Health and Social Care Professionals within BCUHB [√] Level 2 – Researchers for Service Evaluation and improvement beyond BCUHB [√] Level 3 – Meetings and Conferences with anyone present including public and journalists [√] Level 4 – Anyone including Online, Internet, Social Media and CIVICA List of Appendices: Appendix A- Patient Story Summary	

Betsi Cadwaladr University Health Board

Rhian's Story - Our family journey with PIPYN

An audio-visual story will be played at the meeting.

Overview of Patient Story

The storyteller describes her personal family experience of attending a PIPYN Course in Ysgol Llanfawr, in Anglesey. The storyteller describes seeing a PIPYN poster and taking up the opportunity to get help for her family to make healthy lifestyle choices and to support being a healthy weight.

The storyteller describes her positive experience of attending a school-based family programme, sharing learning with other parents. The storyteller shares how this has helped her to feel more informed around food, physical activity and behaviours to be able to plan and to feel more in control. The storyteller describes the fun of exercising as a group with parents, children and families all taking part. The storyteller highlights her access to one-to-one tailored family support from her home.

The storyteller would recommend PIPYN to anyone who wants to lead a healthier lifestyle and describes the positive impact to both her and her family, who are now leading healthier lives, having healthier kids and a healthier future.

Key Messages

- Positive impact of attending PIPYN on the whole family – parents and children
- Easy to access venue locally in sons' school
- Getting group support as well as individual 1:1 targeted support
- Session supported parents to go back to basics, to feel informed, empowered and in control
- Opportunity to speak to other parents for support
- Joint group exercise opportunity was fun and engaging
- Reduced treats, healthier drinks and reduced screen time led to positive lifestyle changes for her children
- Reduction in weight and increase in energy
- Contribution to healthier lifestyles and healthier children
- A fantastic opportunity for people who are stuck or don't know where to start in creating a healthier lifestyle for their children

Summary of Learning and Improvement

PIPYN stands for Pwysau Iach Plant Yng Nghymru or Healthy Children Healthy Weight in Wales. PIPYN is a pilot programme currently being delivered by the Health Board to support families and children to make healthy lifestyle choices that support being a healthy weight and is funded until March 2025.

PIPYN was initially set up in 2022 under the Welsh Government's 10 year 'Healthy Weight, Healthy Wales' Strategy, in response to a growing obesity problem in Wales. The programme currently operates in Merthyr Tydfil and Anglesey, North Wales.

Anglesey was chosen for the pilot due to its results in the Child Measurement Programme (CMP) for Wales. In the 2018 / 2019 CMP, Anglesey was the third highest in Wales for children aged 4 and 5 being above a healthy weight. By the 2021 / 2022 CMP, Anglesey had moved into the second highest position, with 30.2% of children aged 4 and 5 on the island living with overweight or obesity. The latest figures for 2022 / 2023 indicate a slight decrease in these statistics, showing Anglesey moving in the right direction but with still over a quarter of children in this age group living with overweight or obesity.

The PIPYN project has been tasked with testing two separate methodologies to tackle overweight and obesity. The first methodology is using direct family support for weight management where a child is identified as being above a healthy weight.

PIPYN operates a 6-week school-based family programme where attendees can learn about making positive lifestyle changes to support being a healthy weight. Sessions include information and support around planning and goal setting, eating well (Eatwell Guide), meal planning, understanding food labels, motivation to change and limiting screen use. They also include access to a community food and nutrition skills course, an 'Eat smart, Save better' workshop, community events, advice and signposting.

PIPYN also offers a bespoke home-based intervention package, providing tailored family support where challenges to health exist. Families receive one-to-one support from a Dietetic Support Worker to make positive lifestyle changes that support children to grow up within a healthy weight range, focusing on diet and activity.

The service is run entirely bilingually in English and Welsh, with the offer to families being in their language of choice.

The second methodology is the implementation of a whole systems approach to tackle obesity.

The aim is to develop strong partnership sub-groups with all partners working together in an integrated way to bring about sustainable change. Multiple partners include Health, Local Authority, Education and Third Sector Organisations. The three key priority targets include access to healthy and affordable food, access to safe active travel and reducing unhealthy rewards.

The PIPYN Team have recently won the 'Partnership Award' at the BCUHB Achievement Awards 2024, held on 27th September at Venue Cymru. The Partnership Award is awarded

to acknowledge an individual or a team who has brought people together to make things happen. It is a category for those who demonstrate excellent practice in working with, and involving others toward a shared goal, in line with Health Board values. The PIPYN Team demonstrated they have achieved huge success in establishing a functional partnership, engaging and enlisting the support of a number of organisations and disciplines within health services, local authority and third sector organisations. All organisations worked collaboratively to adopt a whole systems approach to tackle childhood overweight and obesity for Anglesey's primary aged children.

This story is an example of BCUHB Allied Health Professionals (AHPs) supporting positive behaviour change. In collaboration with the Assistant Director of Allied Health Professionals and BCUHB Communications Team, the Patient and Carer Experience Team will promote this story widely during October 2024 to support the celebration of the seventh annual AHP Day across the Health Board on October 14th 2024. AHPs are the third-largest clinical workforce in our health service and encompass a broad group of health professionals, including Dietitians, Occupational Therapists, Physiotherapists and Speech & Language Therapists. AHPs work in collaboration with all professionals and sectors across multiple care pathways in a variety of settings, bringing skills which contribute to the excellent care we provide to our North Wales population. AHP Day recognises and celebrates the role and commitment of our Allied Health Professionals.

The Patient and Carer Experience Team will continue to share this feedback and work with services to promote the patient experience initiative outlined above.

The Patient and Carer Experience Team extend their gratitude and appreciation to the storyteller for sharing her experience.





Teitl yr adroddiad: <i>Report title:</i>	Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	November 28, 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides information on key issues within the organisation and external work with Government and other partners</p> <ul style="list-style-type: none"> • Meetings with Elected Representatives • Appointments • Details of visits and meetings 			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Chair			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			

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

Report of Chair to Betsi Cadwaladr University Health Board November 28, 2024

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

Board and Committees

Committees of the Board continue to progress with many holding development sessions in order to review their work programmes. The recently established **Chair's Advisory Group** offers an opportunity to capture cross-cutting themes from committees and discuss common issues. Our continued programme of Board Development will support progress and provide opportunity to mature as a team.

I have recently completed appraisals of Independent Members of the Board agreeing areas of priority for the future, connecting to the priorities that have been outlined by Government. To support the work, we have newly confirmed **Board Champions** who will have oversight for specific areas and report to the appropriate committee.

Champion	Independent Member	Board/Committee responsible
Infection Prevention and Control	Mike Larvin	Quality, Safety and Experience
Armed Forces and Veterans	Chris Lothian-Field	Board
Equalities	Billy Nichols	People and Culture
Welsh Language	Dyfed Edwards	People and Culture
Mental Health (Vice Chair)	Gareth Williams	Board
Children and Young People	Urtha Felda	Board
Putting Things Right	Chris Lothian-Field	Quality, Safety and Experience
Raising Concerns (Speaking Up)	Dyfed Jones	People and Culture
Older People	Rhian Watcyn Jones	Board
Digital	Clare Budden	Planning, Population Health and Partnerships

Developing the Organisation

I continue to meet with the Cabinet Secretary for Health and Social Services on a monthly basis together with All Wales Chairs meetings and the Special Measures Forum. The focus of Government, together with other bodies such as Audit Wales, Health Inspectorate Wales and our own Internal Audit Team underline a growing narrative: Namely that areas such as governance and finance (which have previously been areas of concern) have progressed well but **Performance** remains the area which is most challenging for us. Planned Care and Urgent and Emergency Care are impacted by a combination of factors. There are praiseworthy efforts with

some colleagues embracing different ways of working in order to make progress. It is important that we, as a Board, together with the relevant committees, have a clear view of improvement and the support required for us to achieve our goals.

The **Staff Achievement Awards**, held in September, gave us opportunity to recognise the great contribution made by so many individuals and teams across the organisation. It is encouraging to see staff and teams inspiring others with their dedication and embracing of innovation. It is right that we recognise such achievements and perhaps this is an area we can look to develop further.

Engaging with others

Carol and I continue to meet with elected MSs and MPs, sometimes as individuals and sometimes to brief on particular issues. Similarly, we meet with Local Authorities – either to address full council or scrutiny committee. Such engagement is key for us to share information, particularly around our progress as a Health Board, but also to receive information that will support our improvement journey.

We have continued with our programme of engagement events, the latest of which was in Pwllheli. We have now held events in areas across the region and it is timely for us to reflect how to develop this work further. The public who attend these events appreciate the opportunity to discuss their experiences and it is key that we continue to work in ways that connect with the public we serve.

Below is a summary of some of my meetings and visits for the period up to 20 November, 2024

Date	Meeting / Visit
17 September 2024	Executive Director Interviews
17 September 2024	Visit to Penrhos project site
18 September 2024	Cabinet Secretary for Health and Social Care
18 September 2024	Board Development
18 September 2024	Healthcare Inspectorate Wales
18 September 2024	Filming for Board
18 September 2024	Independent Member Appraisals
18 September 2024	Opportunities and Challenges for Changing Healthcare Fit for 2040 – Bevan Commission
19 September 2024	Alder Hey Hospital and Liverpool Heart and Chest Hospital
23 September 2024	Darren Millar MS, Abergele
23 September 2024	Extra Ordinary Remuneration Committee
23 September 2024	Grŵp Cynefin Annual General Meeting
23 September 2024	Meeting with Independent Members
24 September 2024	Sian Lloyd Roberts, Ambition North Wales
24 September 2024	Internal Audit
25 September 2024	Annual General Meeting of the Health Board
25 September 2024	Independent Member Appraisal
25 September 2024	Independent Members Quarterly Meeting
25 September 2024	Board Development
25 September 2024	Interview for Newyddion BBC/S4C
26 September 2024	Health Board

27 September 2024	Bangor University & Betsi Cadwaladr University Health Board - Joint Strategic Steering Group
27 September 2024	Staff Achievement Awards
1 October 2024	Welsh NHS Confederation Management Committee
2 October 2024	Geoff Ryall-Harvey, Llais
3 October 2024	Executive Director Interviews
3 October 2024	Cabinet Secretary for Health and Social Care Emergency Department visit at Ysbyty Gwynedd
3 October 2024	Launch of the North Wales Medical School, Bangor University
4 October 2024	Radio Wales Interview
4 October 2024	Welsh Government Honours Meeting
7 October 2024	Audit Wales Structured Assessment
7 October 2024	Independent Member Appraisal
8 October 2024	Fôn Roberts, Associate Member
10 October 2024	People and Culture Committee
10 October 2024	Shortlisting for Executive Director Post
10 October 2024	Independent Member Appraisal
11 October 2024	Mel Evans, Grŵp Cynefin
14 October 2024	Mid Wales Joint Committee Autumn Meeting
16 October 2024	Additional Remuneration Committee
16 October 2024	Bitesize Health Launch Event, Optic St. Asaph
17 October 2024	Conwy County Borough Council (Full Council)
17 October 2024	Audit Wales
17 October 2024	Planning Teams, BCUHB – developing an approach to planning applications
21 October 2024	Interviews for Interim Executive Director
21 October 2024	Stakeholder Group Briefing
21 October 2024	Mid Year Review with Cabinet Secretary for Health and Social Care
22 October 2024	Executive Director interviews
23 October 2024	NHS Boards/Trusts Assurance with Cabinet Secretary for Health and Social Care
24 October 2024	Quality, Safety and Experience Committee
25 October 2024	Healthcare Practice Celebration Event, Llandudno
28 October 2024	Welsh Government Independent Review Executive Senior Posts (ESP) - Stakeholder session- Chairs
28 October 2024	Briefing Sessions held with Elected Members
28 October 2024	Remuneration Committee
29 October 2024	NHS Wales Chairs Peer Group Meeting
30 October 2024	Meeting with Gareth Davies MS, St Asaph
30 October 2024	Teresa Owen & Eleri Hughes-Jones, Welsh Language Team
30 October 2024	Chair's Advisory Group
31 October 2024	Board Development Session
4 November 2024	Jane Wild, Associate Member
5 November 2024	Welsh NHS Confederation Annual Dinner
6 November 2024	Welsh NHS Confederation Annual Conference, Cardiff
11 November 2024	Remembrance Service at Ysbyty Glan Clwyd
11 November 2024	Visits to Ysbyty Glan Clwyd
11 November 2024	Grŵp Llandrillo Menai
11 November 2024	Grŵp Cynefin, Canolfan Lleu

12 November 2024	Joint Commissioning Committee, Mold
12 November 2024	Public Bodies Chairs Meeting
13 November 2024	Partnership & Regeneration Scrutiny Committee, Isle of Anglesey County Council
13 November 2024	Board Briefing
14 November 2024	Ysbyty Gwynedd – meeting with Welcome and Support Services volunteers, discuss developments of Helipad with Helen Granton and meeting with Alaw Ward Cancer and Haematology Unit fundraising team committee
14 November 2024	Maternity Team, Ysbyty Gwynedd
14 November 2024	Victoria Peach, Director of Nursing, West IHC
14 November 2024	Introductory meeting with Steve Powell, Director of Performance and Commissioning
14 November 2024	Board Engagement Event, Pwllheli
15 November 2024	Briefing for MSs/MPs
15 November 2024	Filming for November Board
16 November 2024	Organ and Tissue Donation Service, St Asaph Cathedral
17 November 2024	Visit of First Minister and Cabinet Secretary for Health and Social Services to Llandudno Hospital
18 November 2024	Monthly meeting with Cabinet Secretary for Health and Social Services
20 November 2024	Ysbyty Bryn Beryl, Pwllheli
20 November 2024	Ysbyty Gwynedd Emergency Department
20 November 2024	Filming for S4C, Penygroes



Teitl yr adroddiad: <i>Report title:</i>	Vice Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	28 November 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides information on key areas of engagement undertaken since the last Board meeting.			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Vice Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Vice Chair			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	There are no specific implications arising from this report.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.			

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

Report of the Vice-Chair to the Betsi Cadwaladr University Health Board, 28 November 2024

The last two months seem to have been particularly busy. I summarise below the main engagements I have had and my principal concerns.

Mental Health

In terms of **Mental Health and Learning Disabilities (MHL D)**, at the time of writing we are about to have the second of our quarterly meetings with Sarah Murphy Minister for Mental Health and Well Being (scheduled for Monday 18 November).

I have continued to have regular catch-ups with Teresa Owen as Executive Director with responsibility for MHL D, with Iain Reilly and the Departmental management team, with Matt Joyes who leads on matters related to the **Mental Health Legislation Committee**, and with Ros Alstead as our Special Adviser. I have kept in close touch with Ros and with the corporate governance team about the process of setting up the new Expert Advisory Group. A key concern is of course out-of-area placements (though numbers have fallen as a result of significant efforts by our staff), which in turn are to a considerable extent driven by delayed discharges, often due to non-health related issues, notably housing. I have been discussing with colleagues the possibility of developing step-down facilities to support patients who no longer need to be in our in-patient wards.

I have continued with a programme of visits, visiting Ysbyty Cefni (Older Persons Mental Health wards) and KIM Inspire in Holywell (ICAN funded community based mental health and well being organisation). The latter highlighted the continued issues around what I regard as our poor practice in terms of commissioning processes for community-based third sector services, which I hope our new Director of Performance and Commissioning can get to grips with.

I chaired a useful in-person meeting of the **Together for Mental Health in North Wales Partnership Board**; a highlight was a very positive presentation by Ciara Rogers, who is leading in the NHS Executive on the Strategic Programme for Mental Health, which suggested that both the priorities and the ethos of the Partnership are very much in line with emerging thinking at national level.

I also attended the morning session of a conference organised by Tan-y-Maen Well-being Centre (also ICAN funded) in Blaenau Ffestiniog focused on increasing awareness and action to prevent suicide on World Mental Health Day: 'Stay: You Matter'. The event had been arranged after a number of suicides in the local community and my presence, along with other staff from the Health Board I think underlined our strong support for this community response.

In terms of **Children and Adolescents' Mental Health Services (CAMHS)** I now have regular meetings with Louise Bell, Assistant Director for CAMHS and periodically join the Strategic Improvement and Development Group.

I had an excellent meeting with a range of those involved with the recently introduced cluster-based Family Wellbeing Practitioners in the West IHC who provide early intervention in GPs practices with children and young people (and their families) with depression, anxiety or other mental-health related issues. The GPs present stressed how vital this support was proving, enabling immediate support to those struggling rather than going through a lengthy referral process. I would very much like the Board to consider how it could mirror this sort of approach for adults to fill a gap which I still feel exists in terms of offering tier 0 or tier 1 mental health support (i.e. generally low-level difficulties but which if left untreated can easily escalate).

Finally, it is worth noting that the UK Government has now introduced the Mental Health Bill to the House of Commons. Although the matters the Bill deals with are almost all devolved, the Welsh Government has asked for Wales to be covered by most of the provisions and the Bill has clearly been drafted with input from Welsh Government civil servants. The Bill, when enacted, will have major implications for the delivery of mental health care, and I am keen that we engage actively with the legislation as it progresses.

Primary and Community Care

In terms of Primary and Community Care, I have recently had update meetings with the three Integrated Healthcare Community (IHC) Associate Directors of Primary Care/primary care teams, visited our managed practice in Blaenau Ffestiniog (in many ways, a model of what we should be seeking to achieve in our managed practices) and also, at their request, visited The Marches Medical Practice (a GMS practice) in Broughton. The latter highlighted the range of issues which face primary care, given the continued financial pressures (and the reduction in the overall proportion of health spending devolved to primary care), with the consequence being the withdrawal of services which are not required by the GMS contract but which absolutely ought to be delivered away from our acute hospitals (e.g. spirometry and fitting of IUDs as part of HRT treatment). It is worth noting that there continue to be major changes in the operating environment: it is becoming easier to recruit salaried GPs which is a result of in the reduction of the use of locums in Wales, and more particularly in England, and which is also in turn enabling our managed practices to reduce the use of expensive agency locums.

I went to an excellent conference organised by the King's Fund on 'Supporting Healthier Lives – the Shift to Prevention'. Though principally focused on England, this provided huge food for thought, particularly about how to integrate prevention better into services and how to stimulate greater engagement with the general public. I have shared the relevant presentations and information with key Health Board colleagues.

In terms of community provision, I celebrated Allied Healthcare Professionals (AHP) day by visiting Deeside Hospital's stroke rehabilitation unit, which is clearly doing remarkable work and which highlighted the capacity of multi-disciplinary teams to deliver key services with relatively modest input from traditional clinicians. I also visited Holywell Community Hospital, where again I was really impressed by the enthusiasm and commitment of a wide range of staff. I continue to believe that our Community Hospitals and our Minor Injuries Units (MIUs) can be used more intensively to provide care closer to home and reduce the pressure on our acute sites.

I have continued to have regular meetings with Jane Moore, as acting Executive Director for Public Health, with Ffion Johnstone who is taking a co-ordinating role on primary care and with Adam Mackridge head of Community Pharmacy. Despite the sterling work being done by these individuals and their colleagues, I remain somewhat concerned at our lack of 'bandwidth' to develop and implement a more coherent primary care strategy, given the other pressures on the Executive, even though there is general agreement about the required direction of travel. In my view, it is imperative that we use any uplift in revenue funding to disproportionately increase investment in prevention and primary and community care. A worry is the breakdown of negotiations on the GP contract and the recent vote by the National Pharmacy Association to take industrial action in Wales, despite the fact that community pharmacy has benefited from greater investment and a stronger focus in Wales than elsewhere in the UK.

Other Matters

I continue to attend the monthly **Wales Vice-Chair Peer Group** meetings, facilitated by the NHS Confederation and thoroughly enjoyed attending the Confederation's Welsh Conference in Cardiff earlier this month.

I joined the interview panel for the new **Director of Environment and Estates**, and am delighted that we will shortly have someone in post focused on driving forward a much more proactive approach to managing our estate. This is clearly timely given the likely boost to capital allocations arising from the UK Government's budget.

Gareth S. Williams
Vice-Chair

November 2024



Teitl adroddiad: <i>Report title:</i>	Winter Resilience Planning 2024 – 2025			
Adrodd i: <i>Report to:</i>	BCUHB Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 28 November 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to highlight the approach that has been taken to support Winter Resilience Planning across BCUHB. It highlights a number of requirements and duties under which Winter Resilience Planning takes place.			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to :</p> <ul style="list-style-type: none"> • Discuss the Resilience Planning approach for 2024/25 recognising the risks and mitigations that have been identified; and • Approve the Winter Plan 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Imran Devji, Interim Chief Operating Officer			
Awdur yr Adroddiad: <i>Report Author:</i>	Sharon Scott, Emergency Planning, Resilience and Response (EPRR) Lead			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	<ul style="list-style-type: none"> • Prevention and Health Protection • 6 Goals Programme (Urgent & Emergency Care) 			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Civil Contingencies Act 2004			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Not applicable at this stage
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Not applicable at this stage
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	The issues raised impact across a range of risks
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	IHC Directors have been asked to identify any additional predicted spend against any additional opened capacity that Board need to be sighted on.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Unknown at the time of this report – there are no specific implications arising from this report
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Discussed by Executive Team on Friday 8th November. Amendments to the draft paper include</p> <ul style="list-style-type: none"> • Summary of any additional predicted spend • Inclusion of the Ministerial winter preparedness requirements and required actions • Strengthening the planned care resilience
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>BAF 1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users</p> <p>BAF 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience</p> <p>BAF 4.1 Significant risk of avoidable harm to patients and staff, due to a failure by the Health Board provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation</p>

<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Not applicable to this report</p>	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: Winter Resilience Planning 2024/25– Presentation</p>	

1. Introduction/Background

The attached presentation sets out the key requirements of the Winter Resilience Planning approach that has been undertaken in the Health Board and with partner agencies in relation to preparedness for this coming winter. It provides the strategic context in relation to the responsibilities of the Health Board within the legislative framework, in line with ministerial priorities, national preparedness expectations, and the alignment of special measures.

This document will set out the core elements of the specific service areas that form the Winter Resilience Plan and include the risks and mitigations that have been considered to date, including the resource constraints of the health board and Local Authority partners. More detailed operational winter plans have been prepared and continue to be developed further ahead of winter which are available to Board members from which the core elements of this document have been drawn.

The system already operates within a very challenged environment and the forthcoming winter could present very significant challenges and risks. It is therefore essential that the Board is made aware of the significant challenge this winter period is likely to bring along with quality and poor experience risks for patients and staff. As per previous winters there will continue to be a high degree of executive oversight and visibility during the winter period.

Recommendation:

- The Board is asked to discuss the attached Winter Resilience Planning approach for 2024/25 recognising the risks and mitigations that have been identified.

Winter Planning Approach 2024 - 2025

Health Board November 2024



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



CONTENTS

Page	Area
3	Purpose
4	Strategic Context
5	Learning and Risk Base Approach
6	The Approach to Winter Preparedness - Key Principles, Governance, Assurance and Finance
7	Ministerial Winter Requirements
8	UEC Workstreams
9-10	50 Day Integrated Care Winter Challenge – 10 Best Practice Actions
11	Winter Period Timeline
12	Winter Planning and Assurance Timeline
13-20	<p>Core Components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Primary & Community Care Including Care Homes <input type="checkbox"/> Optimised Hospital Flow including Front Door, Flow and Discharge <input type="checkbox"/> Respiratory <input type="checkbox"/> Elective Care Resilience <input type="checkbox"/> Infection Prevention and Control <input type="checkbox"/> Mental Health <input type="checkbox"/> Children’s Services <input type="checkbox"/> Workforce considerations <input type="checkbox"/> Women’s Services <input type="checkbox"/> Safe Systems, Oversight & Escalation <input type="checkbox"/> Communication, engagement and learning
21-25	Risks to delivery



PURPOSE

This paper sets out the key requirements of the Winter Resilience Planning approach that has been undertaken in the Health Board and with partner agencies in relation to preparedness for this coming winter. It provides the strategic context in relation to the responsibilities of the Health Board within the legislative framework, in line with ministerial priorities, national preparedness expectations and the alignment of special measures.

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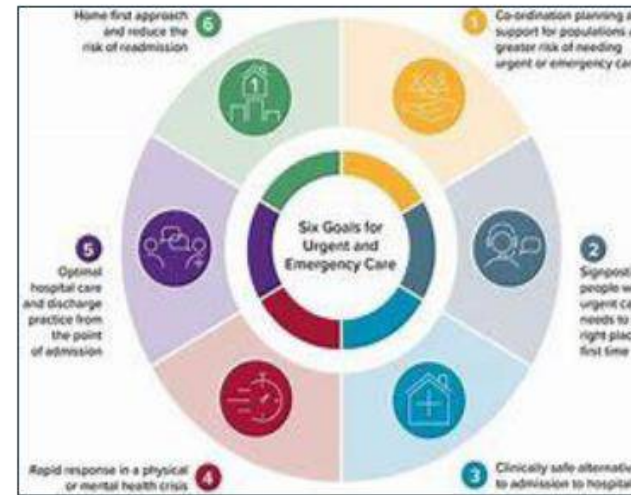
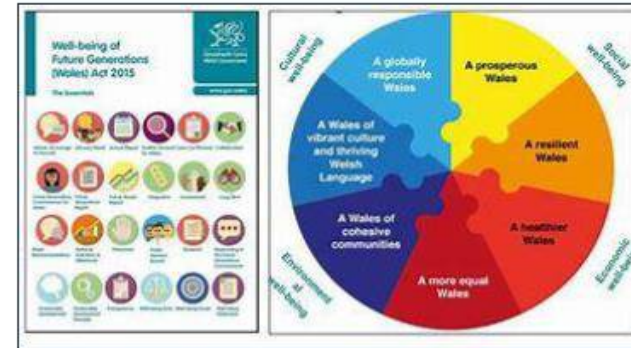
Recommendation: The Board is asked to discuss the Winter Resilience Planning approach for 2024/25 recognising the risks and mitigations that have been identified.



STRATEGIC CONTEXT

The Health Board has a number of requirements and duties, under which the Winter Resilience Planning takes place, including:

- Civil Contingencies Act 2004** – duty to plan to maintain and respond to incidents that constitute as requiring a multi-agency/sector response
 - Social Services and Wellbeing Act** – duty to work with partners, including social services within the Regional Partnership Board in safeguarding and improving the wellbeing of people requiring care and support
 - Wellbeing of Future Generations Act** – duty to give specific regard to prevention, integrated working, considering the long term
 - WG Ministerial Policy and Priorities** – The Minister requires implementation of the 6 Goals Framework as part of the Annual Plan.
- In relation to Special Measures, this Planning Approach considers the action relating to C1-4.9b: UEC Winter Planning



LEARNING AND RISK BASED APPROACH



Learning from previous winters and key risks have been identified that could specifically affect the ability to provide acceptable access, outcomes and experience for citizens in accessing services through the Winter period, these include:

1. Emergency/increase in respiratory illness and communicable diseases eg COVID-19, seasonal influenza, RSV, etc affecting demand for services and availability of staff
2. Increased waiting times to access core urgent and emergency care services, extended ambulance handover times as hospitals impacting long waits for ambulances in the community
3. Workforce pressures in health and social care due to high vacancy rates, staff sickness and social economic pressures
4. Medical staffing constraints – front door model remains unfunded
5. Clinical staff engagement
6. Increased unscheduled care demand due to delay in chronic conditions reviews by all specialities (Surgery/Mental Health etc).
7. Increased acuity of patients resulting in increased length of stay and high acuity areas (ITU/CCU) and prolonged recovery periods.
8. SDEC utilized as a bedded escalation area and surging into inappropriate escalation areas
9. Planned activity affected as a result of unscheduled care demand, resulting in cancellation of operations, outpatient and other activity.
10. Stock holding levels and demand and supply of PPE and other vital components and equipment
11. Adverse weather affecting the ability of staff to attend work/access to patients and patients to attend/access health care premises, integrity of buildings.
12. Community, care home and residential home capacity and fragility of services.
13. Industrial action – whilst there is no immediate threat of health related IA, we should remain cognisant of this risk and any non-direct impact on health care (ie transport / rail strikes etc)
14. Poor patient experience
15. Financial risk – the cost of winter schemes will be monitored closely as part of the Winter monitoring group – the COO will work with the Chief Finance Officer and the IHC Directors to ensure additional winter costs are transparent and any overspend highlighted



THE APPROACH TO WINTER PREPAREDNESS - KEY PRINCIPLES, GOVERNANCE & ASSURANCE, FINANCE

The Approach:

- BCU winter planning proactively commenced in April 2024
- Winter focus has been on more planning and preparation less reactive and reaction.
- SRO for Winter is the COO with support from the BCU EPRR lead
- Close links with IHCs and Corporate Teams in conjunction with colleagues from WAST/Social care and voluntary services to support an integrated approach to planning and risk mitigation.
- Strengthen resilience in the system via Regional Partnership Boards
- Planning is consistent with the Ministerial Winter requirements set out in the letter from Nick Wood & Albert Heaney in relation to Vaccination, Building Primary & Community Care Capacity, UEC, IPC and Capacity plans (see slide 7)
- Focus delivery of plans through the Six Goals for UEC Programme
- Implementation of the 10 best practice interventions for UEC (50 day national challenge – and how these align with BCU workstreams (see slides 8-10) and the 12 Week UEC improvement programme
- IHC winter plans include Cancer and Planned Care activity
- Surge and escalation will require IHC Director sign off
- Planning is based on a risk assessment, identifying mitigation, gaps, residual risk and any mutual aid requirements.
- Each of the ICHs provide a significant breadth of service which will continue to be delivered through the winter period. Given resource challenges, the approach for Winter this year will be to support and bolster our ability to deliver business as usual services by reviewing how we deliver those services and by moving existing resource to either support or work in a different way. A key focus will be targeting how we support more people at home within the community, working with our LA and WAST colleagues will be a key part of this.
- A North Wales Regional Workshop was held on 8th November – actions from this event will form an integral part of the Winter and wider UEC plan

The Principles:

- No bedding in DOSA, no cancellations of elective care without COO/CNO sign off
- No bedding in SDEC, Frailty without COO/CNO sign off
- Protect clinically urgent cases, cancer, long waits (>104 weeks)
- Protect tertiary and regional services
- Protect Stroke capacity
- Escalation protocol refreshed with COO/CNO oversight and clinically informed risk based approach to boarding
- Improve ambulance handover delays by focusing on high volume conveyances and offering alternative pathways
- Improve advice to care homes to avoid unnecessary conveyance
- Improve the 12 hour emergency department performance through streaming and fully utilising our existing capacity for example SDEC, MIU, SAU etc
- Improve board round processes to ensure that all inpatients have an agreed PDD which is clearly communicated
- Improve patient flow through discharging earlier in the day and increasing discharges over the weekend period

Governance and Assurance

- Work has commenced to collate and review IHC and Corporate winter plans – monitoring and oversight of delivery will continue throughout Winter
- Confirm and Challenge sessions in November
- To support Winter response a review of System Lead arrangements has taken place to enhance Operational and Clinical leadership at times of surge and escalation with a dedicated system lead Mon-Fri 8am to 6pm - this will include the use of Winter data driven intelligence.
- The BCU Winter operating model will be reviewed following release of national System Escalation Framework and any subsequent guidance
- Provide progress reports via IQPD forum

Finance

- The cost of winter schemes will be monitored closely as part of the Winter monitoring group – the COO will work with the Chief Finance Officer and the IHC Directors to ensure additional winter costs are transparent and any overspend highlighted



MINISTERIAL WINTER REQUIREMENTS

Regional Partnership Boards (RPBs) and NHS organisations are asked to “deliver on the actions required to support system resilience and winter preparedness in the following priority areas”: *(Source WG letter to RPB Chairs / All NHS Chief Execs / All LA Chief Execs / Directors of Social services dates 2 Oct 24)*

Priority area	Actions
Vaccination	Barriers to vaccination removed where possible.
	Maximise flu vaccine uptake of patient facing staff.
	Continued promotion of the new RSV vaccine.
	Maximise vaccine uptake of pregnant women.
Building primary and community care capacity	Support integration and continuity of key services that relieve pressure on other NHS access points. For example, Clinical Community Pharmacy Service (CCPS), Pharmacist Independent Prescribing Service (PIPS), Sore Throat Test and Treat (STTT).
	Have plans in place for public information on how to access services.
	Build the capacity of multi professional community services to deliver on the ambitions for the Care Action Committee's 3 priorities.
	Have systems in place through Clusters to identify those people at greatest risk of urgent care and agree and deliver on future care plans to support each person to stay well and ensure a coordinated response at or close to home if urgent needs do arise.
	Emergency department and safely avoid admission with a specific focus on frailty and respiratory.
	Develop and deliver plans in response to the six goals 'community-based falls response framework' as a priority for the remainder of 2024/2025 and into 2025/2026.
	Consider how you will flex available capacity to better support, assess and manage people at risk of exacerbation of respiratory complaints from the end of December and the entirety of quarter 4.



- Vaccination
- Building Primary & Community Care Capacity
- Urgent & Emergency Care
- Infection, Prevention & Control
- Capacity Plans

Urgent and emergency care	Delivery of a 24/7 integrated urgent care service to support safe management in the community of people who do not require hospital care, with particular emphasis on supporting people in care homes.
	Sustained focus on reducing long ambulance patient handover delays in line with agreed trajectories, in addition to continued focus on both access to timely senior clinical decision makers and reducing long stays in emergency departments (in line with the Quality Statement for Care in Emergency Departments).
	Continued focus on same day emergency care services, including direct access pathways to enable patients to bypass the
Infection, Prevention and Control	Implement actions set out in Welsh Health Circular 'AMR & HCAI Improvement Goals 2024/25'.
	Provide progress presentations on winter resilience plans in the IQPD meetings over the winter period.
Capacity planning	Assessment of capacity required for periods of surge.
	Initiate actions to reduce the number of surge beds currently in operation.
	Submission of urgent primary care capacity plans (which should form part of your wider system resilience plans) by 29 November 2024.



UEC WORKSTREAMS – NOVEMBER 2024

UEC Workstream 1
Move to the 'patients front door'
6 goals – PG1 & 2

Reduction in demand by focusing on high volume, high impact pathways;

1. Falls in the community
2. Breathing problems

UEC Workstream 2
Emergency Department/Quadrant
6 goals – PG3 & 4

Increased utilisation and 'ring fencing' of SDEC

Improved urgent speciality consultations, review and job planning

Ensuring consistent approach to streaming, deflection & navigation

UEC Workstream 3
Hospital Flow
6 goals – PG5

Simple discharge processes including pharmacy

Shared models of risk across the system

UEC Workstream 4
Discharge into the community
6 goals – PG6

Reducing the number of clinical optimised patients within acute hospitals by;

1. Considering different models of community care
2. Taking a risk balanced approach
3. Looking at opportunities to better utilise community wards/green wards approaches

50 Day Integrated Care Winter Challenge: The ten best practice actions

1. Refresh focus on embedding the *Optimal Hospital Flow Framework* to include a proactive emphasis on rehabilitation and reablement across the H&SC system
2. Apply 7-day H&SC working to enable discharge of patients during the weekend
3. Undertake Decision Support Tool (DST)/CHC process in the community
4. Regional collaboration to ensure that 'integrated navigation hubs' exist to facilitate discharge for acute hospital sites and admission avoidance in the community
5. Regional H&SC weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge
6. Proactive management of identified 0.5% high risk population group by clusters and multiprofessional community teams
7. GP Enhanced Service rollout for care homes and Proactive Care / Urgent Care provision for 'High Risk Cohorts'
8. *Trusted Assessor* model for all care settings
9. Home First default for all patients clinically optimised - discharge planning begins on admission
10. Integrated community services to focus on 7 day community-based falls response pathways

**WG 10 High Impact Interventions aligned to BCUHB UEC workstreams
(50 Day Winter Challenge)**

**UEC Workstream 1
Move to the
'patients front door'**

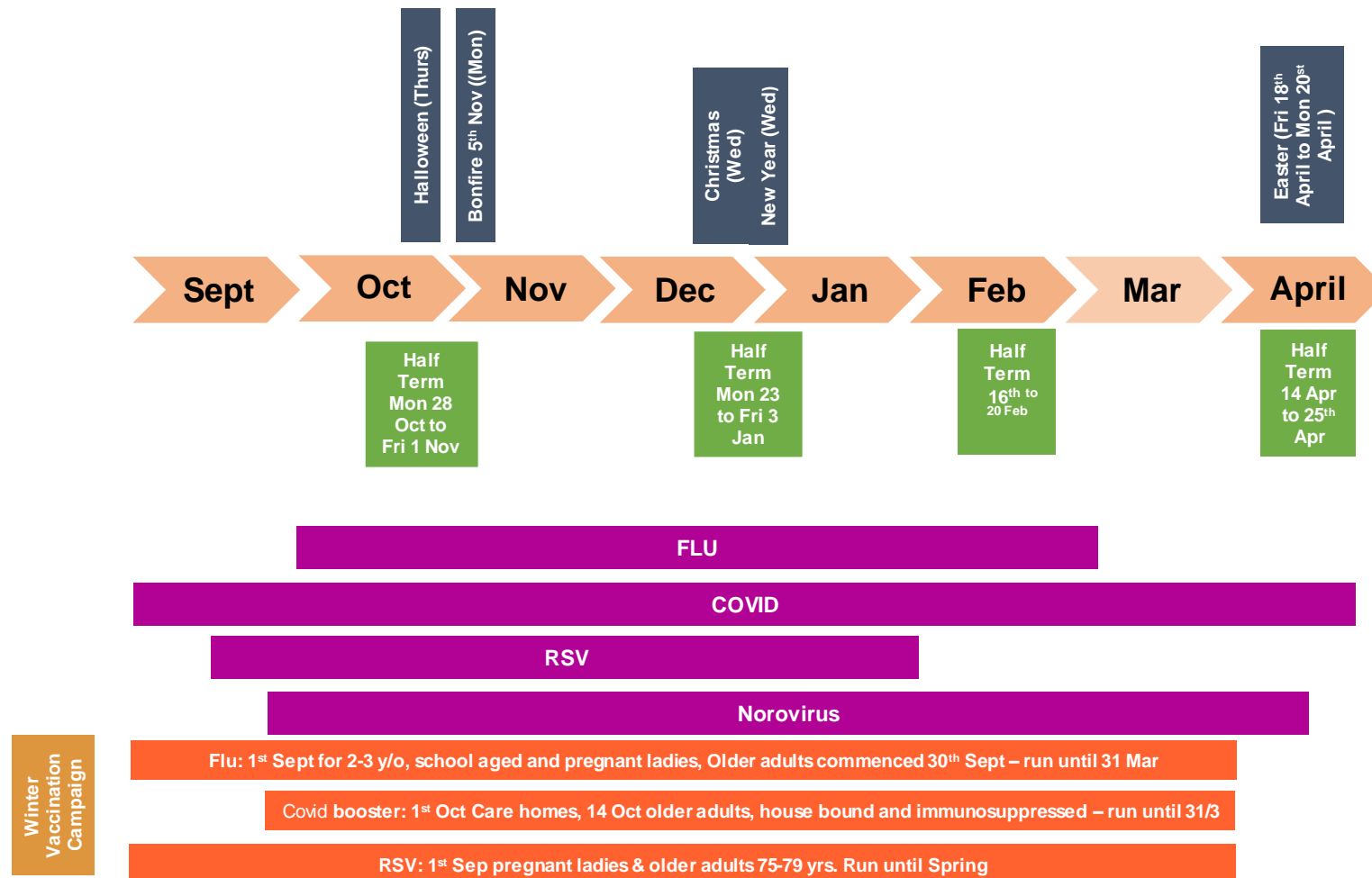
**UEC Workstream 2
ED / EQ**

**UEC Workstream 3
Hospital flow**

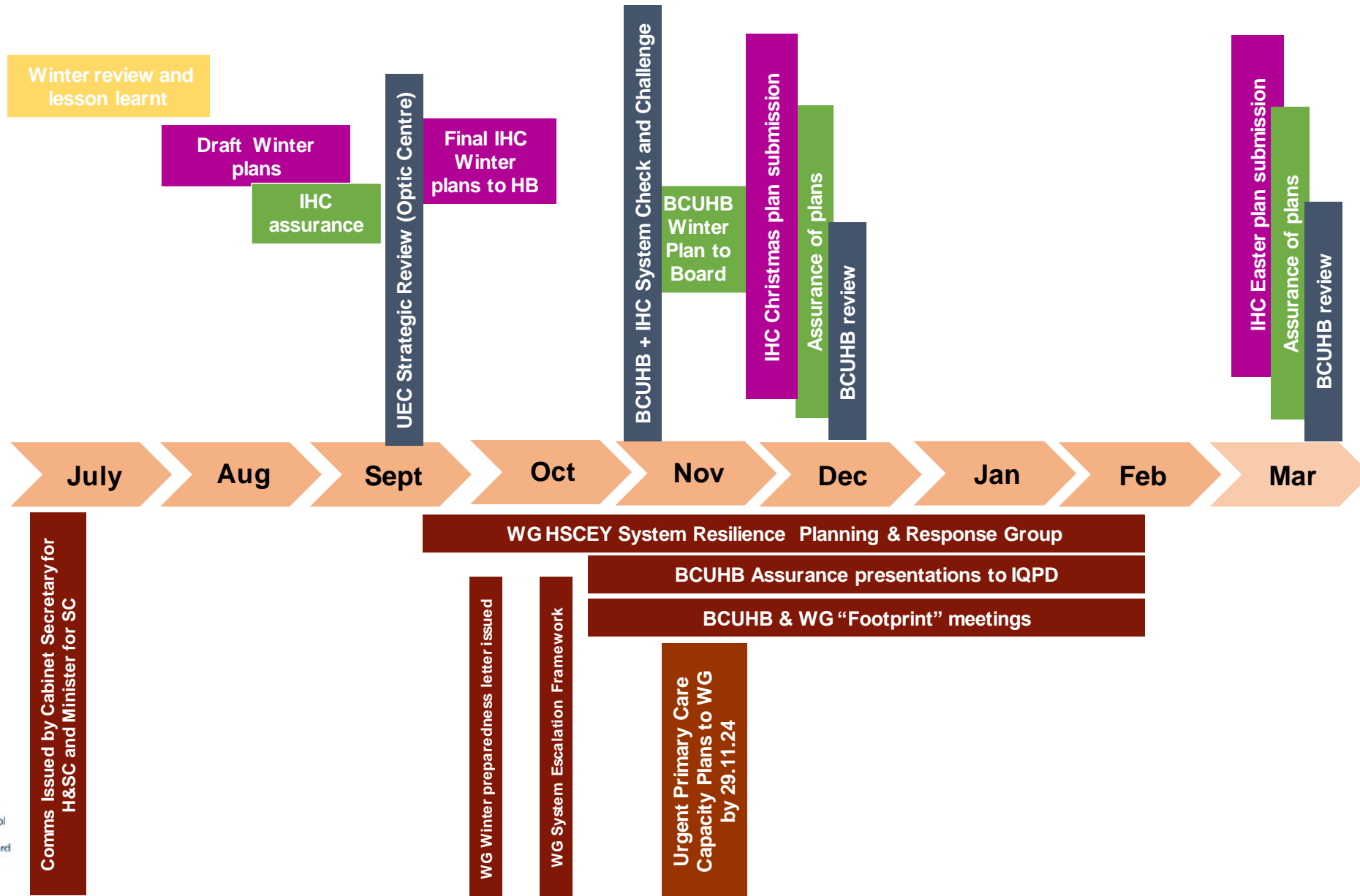
**UEC Workstream 4
Discharge into the
community**

1. Refresh focus on embedding the Optimal Hospital Flow Framework to include a proactive emphasis on rehabilitation and reablement across the H&SC system			✓	✓
2. Apply 7-day H&SC working to enable discharge of patients during the weekend			✓	✓
3. Undertake Decision Support Tool (DST)/CHC process in the community				✓
4. Regional collaboration to ensure that 'integrated navigation hubs' exist to facilitate discharge for acute hospital sites and admission avoidance in the community	✓			✓
5. Regional H&SC weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge			✓	
6. Proactive management of identified 0.5% high risk population group by clusters and multi-professional community teams	✓	✓		
7. GP Enhanced Service rollout for care homes and Proactive Care / Urgent Care provision for 'High Risk Cohorts'	✓			
8. Trusted Assessor model for all care settings			✓	✓
9. Home First default for all patients clinically optimised – Health and Social Care discharge planning begins on admission			✓	✓
10. Integrated community services to focus on 7 day community-based falls response pathways	✓	✓		

WINTER PERIOD - TIMELINE



WINTER PLANNING & ASSURANCE TIMELINE



CORE COMPONENTS: Primary & Community Care inc. Care Homes

Community and Primary Care

- Working with departments within the IHC as well as our LA partners to promote the use of all available urgent care capacity, in order to provide as much care in the community as possible
- Work across primary, community and secondary care, with particular focus on our CRTs to optimise the management of chronic conditions, targeting those most at risk of admission to support the delivery of care at home
- Provide additional capacity to support primary care including through Local Enhanced Services (LES) arrangements to help meet increased demand
- Provide IVAS and community IV therapy
- Maximise the use of our MIUs and promote alternatives to ED
- A UEC strategic review was held in September to identify the core principles for UEC and scope out current services
- Exploring the potential to adapt local service offering to support winter pressures through potentially extending referral criteria
- Community frailty project in the West to reduce the need for acute hospital admission and provide care closer to home

Community Care including Care Homes

- QA framework and Clinical quality audit support tools
- Education, training and support programmes with Webinars on clinical topics, linked to top reasons for admissions and ED attendances
- Trusted Assessor work underway in Gwynedd, Anglesey, Wrexham (part of the UEC goal 4 work and 10 high impact measures)
- Adverse discharge meetings to improve discharges and trust aiming for five day discharging
- Monthly Care Provider Business Continuity Meetings – purpose of horizon scanning for any potential care home / care provider closures or escalating concerns including quality and financial issues, care home embargo's
- Palliative care working group
- Promotion of Advance Care Planning and providing education and training for care home staff and wider MDT to enable residents to be treated in their place of choice.
- Dementia care – working with consultant dementia care nurse to ensure high dementia care delivery in Care Home
- Audit across 3 ED sites to understand ED attendances from Care homes
- Care home awareness sessions
- Implementation of vaccination programmes within care homes and community Pharmacies for Care staff and residents
- Provider brief – to share key communications with the providers
- IPC – developing an IPC audit tool, training and education for Care homes to keep safe and residents safe and prevent admissions
- Discharge follow up call to avoid readmittance for care home residents
- All care home patients with chronic conditions have agreed care plans building on respiratory team approach.



CORE COMPONENTS: Optimise Hospital Flow

Front door

- ❑ Prioritise ensuring that patients are seen in the right place, right time by improving our pathways including direct transfer from ED to specialty services, including increasing the use of SDEC and ensuring referrals are appropriately made
- ❑ Work with our WAST colleagues to improve handover times and support the turn around of ambulances – continue trolley assessment area on AMU
- ❑ Work to identify frequent attenders and support alternatives to ED through MDT reviews and planning
- ❑ Develop an alert for high risk patients on ED and community systems linked to agreed care plan
- ❑ Frailty services at the front door – 8 bedded unit within current SDEC footprint in the West
- ❑ Additional AHPs will work in ED to support our frail patients

Alternatives to ED

- ❑ Increase access to care in the community via our Community Pharmacies via the Common Ailments Service and the Pharmacist Independent Prescriber service
- ❑ Inhaler review service across 98 pharmacies
- ❑ Working collaboratively with WAST to avoid inappropriate conveyance
- ❑ Signposting and utilizing Urgent Primary Care Centres, Urgent Treatment Centres and Same Day Emergency Care (SDEC)
- ❑ Strengthen clinical streaming to SDEC where clinically appropriate
- ❑ Compliance with existing WAST pathways (i.e direct to SDEC, falls, stroke NOF) and ensure consistent model
- ❑ Continue to ringfence SDEC capacity

Flow and Discharge

- ❑ Continue to implement the SAFER programme
- ❑ Implementation of PDSAs to support expediting patients home more swiftly
- ❑ Early conversation and identification of D2RA within 24 hours of admission
- ❑ Ensure discharges to community are implemented earlier in the day
- ❑ Improve the clinical outcome for patients by reducing the number of times a patient is moved
- ❑ Review medical cover for medical outliers
- ❑ Reinstate “green wards” to cohort clinical optimised patients and reduce LoS
- ❑ Review the escalation space with potential for additional beds overnight (YGC)
- ❑ Forward waiting process based on a clinically informed risk assessment
- ❑ Extend enhanced care services
- ❑ Check and challenge discharge planning to support decisions to be made at the earliest opportunity
- ❑ Joint assessment project – to reduce the delays that prevent discharge and increase the Social Worker input
- ❑ Work with LA partners to ensure representation by Trusted Assessor roles at ward board rounds (West)
- ❑ Collaborative work with social care partners to improve communication – locating social services within the discharge hub
- ❑ Provide specific criteria led discharge planning
- ❑ Focus on long length of stay reviews to expedite onward discharge to patients home or community
- ❑ Implement learning from >100 day LoS review
- ❑ Understand recording of assessment delays
- ❑ Develop a best practice pan BCU SOP for board rounds



CORE COMPONENTS: Respiratory

Respiratory

- ❑ Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems. Promotion of vaccination will be taken up using the “*Beat Winter Viruses*” communications campaign.
 - ❑ This year for the first time, BCUHB is offering the Respiratory Syncytial Virus (RSV) vaccine to those aged 75 to 79 and pregnant women. This is a year-round offer but promotion ahead of winter by health professionals, particularly to those at high risk is vital.
 - ❑ The 2024/25 flu vaccination programme to combat seasonal influenza is underway
- ❑ COVID-19 -Deployment of the Autumn programme began on 1st October and involves close collaboration between primary care and the health board vaccination teams to achieve the target uptakes as defined by Vaccine Planning Wales. The programme commenced with a focus on the most vulnerable population living in care homes for older adults and those who are housebound. Co-administration with the flu vaccine will be offered where operationally viable.
 - ❑ Respiratory escalation plan to support additional NIV beds during periods of high demand
 - ❑ Increase in nursing workforce to increase NIV capacity to 10 (West)



CORE COMPONENTS, Elective Care Resilience and IPC

Elective Care Resilience

- Active mitigation and elimination of on the day cancellation of elective activity due to non-clinical reasons
- Involvement of all specialties in site pressures
- Visibility of system wide pressure and risk of harm
- Full Capacity Protocol – local options per DGH site to protect elective capacity where ever possible
- Lists are being established of suitable day case activity (short notice lists) to prevent total “downtime” of elective activity
- Support at the front door
- Short notice outpatient appointments
- Virtual clinical advice to GPs
- Clerical validation of lists
- Protect elective capacity with agreed outlying numbers and absolute thresholds with executive sign off if we need to break that threshold due to pressures.

Infection Prevention and Control

- Winter IPC page established on Betsinet with useful resources and guidance
- Key IPC actions and supporting tools available to use during outbreak and incidents
- Ongoing promotion of the fundamentals of IPC through the HABITS campaign and National IPC Manual (Standard infection control and Transmission Based Precautions)
- IPT will continue to roll out micro-teaching sessions with a focus on Norovirus and Acute Respiratory Viruses
- Triage and assessment (incl.travel history) for all service users
- Prompt appropriate segregation/patient placement e.g. isolation/cohorting
- Prompt sampling/screening for early detection of infection to inform decision making
- Continuous IPT surveillance monitoring of 6 key performance indicators (AMR/HCAI Improvement Goals) and seasonal infections to ensure early reporting and action
- The IPT will provide regular SITREPs in relation to Acute Respiratory Infections (Flu, Covid-19) and Norovirus
- Maintain deep cleaning programmes to prevent/interrupt clusters/outbreak of infection
- Ongoing audit and monitoring of infection related practices
- Ongoing preparedness relating to other infections e.g. HCID/Mpox
- Share learning from infection related incidents and outbreaks



CORE COMPONENTS: Mental Health and Childrens Services

Mental Health

- Pathways and escalation arrangements for patients requiring MH&LD support across the care pathway are optimised to provide quality of care and maintain system flow.
- Timely assessment in an appropriate setting, arrangements to safely manage patients requiring admission to a MH&LD bed, and system escalation to ensure MH&LD patients receive required treatment regardless of delays in bed availability, these include:
 - Daily Safety Huddle meetings to support patient flow
 - Acute Care Pathway group established to focus on patient flow, specifically POCD and OOA
 - Establishment of a SITREP reporting and monitoring system, weekend SITREP reporting being considered.
 - Implementation of the Management of Acute Out of Area Admissions SOP
 - Detailed analysis of POCD's undertaken to understand barriers to discharge
 - Demand and Capacity Analysis completed ahead of winter including identifying any forecast shortfall in bed base and community crisis capacity
 - Additional Discharge Co-ordinator Discharge Lead recruited
 - Community based crisis services established with recruitment of nine Mental Health Wellbeing Practitioners.
 - 24/7 Mental Health 111P2 service provision. Increased capacity due to recent increase in demand.
 - Home Treatment Team Operational Policy reviewed and currently circulated for consultation.
 - On going reporting of psychiatric liaison performance aligned to ED delays.
 - Establishment of Step down beds from within rehab services for each locality to support acute patient flow.
- Strengthening collaborative working with Local Authorities to resolve POCDs



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Childrens Services

- Participation in the National 111 Paediatric Pilot, placing consultant paediatricians into the Clinical Support Hub to support weekend response across North Wales
- Children's services leads are working in close collaboration with colleagues in Local Authorities and third sector to ensure sustainability of essential children's services during the winter period.
- There is close collaboration with the North West paediatric and Neonatal networks as well and information regarding SitReps is shared through this route.
- Paediatric RSV planning continues along with daily dashboards to support demand and capacity
- North West and North Wales Paediatric transport service (NWTS) resilience plan in place for surge capacity
- Surge planning in conjunction with IHCs to ensure capacity for paediatrics
- Business continuity planning in place to support reduction in staffing and capacity due to Infection Prevention issues
- Capacity escalation SOP in place to manage surge



WORKFORCE CONSIDERATIONS & WOMENS SERVICES

Workforce

- Advanced rota planning and compliance check during 1st week of December – planning for bank holiday weekends
- Pre-planned capacity of social care leaders through the core seasonal holiday period
- Active bank capacity testing to enable short notice prioritisation of cover
- Wellbeing considerations enhanced – particularly in safety system pinch points eg Emergency Department
- Winter touchpoints with Trade Unions
- On-call support review particularly during 22 December to 8th January 2025
- Senior leadership prioritisation from 1st Dec to end of Jan to include high visibility / high presence
- Workforce risks will be monitored at site and system calls.
- Planned risk of healthcare industrial action is low risk

Women's services

- Winter Business Continuity Plan and Staffing Plan in place and regularly reviewed
- Ability to support the implementation of the Six Goals for Urgent and Emergency Care
- No PPE issues reported but will remain closely monitored
- Managing BAU demand and flow
- Reviewing and promoting vaccination uptake
- Emergency Gynaecology Unit/ Early Pregnancy Assessment Unit operational 5 days a week 0900-1700 across all 3 sites
- Francon (West) template increased to 17 to support Site
- All Gynaecology Wards supporting Site with appropriate outliers



Safe Systems, Oversight & Escalation

- ❑ COO led safe system coordination with “go live” from 25 November
- ❑ System Resilience Hub to support System Lead from 2nd December with review and anticipated step down 31 March 2025
- ❑ Dedicated System Lead Monday- Friday 8am-6pm to manage escalations and ensure consistent approach
- ❑ 4 hour ambulance handover escalation policy implemented – zero tolerance to reduce risk in community
- ❑ Full Capacity protocol – focus on “triggers” and actions to avoid site and system escalation and to support de-escalation
- ❑ Task finish group established to undertake urgent stocktake of escalation processes to review system wide plans and adopt a share risk approach. Triggers and actions which are clinically safe, fit for purpose and applied consistently
- ❑ Review of medical rotas to ensure as robust as possible to reduce medical assessment and congested EDs
- ❑ Interactive and scenario based EPRR/on call training commenced 8 November aimed at Bronze, Silver, Gold on call and clinical site managers
- ❑ COO/CNO led triggered interventions e.g. reprioritisation and redeployment of resources to increase safety during a prolonged period of system pressure
- ❑ Stakeholder engagement and rapid escalation to partners to support timely intervention to enable discharge and admission avoidance
- ❑ Intelligence and Winter Forecasting Cell to feed information through to the System Resilience Hub to inform shared situational awareness pan BCU
- ❑ Critical service areas have surge plans in place throughout the year in readiness to respond to pressure and to ensure general resilience. These have been informed by the weekly tracking of capacity and demand, which assists in identifying growing pressures in the system
- ❑ Use of 4x4 voluntary service to support key and critical staffing during period of extreme weather



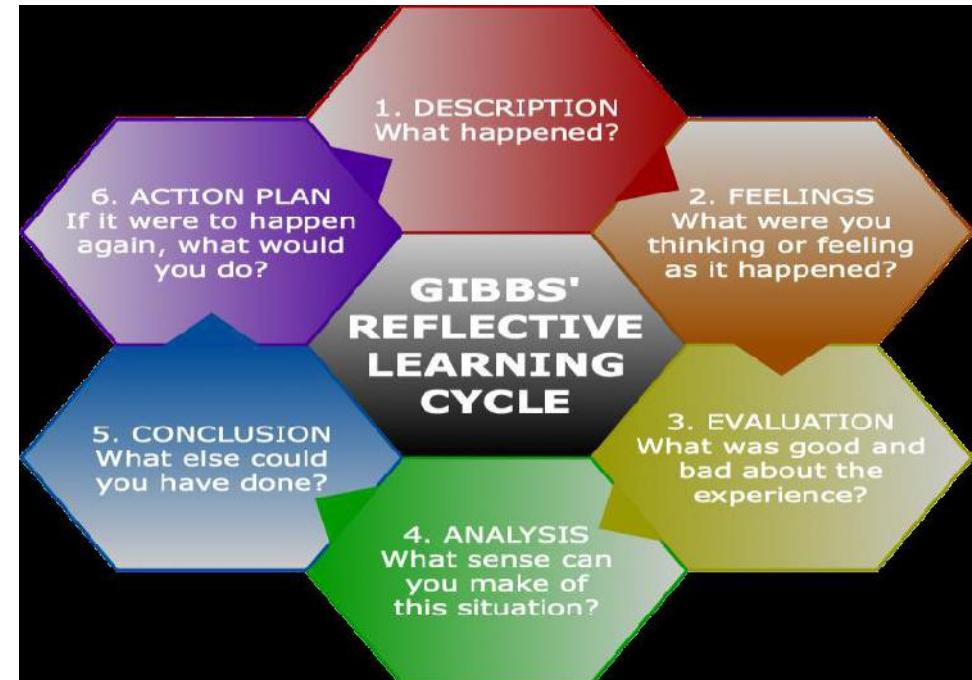
Communication, ENGAGEMENT AND LEARNING

Communication and Engagement

- ❑ We will deliver national “Help Us Help You” campaign throughout the Autumn/Winter, which is aimed at keeping people well and out of crisis, and signposting them to the most appropriate source of care and support when they need it. It also aims to encourage the behaviours required to stop further spread and harm from Flu, COVID-19 and other respiratory infections, including the promotion of vaccine programmes.
- ❑ We will amplify the national messaging and advertising campaign locally, with details of specific schemes and services in place to support our communities and NHS services in the coming months.
- ❑ The Health Board recognises the importance of public messaging to enable individuals to know which service is the right one to meet their needs, particularly in the case of urgent need. We are working in collaboration with partner organisations to ensure consistent messaging and a shared position on current issues. The communications team is supporting the Gold and Silver command structure and proactive messaging is being developed to inform our population of current issues

Dynamic Learning Process

- ❑ Through enhanced Executive and Senior Leader visibility and oversight – a dynamic learning process to be utilised to share immediate lessons learned – to increase safety levels and effectiveness
- ❑ Reflection Learning process to be undertaken in the Spring.



Core Risks to Delivery – as of October 2024



WINTER RISKS UPDATED OCTOBER 2024

Risk Title	Overview	Likelihood Oct 24	Impact Oct 24	Mitigation
Increase in Covid-19	Threat of an increase in the prevalence of Covid-19 in the community affecting primary care services and admission rates			Vaccinations Robust vaccination strategy/programme Winter & Surge Plans Local Options Framework
New vaccine evading variant of Covid-19	Threat of new variant of concern resulting in a surge of cases Threat of new vaccine-evading variant			Winter & Surge Plans Local Options Framework
Rise in other respiratory viruses	Threat of an increase in seasonal influenza, RSV and other respiratory viruses			Robust vaccination strategy/programme Respiratory guidance Use of respiratory pathways Winter and surge plans
Increased waiting times in ED's/delayed handover times.	Pressures on the NHS and social care, which typically increase during the winter months including increased waiting time in ED's and delayed ambulance handovers			Seasonal planning embedded Winter plans updated Daily risk huddles Utilisation of SDEC/111/UPCC to reduce attendances in ED's.
Increased pathway of care delays	Pressures on the NHS and social care resulting in increases in pathway of care delays			Seasonal planning embedded Winter plans updated Daily risk huddles CAC priorities System letter to RPB's from HSCEY DCE

WINTER RISKS UPDATED OCTOBER 2024 Continued...

Risk Title	Overview	Likeli- hood Oct 24	Impact Oct 24	Mitigation
Extreme temperatures (low or high)	Extreme temperatures can put additional demand on H&SC services. Risk of increased illness and excess deaths			LRF and all-Wales Civil Cont/emergency response plans NHS business continuity and severe weather contingency plans PHW public messaging
Emergence of other serious communicable diseases	Risk of a high consequence infectious disease (HCID) - typically has a high case-fatality rate, may not have effective prophylaxis or treatment, often difficult to recognise and detect rapidly, ability to spread in the community and within healthcare settings			Mpox exercise held in September for NHS Wales – awaiting formal lessons identified. PHW/WG chairing HCID preparedness group Seasonal planning is a feature of the statutory NHS planning processes in place
Workforce pressures in health and social care due to high vacancy rates and staff sickness.	Winter normally provides its own series of challenges for the sector which can range from staff shortages due to illness or travel disruptions due to inclement weather conditions			HB&T working through contingency plans HB/T reviewing recruitment strategies to reduce internal competing for staff. Local Options Framework and impact assessment
Cumulative effect of risks on population health	Impact of rising energy costs, potential disruptions to gas and electricity supply, the rising costs of living and the likelihood of multiple risks occurring at the same time			5ppm increase has been agreed in social partnership NWSSP - timely payments in place

WINTER RISKS UPDATED OCTOBER 2024 Continued...

Risk Title	Overview	Likelihood Oct 24	Impact Oct 24	Mitigation
Increased urgent primary care demand. Increased demand in general medical and dental services, as well as issues caused by extra demand on mental health service	<p>Threat of an increased demand on GP and dental practices and for appointments.</p> <p>Citizens unable to be seen by a GP, dentist or other Primary Care clinician are likely to seek care elsewhere in the system</p>			<p>Escalation framework</p> <p>Regional Integrated funds and national GP funds in place to support additional capacity.</p> <p>Guidance for dental check-ups updated</p> <p>Increased access to support incl online CBT and the CALL mental health helpline</p> <p>111 press 2 for mental health</p>
Disruption to the electricity/gas network - Power and gas outages	<p>Risks around energy supply</p> <p>Residents not able to heat homes or cook at certain times of the day</p> <p>Some medical equipment/supplies that relies on electricity</p>			<p>HB&T working through contingency plans.</p> <p>Pathways in development to prevent conveyances</p>
Community care home capacity and sustainability	<p>Rising costs could mean that care homes may close</p>			<p>Further, Faster</p> <p>Care Action Committee priorities</p>

WINTER RISKS HEAT MAP UPDATED OCTOBER 2024

Risk	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Increase in Covid-19	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
New Covid-19 variant	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Respiratory infections	Orange	Orange	Orange	Red	Red	Red	Orange	Orange
ED / Ambulance handover delays	Orange	Orange	Orange	Red	Red	Red	Orange	Orange
Pathway of care delays	Orange	Orange	Orange	Red	Red	Red	Orange	Orange
Extreme weather	Green	Green	Orange	Red	Red	Red	Orange	Green
Industrial action	Green	Green	Green	Green	Green	Green	Green	Green
Serious communicable diseases	Green	Green	Orange	Orange	Orange	Orange	Orange	Orange
Workforce pressures	Orange	Orange	Orange	Red	Red	Red	Orange	Orange
Population health impacts	Orange	Orange	Orange	Red	Red	Red	Orange	Orange
UPC demand	Orange	Orange	Orange	Red	Red	Red	Red	Red
Gas/Electric supply disruption	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Care home sustainability	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Overall risk picture	Orange	Orange	Orange	Black	Black	Red	Red	Orange

Teitl adroddiad: <i>Report title:</i>	Annual Delivery Plan Quarter 2 Update			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	28 th November 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an overview of progress against the Quarter 2 deliverables within the 2024/25 Annual Delivery Plan. This includes Special Measures deliverables due during this period.			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • RECEIVE ASSURANCE on the progress made during Q2 along with the challenges highlighted • APPROVE the change controls outlined within the paper 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Portfolio Office			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To support the Annual Plan and Special Measures			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable			

Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: <i>Next Steps:</i> Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices: Appendix 1: Quarter 2 2024/25 Monitoring Report Appendix 2: Change Control – Amendments to 2024/25 Annual Delivery Plan	

HEALTH BOARD 28 November 2024

Annual Delivery Plan Q2 Update

Introduction

This report presents a summary of progress made during Quarter 2 (Q2) of this year's Annual Delivery Plan. It provides an overall summary of progress made during the quarter and highlights areas where challenges remain. This is supplemented by detailed assurance statements in Appendix 1.

Quarter 2 Progress

The 2024/25 Annual Delivery Plan contains 106 deliverables that were due to be completed during Quarter 2, all set within the context of the 5 previously agreed Strategic Objectives. This number includes 13 deliverables rolled forward that were not fully completed as planned by the end of Q1.

The following summary table provides an overview of progress.

Strategic Objective	Completed Deliverables	Completed within 4 weeks of the end of Q2	Not completed within 4 weeks of the end of Q2	Total
1: Building an effective Organisation	17 (74%)	1 (4%)	5 (22%)	23
2: Developing Strategy and long-lasting change	13 (87%)	0 (0%)	2 (13%)	15
3: Creating compassionate culture, leadership and engagement	7 (100%)	0 (0%)	0 (0%)	7
4: Improving Quality, Outcomes and Experience	36 (65%)	0 (0%)	19 (35%)	55
5: Establishing an effective environment for learning	2 (33%)	0 (0%)	4 (67%)	6
Overall	75 (71%)	1 (1%)	30 (28%)	106

Table 1 – 2024/25 Annual Delivery Plan Q2 completion overview *includes 13 deliverables rolled forward from Q1

The table shows a completion rate of 71% (75/106) against the deliverables due by the end of Q2. This completion rate is a slight improvement on the Q1 completion rate (Q1 66%), and with significantly more deliverables to complete during Q2 (106 in Q2 compared to 38 in Q1). The organisation will continue to drive improvements in delivery rates as accountability arrangements further embed and mature.

There are 31 deliverables that did not complete within Q2 as planned, including one – the appointment of the Director of Environment – that has since completed within a few weeks of the quarter. All other overdue milestones remain uncompleted and mitigation plans are being worked through to ensure as many as possible are complete by the end of December. The full breakdown is available in Appendix 1.

Within the 71% delivery rate there are several highlights to draw out.


- Continued strong focus around governance has seen a number of key appointments made at a senior level which strengthen arrangements going forward. This is augmented by further progress to embed the Board Assurance and Risk frameworks and, along with a review of reporting to Board, Committees and the Executive Team
- This quarter has also seen strong progress towards an Electronic Health Record (EHR). Funding has been approved for a Mental Health EHR which will be a precursor to an organisation wide EHR with the intended aim of providing Great Care, Every time. Detailed delivery plans are in place following the first Programme Board.
- Good strides being made with the revised Planning process, as part of strong overall progress in Objective 2 (87%)
- Community engagement and partnership work has progressed well. This has been supplemented by significant work around the Children's charter, improving the voice of young people in shaping our services via the development of a Youth Voice Board
- The Culture Change programme is beginning to take shape within the organisation with work on the Values and Behaviours Framework progressing following significant consultation and feedback
- Following initial challenges the work to implement Teledermoscopy commenced during this Quarter with a soft launch that is being incrementally built upon. Appointments to clinical lead posts will enable further building of this service.

It is evident that a number of the challenges to delivery are within Strategic Objective 4 (Improving Quality, Outcomes and Experience) with two thirds of the uncompleted deliverables being within that strategic objective category. In interpreting this it should be noted that strategic objective 4 is the largest objective by breadth, volume and complexity.

In terms of a focus for improvement, addressing our challenges within Urgent and Emergency Care, along with the Planned Care issues within challenged services will have the greatest impact upon improving completion rates and outcomes for our population. Further details against each deliverable are included at Appendix 1.

▪ Special Measures

As previously reported, Special Measures priorities have been amalgamated into the Annual Delivery Plan during 2024/25 to provide a single integrated approach to Health Board Planning. These items remain identifiable within the plan and where appropriate these are drawn out to support specific meetings with Welsh Government.

Of the 106 deliverables 52 relate directly to Special Measures areas. These are denoted within Appendix 1 with the  icon. 33 (63%) of these have completed, including a number that fall within strategic objective 4.

Constructive discussions continue with Welsh Government colleagues regarding the de-escalation framework and areas of potential de-escalation.

▪ Performance Reporting

Throughout the last 18 months there has been a focus upon evidence of action leading to assurance of impact, and the approach has evolved incrementally. In the last quarterly update an alignment was made with the Integrated Performance Report, with the Appendix signposting to the relevant section to avoid duplication. This report seeks to build upon that approach introduced last time.

The outcomes of this work are all fed into a series of Directorate Performance Reviews, as part of implementation of the Accountability arrangements within the Performance Framework. Furthermore, the Planning process for 2025/26 has also been refreshed to further strengthen this approach, including the introduction of Planning 'Pods'. These Pods are multi-professional teams who will ensure synergy of input across corporate teams and support executive leads with the provision of planning cycle assumptions from the respective areas. This will include being clear up front on the outcomes required and then developing a clear programme of work to deliver those outcomes.

With the arrival of the new Director of Performance and Commissioning during October the progress made with this approach to date will be reviewed and refined, including building upon reporting arrangements against the de-escalation framework.

▪ Change Control Summary

In line with established processes, requests for change are assessed to ensure that the planning process remains agile and aligned to the latest organisational priorities. The Board are asked to provide final approval to these decisions.

The following table summarises the one change that has been given interim approval during this period and further detail of the change is supplied at Appendix 2.

Number of changes	Summary and Rationale for Change
1	Merging of 2 milestones to better clarify how local plans have been structured to meet the national strategy



▪ Recommendation

The Health Board is asked to:

- **RECEIVE ASSURANCE** on the progress made during Q2 along with the challenges highlighted
- **APPROVE** the change controls outlined within the paper

Appendix 2: Quarter 2 2024/25 Monitoring Report

Key:	Completed	Completed within 4 weeks of the end of Q2	Not completed within 4 weeks of the end of Q2
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Delivery Objective Ref	SRO	Delivery Objective Action	Assurance Rating	Assurance Statement
1A Board Effectiveness 	Carol Shillabeer	1A.1 Complete substantive recruitment of Executive members of the Board		Strong progress has been made across a number of posts although is yet to fully complete. Interviews have taken place during October for the Director of Environment, Chief Operating Officer, and the Director of People. The Director of Performance and Commissioning has also taken up post during October, and a recruitment exercise for the Director of Finance posts is due to commence shortly.
	Pam Wenger	1A.4 Review the approach to the Board Assurance Framework and Risk Management Framework, under the leadership of the recently appointed Director of Governance		The approach to the Board Assurance Framework (BAF) and Risk Management Framework has been reviewed and is fully supported by the Director of Corporate Governance. This was presented to the Executive Team in August.
1C Operating Model 	Carol Shillabeer	(Q1) 1C.1 Complete the wider stock-take of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally to understand benefits and issues		The wider stock-take of the Operating Model has been completed, and the findings have been used to develop an Insights report. The report, which incorporates feedback from both internal and external stakeholders, will be shared with the organisation during October, once finalised by the CEO. The programme is now moving into the design phase.
		(Q1) 1C.2 Assess the Business Partnering model across the organisation, drawing together proposals for revision where necessary		The Discovery/Insights report is complete and this work incorporates an assessment of the Business Partnering model. This work will be built upon during the next phase.
	Carol Shillabeer	1C.3 Develop proposals for any revision to the current Operating Model, considering a careful approach to supportive change		Several workshops have been held to develop a revised operating model, with additional sessions scheduled. The discovery phase has concluded with proposals on how to proceed and this has now moved into design phase, with the scope of the work being defined. This includes ensuring that the work does not focus exclusively on structures but also includes broader requirements around culture, people and processes.
	Nick Lyons	1C.4 Review and revise where necessary the clinical leadership model in the organisation, drawing in the learning		The clinical leadership model is being reviewed as part of the broader programme of work around Culture, Leadership and Engagement. Enabling actions are being undertaken to build a stronger clinical leadership and engagement approach, with 26 delegates confirmed onto the Clinical


		from the Rapid Review of (Clinical) Engagement, to build a stronger clinical leadership and engagement approach		Leadership Programme. A number of absences in the Office of the Medical Director have affected the pace of delivery and further work is required to integrate the learning from the Rapid Review. However, a clinical leadership conference is planned in November and this will be a key building block towards the revised model, which is likely to take until Q4 to conclude.
	Dylan Roberts	1C.5 Identify opportunities for greater efficiency through using digital tools e.g. Microsoft Office 365		Opportunities for greater efficiency have been identified and plans mobilised via the Floor Walking team to work with end users to realise these benefits. These are supplemented by the deployment of Power Apps to facilitate programme management in the Health Board along with a learning portal for the organisation. Further efficiencies are planned in the next financial year when the national team at DHCW are able to deploy additional resources to support.
	Russell Caldicott	1C.6 The Health Board will monitor the effectiveness of the Integrated Performance Framework, making revisions where necessary to reflect learning and to ensure it remains aligned to the Health Board's corporate governance structure and Operating Model changes		The Performance Framework remains under continuous monitoring regarding effectiveness to ensure continued alignment and oversight. The new Director of Performance and Commissioning commencing during October provides a specific opportunity to further assessment.
1D Performance and Accountability Framework 	Russell Caldicott	1D.1 The Health Board will continue to fully implement the Integrated Performance Framework, enhancing the capability of the organisation, and individuals, to manage performance		The Health Board has endorsed the Integrated Performance Framework and is actively assessing delivery through regular meetings, including the Integrated Performance - Executive Delivery Group. Local metrics have been developed and are included in reports to the Performance, Finance, and Information Governance Committee and the Health Board to enhance the capability of the organisation and individuals to manage performance.
	Pam Wenger	1D.3 The Health Board will review and redesign the approach of reporting through Executive Team, to Board Committees and to Board to further enable openness, transparency, accessibility, analysis, and a focus upon improvement		A revision and redesign of the approach to reporting has taken place and these are expected to promote greater openness, transparency, accessibility, analysis, and a focus on improvement.
1E Value and Sustainability	Russell Caldicott	(Q1) 1E.1 Agree a programmed approach within the Health Board to oversee Value and Sustainability during 2024/25, ensuring this is configured to fully encapsulate the learning from the national Value and Sustainability Board		The internal BCUHB Value & Sustainability (V&S) programme is aligned with the national approach and its key themes. Operational workstreams are active across five key areas, although Clinical Variation is currently paused pending new clinical leadership. A review of the programme has been completed following the appointment of a Programme Director. A new V&S Operating Framework and Programme Initiation Document (PID) is in development and will be shared during October. *See Pages 13 and 55-58 of the IPR for financial performance
		1E.2 Continue to embed the principles of Value Based Health Care into all decision making throughout the Health Board		Value-Based Healthcare (VBHC) principles have been successfully incorporated into the 3-Year Plan and Annual Delivery Plan. A web-based Value and Sustainability learning module, developed in collaboration with HEIW Gwella, is now live on the Leadership Portal. This training is integral to the


				<p>new Integrated Leadership Development Framework, promoting VBHC concepts throughout the Health Board.</p> <p>*See Pages 13 and 55-58 of the IPR for financial performance</p>
		1E.3 Identify a clear and forward looking programme of work within the Annual Planning Cycle that incorporates Value Based Health Care within the Health Board		<p>The Value-Based Healthcare (VBHC) Programme has been formally integrated into the Health Board's annual planning cycle and aligned with internal governance and change management processes. Reporting is now embedded within the organisational portfolio and national frameworks, with quarterly updates provided to relevant bodies. The programme has received recognition through an in-year Internal Audit, and an implementation paper has been submitted for Senior Responsible Officer's (SRO) approval to further enhance governance and establish future funding mechanisms.</p> <p>*See Pages 13 and 55-58 of the IPR for financial performance</p>
1F Legislative Improvements	Jason Brannan	1F.1 Undertake a comprehensive gap analysis that informs a clear Health and Safety Improvement Plan approach		A gap analysis has been completed and has been linked to the Health and Safety objectives strategy.
		1F.2 Review the programme of Health and Safety training across the Health Board, and engaging with managers to enable the right level of support to improve health and safety practice, including the Managing Safely course and the Leading Safely course for Executives and senior managers		NEBOSH accredited training courses have been introduced across the Health Board and continued with area specific H&S training. Courses have also been identified for Executive leaders to attend when Executive team appointments are finalised.
		1F.3 Review the effectiveness of rotational support visits from Health and Safety Advisors to individual areas across the Health Board, revising approaches where necessary		A review has taken place and a programme of Health & Safety visits has been set for the year. This is linked to Key Performance Indicators for team members and is monitored bi-weekly, with revisions made as appropriate.
		1F.4 Develop systems that identify, record and provide focused and escalated support to areas that require the greatest improvement		Mechanisms are in place to identify areas of challenges. The Health and Safety advisors have subsequently been deployed to a number of areas where problems have been identified.
1G Workforce Planning	Jason Brannan	1G.1 Undertake a review of current workforce establishment numbers, and supported by principles against which workforce planning will occur going forwards. This will provide the basis upon which all other priorities will build		<p>Following some initial delays in allocating resource to undertake the review, work is now progressing with adequate resources in place. With the necessary support now in place, the project is now well-positioned to move forward to achieve its objectives and is expected to be back on track and complete by the end of Q3.</p> <p>*See Pages 11 and 12 and 51-53 of the IPR for workforce performance</p>

		1G.2 Design an organisational 'Approach to Workforce Planning', building on the already established 6-step approach of HEIW. The Health Board will systematically assess services against the workforce planning approach, starting with 'challenged' services. Each 'challenged' service will have an agreed workforce plan		<p>Progress in this area has been hampered by resource limitations. People Business Partners are undertaking regular discussions with managers and departments and there is additional focus within the People Services team. Further work is required however, and a dedicated Workforce Planning lead is due to start in October, which will begin to address this issue and develop the required approach.</p> <p>*See Pages 11 and 12 and 51-53 of the IPR for workforce performance</p>
		1G.3 Strengthen partnership work with Health Education and Improvement Wales (HEIW) and focus on key 'challenged' services to identify and build strategic approaches		<p>This objective has also been hampered by resource limitations and will similarly be addressed by the appointment of a dedicated Workforce Planning lead commencing in October. The work is expected to be completed by the end of Quarter 4.</p> <p>*See Pages 11 and 12 and 51-53 of the IPR for workforce performance</p>
	Nick Lyons	1G.13 Ensure a focus on consultant and speciality (SAS) doctor job planning.		<p>Focus is being maintained towards delivery of this objective by the revision of the draft job planning policy following consultation with the British Medical Association (BMA) and the Local Negotiating Committee (LNC). The CEO has also commissioned Internal Audit to undertake a review of the Job Evaluation process. This incorporates job planning findings to identify current gaps in controls and assurances.</p> <p>*See Pages 11 and 12 and 51-53 of the IPR for workforce performance</p>
1I Welsh Language	Teresa Owen	1I.1 Encouraging staff to make the most of the opportunities that improving Welsh language skills can provide within work and within their local communities		<p>Progress continues in an iterative fashion with the Work Welsh Scheme for 2024/25 ongoing, and staff being encouraged to explore opportunities to improve Welsh Language skills in the workplace. Further work will continue in the second half of the with the re-introduction of Welsh language lessons follow team capacity issues.</p>
1J Decarbonisation	Carol Shillabeer	1J.1 Appoint to the post of Director of Environment		<p>The post was appointed to during October, just outside the reporting period.</p>
2A 10 Year Strategy	Chris Stockport	(Q1) 2A.4 Agree a schedule of 'what matters' conversations focused upon what has been identified above, and an understanding of successful service developments undertaken elsewhere that have helped to address similar issues		<p>The 'what matters' conversations have been concluded, including a review of approaches from elsewhere within the UK, and through guidance from the BCU Communications Department. The main schedule for 'what matters' conversations is contained with the Board Development Presentations. Following consultation on the design principles this work will now be concluded.</p>
		2A.5 Undertake conversations as scheduled, continually evolving the conversations based upon what has been heard in earlier events		<p>A series of conversations with a variety of stakeholders have occurred as scheduled, including at a Board Development session, and the findings will inform future work.</p>


		2A.6 Collation of a high level summary of findings, and commence identifying the key strategic opportunities to test with stakeholders		A series of inputs have been captured, including an Executive Team workshop, testing with the Stakeholder Reference Group, and a further session with the PPHP committee. A strategic plan was also discussed at a Board Development session in July. Work to collate all the findings is yet to fully conclude and will complete during Quarter 3.
2C Commissioning	Carol Shillabeer	2C.1 Appoint a Director of Performance and Commissioning, with specific experience of whole system NHS commissioning		The Director of Performance and Commissioning was appointed during the Quarter 2 as intended and has since taken up post on the 21st of October.
2D Capital Priorities – supporting change to happen	Russell Caldicott	2D.4 Estate disposals. In 2024-25 the Health Board will identify an approach that enables the Board to consider disposal of estate that is no longer fit for purpose or required		The Estates Disposal Programme has been agreed and is progressing as planned with the commissioning of a consultant to conduct a 6-facet survey of the estate. This survey covers physical condition, statutory compliance, space utilisation, functional suitability reviews, quality audits and environmental management audits. This will provide key insights to support the operational strategy within IHC's and the wider Estates Strategy, facilitating the rationalisation of the estate.
		2D.5 Wrexham Maelor Continuity Programme		The next steps for the programme have been agreed, with Phase 1 and Phase 2 approaches now approved by the Board. The scheme is being implemented in phases, following the agreed approach. The process of finalising and revising costs are progressing with a planned resubmission of the full business case to Welsh Government in late 2024/25.
2E Digital, Data and Technology	Dylan Roberts	2E.1a Electronic Healthcare Record (EHR). The Health Board will work with stakeholders across BCU and Wales to develop and secure agreement for investment in an Electronic Health Care Record (EHR) transformation. Due to the safety concerns in Mental Health the Health Board will commence the securing of funds and accelerated procurement and implementation of a tactical Mental Health specific EHR starting in 2024		Funding has been secured for the development of the outline business cases for both the EHR and Mental Health EHR. The EHR programme has a detailed delivery plan in place, though long-term funding remains a risk. For Mental Health, funding has been approved, and procurement is advancing.
		2E.2 Optimisation of current capabilities. The Health Board will deliver a plan to optimise the use of current systems and capabilities to deliver the most value for patients and clinicians, mitigating the risks associated with duplication of systems and processes		Work on the Architecture is progressing, with external Architects commissioned to support and deliver this key work package. Milestones and deliverables have been agreed, and the application portfolio review has led to decisions on the future use of key systems. Additionally, the formation of an Optimisation, Training & Floor Walking Support Team is advancing well, with staff identified for transfer into the team based on their expertise.
2F Prioritisation	Chris Stockport	2F.1 Refresh current Prioritisation Framework approach used within the Health Board, to incorporate local learning gained during 2023-24 and the		The refreshed Prioritisation Framework has been updated to incorporate learning from Major Change Programmes, processes within DDAT, along with other NHS organisations such as Swansea Bay Health Board. This revised framework has been co-designed to align with current practices in planning, risk, and performance, addressing concerns raised by users.

		learning and approaches in place in other NHS organisations.		
		2F.2 Formalise the refresh into an approvable Prioritisation Policy for the Health Board		The Framework outlined in objective 2F.1 has been assessed as sufficiently addressing the requirements in this area, and the approach is commensurate with other areas of the organisation.
2G Effectively Delivering Major Change	Chris Stockport	2G.2 Finalise and agree the process of regular review of the major change portfolio to ensure it continues to be focused upon the areas when this approach offers greatest value, and with regular reporting of impact		The process for the regular review of the major change portfolio has been finalised.
2H Strengthening Planning 	Chris Stockport	2H.2 Undertake further work with staff and stakeholder to refresh the design of the planning system in the Health Board. This will build upon the Integrated Planning Framework. This will specifically include building operational planning capacity		The revised planning process, endorsed by the Board in September, is fully aligned with the Integrated Planning Framework. It was subsequently launched in October, accompanied by additional guidance and resources, and this will support the refresh of the planning system within the Health Board. Q&A sessions have also begun and these will facilitate ongoing learning and feedback, thereby enhancing operational planning capacity among staff and stakeholders.
		2H.3 Undertake a review of current and future commitments, drawing out the planning capacity needed to plan and implement it. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed and compliance with those controls to include approval of contracts and appropriate segregation of duties		A review of corporate planning capacity has been completed to assess current and future commitments. The assessment identified the need for additional resources to fulfil the Health Board's strategic commitments, and plans are currently being explored to address this.
2J Early identification and support of challenged services	Nick Lyons	2J.3 Taking the activities above, commence a clear triangulation approach in the Health Board that is designed to identify challenged services at an earlier point		A clear governance structure is in place to provide a triangulation approach, which is continually strengthened via the Integrated Performance Report. This pulls together Quality, Access, People and Finance and identifies challenged services and monitors their performance to identify service challenges as early as possible. This also includes a section summarising areas requiring escalation for committee members. This approach will need to continually iterate over time.


		2J.4 Engage with the national work looking at 'fragile' or 'challenged' services that forms part of the work programme of the clinical variation and service configuration workstream within the Value and Sustainability Board work		The internal BCUHB Value & Sustainability (V&S) programme is aligned with the national approach and its key themes with operational workstreams active across the five key areas. The Clinical variation workstream has been inhibited by gaps in senior medical staff and the planned work in this area has therefore been delayed. New clinical leadership for this area is currently being identified.
3A Compassionate Leadership and OD 	Jason Brannan	3A.1 Develop and commence the implementation of the Cultural Change Programme		Implementation has commenced and feedback on the first draft of the refreshed values and behaviours framework has been received and incorporated into a second iteration. This will be shared with the Organisational Development Group for review, before wider consultation and engagement which will culminate into a final presentation to the Board in November. This programme of work now features heaving as part of the Operating Model Major change programme, as part of continual alignment of key activities. *See Pages 11 and 12 and 51-53 of the IPR for workforce performance
		(Q1) 3A.2 Approve and implement the organisation's Leadership Development Framework		The implementation will continue over the next 18 months, ensuring structured support and development throughout the organisation. *See Pages 11 and 12 and 51-53 of the IPR for workforce performance
3B Citizen Engagement	Helen Stevens-Jones	3B.1 The Health Board will build a wide-ranging engagement programme with communities across North Wales, providing opportunities to ask questions and find out more about the plans for the future		Board engagement events have been delivered which have provided valuable opportunities to promote services, offer advice and support, and gather feedback from the community.
3C Being a Good Partner	Helen Stevens-Jones	3C.1 The Health Board will review attendance at Regional Partnership Board (RPB) and Public Service Boards (PSBs) to ensure that attendees have the required delegated authority to allow consistent attendance and prioritisation of, and effective contribution and decision making in, those for a		The current governance arrangements for the Regional Partnership Board (RPB) and Public Service Boards (PSBs) have been reviewed and updated.
		3C.4 The Health Board has already adopted a refreshed approach to using the Stakeholder Reference Group for advice and guidance as early as possible, with discussions including the contents of		Good progress has continued to be made with the Stakeholder Reference Group (SRG) and the group is increasingly sighted on work at an early stage, enabling the group to contribute to and influence change. This includes a recent session around Urgent and Emergency Care where the group inputted into the ongoing development of plans.


		this three year plan, and on the next phases of special measures. The Health Board will continue to grow this approach with the Stakeholder Reference Group during 2024-25		
	Pam Wenger	3C.2 The Health Board will review internal governance processes to ensure that, where possible, they dovetail and complement RPB and PSB governance processes to allow timely decision making, whilst still maintaining appropriate internal scrutiny		A review of internal governance processes has been undertaken jointly between the Director of Governance and the Director of Partnerships, Engagement and Communication. This ensures alignment with the Regional Partnership Board (RPB) and Public Service Boards (PSBs) governance. The resulting report was reviewed by the Executive Team and next steps include communication updates, governance oversight, and development of a coordinated reporting timetable.
	Chris Stockport	3C.5 The Health Board will continue to make improvements in involving Local Authority colleagues in the creation of our operational and strategic plans, including our Annual or 3 year plans		The Health Board's engagement strategy has focused on strengthening links with Local Authorities through Public Service Boards and involvement in Health Board committees. These efforts, including partnerships with Third Sector organisations, are facilitating collaboration in creating regional plans, aligning with the 24/25 planning cycle.
4A Patient Experience 	Angela Wood	4A.1 Expand the offer to patients to complete Patient Experience questionnaires during, or immediately after Emergency Department visits. This will include the use of SMS text invites building upon the learning from outpatients		A range of approaches are used to expand the offer to patients. The use of the Patient Advice and Liaison Service (PALS) during visits is a key strand and a recent unannounced Health Inspectorate Wales inspection of Ysbyty Glan Clwyd's ED highlighted good practice in regard to the work of the PALS team and was cited as a significant improvement. There are some challenges being experienced with regards to SMS technology however local solutions have been implemented via fixed kiosks at each Emergency Department. *See Pages 5 and 6 and 23-35 of the IPR for Quality Performance
4B Prevention	Jane Moore	4B.2 Immunisation. The Health Board will continue to reduce variation and improve uptake of immunisations across the life-course, encouraging local teams to signpost patients, staff, families and carers to trusted sources of information on immunization. Currently, Board is delivering targeted campaigns for increased delivery of MMR vaccination levels cases of Measles are on the increase and the Health		The Health Board is in the process of implementing the Influenza and COVID-19 vaccination plan for 2024/25. Measles briefings have been completed, recorded for staff and supported by vaccination uptake campaigns. MMR vaccinations and teenage boosters are ongoing. The Health Board reports high confidence in ongoing campaigns aimed at increasing vaccine uptake.
		4B.3 Well North Wales and associated programmes. The Health Board will continue to develop the framework that		The Board has approved a paper which serves as the model for the Well North Wales initiative, fulfilling the objective of establishing a framework for promoting community health. This includes the integration of the Inverse Care Law recommendations into the Well North Wales report and the



		makes the case for keeping people healthy utilising outcomes from the ICL workshops to work with partners to develop system approaches to delivery of wellbeing solutions in our communities		approvals of the Arts in Health Strategic Plan.
4C Primary Care and Early Intervention	Chris Stockport	(Q1) 4C.2 Develop the Primary Care 'same day' offer, to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units		An urgent emergency care review workshop was held in September which will inform the scope of this work. Further workshops are planned to design new alternatives. In the meantime existing services continue, including Urgent Primary Care Centres in the West and East, along with Community Pharmacy schemes across north Wales.
		4C.3 Continue to develop a pathways of care approach, working with primary care professionals to ensure they have access to the resources they need so that secondary care referrals only occur where they will add value to the patient		Work in this area continues to evolve in an iterative manner with a wide range of activities underway.
		4C.5 Continue work to improve access to primary care dentistry		Work is underway on a procurement exercise for circa £5m across General Dental Service (GDS), Oral Surgery, and Orthodontic provision in north Wales, with documentation signed off by the Health Board. Confirmation of available funds within the GDS budget has been provided by the Chief Finance Officer, and the tender is live and set to close during October.
		4C.7 Progress our strategic approach to a mixed model of primary care that supports contractors to remain independent contractors, and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research		The strategic approach continues to progress. The Strategic Programme for Primary Care (SPPC) is steering the direction of travel which is then overseen by the newly formed Primary Care Board. A mixed economy is being promoted as the way forward and Governance, Assurance and Accountability arrangements have been put in place for Health Board managed practices.
		4C.8 Implement the new GMS Contract Assurance Framework		The new GMS Contract Assurance Framework has been developed using data from electronic submissions from GP Practices and national databases. An initial awareness session for BCUHB staff, led by the Director of Primary Care Contracting & Commissioning, was successfully conducted in April 2024 to support the implementation process.
		4C.10 Continue to develop proposals that address areas of poor primary care estate impacting upon care delivery, including the proposals currently progressing in		Work is ongoing to progress schemes aimed at improving the primary care estate. Progression is evident across all schemes with each project at different stages. The Strategic Outline Case (SOC) for the Holyhead Health and Wellbeing Centre has been approved by PFIG and submitted to the Board.

		Penygroes (Canolfan Lleu), in Conwy West locality, in Bangor, and in Holyhead		Approval from BCUHB Executives has been obtained to proceed with the Waunfawr Business Justification Case, with work now underway.
4D Community Care and Clusters	Chris Stockport	4D.3 Continue developing community-based support and engagement approaches for people living with dementia and their carers		Through a north Wales regional approach, regional partners have established a comprehensive foundation of community-based support and engagement for people living with dementia and their Carers. The implementation of the north Wales Memory Support Pathway, Dementia Centres, specialist roles, and additional funding for transport support aligns with the objective to further develop these approaches.
		4D.4 Increasing implementation of the Discharge to Recover then Assess (D2RA) model [1], focusing upon what matters most to the individual, maximising recovery and independence and reducing the over prescription of statutory services		The implementation of the D2RA model has progressed as planned. Significant advancements include the development of the D2RA dashboard, enabling operational teams to access live data for quality assurance, compliance checks, and performance monitoring. Monthly national reporting and local data cleansing processes have also been established, alongside increased training and education initiatives. Additional resources have been recruited to support the ongoing development under the 6 Goals Programme, with the revised hospital discharge policy on track for implementation.
		4D.10 Commencing the implementation of enhanced community service provision to support older patients in the region		A review was held with national leads in September to assess the Health Board's offer and provided a collated assessment of the position. Relevant data and insights have been gathered which have informed the resulting implementation.
4E Planned Care 	Nick Lyons	(Q1) 4E.1 Focus upon delivery of the ministerial priority to reduce long waits for Planned Care by focusing additional WG support in those areas with the longest waits, by identifying variation across the Health Board and variation with GIRFT best practice		Performance meetings, led by Executive Director of Finance (EDoF) and the CEO, have shown measurable improvements. A dedicated fund supports Waiting List Initiatives (WLI), enabling Integrated Health Communities (IHCs) and specialties to request resources. The EDoF also holds weekly meetings with Planned Care to monitor and address variations in care across specific services. *See Pages 7-10 and 40-45 the IPR for Planned Care performance
		(Q1) 4E.3 Do further work to validate waiting lists in order to have a more accurate position of current demand, recognising that patient requirements can change whilst on waiting lists		The validation team are reviewing all duplicates within the waiting lists, accurately recording clinical conditions, and speciality operational teams are managing their specific lists. The team have attended WPAS training on waiting list management. Additionally, implementation has commenced of the Chat Bot initiative to be deployed in Orthopaedics. *See Pages 7-10 and 40-45 the IPR for Planned Care performance
		4E.4 Maintain, and in places increase, momentum in applying Getting It Right First Time (GiRFT) recommendations. Planned care areas where GiRFT recommendations are being progressed include general surgery, ophthalmology, urology, gynaecology and orthopaedics,		Improvement plans incorporating the GiRFT recommendations are in place and progressing, and the Planned Care Board is overseeing the development across a number of specialties. The development of a sustainable service model across these specialties will integrate GiRFT recommendations where appropriate. Once developed, these models can be expanded to include initiatives such as High Volume, Low Complexity to further reduce waiting times. GiRFT visits to Orthodontics, Maxillofacial and Restorative Dentistry in November will further increase the pace.

	where there are too many patients waiting long periods for treatment. This will include the roll out of High Volume Low Complexity (HVLC) theatre lists		*See Pages 7-10 and 40-45 the IPR for Planned Care performance
	(Q1) 4E.6 Continue work to address 'challenged' planned care services, including in orthodontics and dermatology. Improvement plans in these areas are covered in more detail under Priority 4J		A Dermatology improvement plan is available demonstrating ongoing, planned improvement efforts. Orthodontics have clear actions plans for the service. Additionally, an internal audit review is expected with recommendations anticipated in the new year. *See Pages 7-10 and 40-45 the IPR for Planned Care performance
	4E.8 Continue to embed use of the redesigned pathways referred to above, which have been focused upon long-term conditions, and which take an end to end approach covering from prevention through to tertiary care where applicable. In addition during 2024-25 the Health Board will continue the implementation of those pathways currently in development, including diabetes, and will review the impact of this approach		Pathways development continues in Breast, Gynaecology, Dementia, Cardiology / Heart Failure, Orthopaedic / MSK, Vascular and Respiratory, with a focus on embedding into practice. Further work is also taking place within IHC's around Pulmonary Rehab, Diabetes, and Asthma service model. This is supplemented by wider work with Public Health to progress the north Wales Diabetes Model of Care and re-engagement with Community Health Pathways Programme. *See Pages 7-10 and 40-45 the IPR for Planned Care performance
	4E.10 The Health Board has made progress in modelling 'Demand' against 'Capacity' (D&C modelling) in planned care, and in factoring in productivity opportunities arising from GIRFT best practice and other benchmarking but recognises that it would be beneficial to further mature our approach to this. During 2024-25 the Health Board will take the opportunity of support from colleagues in NHS Wales to further develop these skills and capacity. This will include local use of the benchmarking data that will be provided to us as part of the work being undertaken by the national Value and Sustainability Board		Work in this area remains a challenge for the Health Board and is overdue. A Demand and Capacity Task and Finish Group is being established to oversee the ongoing development of the Health Board's approach to (planned care) demand and capacity planning. Work to date includes determining trajectories across all stages overlaid with efficiencies, and evaluation of where any additional money could be most appropriately spent. This work is likely to take until Q4 to fully conclude. *See Pages 7-10 and 40-45 the IPR for Planned Care performance
	4E.11 Actively monitor the impact of additional planned care and sustainability		The funding in this area has been carefully managed to ensure maximum value for money. The current position is £16m underspent. Further schemes have been identified with regards to the

		funding support to ensure it makes maximum impact in delivering against planned care ministerial priorities. This includes ensuring that applying principles such as those laid out by GIRFT have been maximised in service areas before committing additional resource		remaining money and a plan has been presented to the Executive Team who will assess the robustness of the plan before approving allocation of funds. Work in this area remains under weekly monitoring with the CEO and Executive Director of Finance. *See Pages 7-10 and 40-45 the IPR for Planned Care performance
		4E.12 Commit to the use of 'Teledermoscopy' technology to improve efficiency within dermatology waiting times and to reduce avoidable travel for patients. Current infrastructure issues are limiting the rate at which the Health Board would like to deploy this. During the coming months the Health Board will reassess this situation to identify any opportunity to expedite deployment		A 'Soft Launch' of Teledermoscopy was undertaken and this is iteratively expanding across north Wales with increasing numbers of patients being seen. *See Pages 7-10 and 40-45 the IPR for Planned Care performance
4F Cancer Care	Nick Lyons	4F.7 In Oncology the Health Board will further develop the sustainable services plan for oncology, focusing upon workforce strategy		A plan has been developed and is in place to sustain the workforce in Oncology. The plans focusses upon long term support whilst also improving recruitment and retention with the aim of addressing the 'vulnerable service' findings. *See Page 40 of the IPR for Cancer Care performance
		4F.7b 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 2024/25		The RTT waiting times remains at greater than 26 weeks and plans are being developed to reduce these waiting times. Progress is being made regarding substantive recruitment however the service remains reliant upon NHS Locums.
4G Urgent and Emergency Care 	Imran Devji	4G.2 Improvements in Same Day Emergency Care Services (SDEC), including improved consistency across the whole Health Board, increased activity in SDEC, and an increase in ambulance attendances directed straight to SDEC		Improvements have been made in this area; however these have been hindered by the bedding down of the SDEC in Q2, resulting in an overall reduction in activity compared to Q1. Ambulance attendances to SDEC remain low despite established pathways. A 12-week programme of rapid improvement commenced at the end of September under the interim Chief Operating Officer's leadership. This includes a focus on ring-fencing SDEC to enhance service delivery and address the identified shortfalls in activity and ambulance attendance.

		4G.4 A continued focus upon reducing inpatient length of stay (LOS) through Pathway of Care Delay initiatives, including reducing delays in assessment		<p>There has been a consistent focus upon this during the quarter, leading to the total delays reducing by 16%, exceeding the target of 15%. Within this reduction, delays due to assessment have been reduced by 12%, with further goal set to reach a 20% reduction.</p> <p>*See Pages 10 and 40-49 of the IPR for UEC performance</p>
		4G.6 Conclude a review of the feasibility of consolidating patients that are medically fit for discharge in support wards optimised for reablement rather than medically-focused care		<p>A deep dive has been undertaken into the pilot of a 'Green Ward' in the West and the recommendations are pending. These findings will directly inform the hospital flow and discharge workstreams within the UEC 12-week rapid improvement programme. Progress has also been made in the East, however cost pressures in the Central region have limited full implementation. Further work is required during Quarter 3 to bring this to a conclusion.</p> <p>*See Pages 10 and 40-49 of the IPR for UEC performance</p>
		4G.8 Improvements in ambulance handover times, operating within agreed system tolerances and in alignment with Full Hospital Protocols in North Wales		<p>A focused operational event was conducted in October by the Interim Chief Operating Officer (COO) to review solutions as part of the planning for a 12-week rapid improvement programme. Although there has been a slight improvement in ambulance handover times in Q2 compared to Q1, this is not with the agreed tolerances. The Q3 12-week rapid improvement programme is being implemented under the Interim COO's leadership, focusing on achieving a unified effort towards meeting the goal of no patients waiting greater than 4hrs in an ambulance.</p> <p>*See Pages 10 and 40-49 of the IPR for UEC performance</p>
4G Urgent and Emergency Care 	Chris Stockport	4G.8a Implement Care Home fees agreement, seeking to maintain capacity in the sector		<p>The Health Board approved the recalculated 6% uplift in CHC fees in September, which will be backdated to April. Providers were notified of the new rate during October.</p> <p>*See Pages 10 and 40-49 of the IPR for UEC performance</p>
4H Diagnostics	Nick Lyons	4H.1 The Health Board will continue to implement recruitment and retention plans in radiology, ultrasound, cardiology diagnostics and neurophysiology		<p>The Health Board has continued to address recruitment and retention issues with localised and informal solutions being identified and implemented. Further work is programmed to build upon and strengthen this initial progress with the implementation of more formal plans during 25/26. The Planned Care Board and the Executive Team are due to receive further updates during Quarter 3.</p> <p>*See Pages 42-43 of the IPR for Diagnostics performance</p>
		4H.2 The Health Board will identify additional 'straight to test' opportunities and implement them within 2024-25		<p>Additional 'straight to test' opportunities were implemented during 2024 with the commencement of the Teledermoscopy service in August / September. Additionally Urgent Suspected Cancer Referrals in Dermatology referrals are being sent direct to Medical Illustration for clinical photography of lesions, with follow-up consultant review. A significant discharge rate of over 50% was seen from initial clinics demonstrating significant value. Further work across specialties will be progressed in Q3/Q4 via diagnostics workstream of planned care programme board.</p> <p>*See Pages 10 and 40-49 of the IPR for UEC performance</p>

	Teresa Owen	4H.3 The Health Board will work regionally and nationally to progress critical digital infrastructure solutions in Pathology and Radiology		Some supplier-related delays have been experienced, including cyber security assurances, which affected key tasks like Data Migration and System Configuration. Despite these challenges, positive progress has been made on schedule with data migration now complete and testing set to begin. *See Pages 10 and 40-49 of the IPR for UEC performance
4I Adult Mental Health, Learning Disability, CAMHS and Neurodevelopment 	Carol Shillabeer	4I.8 CAMHS: Progress plans to expand our crisis service to include periods of out-of-hours provision		Plans are progressing in each area dependent upon recruitment challenges. The West team has extended to a 12hr a day service for 7 days a week, and is leading the way, with Central and East seeking to extend incrementally as resource allows. *See Pages 37-38 of the IPR for CAMHS performance
		4I.14 ND: Progress the development of a ND model for North Wales that better balances demand and capacity		Local workshops and meetings with the CEO have been held. Engagement with the national Design Event for November is underway, with delegates being finalised. Clinicians have met with the national ND Programme Manager to discuss the development of 'profiles' and training.
4J Currently Challenged Services 	Nick Lyons	(Q1) 4J.1 Dermatology: The Health Board will maintain support for the Clinical Lead in Dermatology as part of a single Dermatology service for North Wales		A Clinical Lead has been appointed. Currently out for expressions of interest for another post to assist with progress towards the BCUHB Network model.
		(Q1) 4J.2 Dermatology: The Health Board is committed to the use of 'Teledermoscopy' technology to improve efficiency within dermatology waiting times and to reduce avoidable travel for patients. Current infrastructure issues are limiting the rate at which the Health Board would like to deploy this. During the coming months, the Health Board will re-assess this situation to identify any opportunity to expedite deployment		Following a soft launch in August, the service is now progressing towards increasing the number of slots from 6 to 12. 67% of patients (data as of 23 rd September) were discharged following a Teledermoscopy image review, avoiding unnecessary appointments and demonstrating improved efficiency. The Health Board is committed to the long-term use of Teledermoscopy.
		4J.3 Dermatology: Establish the viability of an expanded GPWSI (GP with special interest) model for referrals to secondary care that could be managed differently, for triage of referrals, and for the provision of minor operations		Delays in identifying a Clinical Lead have inhibited the ability to progress this area of work. Now that Clinical Leads have been identified, this work will be focused upon during the second half of the year.
		(Q1) 4J.4 Oncology: Continue to expand SACT (Systemic Anti-Cancer Therapy) training within oncology division nursing staff, and extend the operating hours of the day unit, providing further capacity.		A training programme in place for SACT for all new staff. However, it is not possible to extend the operating hours of the day unit currently due to staffing deficiencies for the planned Saturday Clinics.

	This will include staff group ideas to further improve efficiencies and standardisation		
	4J.5 Oncology: Implement nursing staff rotational opportunities to improve cover arrangements and skill mix		A rotation plan is in place for senior nursing staff, and this is being supplemented with further opportunities to mix lower grades, a process which is currently being undertaken on a best endeavours basis. Workforce plans have been created which details plans to improve cover arrangements and skill mixes over time.
	4J.7 Oncology: During the first half of 2024-25, complete the review of all current cancer regimes to ensure all of those that are suitable for home delivery are being offered in that way		A review of cancer regimes that are suitable for home delivery is being undertaken. This has been impacted by pharmacy capacity to fully implement and further work is required during Quarter 3.
	4J.12 Ophthalmology: Collaboratively agree a service model for ophthalmology in North Wales that delivers a sustainable service footprint		Further work is required to agree the service model and a clinical model session in November will be a key juncture to gain consensus on the way forward.
	4J.13 Ophthalmology: Continue to monitor service performance against GIRFT standards in Ophthalmology, challenging areas of variance before then proceeding to identify and then implement improvements in response		Improvement plans incorporating the GIRFT recommendations are in place and progressing, and the Planned Care Board is overseeing the development across a number of specialties. The development of a sustainable service model across these specialties will integrate GIRFT recommendations where appropriate. Once developed, these models can be expanded to include initiatives such as High Volume, Low Complexity to further reduce waiting times.
	4J.14 Ophthalmology: Progress to implement fully the Optometrist Train and Treat higher certification training programme, in order to then maximise non-secondary care pathway opportunities		Train and treat commenced in July.
	4J.16 Orthodontics: Continue with our recruitment to key clinical roles, implementing revised workforce models that increase opportunities for recruitment and retention		Based on the Orthodontics report produced in September, positive actions have been undertaken to address the ongoing recruitment needs within the Orthodontics department. Namely the successful appointment of a 0.7 WTE Consultant Orthodontist in July, with the candidate also being engaged on a Bank basis while recruitment was finalised. Despite attempts, recruitment of Agency and NHS Locum staff has been unsuccessful to date. Efforts are ongoing to recruit a Restorative Consultant.
	(Q1) 4J.19 Plastic Surgery: Agree and sign the updated Service Level Agreement (SLA) between the Health Board and		The objective remains overdue due to the Service Level Agreement (SLA) not receiving sign off at the provider organisation. This has been escalated to the Joint Commissioning Committee, who commission the service on behalf of the organisation. The existing SLA remains in situ in the meantime and patient flows are uninterrupted.

	partner organisations, with ongoing monitoring in accordance with the SLA		
	4J.20 Plastic Surgery: Confirm the effectiveness of revisions in waiting list management for visiting clinicians, including initial triage by Health Board clinicians. This includes identifying those waiting longer than clinically appropriate and making necessary expedite arrangements		A review of the waiting list was prioritised with a particular focus upon clinically overdue and at-risk patients. The resulting report was approved at the Executive Quality Delivery Group and all at risk and overdue patients identified have now been seen.
	4J.21 Plastic Surgery: Implement additional dressings clinics to address current variation in provision across North Wales		Implementation of dressing clinics has been delayed as the service are currently working through the optimum model for use of Connah's Quay Medical Centre and associated finance. This work is not due to conclude until April 2025.
	4J.24 Urology: Increase the delivery of diagnostic and day case urology on all three sites, aligned to providing care closer to home principles		An assessment of priorities within the Urology service has determined that resolving issues regarding the unscheduled care element of the service and challenges with on-call should take priority. Until these are resolved work around diagnostics and Day Case are therefore paused for the remainder of this year.
	4J.25 Urology: Monitor revised administration processes to ensure they deliver their intended outcomes of better supporting referral, pathology and radiology result management		Revised Standard Operating Procedures have been developed to address shortfalls in Urology Service administration following identification of issues by national reporting of incidents. Ensuring consistency of approach between the 3 IHC's in adopting and following these SOPs will support better referral, pathology and radiology result management. Ongoing monitoring will be via the Urology Process Review Group, however further work required in this respect before the objective can be marked as complete.
	4J.31 Vascular: Develop a Memorandum of Understanding (MOU) to support increased regional working		A multi-professional group has assessed this as part of an away day and agreed the content in principle. The Memorandum of Understanding will be developed as a result and this is expected to complete during Q3.
	4J.32 Vascular: Create and launch a vascular dashboard reporting performance activity and outcomes, and use this to better inform service planning		Vascular dashboards have been created and launched and are subject to detailed review to inform service development. Further revisions are planned based on feedback.
	4J.33 Vascular: Increase the collection of patient reported experience data in vascular services, and publish this		Collaborative work has been undertaken with Llais and a number of real-time feedback questionnaires have been returned and published, however further work is required around qualitative data. Further focus groups are planned with Llais with a questionnaire for AAA (Abdominal Aortic Aneurysm) patients being developed. It is likely to be the end of Q3 before this qualitative data has been assembled, assessed and published.
	4J.39 implement plans to enhance independent prescribing to enable		Pilots have been undertaken at Holywell and a further test due to commence at Deeside Hospital, however further work is required during quarter 3 to fully conclude this objective.

		additional capacity for advanced glaucoma management and management of medical retina.		
		4J.40 Respond to the recommendations from the Royal College of Surgeons (RCoS) of England review of urology surgical services		The recommendations of the Royal College review are being addressed via the Urology Improvement Plan.
4L Children	Carol Shillabeer	4L.2 Continue to progress the strong work in children's safeguarding services that the Health Board and partners have already prioritised retaining strong adherence to the principles of the All-Wales Safeguarding Multi Agency Procedures		Safeguarding teams are actively involved in the Regional Children Services Board, with colleagues participating in safeguarding forums. Safeguarding colleagues consistently attend the Regional Children's Services Group, offering feedback to teams on areas for improvement and insights from reviews. IHC leads are ensuring participation in Safeguarding IHC forums to uphold effective governance. This ongoing engagement and feedback supports compliance with the All-Wales Safeguarding Multi Agency Procedures.
		4L.3 Establish the Health Board Charter for Children and youth leadership board with a remit to listen to, consult and engage with children across North Wales to better understand their needs		The Children's Charter received full endorsement from the Health Board at its meeting September. Two young people presented its value and proposed a self-assessment against its commitments. Detailed plans are underway for a Youth Voice Board, including a draft proposal.
4M Pharmaceutical Services	Nick Lyons	4M.1 Consider the RPS review of the provision of hospital clinical pharmacy services within the context of the Health Board to identify those opportunities identified that would make the biggest differences to patient experience and outcomes		Foundation work has taken place with the 3 IHC's to outline the expectations with regards to the workforce and the expectations regarding delivery, and consistent application across BCU. Completing the work is however delayed and this foundation work will now be built upon with efforts now being directed to implement the required actions.
5A University Partnership	Nick Lyons	5A.1 Continue to work closely with colleagues at Bangor University to ensure that the first intake of students to the North Wales Medical School progresses smoothly		Following engagement with Bangor University, a successful first intake of students to the North Wales Medical School has been achieved and the First Minister formally opened the School on the 3 rd October.
5B Research, Development and Innovation	Nick Lyons	5B.2 Sustain and increase clinical research facility activity in early phase trials		Progress is being made into a Research Framework to incorporate research activities into business-as-usual operations. Some risks present outside of BCU control and mitigations are being explored
		5B.3 Develop and deploy an Innovation Pathway aligned to our strategy and strengthening of planning priorities already outlined earlier in the Plan		BCUHB have contributed to the development of the Health and Social Care Innovation Wales Innovation Pathway. The Pathway aligns with all four 'Research and Innovation Strategy' strategic aims. The innovation pathway and its deployment with respect to BCUHB live projects, was presented at recent MediWales conference. Further work is required regarding deployment with an innovation MDT panel planned, including partners from BCU, Bangor University and industry.

5C Academic Careers	Jason Brannan	5C.2 The Health Board will then explore how to resource the created proposal for Academic Career pathways in order to proceed to implementation		Productive discussions have been held regarding resources and the future direction of the initiative. The direct flow of funds to primary care for teaching has been a positive development, however challenges remain in secondary care. These are being taken forward by senior leaders to resolve.
5D Intelligence Led SM	Dylan Roberts	5D.2 Introduce a data kite mark system		The development of the data kite mark is progressing, with stakeholder engagement planned and implementation on a revised delivery timeline of December. It will provide assurance to the organisation regarding the reliability and timeliness of its datasets, supporting better decision-making. However, there have been delays in implementation due to competing priorities.
		5D.5 Develop organisational capability around demand and capacity analysis and planning		Ongoing capacity data collection and validation activities are progressing well, including plans with the derived demand toolkit. A consistent template for capacity recording has been implemented, and an in-year change management process is under development. A comprehensive analysis of referral data has been completed to inform demand growth for 2025/26 plans, with findings to be presented at the Planned Care Data, Planning and Performance workstream.

▪ Appendix 2: Change Control – Amendments to 24/25 Annual Delivery Plan

Reference no: 2425-023	
Change Type	Merging of milestones
Rationale for Change	The original wording was taken direct from the national strategy document. The new milestone wording reflects the actions that have been agreed through Mental Health Division governance to achieve the aims of the national strategy. Given the number of reviews that have taken place within Mental Health and the detailed governance oversight for resulting actions, it is deemed appropriate to clarify this more clearly.
Original Milestone(s)	<p>4I.17: The Health Board will progress delivery of the national action plan including:</p> <ul style="list-style-type: none"> • early intervention and crisis response providing access to prudent specialist learning disability healthcare close to home. • increasing access to specialist care that is reflective of current best practice improving timely transition from specialist hospital care to community settings <p>4I.18 LD: The Health Board will focus upon increasing service provision to reduce avoidable and premature deaths and reduce health inequalities in those learning with learning disabilities</p>
Proposed Milestone	4I.17 LD: Agree models of care for Adult Enhanced Community Rehabilitation Services (ECRS), and Inpatient Learning Disability services, in pursuit of progressing delivery of the national strategy



Teitl adroddiad:	Integrated Planning Process Update			
Report title:	Integrated Planning Process Update			
Adrodd i:	Health Board			
Report to:	Health Board			
Dyddiad y Cyfarfod:	Thursday, 28 November 2024			
Date of Meeting:	Thursday, 28 November 2024			
Crynodeb Gweithredol: Executive Summary:	<p>In response to the 'Independent Review of Planning report' a revised Integrated Planning Process was implemented in October 2024. The process is intended to support the development of the Three Year Plan for 2025-2028, while also supporting the organisation in its ambition to move towards future delivery of a balanced Integrated Medium Term Plan (IMTP).</p> <p>The purpose of this paper is to provide an update to the Board on issues relating to:</p> <ul style="list-style-type: none"> ▪ The implementation of a revised 'One Health Board' integrated planning process and its alignment to the Integrated Planning Improvement Action Plan. ▪ Progress against development of 3 Year Plan 2025/2028 ▪ Progress against key process milestones and stakeholder engagement. 			
Argymhellion: Recommendations:	<p>The Board is asked to:</p> <p>RECEIVE ASSURANCE on the progress to date, acknowledging the areas of challenge.</p>			
Arweinydd Gweithredol: Executive Lead:	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning			
Awdur yr Adroddiad: Report Author:	Dylan Pierce Williams – Interim Assistant Director – Corporate Planning			
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: Assurance level:	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i></p>

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>To support National Annual Planning Framework, IMTP, Planning Improvement Action Plan and Special Measures.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The Health Board was unable to submit an approvable Integrated Medium Term Plan (IMTP) for 2024-2027 in line with section 175(2A) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 20215) and in accordance with the national annual planning framework.</p>			
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable, a full EqIA will be undertaken in support of the final Three Year Plan.</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable, a full SEIA will be undertaken in support of the final Three Year Plan.</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Not applicable</p>			
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>			
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>			
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>			
<p>Cysylltiadau â risgiau BAF:</p>	<p>Not applicable</p>			

<p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: None</p>	

Integrated Planning Process Update

This report outlines the progress made in relation to the revised integrated planning process, approved during Board Development on 25 September 2024. It also highlights the key actions necessary to ensure the submission of a Three-Year Plan to the Welsh Government by 31 March 2025. This paper was considered and approved at the Executive Team meeting on the 8th November, and is intended to provide the Board with an update on:

- Implementation of the revised "One Health Board" integrated planning process and alignment with the Integrated Planning Improvement Action Plan.
- Current progress on the 2025-2028 Three-Year Plan.
- Confirmation of key process milestones and updates on stakeholder engagement.

▪ Background

The Health Board was unable to submit an approvable Integrated Medium Term Plan (IMTP) for 2024-2027 in line with section 175(2A) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 20215) and in accordance with the national annual planning framework. As noted at previous Board meetings, whilst the ambition and aspiration for the Health Board remains to submit an approvable IMTP, the current challenges are such that, despite best endeavours, we are not in a position to produce a balanced financial plan for 2025/26. On this basis the Health Board will be submitting a revised Three Year Plan for 2025-2028.

In January 2024 the Health Board received the Independent Review of Planning report from Welsh Government with recommendations for improvements to the integrated planning process. In April 2024 the Health Board implemented its 'Planning Improvement Action Plan' that included a total of 23 key objectives intended to support the organisation in its progression towards de-escalation from 'Pplanning' special measures.

One key objective within the action plan was to '*design and implement a revised internal planning system that supported the planning and delivery of key organisational priorities*'. (PL.R008 of Planning Improvement Action Plan). A series of workshops, questionnaires, as well as discussions with Executive and Independent Board Members were undertaken during April and May of 2024, this work culminated in a revised integrated planning process that centred around Five Key changes, and which was endorsed at the Board Development session held on the 25th September 2024.

▪ National Annual Planning Framework

The National Annual Planning Framework is expected to be published during the autumn of this year. It will confirm the direction of travel for Health Boards in Wales to appropriately plan the services they provide for 2025/26 and beyond. In response, the Health Boards integrated planning approach will reflect both local, regional and national service planning, promote broader engagement with partners, and provide greater emphasis on health needs and preventative actions.

▪ 'One Health Board' Integrated Planning

Our revised integrated planning process is intended to promote a 'One Health Board' approach to planning, providing a sense of ownership and regional commitment among services and corporate directorates, as their efforts are validated and seen as integral to the larger Health Board goal.

The process also responds to the Independent Review of Integrated Planning, identifying potential overlaps and gaps across the organisation, allowing for more efficient resource allocation and regional coordination. Ultimately, this approach is intended to cultivate a more unified approach, driving the Health Board towards its objectives with greater synergy and purpose.

As a result of feedback received during our workshops and stakeholder discussions, our revised integrated planning process majors on **5 Key changes**, these are intended to address both stakeholder feedback and recommendations from the independent review of planning. These include:

1	Outcome focused plans
	<ul style="list-style-type: none">Plans will address Health Board and Welsh Government priorities, with an account of key local issues, while also providing evidence that transformation, innovation and quality opportunities have been considered in the development of solutions.Particular focus will be placed on Quality Management Systems (QMS) which assesses position against national standards including, but not limited to National Institute for Clinical Excellence (NICE), Royal College and Getting it Right First Time (GIRFT), benchmarks performance outcomes quality approach to planning, and considers patient experience.
2	Executive Led
	<ul style="list-style-type: none">The revised process will be Executively led. This ensures a prioritised, top-down approach that connects the plan with strategic and ministerial/WG direction.
3	Portal Hosted
	<ul style="list-style-type: none">A shift to real time planning and commitment to programmes of work will promote a leaner planning process, which is more in tune with the reality of today's Health Board challenges.The portal will provide opportunities to minimise silo working, bringing key elements of work together, reducing duplication and promoting digital planning format.An extended Health Board twelve month planning cycle will be developed during 2025/26, providing more time for effective engagement with partners, enabling elements of regional planning cycle priorities to be completed in good time with robust audit trails.

4 Engagement

- We have increased engagement opportunities in response to feedback received by the organisation referring both internally and externally with partners. During Quarter 3 and 4, efforts will be made to foster greater collaboration with Forums and Health Board Committees through workshops and presentations.
- Whilst engagement has been facilitated it is recognised that there is much more that we could do to involve all partners in our planning, requiring sustained work in subsequent years to incrementally build year on year.
- External partner engagement challenges include aligning the diverse interests of stakeholders, ensuring that all voices, especially those of frontline workers and patients, are adequately represented, and breaking down silos between different organisations and service sectors. Ultimately, progressing to continuous dialogue, joint problem-solving, and shared accountability will ensure that the Health Board is not only comprehensive but also truly reflective of the needs and insights of all involved stakeholders.

5 Setting the right questions

- Executive Leads will ensure that plans are focused and address key Health Board and National priorities, providing clarity around the purpose and delivery expectations for plans.
- Executive Leads will commission programmes of work that will oversee delivery of annual plan objectives that align to our Strategy, Well-being objectives and 5 Strategic Priority Areas.

▪ Progress against development of Three Year Plan

In order for the Health Board to submit a Board approved Three Year Plan by the 31st March 2025, timelines require us to complete our *draft* Three Year Plan by the end of December 2024, providing opportunities early in Quarter 4 to test and assess commitments with the Board, committees, forums and stakeholders. A number of actions have been undertaken during October 2024 to support this timeline.

▪ Process Implementation

Our revised integrated planning process was implemented on the 2nd October 2024. Nominated Executive SROs (Senior Responsible Officers) oversee the delivery of agreed sub-objectives supported by a Lead Officer. Supporting guidance and documentation has also been issued including:

<ul style="list-style-type: none"> ▪ Integrated Planning Process 2024/25 	<ul style="list-style-type: none"> ▪ Sub-Objective SRO/ Lead Officer allocation
<ul style="list-style-type: none"> ▪ Executive SROs and Lead Officer Guidance 	<ul style="list-style-type: none"> ▪ Population Health Resource Packs
<ul style="list-style-type: none"> ▪ Multi Professional Planning Pod Guidance 	<ul style="list-style-type: none"> ▪ Workforce Intelligence Planning Toolkit
<ul style="list-style-type: none"> ▪ Refreshed Draft Integrated Planning Framework 	<ul style="list-style-type: none"> ▪ Finance & Savings Plan Templates
<ul style="list-style-type: none"> ▪ Organisational Design Principles 	<ul style="list-style-type: none"> ▪ Guide to Risk Management & training.

In recognition that the new integrated planning process is being implemented at pace, regular Q&A sessions are being held within the organisation to improve learning and enable prompt action when required. The fortnightly Planning Huddle continues to provide a point of focus for the organisation in receiving timely information on integrated planning process.

- **Oversight Integrated Planning Group (OIPG)**

We have reviewed and aligned the Integrated Planning Oversight Group (OIPG) with our new integrated planning processes. Group membership has been extended to include representatives from Operational Service Planning as well as Programme Leads. The OIPG will oversee the assessment of plans for alignment with regional and national drivers, considering variation, best practices, prioritisation, and the integration of finance, workforce, risk and quality. The group will also oversee governance assessments of the integrated planning process, drawing on expertise across all corporate Directorates.

- **Integrated Planning Framework (IPF)**

A requirement of the Planning Improvement Action plan is to refresh the IPF. A First draft review was completed in September 2024 and a refreshed IPF will be presented to Board in January 2025.

- **Key process milestones and engagement**

Our integrated planning process for the 2025-2028 Three Year Plan will be conducted over the remaining two quarters of the financial year. A detailed programme of work has been created and weekly updates will be provided to the Chief Executive and Executive Director of Transformation and Strategic Planning.

As the Health Board moves into Quarter 3 period our emerging plans will be expected to take shape, providing clearer direction on sub-objective priorities. During this time, targeted efforts will focus on assessing data and necessary insights to support the development of outcome focused plans. Lead Officers, supported by the Multi Professional Planning Pods, will actively collaborate with

services to obtain and analyse critical information, ensuring that each aspect of the plan reflects Health Board and National priority needs.

By the end of November 2024, Lead officers are required to transition plans into concrete programmes of work, facilitating effective communication and coordination across all levels of the Health Board. These will be signed off by the Executive SRO for inclusion in the Health Board’s draft Three Year Plan. The following table summarises current critical milestones for completion of the Three Year Plan:

Timeline	Critical Milestone	Deadline
October	<ul style="list-style-type: none"> ▪ Implementation of revised Integrated Planning Process ▪ Issuing of revised guidance for SROs and Leads ▪ Executive SRO and Lead Officer nominations ▪ Multi Professional Planning Pod activation ▪ Portal activation 	Completed Completed Completed Completed Completed
November	<ul style="list-style-type: none"> ▪ Presentation to Local Partnership Forum (Workshop cancelled by LPF) ▪ SROs Draft narrative plans ▪ Executive Team Update ▪ Board – Planning Process Update ▪ SROs Draft key priorities 	06/11/2024 18/11/2024 20/11/2024 28/11/2024 30/11/2024
December	<ul style="list-style-type: none"> ▪ Presentation to Stakeholder Reference Group (SRG) ▪ Presentation to Healthcare Professionals Forum (HPF) ▪ Planning, Population Health and Partnerships (PPHP) Committee Private Session Workshop ▪ 1st Working 3 Year Draft Plan 	02/12/2024 06/12/2024 10/12/2024 31/12/2024
January	<ul style="list-style-type: none"> ▪ Regional Partnership Board emerging themes ▪ Performance, Finance and Information Governance (PFIG) Committee (Review of Plan) ▪ Executive Team – Draft Plan & Delivery Plan ▪ Regional Leadership Board emerging themes ▪ Board – Draft Plan & Delivery Plan ▪ Advisory Committee workshops (TBC with Chairs) 	10/01/2025 21/01/2025 22/01/2025 24/01/2025 30/01/2025
February	<ul style="list-style-type: none"> ▪ Executive Team Final Draft Plan & Delivery Plan ▪ Accountable Officer Correspondence (IMTP) ▪ PPHPC – Final Draft Plan & Delivery Plan 	05/02/2025 16/02/2025 18/02/2025
March	<ul style="list-style-type: none"> ▪ PFIGC ▪ Board Meeting for approval to Welsh Government ▪ Submission to Welsh Government 	18/03/2025 27/03/2025 31/03/2025

▪ **Stakeholder Engagement**

Engagement with Committees and Forums will play a pivotal role in shaping and refining the Health Board’s emerging plans. During Quarter 3 it is our intension to work closely with stakeholder groups to share emerging plans, and facilitate engagement that will support and guide our future programmes of work.

Workshops are scheduled with the Local Partnership Forum, Stakeholder Reference Group and Healthcare Professional Forum. Engaging with these groups will allow the Health Board to gather real-time feedback and identify potential gaps in plans. A more collaborative approach will also ensure emerging plans are well-informed and adaptable. During Quarter 4 further opportunities will be presented to test and assess final plans.

▪ Recommendation

The Board is asked to:

- **RECEIVE ASSURANCE** on the progress to date, acknowledging the areas of challenge.



Teitl adroddiad: <i>Report title:</i>	Public Health Annual Report 2024			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 28 November 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper provides details of the Public Health Annual Report 2024 'North Wales on the Move' which looks at the importance of being active and moving more in our everyday lives and across the life-course, and how this impacts on physical and mental health and well-being.</p> <p>The report is accompanied by summary infographics, and an easy read version is in production and will be available in due course.</p>			
Argymhellion: <i>Recommendations:</i>	The Health Board is requested to note the content of the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Jane Moore, Acting Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Louise Woodfine, Consultant in Public Health			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Strategic Objective 2 - Developing Strategy and long lasting change.			

	<p>Strategic Objective 4 - Improving quality, outcomes and experience.</p> <p>Health Board Wellbeing Objectives:</p> <ul style="list-style-type: none"> • to improve physical, emotional and mental health and well-being for all. • to target our resources to those with the greatest needs and reduce inequalities. • to support children to have the best start in life. • to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. • to listen to people and learn from their experiences.
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<ul style="list-style-type: none"> • Equality Act 2010 • Public Sector Equality Duty • Socio-economic Duty • Human Rights Act 1998 • Quality and Health and Care Quality Standards 2023 • Wellbeing of Future Generations Act 2015
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This paper is for information to update the Health Board in regards to the Director of Public Health Report 2024.</p> <p>An EqIA has not been identified as necessary for this report.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This paper is for information to update the Health Board in regards to the Director of Public Health Report 2024.</p> <p>An SEIA has not been identified as necessary for this report.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR24-08 There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p>BAF SP01 There is a risk that the Health Board fails to adequately support the improvement of</p>

	<p>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.</p> <p>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 accessibility of health care services.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no financial implications identified.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Workforce implications will be negligible as this report looks at a shift (both in and out of the workplace) towards moving more and being more active in our everyday lives, and that this becomes part of the norm in our home and work culture.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>There is a BCUHB Public Health Steering group which meets on a frequent (weekly/fortnightly) basis, members of which have linked with a range of external partners (e.g. third sector and local authority) in producing the content of this report.</p> <p>This report has been reviewed by the Steering group and by external partners with the relevant feedback incorporated into the report. Actif North Wales and Public Health Wales has also actively contributed to the report.</p> <p>A significant amount of contributions to the report, in the form of storytelling and case studies, come from local residents and groups in North Wales.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>CRR24-08 BAF SP01</p>

<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Content of the report is acknowledged.</p>	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: <i>The Annual Report and summary infographics accompany this cover sheet.</i></p>	



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Health Board
Director of Public Health

Annual Report 2024



North Wales on the Move 'small steps that make a big difference'



Contents



	Page no.
Foreword	3
Acknowledgements	4
Executive Summary	5
1 Why Moving Matters	7
2 Factors That Influence Moving	9
3 How Active is North Wales?	12
4 Strategic Context	13
5 Active People	15
6 Active Societies	18
7 Active Environments	22
8 Active Systems	25
9 Conclusions	26
10 References	28
11 Further Information	31
12 Appendix 1	32



Foreword

Hi, I'm Jane Moore, the Executive Director of Public Health for Betsi Cadwaladr University Health Board. The focus of this year's Public Health Annual Report is on being active through moving more and keeping well.

All of us who spend too long sitting down looking at a computer will know the stiffness and tension in our muscles when we attempt to stand up, and on a positive note that sense of wellbeing when we've been gardening, or played games with young relatives.

We are very fortunate to have a wide variety of choice and opportunities in North Wales to encourage us to be more active, from being outdoors enjoying the environment at our leisure, to taking part in more formal structured activity such as exercise classes or being a member of a local gym. There are lots of ways to build more activity into our lives that we find enjoyable and sustainable. For many people like me, this works best when combined with social activity, which in my case is walking, especially if it includes sea views and good company. Those small steps can build up over time to make a big difference.

The chance to get out in nature and spend time with people, has a positive impact on both my mental wellbeing and my physical health. Therefore, 'North Wales on the Move' is all about finding the opportunities to move more, feel good and keep well.

We need to make it easy and enjoyable for people to be active. Sadly, opportunities for movement are being designed out of everyday life. Increased reliance on car travel, increased screen time, a lack of safe and accessible spaces to play, sedentary work occupations, urbanisation of town and city centres, the cost-of-living crisis, poverty, and cultural norms are just some of the complex factors which have contributed to rising inactivity levels in our population.

More can be done to enable all our communities to be active.

As a result of unfair and avoidable inequalities, we know that socioeconomically deprived communities, women, disabled people, ethnic minority groups and older people are among the least active groups in our society. We must act now to design movement back into our places and spaces. Through collective and joined up action across the whole system, we can create the conditions and environments for our current and future generations to thrive and lead healthy and active lives.

Let's build on work already happening in North Wales. Throughout this report, we will share some excellent examples of projects and ways of working from across our region that are enabling and supporting our communities to lead healthy and active lives. We will share stories about the impact of movement on people, and the role **you** can play in our movement for movement.



Let's move more together!

Click here <https://vimeo.com/811226908> to learn more about our vision for a healthy and active North Wales¹.

Jane Moore

Executive Director of Public Health
Betsi Cadwaladr University Health Board (BCUHB)



Acknowledgements

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- Dafydd Gwynne, Principal Public Health Practitioner – Betsi Cadwaladr University Health Board
- Delyth Jones, Principal Public Health Officer – Betsi Cadwaladr University Health Board
- Denise Alexander, Public Health Practitioner – Betsi Cadwaladr University Health Board
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- Nesta McCluskey, Director of Allied Health Professionals (East Integrated Health Community) – Betsi Cadwaladr University Health Board
- Nia Thomas, Public Health Practitioner – Betsi Cadwaladr University Health Board
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- Zac Pierce, North Wales Development Officer – Y Bartneriaeth Awyr Agored / The Outdoor Partnership

Executive Summary

This report is aimed at people who want to enable and encourage others, such as friends, family, staff and colleagues, to be more physically active in their daily lives. We all have a role to play in being more active. Through leadership and influencing others through our own behaviours and habits, we can encourage change to take place so that moving more and being active becomes the norm for everyone living and working in North Wales.

Physical activity describes any bodily movement that expends energy. This can include a broad range of activities in any setting, such as play, moving around at home or in the garden, active travel, outdoor recreation, and sport. However, the evidence suggests that we are facing an 'inactivity emergency', where recent trends² show that people in North Wales are becoming less active. Fewer than half of all adults (45.8%) met the physical activity guidelines² in 2022/23, which is lower than the proportion in 2020/21 (57.6%) and 2021/22 (52.6%), and significantly lower than the Welsh average (55.4%)². In addition, 35% of adults in North Wales reported being inactive (doing less than 30 minutes a week of physical activity)³, which compares to 30% for the whole of Wales⁴. Worryingly, in recent years, children and young people aged 11-16 years are also becoming less active⁵, with just under 17% in North Wales achieving the recommended 60 minutes of physical activity that increases your heart rate, per day, compared to 18.7% in 2017⁵.



Being active in our everyday lives is one of the main factors for improving health and wellbeing and reducing the risk of premature death. When we move more, this benefits our physical and mental health and can make us feel better, as well as reducing stress and anxiety and improving workplace sickness absence. Even at a low level, being active on a daily basis confers a whole range of benefits, especially in relation to mental wellbeing, and it also helps us to live happier and healthier lives. It enables everyday tasks to be performed, as well as helping us to maintain a healthy weight and being more productive both in and out of work. It supports us to be able to participate in work and leisure, and enables us to fully engage with our friends and family, thereby helping us to build and maintain our social relationships.

Being active in our everyday lives:



benefits physical and mental health



increases productivity



helps build and maintain social relationships



There are many broad influences that impact on our ability to move more, including structural factors such as the physical environment, policy, cultural norms and the impact of social groups and community cohesion.

The data for North Wales continues to show inequalities in health outcomes for those living in the poorest communities. Accessibility to services, the capability and motivations of individuals and groups, and the wider determinants of health such as the physical environment, housing, employment and cost of living pressures are all factors that play a part in health and wellbeing outcomes. There are also disparities with certain groups being less able than others to access physical activity opportunities, including people who share the protected characteristics as defined by the Public Sector Equality Duty.

However, it is encouraging that an increasing proportion of physical activity opportunities are becoming more accessible for all, with many being free and locally available, in particular being active in nature. In order to continue to build on this approach, it is important to create the conditions to support sustainable and equitable access to physical activity opportunities. This requires a multifaceted and joined-up

approach between organisations and locally across North Wales, with partners making a significant contribution so that being active is the norm, regardless of age, gender or background.

The wider benefits of being active throughout life, and what influences these are highlighted in this report. We have included stories of hope and aspirations, describing people's journeys and their relationship with being more active and moving more often. This report also raises the profile and awareness of the excellent partnership work taking place between organisations in North Wales to enable improved access to physical activity for all.



Talk to someone today about how they can be more active, or what they are currently doing and enjoying to be active – don't underestimate your impact as a leader and being able to influence others.

1 Why Moving Matters

Physical activity encompasses **all the ways** in which people move their bodies and expend energy⁶. It is important to remember that **every movement counts**. For some people, this could mean stretching or moving regularly at their desk, walking or wheeling to work, gardening, or trying a new sport. **Small changes can make a big difference over time.**

Movement has benefits for us all. As well as giving you the feel-good factor, moving more can help us sleep better and improve our mental wellbeing. Community led initiatives can help reduce loneliness and isolation, foster relationships and improve social capital. Increasing opportunities for children and young people to be active is not only important for their physical and mental health, but also vitally important for developing social skills and improving concentration and attention levels. **Best of all, moving can be enjoyable and free.**

From an economic perspective, **supporting our workforce to be healthy and active can increase productivity**, improve staff morale and reduce staff sickness, resulting in a thriving, happy and productive workforce. Over the last 50 years, increased reliance on car travel has had a detrimental impact on climate change. Increasing opportunities for active travel by walking, wheeling and cycling to work or school, is one of the most effective ways to reduce transport emissions, lower noise pollution and decrease congestion.

Moving matters not just for our health but also for a range of social, educational, economic and environmental reasons.



Case study: WOW Walk to School Challenge⁷

In March of 2024, the Eco-Council in Ysgol Porth Y Felin, Conwy, decided to tackle the amount of traffic coming to the school gates during morning drop-off times by encouraging active travel, such as walking, wheeling and cycling.

The *WOW Walk to School Challenge*⁷ encourages active travel to school and rewards anybody putting effort into reducing unsustainable ways of travelling to school. Along with the environmental benefits of reducing vehicle journeys, the children and community in Porth Y Felin have outlined the mental health benefits of walking to school.

“Once a fortnight, we arrange a Park and Stride event in our school. This is where staff meet the children and parents who wish to walk to school in a local park, and we walk to school together for around 20 minutes. This is an excellent way to start the day and energises us before the day in school. Feedback from parents/guardians has been brilliant up to now, with many stating that it’s the only opportunity their children have to walk safely to school with friends and peers”.

“We have already seen a significant increase in the percentage of children who actively travel to school. We started the scheme at 28% and now find ourselves at 33%. Our aim is that the children and parents/guardians look to continue this scheme independently in September and develop a positive, active way of travelling to school and in their general day-to-day lives”.



Encouraging and promoting active travel has huge benefits for our children’s health and wellbeing and climate change too.

Visit www.livingstreets.org.uk/walk-to-school/primary-schools/wow-the-walk-to-school-challenge today to adopt the ‘WOW Challenge’ in your local area⁷.

2 Factors That Influence Moving

Many interconnected and interacting factors affect whether we are active. The socio-ecological ('onion') model describes the wider influences that impact on our ability to move more. This is described in more detail on page 11.

This way of thinking shifts the blame from individual behaviour change to wider, structural factors such as the physical environment, cultural norms, and the impact of social groups and community cohesion on being active.



How we plan and design our communities has a vital role in creating the conditions and environments for our communities to be active.

There are many opportunities to build physical activity into our daily lives. These include use of cycling and walking routes, and accessing the natural environment such as green and blue spaces (e.g. parks and rivers). Through our *Healthy Weight: Healthy Wales Whole System Approach*⁸, the Public Health Team in BCUHB are responding to planning applications for residential and non-residential developments to ensure opportunities to be active are fully considered.

Barriers can exist to prevent some individuals or groups from being as active as they would like to be. **There is a need to better understand the specific barriers and enablers that individuals and communities face to help them be more active.**

Case Study: Us Girls Flintshire⁹

*Us Girls Flintshire*⁹ was designed to encourage girls to do more physical activity and sport. Recent results from the *Street Games 1000 Voices*¹⁰ survey highlights some of the barriers to participation experienced by young people, including cost, lack of confidence and time, anxiety, periods and premenstrual tension (PMT). The project is all about fun, fitness and friendship.

“When the Us Girls Flintshire project first started, we wanted to provide access to a range of activities and a safe space for girls to come and socialise with friends after school. This term the girls had the opportunity to take part in a spin class, hula hooping, dodgeball, tennis, badminton, basketball, football and netball. Girls that attend have cited they enjoy having a safe space, chill, and have really enjoyed the spin taster class”.



The Public Health Team in BCUHB are working closely with *Move More Cardiff*¹¹ and *Greater Manchester Moving*¹² to learn from their whole system approach (WSA) to physical activity. Although there is no one agreed definition for a whole system approach, some people have defined the approach as:

*“those that consider the multifactorial drivers, involve transformative co-ordinated action across a broad range of disciplines and stakeholders, operating across all levels of governance and throughout the life course”*¹³

*“a dynamic way of working, that brings together stakeholders to develop a shared understanding of the challenge, and integrate action to bring about sustainable, long-term systems change”*¹⁴

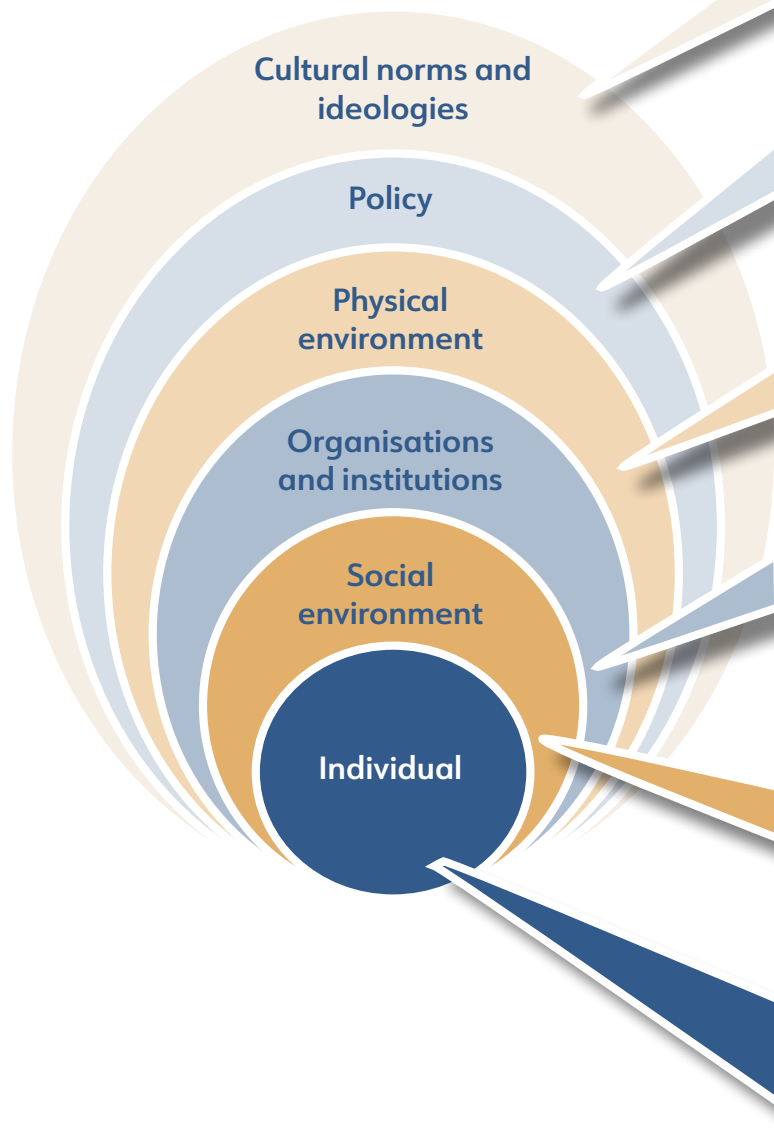


Look at the socio-ecological ('onion') model on page 11. What role do you play in creating opportunities for you, your family, community and people across North Wales to move more?

Come and be part of our whole system approach to physical activity in North Wales, contact: BCU.PHAdmin@wales.nhs.uk.



Greater Manchester Moving¹²



We need to change our cultures, mindsets and beliefs about being active. Moving should be a normal part of daily life for all. Once this is an accepted mindset across the system, from senior leaders to our citizens, practical steps to achieve this will fall into place. Our towns and cities would be designed for people and not cars; the places we live, work and play will make it easy to be active, and moving is designed into our day-to-day lives.

Policies can help level the playing field, reducing the risk of exacerbating health inequalities. Planning policy can create safe, accessible spaces for all to use; flexible working policies to allow people to be active when it works best for them; policies which incentivise public transport over car use.

The environment around us; be that the streets we live on, the parks our children play in, our access to countryside, beaches and hills all influence whether or not we are active. If these places are safe, clean, and accessible, more people can incorporate a little more movement into their daily lives.

How do the places where we work and learn encourage, incentivise, or nudge us into moving a bit more? Organisations should not only focus on being active, but most importantly, make a clear commitment to reducing and breaking down time spent engaged in sedentary behaviour. Often, strong leadership is key to encouraging employees to move more. Does the school environment build moving into the day? Are hospitals places patients and staff can be active?

Do we have the capability (skills), opportunity or motivation as individuals to move more? It is important to think through how health inequalities manifest. Do we know that particular groups are less active than others? Are there structural barriers that prevent groups being active? It is important that any intervention is developed with the target population and understands specific barriers and enablers to physical activity for those groups.

Is moving seen as a normal thing for people to do? Do our friends, family and colleagues share what they are doing, invite friends along, talk about the benefits? The people around us have a huge influence on what we do.

3 How Active is North Wales?

The Chief Medical Officer of the UK has issued physical activity guidelines for people of different age groups³

- **Children and young people (aged 5-18 yrs):** Children and young people should engage in moderate-to-vigorous intensity physical activity for an average of **at least 60 minutes per day across the week**. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports³.



- **Adults:** Each week, adults should accumulate **at least 150 minutes of moderate intensity activity** (such as brisk walking or cycling); or **75 minutes of vigorous intensity activity** (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity³.



or



Adults

- **Less than half of adults (45.8%) in North Wales met the physical activity guidelines²** in 2022/23, which is lower than the proportion in 2020/21 (57.6%) and 2021/22 (52.6%), and significantly lower than the Welsh average (55.4%)². In addition, **35% of adults in North Wales report being inactive** (doing less than 30 minutes a week of physical activity), compared to 30% for the whole of Wales⁴.
- **Less than half (47.7%) of adults living in the most deprived areas in Wales report meeting physical activity guidelines compared to 61.4% of adults living in the least deprived areas².**

Adolescents

- **16.5% of adolescents in North Wales** (aged 11-16 years old) in 2021 reported doing **at least 60 minutes of physical activity** every day for the last seven days⁵, compared to 18.7% in 2017⁵.
- Male adolescents (21%) are more likely to be physically active than females (12%)⁵.
- **35.7% of adolescents across North Wales walk or cycle to school⁵.**
- **Almost a fifth (18.8%) of adolescents across North Wales report sitting down for 7 hours or more on a weekday⁵.**
- **11 to 16 year olds in Wales from low income families** are less likely to report doing at least 60 minutes of physical activity every day during the last seven days compared to their peers from high income families⁵.

4 Strategic Context

Tackling health inequalities and maximising health and wellbeing opportunities through prevention and early intervention is a strategic priority for the Health Board.

Evidence shows us that taking part in regular physical activity is one of the best things we can do to improve health and support healthy ageing.

Improving physical activity and tackling inequalities is supported by a range of global, national and regional strategies. Together, the strategies identify a number of cross-cutting areas of focus:

- Being active is one of the best things we can all do to support and improve our health and wellbeing.
- Increasing physical activity levels is complex and requires organisations from different policy areas, including education, health, housing, planning, environment and economy to work together.
- It is important to consider the wider influences that impact on being active, such as the role of workplace settings, schools, active travel routes, planning, access to safe and affordable opportunities, and cultural norms.
- Policies or interventions that support communities to be active should embed the five ways of working – long-term, collaboration, involvement, prevention and integration¹⁵.
- We must all work in and alongside local communities to understand the challenges to being active. To do this we need to draw on the strengths and capabilities of local people from diverse backgrounds to co-design and co-deliver local and sustainable opportunities to be active.



Take a look at the 'Active Lives for All' diagram below which shows the strategies that support physical activity at the various levels. Follow each of the links to find out more or see Appendix 1 which summarises the strategies.

Active Lives for All



“Actif North Wales¹⁸ is the first regional physical activity and sports partnership to go live in Wales. We are made up of a wide range of organisations across sectors including health, local authorities, education, social housing and equalities groups, all joining together to agree to work differently to achieve a shared purpose of more active communities in North Wales”.
Manon Rees O’Brien, Actif North Wales Regional Director.

The following chapters on **Active People**, **Active Societies**, **Active Environments** and **Active Systems** support the World Health Organizations Global Action Plan for Physical Activity¹⁶.



5 Active People

Encouraging people to be more active every day has the potential to improve physical and mental health and wellbeing. Evidence suggests being active declines from childhood into adulthood therefore, a 'life course approach' which considers people's capability, motivation and opportunity for being active from early years to older age is important.

The Chief Medical Officer of the UK provides guidance on the amount and type of physical activity people should be doing at different times in their life³.

Being active during preconception and pregnancy optimises both physical and mental health and helps to maintain a healthy weight, particularly if this is alongside a healthy diet. Being active also has the potential to transfer this behaviour to children and families. Children's health behaviours are heavily influenced by their early years, for example learning and developing through play, and school environments, where physical activity can be positively affected in these settings.



During adulthood, being active can often be difficult to fit into daily routines and the workplace is a key setting to support working-age adults to build activity into their day. **Being active, particularly in adulthood and into later life, helps to maintain muscle mass so our bodies are stronger and more stable and able to respond to what we request from them on a daily basis.** As we age, movement can become more challenging due to the impact of numerous health conditions and the ageing process. Being active can help maintain mobility and prevent falls, as well as improving functionality and supporting independence into later life.



Being Active enables us to live our lives as best we can and to carry out our everyday tasks, either by ourselves or with others.

The Health Board works with a range of internal and external partners to maximize the opportunities for the whole population to be active in different settings according to need. From outdoors *Babi Actif* sessions for parents and their baby/toddler²³, to tailored chronic condition prevention programmes such as the Wales National Exercise Referral Scheme (NERS)²⁴, they all share the Health Board's vision to get the population of North Wales more active.



Helping people be more active is an important component of the Health Board's response to the 3 Ps policy introduced by the Minister for Health and Social Services in 2023. The 3 Ps are **P**romote improved Health Behaviours, **P**revent worsening Health, **P**repare for Treatment and Recovery. A Prehabilitation programme²⁵ has been developed in Wrexham and Flintshire to help people prepare for surgery and the learning from this service is being used to establish similar offers in other parts of North Wales.

It is also helpful to note the various NICE (National Institute for Health and Care Excellence) guidance in relation to physical activity that is available²⁶. This includes guidance in relation to: community; environment; exercise referral schemes; brief advice for adults in primary care; walking and cycling; and children and young people.

Case study: "Bring a Baby" Byw'n Iach Dwyfor²⁷

Following numerous enquiries over the years from new parents, who were regularly active before having children, Byw'n Iach decided to support new parents by allowing them to bring their baby or very small child to the gym or fitness classes^{27, 28}.

One parent who is taking advantage of this is Catrin. Catrin is a mother to four children between 2 and 9 years old and attends fitness classes regularly at the centre with her children. Catrin emphasised the positive effect this has also had on her children. All of them now have a great interest in sports.

"Without exercise, I feel sluggish and irritable! It has such a negative impact on me. I cannot explain how pleased I am that I'm able to bring the children with me. It is good for me mentally and physically. Being able to come in and exercise during the evenings makes me feel so much better. Personally, I don't feel that there are enough opportunities for mothers to exercise with their babies. We are lucky in this area that we have these classes here".

Catrin's daughter said:

"I like doing exercise with mum. It's fun and cool. I have started competing in races because of the sessions with mum".



Case study: Fit Dragons²⁹

Fit Dragons²⁹ is a 12-week multicomponent programme delivered by Wrexham Football Club and funded by the Welsh Government to provide men and women, aged 35-65 with the opportunities to lose weight and lead a more active lifestyle. Jayne started her Fit Dragons Journey in January 2024 following her sister's recommendation, as she had previously completed the programme. Jayne's main goal was to lose weight and feel better in herself.

"It's probably one of the best decisions I've made in a long time. I've had so much fun; met lovely people and I am looking forward to continuing my fitness journey. I have loved the exercise and fitness, doing it with like-minded people and having a laugh along the way. I've learned a lot about nutrition, it has changed the way I eat. It's made me a happier person who is now more comfortable in her body" Jayne.

Follow this link for more information about Fit Dragons²⁹:
<https://bcuhb.nhs.wales/health-advice/help-with-my-weight/fit-dragons/>



A range of diverse and local opportunities can be found on Actif North Wales³⁰ – click here to find out what's available in your local area
<https://gogleddcymruactif.cymru/clubs>



6 Active Societies

In North Wales, we want to create a society where being active is the norm, regardless of age, gender or background. Creating an 'active society' in North Wales requires a cultural shift across the whole population.

The Public Health Team in BCUHB are working with Actif North Wales¹⁸ to connect with the population, and a range of partner organisations, to raise the profile of the wider benefits of being active and to create more sustainable and accessible opportunities to be active. Collaborating on communications and awareness activities is key to engaging our diverse and vibrant population.



Case study: Nature for Health³¹

The *Nature for Health Programme*³¹ is a community wide initiative in Denbighshire that provides opportunities to help people become more active and live more fulfilled lives through improved access to the natural environment at a local level.

"The Llangollen group has enabled me to be more social, given me the confidence to reach out to other people, given me a reason to get out of my home, I have walked further than I have for years ... I have managed to walk up to Pengwern. I am able to do this alongside my Physio. I am the youngest, but not one person makes me feel less than, including the instructors! Becky and Chloe make it so welcoming and accessible; I am truly grateful for this group as I would not be where I am today without it! My spinal Consultant is really pleased that I am attending a weekly session to make a difference to my spinal health. Move the body, move the mind and treating me as a whole!"

Anna, Llangollen (Musculoskeletal Pain, Chronic Fatigue Syndrome, ADHD, Plantar Fasciitis and Fibromyalgia)



Our working environments can impact our wellbeing, and moving during our working days is vitally important to protect our physical and mental wellbeing. The Public Health Team in BCUHB have worked with Actif North Wales¹⁸ and other partners to create a suite of information and resources to enable workplaces across North Wales to embed a 'whole-workplace approach' to being active. Actif North Wales¹⁸ launched 'Active Soles' in July 2023³², a movement created by Greater Manchester Moving¹² to change perceptions about work wear by encouraging employees to wear active footwear to work.



Start to wear more active footwear to work and build movement into your day, take a picture and let others know about it.



Through 'Making Every Contact Count' (MECC)³³, health professionals across North Wales are being trained to have lifestyle conversations with patients to promote healthy living and support positive behaviour change. MECC recognises that behaviour change is everyone's business and is an integral part of all NHS roles. Enabling non-judgemental conversations about being active is a core component of the MECC programme.

The Five Ways to Wellbeing³⁴ approach comprises five components for individuals and organisations to consider to help protect and maintain their mental wellbeing. 'Be active' is a key component alongside Connect, Take Notice, Keep Learning, and Give³⁴. Some organisations and partnerships in North Wales are using the Five Ways approach to design and plan their service delivery models. These include HMP Berwyn, North Wales Regional Partnership Board and Betsi Cadwaladr University Health Board.



Active soles³² is a movement to change the way we all think about work wear based on the belief that active workplaces lead to happier and healthier people, which leads to greater creativity, better problem solving and improved productivity.

Being more active is not just good for you, it's also good for business.

Join our movement today by signing your organisation up to be part of Active Soles.

For further information email BCU.PHAdmin@wales.nhs.uk



BCUHB Public Health Team are working in partnership with Actif North Wales¹⁸ to lead the implementation of a Place-based Approach to physical activity in Flintshire, Denbighshire, Gwynedd and Anglesey.

Funded by the UK Government Shared Prosperity Fund³⁵, the test and learn pilot aims to empower local communities to understand what's strong about their spaces and places and explore what matters most for residents about how they use and move in their community to stay active. Local Coordinators have been employed across the region to work alongside local communities to identify local priorities and enable sustainable change

“We know that to tackle the low levels of physical activity in some areas of North Wales, we need to do things differently. There’s no one size fits all approach when it comes to being active. Our diverse communities have different strengths and the best people to lead the change in our region are the local people themselves. This pilot project will play an important part in helping us to test and learn how we can work alongside people in communities, all with their unique characteristics, to enable more people to make the most of the assets in their local area to move more every day”.

Hannah C. Lloyd, Principal Public Health Practitioner.

Case study: Promoting Health and Wellbeing through Social Running



The *Llangefni Nant y Pandy parkrun*³⁶ is a weekly running event that brings the community together to improve health and wellbeing. These sessions attract a diverse audience, including patients from GP practices, NERS, BCUHB Cancer Services, Physiotherapy and Third Sector service users.

The sessions aim to address the limited participation in social running activities due to misconceptions about suitability and accessibility, particularly among underserved populations on Anglesey.

“Everyone who took part can feel the benefit, that it has had a positive impact on their mood and has increased their confidence. But most of all they’ve had the opportunity to bond and re-connect as families and develop new friendships. Others have said that their mental health and anxiety have improved, and they feel more motivated”.

The project has improved understanding of the benefits of social running among healthcare professionals, resulting in increased referrals to parkrun events as part of social prescribing. This has contributed to a rise in participation among individuals from diverse backgrounds, including those with health conditions.



Find a parkrun in your area³⁷ (www.parkrun.org.uk)

Case Study: Age Friendly Communities

Age Friendly Communities is a movement that enables people to live longer and age well, by creating environments that support people to be healthy, active, and more connected to local opportunities³⁸. An age-friendly community enables people of all ages to participate in community activities and treats everyone with respect, regardless of their age. The process of becoming age-friendly involves individuals, local groups, services and businesses working together to make positive change to enable everyone to age well, and in particular, to ensure older people feel valued and respected.

The Flintshire County Council Ageing Well Team³⁹ are working in partnership with *Age & Dementia-Friendly Holywell* and *Walkabout Flintshire* to carry out Walk Assessments in Holywell, using the Walk Assessment Toolkit developed by Belfast Healthy Cities⁴⁰. The tool was designed for use by older people and organisations to evaluate the age friendliness of a place, and local features such as streets or parks; and was developed using the WHO (World Health Organization) Checklist of Essential Features of Age-friendly Cities.



To read Flintshire County Council's plan for developing age-friendly communities visit: <https://www.flintshire.gov.uk/en/PDFFiles/Social-Services/Age-Friendly-Flintshire/Plan-for-developing-age-friendly-communities-in-Flintshire.pdf>



7 Active Environments

Evidence shows that connecting people of all ages and abilities with nature is beneficial to their physical and mental wellbeing, supporting community cohesion, and a sense of belonging.

Simply being near nature has been shown to have a calming effect on people, and being more active outdoors enhances those benefits further.

Our experience throughout the recent pandemic, when restrictions were placed on our movements, saw the UK government advising everyone to go outdoors in their local areas each day to be active for a defined period. This highlighted the essential need for people to be able to access their natural environment to maintain physical and mental health and wellbeing, and connect with nature.



The Health Board recognises the value of the natural environment in supporting the health and wellbeing of its staff and the population it serves. BCUHB staff across the region support 'Green Groups' at our three District General Hospital sites and promote a range of activities from planting trees, to creating features that attract wildlife. Some examples of how BCUHB is working with different partners across the region to create opportunities and equitable access to be active and connect with nature include:

- supporting the new curriculum's links with the outdoors in schools.
- embedding a physical literacy 'whole school approach' to physical activity with schools in Gwynedd. Conwy's Education Department have been doing work around using a 'physical literacy approach' to planning lessons in the outdoors linking to the new curriculum. Byw'n lach Leisure Services⁴¹ in Gwynedd also use the approach to plan interventions in their centres, as do several other authorities.
- working with Public Services Boards to facilitate implementation of actions from the Healthy Travel Charter for North Wales⁴².

- developing local plans in the six Local Authority areas for 'Connecting Communities' with nature in their own square mile.
- supporting a *North Wales Nature and Wellbeing Community of Interest* to provide a forum where stakeholders build relationships and learn from each other as they collaborate to enable more people to be active outdoors in a variety of settings and activities.

One example of an organisation involved in the Community of Interest is *The Outdoor Partnership*, which published their 'Opening Doors to the Outdoors' report⁴³ on social return on investment in 2022. Another active stakeholder in the Community of Interest is *Small Woods/Coed Lleol*⁴⁴. They offer a range of opportunities and experiences in woodlands all over the region to support population health and wellbeing.

We are fortunate to be surrounded by a rich and diverse range of natural assets throughout North Wales. The Public Health Team in BCUHB will continue to work with partner organisations and communities across the region to reduce inequity and improve access to physical activity opportunities across the life course.



If your organisation would like to join the 'North Wales Nature and Wellbeing Community of Interest', email BCU.PHAdmin@wales.nhs.uk



Follow the link to a video by volunteers participating in one of the *Small Woods/Coed Lleol* projects at Newborough Forest on Anglesey <https://www.youtube.com/watch?v=hJRZDsAHPTI>.⁴⁵



The following case study shows how small steps can lead to bigger things!

Case Study: New mountaineering club set up in Snowdonia to help those recovering from addiction⁴⁶



Rob started attending meetings and recovery sessions organised by *North Wales Recovery Communities*⁴⁷. Following a trip up Snowdon with the recovery charity, he fell in love with mountaineering, which helped him greatly on his journey to recovery.

“I fell in love with walking, and I’ve never been so happy, and so comfortable in myself”, says founder Rob Havelock. He has now set up Sober Snowdonia⁴⁶, a walking group to offer a “safe atmosphere” for addicts or recovering people so that they can come together and share their experiences in introducing them to the Snowdonia mountains. “It’s a place for people to get to know people who have been through what they’re going through at the moment, and meet people who have recovered. Walking in a group is also a positive step to joining society again too, because you can isolate when you’re in the middle of it with drugs”.

Rob started taking cocaine soon after he left school.

“I’ve suffered from drug addiction and alcoholism for more than 20 years. I struggled facing up to things. Addiction made my life unmanageable, and I was in a very dark place. I lost everything, and it was time for me to move back to Wales, to Porthmadog, to try and sort myself out”.

“When you’re addicted, you hate life and you’re afraid to tackle life. It was eye-opening for something completely new after being stuck in a city for fifteen years. I noticed how much I missed living in Wales, and how much time I had wasted not walking these Mountains. But I’ve never felt this way in my life. I’ve never been so happy, and so comfortable in myself”.

8 Active Systems

To achieve a coordinated, sustainable approach to increasing activity levels long term, we need healthy and active systems. There are a range of interconnected factors that influence how active someone can be, and no one organisation can address these factors alone. This means bringing together a diverse range of sectors and organisations to look at the problem in its entirety and take a 'whole systems approach' which brings stakeholders together to develop a shared understanding about the root causes of a problem.



You can learn more about whole system approaches in last year's Director of Public Health (DPH) Annual Report⁴⁸ found here: bcuhb.nhs.wales/about-us/governance-and-assurance/bcuhb-public-health-annual-report-2023/

GOGLEDD CYMRU
ACTIF
NORTH WALES

The *Actif North Wales Strategy*⁴⁹ is one example of how a physical activity strategy brings together an ambition for everyone in North Wales to be more active, leading healthier and happier lives. Written in collaboration with a

range of organisations, one of the aims within the strategy is to embed being active into policy and practice. There is also a plan outlined to ensure partners are pulling in the same direction and advocating for physical activity within their sphere of influence.

"We strongly support a whole systems approach to achieving a more active North Wales, building on the region's reputation for working collaboratively across sectors to deliver whole systems change. This means working with communities and stakeholders to understand the challenge and identify and test solutions working across sector, organisational and place boundaries to achieve long lasting improvements to health and wellbeing. This Partnership recognises the intent and commitment of working together to address the deep-rooted challenges around being active in North Wales' communities, and we will continue to build and develop this approach as a cornerstone of our work".

"Collaborating with Actif North Wales isn't difficult and doesn't need a lot of time. It's more about sharing our vision and making a commitment to the cause. Each partner plays a role in their own unique way, with some offering local activities and opportunities to be active within clubs or groups, others promote activities and the benefits of a more active lifestyle. Some partners provide funds, others expertise, useful data and insight to help us make better decisions for the region".
Manon Rees O'Brien, Regional Director of Actif North Wales¹⁸



Join the Actif North Wales movement and discover how you could play your part. To get involved, visit [Get Involved - Actif North Wales \(gogleddcymruactif.cymru\)](https://gogleddcymruactif.cymru)

9 Conclusions

Who needs to be involved?

Everyone has a role to play in creating the conditions where being active is accessible, sustainable and enjoyable for all. **Moving should be a normal part of everyday life**, and this should be the mindset and culture of everyone in North Wales, particularly leaders in organisations who can influence change.



What do we all need to do?

Local and regional policies, alongside people in organisations at various levels can incentivise and encourage individuals and local communities in North Wales to be more active and help reduce inequalities in accessing opportunities to participate in physical activity. Through planning and policies we can encourage safe and accessible spaces, and **through effective leadership** and demonstrating **positive behaviours** we can influence others. We can all promote **flexible workplace policies** that encourage and enable staff to be more active and less sedentary.

Supporting people to have the skills and motivation, as well as the opportunities to be more physically active regardless of age, gender or background is important. **More work is required to identify and understand the barriers that some groups face in being able to be more active**, and reduce inequalities in accessing physical activity opportunities.

Promoting and enabling access to the natural environment in North Wales will encourage individuals to be more active with friends, family and colleagues, **building and maintaining the social relationships that are important to us** is key to good physical and mental health and wellbeing.



Where should we all do this?

Through using our **environment** whether this be when we are all at work, or in play or by taking part in leisure activities, these settings play an important and essential part of enabling people to be active. We are fortunate in North Wales to have beautiful **natural environments** to enjoy. Being able to access **good quality green and blue spaces**, and to be with nature can influence whether or not we want to go outside and be more active and be part of something special.

When and how do we all make this happen?

We should all do this now, we have an 'inactivity emergency', with recent trends showing people in North Wales becoming less active. Help to create the conditions for this to happen through a multifaceted and joined-up approach between organisations and communities building our relationships. **Some organisations in North Wales are doing amazing work to encourage more active lifestyles and addressing inequalities in accessing physical activity opportunities.** There is however more for us to do if we are to embed being active as a norm for all!



Join us on the journey to create a North Wales where being active is the norm, regardless of age, gender or background, and where it is an ambition to reduce inequalities in accessing physical activity opportunities, and leading healthier and happier lives.

Contact BCUHB Public Health Team at BCU.PHAdmin@wales.nhs.uk to come with us on the journey together!



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11 Further Information

5X60 Games, Deeside Leisure⁵⁰

This initiative encouraged young people to meet physical activity goals of 60 minutes five times a week. In Flintshire the 5X60 Games was led by a team of Young Ambassadors, and aimed at students who were disengaged with sport in school, or who qualify for Free School Meals. The scheme enabled pathways into new sports, that the students would never have had access to elsewhere, including ice hockey and badminton.

'Each sporting event was delivered by the young volunteers, and it was lovely to see the participants engaging and having a great time. These sports are also sports that our Aura sport development team deliver in schools and in the evenings out in the community. The students were also given the opportunity to discuss in a group any stigma they find around taking part in sport, and what they'd like to see change to make it more accessible to everyone'.

Coed Lleol / Small Woods⁴⁴

The Woodlands for Wellbeing project enables people to be active outdoors by engaging in a range of activities in woodland settings: <https://youtu.be/MnLQXPGQB-s?feature=shared>

Through regular sessions led by knowledgeable and experienced facilitators, there is the opportunity to meet others in a relaxing environment, build relationships with each other, and with the natural environment. Not only that, they can learn new skills that help build confidence and a sense of belonging. Click on this link for more participant stories: https://www.smallwoods.org.uk/assets/Coed-Lleol-Participant-Stories-2022-23_compressed.pdf

The Outdoor Partnership⁵¹

Opening Doors to the Outdoors is based on a Social Prescribing model: <https://www.youtube.com/watch?v=aGr2f8pyZsQ>.

In this project, anyone can be invited by a health professional to join a range of outdoor activities in their neighbourhood to support their physical and mental well-being. Experienced outdoor instructors lead a range of activities, from walking to water sports throughout North Wales. The project empowers people to explore their potential at their own pace.

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Vickers H. The benefits of exercising in nature. [Internet] The Woodland Trust, 2019 [cited 2024 July 12]. Available from <https://www.woodlandtrust.org.uk/blog/2019/01/the-benefits-of-exercising-in-nature/>

12 Appendix 1

Strategies that support being active

Global

In 2018, the World Health Organization published the Global Action Plan for Physical Activity (GAPPA) Framework¹⁶. The evidenced based framework aims to improve physical activity levels and reduce sedentary behaviour across four strategic objectives: create active societies, create active environments, create active people and create active systems. <https://iris.who.int/bitstream/handle/10665/272722/9789241514187-eng.pdf?sequence=1>

National

The **Wellbeing of Future Generations (Wales) Act 2015** (WBFGA)¹⁵ is unique and ambitious legislation that sets a legal duty on public bodies to improve the social, economic, environmental and cultural well-being of Wales. The Act provides a firm foundation for promoting physical activity within the population by using the ways of working, as a core mechanism through which to achieve the wellbeing goals. <https://www.gov.wales/well-being-future-generations-act-essentials-html>

The **Social Services and Wellbeing (Wales) Act 2014**²⁰ provides a legislative framework for improving the well-being of people who need care and support, and carers who need support, and for transforming the way in which services are commissioned and delivered. Its focus on promoting wellbeing and prevention presents an opportunity to promote physical activity across the life-course, in particular for people who have additional care needs. <https://www.gov.wales/sites/default/files/publications/2019-05/social-services-and-well-being-wales-act-2014-the-essentials.pdf>

The **Welsh Government's plan for Health and Social Care, A Healthier Wales**¹⁹, sets out a vision for improving the health and wellbeing of people in Wales. It's aims are to help people look after themselves, make sure they are supported by the right health and social care services to help people stay well, to get better when they are ill, and to live the best life possible. <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

Sport Wales¹⁷, the national organisation responsible for developing and promoting sport and physical activity, have the aim of supporting Wales to be a more active, healthier nation. Their vision for sport in Wales is for an active nation where everyone can have a lifelong enjoyment of sport¹⁷ and, in doing so, aligning with the goals and ways of working of the Wellbeing of Future Generations (Wales) Act¹⁵. <https://futuresport.wales/>

Healthy Weight: Healthy Wales⁸ is the Welsh Government's long-term strategy to prevent and reduce obesity in Wales. It recognises that the factors that contribute to excessive weight gain are complex, and highlights that the population is increasingly less active due to our daily work and travel patterns. The strategy sets out an ambitious programme of work leading up to 2030 that advocates for a whole system approach. https://www.gov.wales/sites/default/files/publications/2019-10/healthy-weight-healthy-wales_0.pdf

Gogledd Cymru Actif North Wales¹⁸ is the regional partnership for physical activity and sport for North Wales. Its aim is for everyone in North Wales to be more active, leading healthier and happier lives by uniting partners from different sectors across North Wales to work collaboratively towards this common goal. Examples of activity led by Actif North Wales includes promoting and supporting clubs and activity providers, test and pilot new ways of working and securing long term funding for the region. <https://gogleddcymruactif.cymru/> <https://gogleddcymruactif.cymru/vision-impact/>

Public Services Boards (PSBs)²¹ are tasked with developing and implementing their Wellbeing Plans, based on an assessment of their population's economic, social, health, environmental and cultural needs and the context and mandate for their work is provided by the Wellbeing of Future Generations (Wales) Act¹⁵. <https://www.gov.wales/public-services-boards>

There are three PSBs in North Wales, representing Gwynedd and Ynys Môn⁵², Conwy and Denbighshire⁵³, and Flintshire and Wrexham⁵⁴. Recently, there has also been a focus across the PSBs on taking a whole system approach to healthy weight, as well as progressing the delivery of the Healthy Travel Charter⁴².

The **North Wales Regional Partnership Board** (RPB)²² was established to meet Part 9 of the Social Services and Well-being (Wales) Act 2014²⁰, in order to work together to ensure the health and wellbeing of people of all ages in North Wales. It is comprised of senior representatives from across public and voluntary sector organisations in North Wales and has a work programme informed by a comprehensive population needs assessment. The RPB is required to promote wellbeing and prevention through its work with people in the priority groups. <https://www.northwalescollaborative.wales/regional-partnership-board>



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Contact us

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North Wales on the Move

'small steps that make a big difference'



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Betsi Cadwaladr
University Health Board

Why moving matters Every movement counts!



improves physical health, and mental health and wellbeing



reduces stress and anxiety



feel-good factor/ enjoyable



better sleep



reduces isolation, builds social relationships



reduces premature death



benefits are across the life course



improves concentration



improves the environment



increases productivity



supports, healthier and happier lives



can be free



Click here <https://vimeo.com/811226908> to learn more about the vision for a healthy and active North Wales

What influences moving

- Wider determinants of health and wellbeing (e.g. education, health, housing, employment, cost of living)



- Cultural norms, influence of social groups



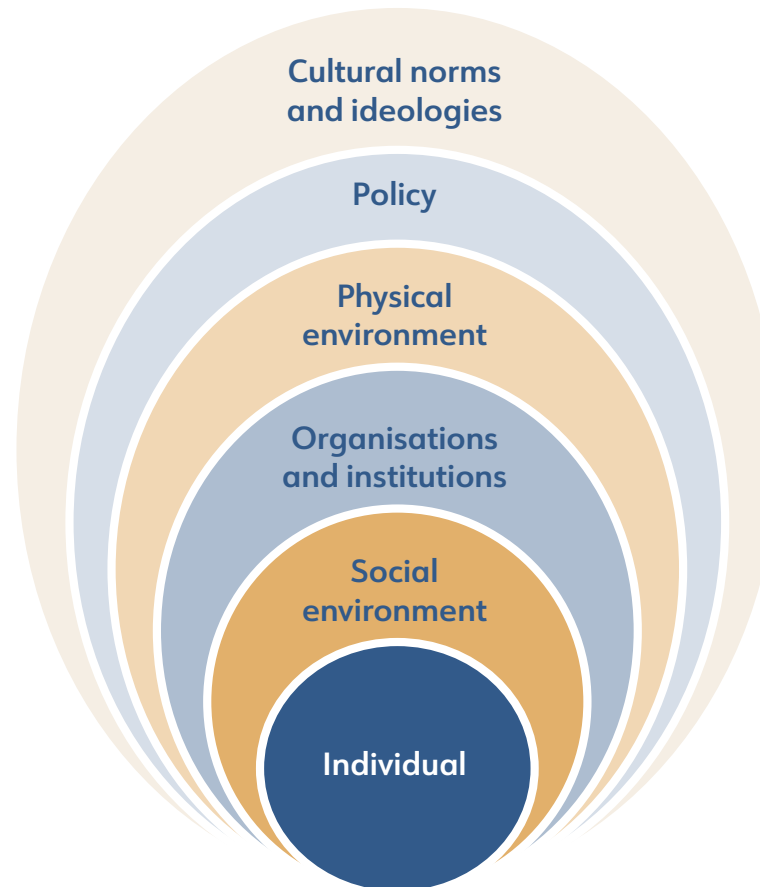
- Planning and design of the physical environment (e.g. workplaces, schools, where young people congregate)



- Having opportunities to be active



- Capability and motivation of individuals



Increasing Moving

Environments that encourage movement and being more active include:



cycle routes



walking routes



green and blue spaces (e.g. parks and lakes)



affordable opportunities



safer streets and communities



clean and accessible spaces

How active is North Wales?

CMO's Physical activity guidelines

Aged 11-16 years



60 mins per day
moderate-to-vigorous
intensity physical activity

Adults



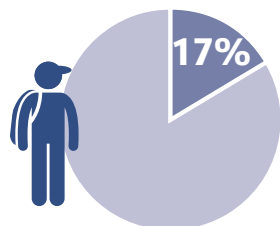
150 mins per week
moderate intensity
physical activity

or



75 mins per week
vigorous intensity
physical activity

Adolescents meeting physical activity guidelines



In North Wales, just under
17% of children and young people
aged 11-16 years met physical
activity guidelines in 2021

Of those likely to be
physically active:



21% of males



12% of females

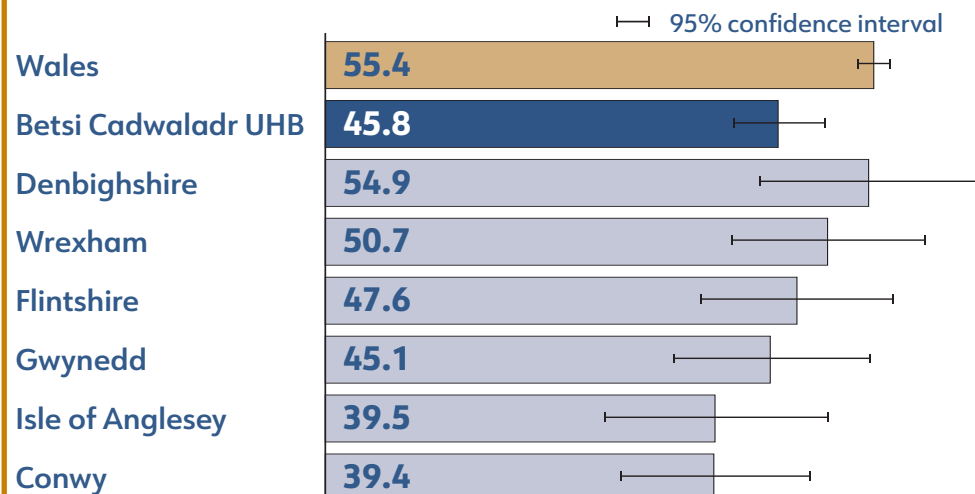


36% walk or cycle to school

Adults meeting physical activity guidelines

Adults meeting physical activity guidelines, age-standardised
percentage, persons aged 16 years and over, 2022/23

Produced by Public Health Wales using National Survey Data for Wales (Welsh Government)



Adolescents in Wales from low income families are
less likely to meet activity guidelines compared to
those from high income families



48% of adults living in the most deprived areas in Wales
meet physical activity guidelines compared to
61% of adults living in the least deprived areas

What you can do as an individual and/or as part of an organisation:

Create Active Lives for all through supporting:



Active People – encourage people of all ages to be more active every day. Being active enables us to be healthier, stronger and more stable, and to do everyday tasks by ourselves or with others.

Support people to have the skills, motivation and opportunities to be more physically active regardless of age, gender or background.



Active Societies – help to create societies where being active is the norm, regardless of age, gender or background, and through being more active to build and maintain social relationships, and a sense of belonging.

Reduce inequalities in accessing physical activity opportunities, and better understand barriers and enablers.



Active Environments – help to connect people of all ages and abilities with nature and their environment, for good physical and mental health and wellbeing.

Enhance environments that encourage play and activity in children and young people, and encourage flexible workplace policies for staff to be more active and less sedentary.



Active Systems – work with stakeholders, to co-design and co-deliver local and sustainable opportunities to be active, developing long term systems change to physical activity.



Develop local and regional policies and interventions for long term systems change to physical activity.



Talk to someone today about how they can be more active, or what they are currently doing and enjoying to be active. Don't underestimate your impact as a leader and being able to influence others.

Together we can create the conditions and get North Wales on the Move!



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Public Health Team at
BCU.PHAdmin@wales.nhs.uk

to come with us
on the journey together!





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Betsi Cadwaladr
University Health Board

Cyfarwyddwr Iechyd Cyhoeddus

Adroddiad Blynyddol 2024

Gogledd Cymru ar Garlam

'camau bach sy'n gwneud gwahaniaeth mawr'

Director of Public Health

Annual Report 2024

North Wales on the Move

'small steps that make a big difference'



Infograffeg i grynhoi

Summary infographics



Pam fod symud yn bwysig

Mae pob symudiad yn cyfrif!

Why moving matters

Every movement counts!



gwella iechyd corfforol,
iechyd meddwl a lles

improves physical health, and
mental health and wellbeing



lleihau straen a
phryder

reduces stress
and anxiety



teimlo'n dda /
mwynhau

feel-good factor/
enjoyable



cysgu'n well
better sleep



lleihau ynysu, meithrin perthnasau
cymdeithasol

reduces isolation, builds
social relationships



lleihau'r achosion o
farwolaethau cynamserol
reduces premature death



gwella canolbwyntio
improves concentration



**buddion ar draws
cwrw bywyd**
benefits are across
the life course



gwella'r amgylchedd
improves the environment



mwyr cynhyrchiol
increases productivity



**cefnogi bywydau iach
a hapus**
supports, healthier
and happier lives



gall fod am ddim
can be free



Cliciwch yma <https://vimeo.com/811226908> i
ddysgu mwy am y weledigaeth ar gyfer Gogledd
Cymru iach ac actif



Click here <https://vimeo.com/811226908> to learn
more about the vision for a healthy and active
North Wales

Beth sy'n dylanwadu ar symud

What influences moving

- Penderfyniadau ehangach iechyd a lles (e.e. addysg, iechyd, tai, cyflogaeth, costau byw)



- Normau diwylliannol, dylanwad grwpiau cymdeithasol



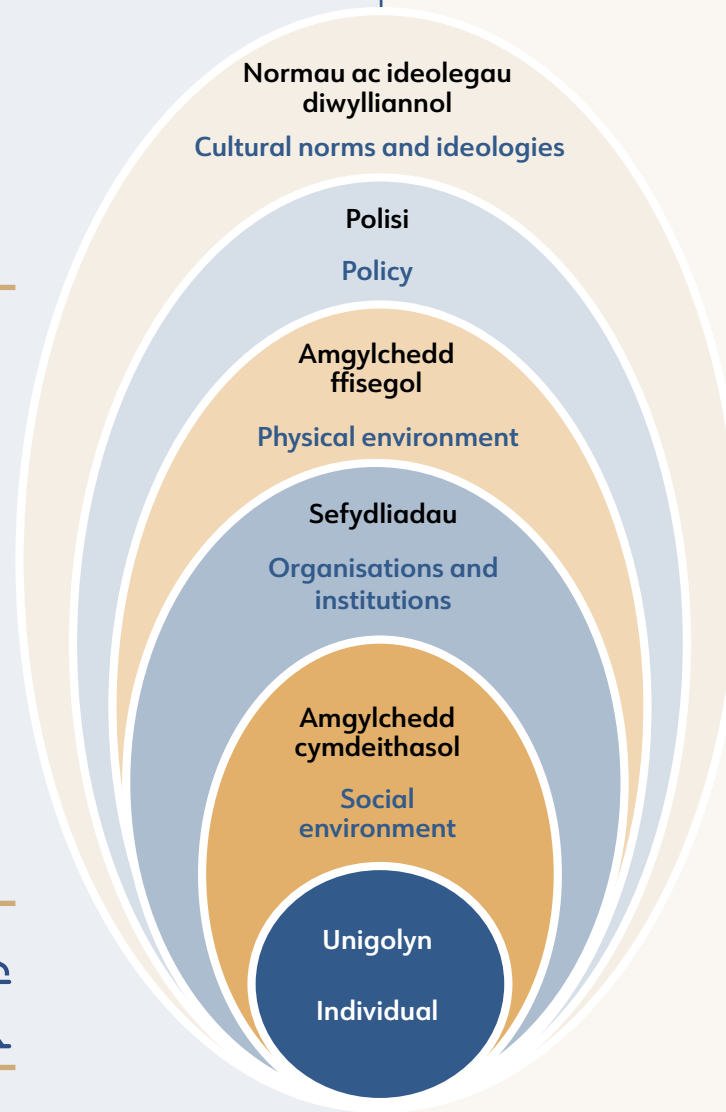
- Cynllun a dyluniad yr amgylchedd ffisegol (e.e. gweithleoedd, ysgolion, ble mae pobl ifanc yn ymgynnull)



- Cael cyfleoedd i fod yn actif



- Gallu a chymhelliant unigolion



- Wider determinants of health and wellbeing (e.g. education, health, housing, employment, cost of living)



- Cultural norms, influence of social groups



- Planning and design of the physical environment (e.g. workplaces, schools, where young people congregate)



- Having opportunities to be active



- Capability and motivation of individuals



Symud Mwy

Mae amgylcheddau sy'n annog symud a bod yn fwy actif yn cynnwys:



llwybrau beicio

cycle routes



llwybrau cerdded

walking routes



lleoedd gwyrdd a glas
(e.e. parciau a llynnoedd)

green and blue spaces
(e.g. parks and lakes)



cyfleoedd fforddiadwy

affordable opportunities



strydoedd a chymunedau mwy diogel

safer streets and communities



lleoedd glân a hygyrch

clean and accessible spaces

Increasing moving

Environments that encourage movement and being more active include:



Pa mor actif yw Gogledd Cymru?

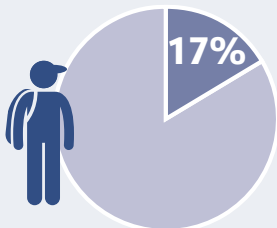
Canllawiau gweithgaredd corfforol y Prif Swyddog Meddygol

11-16 mlwydd oed



60 munud y dydd o weithgarwch corfforol dwys cymedrol i egnïol iawn

Pobl ifanc yn bodloni canllawiau gweithgarwch corfforol



Yng Ngogledd Cymru, mae ychydig o dan **17%** o blant a phobl ifanc 11-16 mlwydd oed yn bodloni canllawiau gweithgarwch yn 2021

O'r rhai sy'n debygol o fod yn actif yn gorfforol:



yn wrywaidd



yn fenywaidd



36% yn cerdded neu'n beicio i'r ysgol

How active is North Wales?

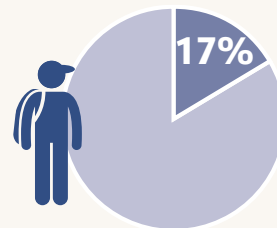
CMO's Physical activity guidelines

Aged 11-16 years



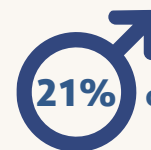
60 mins per day moderate-to-vigorous intensity physical activity

Adolescents meeting physical activity guidelines



In North Wales, just under **17%** of children and young people aged 11-16 years met physical activity guidelines in 2021

Of those likely to be physically active:



of males



of females



36% walk or cycle to school

Mae'r bobl ifanc yng Nghymru sydd o deuluoedd incwm isel yn llai tebygol o fodloni canllawiau gweithgarwch o gymharu â'r rhai o deuluoedd incwm uchel



Adolescents in Wales from low income families are less likely to meet activity guidelines compared to those from high income families

Canllawiau gweithgaredd corfforol y Prif Swyddog Meddygol

Oedolion



150 munud yr wythnos o weithgarwch corfforol cymedrol

neu



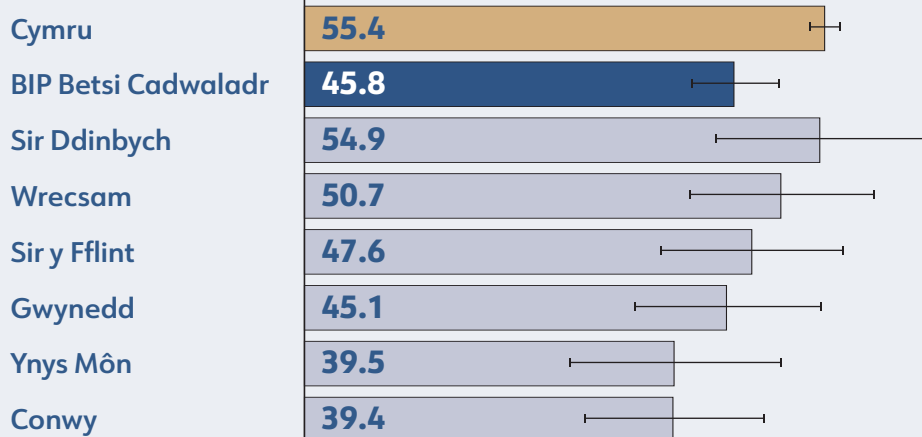
75 munud yr wythnos o weithgarwch corfforol egniol

Oedolion sy'n bodloni gofynion canllawiau gweithgarwch corfforol

Oedolion sy'n bodloni gofynion canllawiau gweithgarwch corfforol, ystadegau unigolion 16 mlwydd oed a hŷn, 2022/23

Cynhyrchwyd gan Iechyd Cyhoeddus Cymru gan ddefnyddio Data Arolwg Cenedlaethol Cymru (Llywodraeth Cymru)

95% cyfwng hyder



CMO's Physical activity guidelines

Adults



150 mins per week moderate intensity physical activity

or



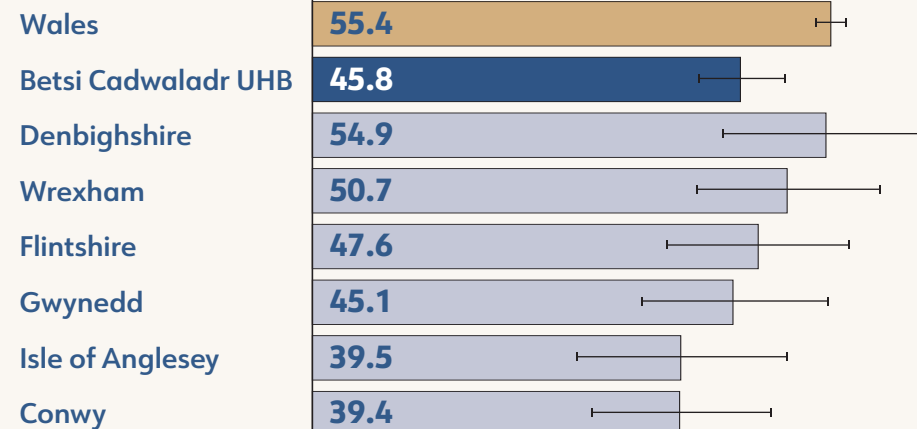
75 mins per week vigorous intensity physical activity

Adults meeting physical activity guidelines

Adults meeting physical activity guidelines, age-standardised percentage, persons aged 16 years and over, 2022/23

Produced by Public Health Wales using National Survey Data for Wales (Welsh Government)

95% confidence interval



48% o oedolion sy'n byw yn yr ardaloedd mwyaf difreintiedig yng Nghymru yn bodloni canllawiau gweithgarwch corfforol

o gymharu â

61% o oedolion sy'n byw yn yr ardaloedd lleiaf difreintiedig



48% of adults living in the most deprived areas in Wales meet physical activity guidelines

compared to

61% of adults living in the least deprived areas

Beth allwch chi ei wneud fel unigolyn a/ neu fel rhan o sefydliad:

Creu Bywydau Actif i bawb drwy gefnogi:

Pobl Actif – annog pobl o bob oed i fod yn fwy actif bob dydd. Mae bod yn actif yn ein galluogi i fod yn iachach, yn gryfach ac yn fwy sefydlog, ac i wneud tasgau bob dydd ar ein pennau ein hunain neu gydag eraill.

Cefnogi pobl i feithrin y sgiliau, y cymhelliant a'r cyfleoedd i fod yn fwy actif yn gorfforol waeth beth fo'u hoedran, rhyw neu gefndir.

Cymdeithasau Actif – helpu i greu cymdeithasau lle mai bod yn actif yw'r norm, waeth beth fo'u hoedran, rhyw neu gefndir, a thrwy fod yn fwy actif byddant yn meithrin a chynnal perthnasoedd cymdeithasol, ac ymdeimlad o berthyn.

Lleihau anghydraddoldebau wrth gael mynediad at gyfleoedd gweithgarwch corfforol, a deall rhwystrau a galluogwyr yn well.

What you can do as an individual and/ or as part of an organisation:

Create Active Lives for all through supporting:

Active People – encourage people of all ages to be more active every day. Being active enables us to be healthier, stronger and more stable, and to do everyday tasks by ourselves or with others.

Support people to have the skills, motivation and opportunities to be more physically active regardless of age, gender or background.

Active Societies – help to create societies where being active is the norm, regardless of age, gender or background, and through being more active to build and maintain social relationships, and a sense of belonging.

Reduce inequalities in accessing physical activity opportunities, and better understand barriers and enablers.



Amgylcheddau Actif – helpu i gysylltu pobl o bob oed a gallu â natur a’u hamgylchedd, er mwyn sicrhau iechyd a lles corfforol a meddyliol da.

Gwella amgylcheddau sy’n annog chwarae a gweithgarwch corfforol ymhlith plant a phobl ifanc, ac annog polisiau gweithle hyblyg i staff fod yn fwy actif ac yn llai segur.

Systemau Actif – gweithio gyda rhanddeiliaid, i gyd-ddylunio a chyd-ddarparu cyfleoedd lleol a chynaliadwy i fod yn actif, gan ddatblygu newid hirdymor i systemau gweithgarwch corfforol.

Datblygu polisiau ac ymyriadau lleol a rhanbarthol ar gyfer newid hirdymor i systemau gweithgarwch corfforol.



Active Environments – help to connect people of all ages and abilities with nature and their environment, for good physical and mental health and wellbeing.

Enhance environments that encourage play and activity in children and young people, and encourage flexible workplace policies for staff to be more active and less sedentary.



Active Systems – work with stakeholders, to co-design and co-deliver local and sustainable opportunities to be active, developing long term systems change to physical activity.

Develop local and regional policies and interventions for long term systems change to physical activity.

Astudiaethau Achos

Case studies

Her Cerdded i'r Ysgol WOW

"Unwaith bob pythefnos, rydym yn trefnu digwyddiad Parcio a Chamu yn ein hysgol. Dyma lle mae staff yn cyfarfod â'r plant a'r rhieni sy'n dymuno cerdded i'r ysgol mewn parc lleol, ac rydym yn cerdded i'r ysgol gyda'n gilydd am tua 20 munud. ... Rydym eisoes wedi gweld cynnydd sylweddol yn y ganran o blant sy'n teithio'n egniol i'r ysgol. Fe ddechreuon ni'r cynllun ar 28% ac erbyn hyn mae'n 33%." Plant a Staff Ysgol Porth y Felin



WOW Walk to School Challenge

"Once a fortnight, we arrange a Park and Stride event in our school. This is where staff meet the children and parents who wish to walk to school in a local park and we walk to school together for around 20 minutes. ... We have already seen a significant increase in the percentage of children who actively travel to school. We started the scheme at 28% and now find ourselves at 33%." Children & Staff at Ysgol Porth y Felin

Merched Ni Sir y Fflint

"Pan ddechreuodd prosiect Merched Ni Sir y Fflint am y tro cyntaf, roeddem am ddarparu mynediad at ystod o weithgareddau a chynnig lle diogel i ferched ddod i gymdeithasu â ffrindiau ar ôl ysgol. Y tymor hwn, cafodd y merched gyfle i gymryd rhan mewn dosbarthiadau beicio statig, cylchau hwla, osgoi'r bêl, tenis, badminton, pêl-fasged, pêl-droed a phêl-rwyd. Mae merched sy'n mynychu wedi dweud eu bod yn mwynhau cael lle diogel, lle i ymlacio, ac wedi mwynhau'r dosbarth blasu beicio statig yn fawr iawn".



Us Girls Flintshire

"When the Us Girls Flintshire project first started, we wanted to provide access to a range of activities and a safe space for girls to come and socialise with friends after school. This term the girls had the opportunity to take part in a spin class, hula hooping, dodgeball, tennis, badminton, basketball, football and netball. Girls that attend have cited they enjoy having a safe space, chill, and have really enjoyed the spin taster class"

Natur er budd iechyd

"Mae grŵp Llangollen wedi fy ngalluogi i fod yn fwy cymdeithasol, ... wedi rhoi rheswm i mi fynd allan o'r tŷ, rwyf wedi cerdded ymhellach nag ydw i ers blynyddoedd ... rwy'n gwerthfawrogi'r grŵp yn fawr ... Mae fy Meddyg Ymgynghorol asgwrn cefn yn falch iawn fy mod yn mynychu sesiwn wythnosol i wneud gwahaniaeth i fy iechyd asgwrn cefn. Rwy'n symud fy nghorff, yn symud fy meddwl ac mae'n gwella pob rhan ohonof!" Anna, Llangollen (Poen Cyhyrysgerbydol, Syndrom Blinder Cronig, ADHD, Plantar Fasciitis a Ffibromyalgia)

Clwb mynydda newydd wedi'i sefydlu yn Eryri i helpu'r rhai sy'n gwella o ddibyniaeth

"Nid oedd unrhyw beth arall yn fy rhoeni, dim ond cyffuriau ... Syrthiais mewn cariad â cherdded, a dydw i erioed wedi bod mor hapus, ac mor gyfforddus ynof fy hun ..."

Mae'n lle i bobl ddod i adnabod pobl sydd wedi cael profiadau tebyg, a chwrdd â phobl sydd wedi gwella."

Rob Havelock, sylfaenydd y grŵp.



Nature for Health

"The Llangollen group has enabled me to be more social, ... given me a reason to get out of my home, I have walked further than I have for years ... I am truly grateful for this group ... My spinal Consultant is really pleased that I am attending a weekly session to make a difference to my spinal health. Move the body, move the mind and treating me as a whole!" Anna, Llangollen (Musculoskeletal Pain, Chronic Fatigue Syndrome, ADHD, Plantar Fasciitis and Fibromyalgia)

New Mountaineering club set up in Snowdonia to help those recovering from addiction

"Nothing else bothered me, just drugs I fell in love with walking, and I've never been so happy, and so comfortable in myself ..."

It's a place for people to get to know people who have been through what they're going through at the moment, and meet people who have recovered." Rob Havelock, group founder.

Fit Dragons

“Rwyf wedi cael cymaint o hwyl; cwrdd â phobl hyfryd ac rwy’n edrych ymlaen at barhau â’m taith ffitrwydd. Rwyf wedi mwynhau’r ymarfer corff a’r ffitrwydd, gwneud y cyfan gyda phobl o’r un anian a chael hwyl ar hyd y ffordd. Rydw i wedi dysgu llawer am faeth, mae wedi newid y ffordd rydw i’n bwyta. Mae wedi fy ngwneud yn berson hapusach sydd bellach yn fwy cyfforddus yn ei chorff” Jayne.

Fit Dragons

“I’ve had so much fun; met lovely people and I am looking forward to continuing my fitness journey. I have loved the exercise and fitness, doing it with like-minded people and having a laugh along the way. I’ve learned a lot about nutrition, it has changed the way I eat. It’s made me happier person who is now more comfortable in her body” Jayne.

Cymunedau sy’n Ystyriol o Oedran

Mae Tîm Heneiddio’n Dda Cyngor Sir y Fflint yn gweithio mewn partneriaeth ag Age a Threffynnon sy’n Ystyriol o Dementia a WalkAbout Sir y Fflint i gynnal Asesiadau Cerdded yn Nhreffynnon, gan ddefnyddio’r Pecyn Cymorth Asesu Cerdded a ddatblygwyd gan Belfast Healthy Cities. Cynlluniwyd yr adnodd i’w ddefnyddio gan bobl hŷn a sefydliadau i werthuso pa mor ystyriol o oedran yw lleoliad, a nodweddion lleol megis strydoedd neu barciau; ac fe’i datblygwyd gan ddefnyddio Rhestr Wirio Sefydliad Iechyd y Byd o Nodweddion Hanfodol Dinasoedd sy’n Ystyriol o Oedran.



Age Friendly Communities

The Flintshire County Council Ageing Well Team are working in partnership with Age & Dementia-Friendly Holywell and Walkabout Flintshire to carry out Walk Assessments in Holywell using the Walk Assessment Toolkit developed by Belfast Healthy Cities. The tool was designed for use by the older people and organisations to evaluate the age friendliness of a place, and local features such as streets or parks; and was developed using the WHO (World Health Organisation) Checklist of Essential Features of Age-friendly Cities.

Hybu Iechyd a Lles trwy Redeg Cymdeithasol. Parkrun Nant y Pandy Llangefni

“Gall pawb a gymerodd ran deimlo’r budd, mae wedi cael effaith gadarnhaol ar eu hwyliau ac wedi magu eu hyder. Ond yn bennaf oll, maent wedi cael cyfle i ddod ynghyd ac ailgysylltu fel teuluoedd a datblygu cyfeillgarwch newydd. Mae eraill wedi dweud bod eu hiechyd meddwl a’u gorbryder wedi gwella, a’u bod yn teimlo mwy o gymhelliant.”



Promoting Health and Wellbeing through Social Running. The Llangefni Nant y Pandy parkrun

“Everyone who took part can feel the benefit, that it has had a positive impact on their mood and has increased their confidence. But most of all they’ve had the opportunity to bond and re-connect as families and develop new friendships. Others have said that their mental health and anxiety have improved, and they feel more motivated”.

“Dewch â Babi” Byw’n Iach Dwyfor

“Heb ymarfer corff, rwy’n teimlo’n swrth ac yn bigog! ... Fedra i ddim egluro pa mor falch ydw i fy mod yn gallu dod â’r plant gyda mi. ... Rydym yn lwcus yn yr ardal hon bod gennym y dosbarthiadau yma.” Catrin

“Rwy’n mwynhau gwneud ymarfer corff gyda mam. Mae’n hwyl ac yn cŵl. Dw i wedi dechrau cystadlu mewn rasys oherwydd y sesiynau gyda mam.” Merch Catrin



“Bring a Baby” Byw’n Iach Dwyfor

“Without exercise, I feel sluggish and irritable! ... I cannot explain how pleased I am that I’m able to bring the children with me. ... We are lucky in this area that we have these classes here.” Catrin

“I like doing exercise with mum. It’s fun and cool. I have started competing in races because of the sessions with mum.” Catrin’s daughter

***Gyda'n gilydd, gallwn
sicrhau'r amodau cywir a rhoi
Gogledd Cymru ar Garlam!***

Cysylltwch â Thîm Iechyd Cyhoeddus BIPBC ar

BCU.PHAdmin@wales.nhs.uk

i ddod ar garlam gyda ni!

***Together we can create
the conditions and get
North Wales on the Move!***

Contact BCUHB Public Health Team at

BCU.PHAdmin@wales.nhs.uk

to come with us on the journey together!



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Betsi Cadwaladr
University Health Board



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		28/11/2024
Date of Committee		24/10/2024
Report of:		Quality Safety and Experience Committee
Quoracy met:		Yes
1	Agenda	The Quality, Safety and Experience (QSE) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/quality-safety-and-experience-committee/qse-agenda-bundle-241024-public-v10opt-compressedpdf/
2a	Alert	The QSE Committee wish to alert members of the Board that: <ul style="list-style-type: none"> 1. As there was no one available to attend on behalf of the Office of the Medical Director, the Committee was not able to address certain areas of clinical concern within the meeting.
2b	Assurance	The QSE Committee wish to assure members of the Board that: <ul style="list-style-type: none"> 2. A detailed deep dive on complaints took place and that there was a significant improvement in this area thanks to focused and collaborative working 3. Assurance had been received that the Health Board complied with the Nurse Staffing Act and those Wards that did not fall within the Act were being monitored 4. An very helpful update from the Chair of the Expert Advisory Group had been received in relation to governance and programme arrangements for the Health Board Response to the RCPsych Invited Review Services Report.
2c	Advise	The QSE Committee wish to advise members of the Board that: <ul style="list-style-type: none"> 1. The Annual Quality report for 2023/2024 was received and approved 2. Annual Safeguarding and Public Protection Report 2023-24 was received and approved
2d	Review of Risks	The Committee reviewed the six corporate risks that has oversight, and a discussion on specific risks that may sit between performance and quality will be discussed with the relevant Committee Chairs and the Director of Corporate Governance outside of the meeting.
2e	Sharing of learning	No specific areas of learning were asked to be shared, however, it was highlighted that improvement in the management of complaints were due to a real focus and collaborative working and by the correct



		member of staff reviewing the issue and identifying issues that were able to be dealt with quickly.
3	Actions to be considered by the People & Culture Committee	The monitoring of Manual Handling Training to be reviewed at the People and Culture Committee due to staff not turning up to training that they had booked themselves on.

incidentTeitl adroddiad: <i>Report title:</i>	Improving Quality Report – November 2024			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	28 th November 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	<ul style="list-style-type: none"> Angela Wood, Executive Director of Nursing and Midwifery Teresa Owen, Executive Director of Allied Health Professionals (AHPs) and Healthcare Science 			
Awdur yr Adroddiad: <i>Report Author:</i>	<ul style="list-style-type: none"> Patient Safety: Chris Lynes, Deputy Director of Nursing Patient and Carer Experience Mandy Jones, Deputy Director of Nursing Clinical Effectiveness: Dr James Risley, Deputy Medical Director Safeguarding: Michelle Denwood, Director of Safeguarding & Public Protection IPC: Andrea Ledgerton, Deputy Director of IPC Quality Assurance: Kath Clarke, Head of Quality Healthcare Law: Matthew Joyes, Deputy Director for Legal Services 			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
There is confidence in the data provided in the report, however, the 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: <i>Link to Strategic Objective(s):</i>		Outcome 4 - Improved access, outcomes and experience for citizens		

	Outcome 5 - Recognition of BCU as a learning and self-improving organisation
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)	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
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-SP18 and CRR-24-04 – Quality, Innovation and Improvement
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:	



Board Improving Quality Report – November 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 assurances and improvement activities.

Detailed information relating to trends, themes, learning, and improvement is provided to the Quality, Safety and Experience (QSE) Committee in specific reports, and high-level quality data is provided in the Integrated Performance Report to the Board.

The report is structured, for ease, around the three high level domains of quality: patient safety, patient experience and clinical effectiveness, with specific sections on safeguarding, infection prevention and control (IPC), quality assurance and healthcare law.

PATIENT SAFETY

Integrated Concerns Policy

Following approval at Board, the integrated concerns policy was launched on 1st September 2024. Work is in progress with the first three months being a bedding in period and one of tests of change. The language we use to describe our processes will change moving forward and comments and feedback on the implementation are being sought.

A daily integrated concerns hub has commenced, led by the Patient Safety and Patient Experience teams with attendance from IHCs/Divisions to review Incidents/Complaints (Grade 4 & 5) and medical examiner scrutiny letters. The concerns hub undertakes the triangulation to determine the pathway of incident management of either a learning review or a learning investigation is then commissioned.

Several of the legacy quality oversight meetings have been reviewed, as part of implementation e.g. Harm free care and rapid learning panels, to ensure streamlining of the process and to complement the IHC/Divisional meetings.

Information regarding the update policy and toolkit is available on the Concerns Portal on Betsinet and there is a Learning Investigations Tracker on the Quality Dashboard for all investigations, whether an incident, mortality escalation or a complaint.

Scheduled and ad hoc Policy awareness sessions have taken place across the board to update and educate colleagues during implementation, which have now been replaced with drop-in sessions with the patient safety team for any queries or support.

Nationally Reportable Incidents (NRI)

18 NRIs occurred during August and September 2024 and the majority can be themed as follows:

- Neonatal related incidents including stillbirth, Apgar scores and congenital anomaly (7)
- Unexpected death of patient known to mental health services (2)
- Suspected self-harm / self-injurious behaviour (2)

All NRIs are subject to a Rapid Review, potentially an Executive integrated concerns oversight panel review (led by a clinical executive or deputy) and learning 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.

The key learning from closed incidents within the reporting period were related to consideration of the patient self-neglect policy, correct pathways for referral of anaemic patients experiencing gastrointestinal tract concerns to gastroenterology rather than general surgery and medication second checker processes.

There are currently 54 NRIs open of which 12 are overdue. This is an improvement from the end of May where there were 25 overdue NRI's.

N.B the national Beacon dashboard shows 23 open 90 working days or more, but this is due to a delay in NHS Wales Exec processing following our submission or complex NRIs that have been given 120 days for investigation that are over 90 days but are not overdue.

The Deputy Executive Director of Nursing continues to lead weekly improvement meetings with the services, and the Patient Safety Team are targeting support to facilitate completion. The Patient Safety Team are in reaching to the IHCs/ Divisions, attending Integrated Concerns Operational Groups (ICOG - replacement for PTR meetings), targeting specific areas of concern and holding closure clinics. Focus has also increased on those not overdue to prevent delays occurring.

In relation to the total volume and proportion of NRIs open 90 days or more, the Health Board currently has the second lowest percentage across Wales of 34.8% with the lowest median of 81 days open (all Wales average is 132 days open).

Oxygen cylinder safety

The Board is aware of incidents involving oxygen cylinders and the work being done to improve staff awareness and training.

A Welsh Health Circular has been published following an inquest into the death of a patient in BCUHB where an Oxygen CD cylinder was not prepared correctly (although this did not cause the patient's death), His Majesty's Coroner issued a Regulation 28 'Prevention of future deaths' report to BOC (the cylinder manufacturers).

Due to the number of incidents occurring, further assurance is required by Welsh Government and they have re-issued the 2018 patient safety notice (PSN 041 which related to the operation of Oxygen

CD cylinders), to ensure that all actions in the PSN are in place and effectively monitored and audited across Wales. BCUHB compliance with this notice has been monitored with the improvement work that has been progressed and formal compliance has been submitted.

Inpatient Falls

The 4th Health Board Executive team falls review was held on Thursday 5th September 2024. The Chair noted improvements had taken place and that the Health Board was in a better position to provide assurance for our patients, and against the actions within the HSE notice of contravention.

The strategic falls group continues to review progress against the actions within the overarching improvement plan which includes actions following the HSE notice, and the Internal Audit review and KPI's for the National Audit of Inpatient Falls. There is a particular focus on temporary staffing, training, risk assessments and post falls management. Each of the IHCs and Divisions present their compliance with improvement actions.

The September 2024 compliance for part 1a and 1b training has seen improvement with the wards in most cases exceeding the Health Board standard of 85%. Please note work is still ongoing with ESR colleagues undertaking a data cleanse to ensure accuracy.

A Health Board task and finish group has been established to review the process of induction and on boarding of Agency Workers into the Health Board. The TOR includes the Agency Workers training regarding Falls Prevention as the first priority.

Members of the Accreditation team have adapted the 'bedside learning' for Falls and Patient handling risk assessments for classroom-based sessions. From February 2023 to date the team have presented to 475 Nursing students for both Universities via a two-hour interactive training session.

Pressure Ulcer Prevention and Management (PUPM)

An improvement group has been established with IHC West Director of Nursing leading the group, utilising her expertise and previous experience, with members of the IHCs and divisions to form a PUPM Strategic group. Work will align to the Strategic improvement plan of a target of nil avoidable healthcare acquired pressure ulcers (HAPUs) and a 50% reduction of all other HAPUs. This proposal needs to be worked through and trajectories and targets agreed with IHCs. IHC Leads have been reviewing local improvement plans.

Mandatory training for pressure ulcer prevention has been approved by the Executive Director of Nursing and Midwifery and discussions have commenced with workforce and staff positions on ESR have been agreed for patient facing clinical staff.

Restrictive Practices

Over the last twelve months there has been a significant focus on ensuring more mental health and learning disability staff are trained in Restrictive Practices and Interventions. The Positive Intervention Clinical Support Service (PICSS) team make themselves available to all inpatient areas to advise and assist on how to care for complex patients with challenging behaviour. They have also been providing assistance with patients in the District General Hospitals. All incidents are reported and reviewed through locality and Divisional Integrated Concerns Operational Group (ICOG) meetings, and the PICSS team provide a monthly report to the Service Quality Delivery Group. All incidents relating to use of Restrictive Practices and Interventions are robustly reviewed by the PICSS team.

Mental Health and Learning Disability Division have been working to reduce the number of inpatient ligature incidents, this is being tracked and monitored through Divisional ICOG on a weekly basis. The highest risks were identified in inpatient bathrooms and from use of clothing. All ligature incidents are reviewed appropriately and considered according to the level of risk and harm, and these are discussed in detail at the monthly Ligature Risk Reduction Group.

Improving Nutrition

The e-learning module for Food Safety (000 NHS Wales – Food Safety) was loaded onto ESR in January 2024 and a compliance check in April/May 2024 detailed 298 staff completing, this has since improved to circa 1300 staff.

Unfortunately, the training has not been uploaded to appear on staff's compliance list which needs to happen to ensure that access and uptake improves. Further communications will be going out to encourage staff to undertake this with screenshots to guide staff to where they can find the training.

Notification of the use of red wrist bands for patients with food allergy/intolerance was launched on BetsiNet on the 22nd December 2023. Anecdotally there are areas not using these. This is being monitored by nursing quality during their supportive visits.

An additional INCHs meeting (Improving Nutrition and Catering Standards Group) has taken place in recent weeks to address some incidents that have occurred regarding restricted diets. Action plans and communications are being agreed and will be implemented at pace.

Swallow screening

An all-Wales approach to swallow screening for stroke patients is being recommended using the Yale tool (validated tool). This involves an 85ml bolus of water, which is very different to BCUHB's current swallow screening tool. Further work is being undertaken to fully implement this. Training will be rolled out on the back of this, including ESR training. It has been identified that no other Health Boards in Wales use screening tools for other health conditions, so this area is under review in BCUHB to understand the requirements and best practice.

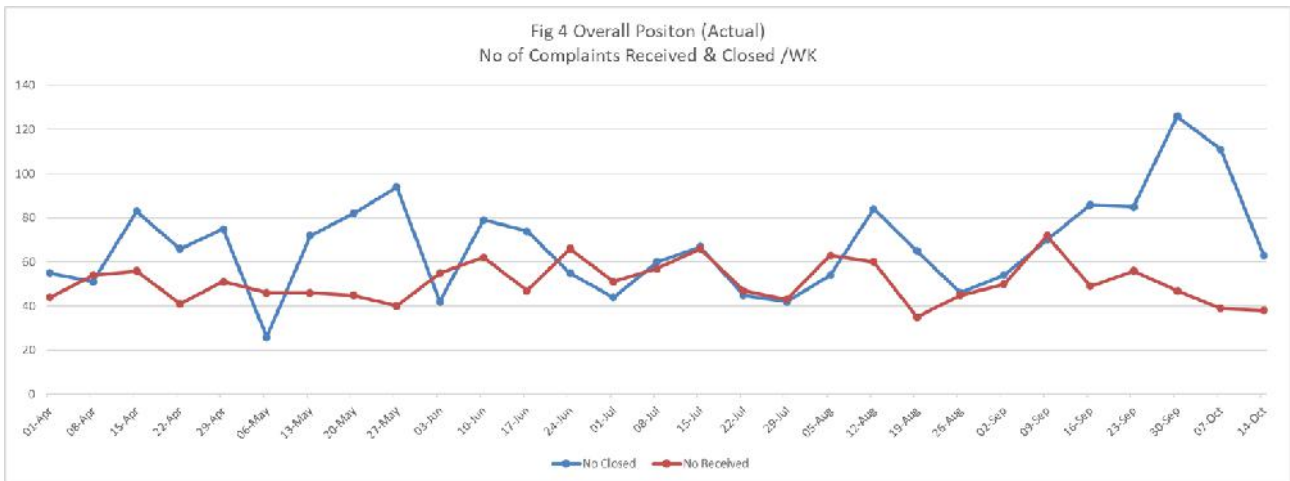
In addition, a review is being undertaken on the use of thickened fluids based on updates to evidence. Working groups are in place across Wales and a task and finish group will be developing some guidance.

PATIENT EXPERIENCE

Complaints

This report for complaints spans a timeframe of August to 14th October 2024, by exception, due to significant work that has been undertaken in relation to complaint trajectories.

Between the 1st of August and 14th October 2024, the BCUHB received 818 complaints and closed 1,102 complaints, a positive variance of 284. The chart below provides further detail:



At week commencing 14th October 2024

Total Number of open complaints – 230

Number of Complaints Less than 30 days – 153

Number of Complaints Between 31 and 180 Days – 63

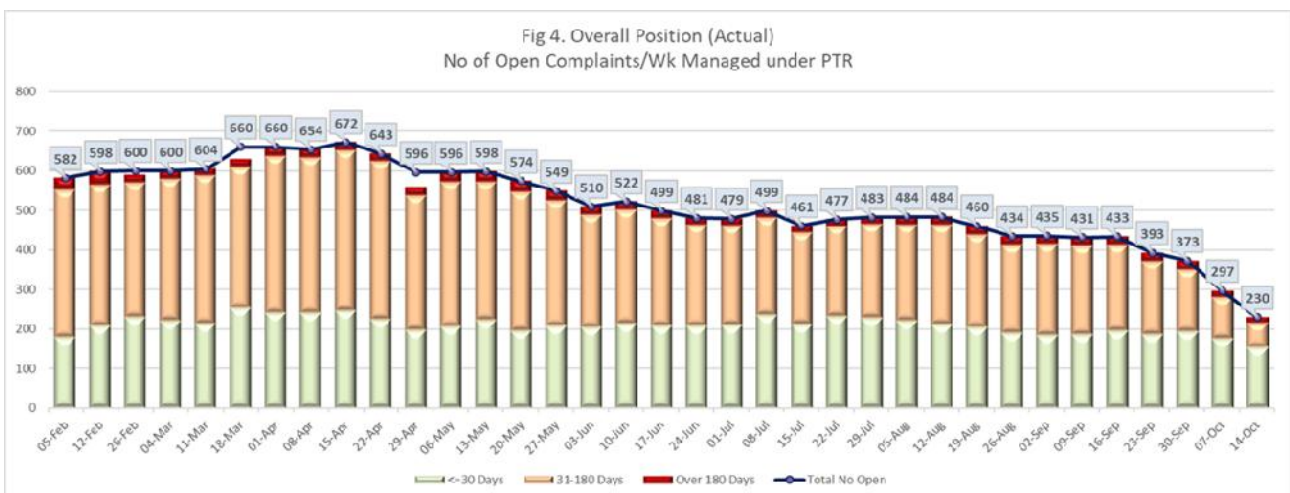
Number of complaints over 180 days – 14

Total number of Overdue complaints – 77

Compliance with 75% target of overdue complaints – **66.52%** (15th October 2024, **70.18%** with a total of 228 open complaints of which 68 were overdue)

Total Over complaints have fallen from worst position 672 to 230 = **65.78% Reduction**

Overdue complaints have fallen from worst position 408 to best position 77 = **81.13% Reduction**



As of 14 October 2024, the average number of working days / months a complaint is open is as follows, with the average time 45.58 (15.58 days higher than the target closure rate of 30 working days). **Note:** the average length of time for complaint responses includes longest wait (over 16 months) which directly impacts the average.

No Open	230.00
Average of No of Working Days Open	45.58
Max. of No of Working Days Open	362.00
Min. of No of Working Days Open	0.00
Average of Months	2.09
Max. of Months	16.60
Min. of Months	0.00

Complaint by Grade and Length of time open

No of Open Complaints under PTR	Column Labels					
Calendar Months	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
<= 1 Mnth	10	43	41	13	6	113
Over 1 Mnth	2	10	29	10	3	54
Over 2 Mnths		5	6	3	3	17
Over 3 Mnths			10	3		13
Over 4 Mnths		1	5	2	1	9
Over 5 Mnths			2	1		3
Over 6 Mnths				2	1	3
Over 7 Mnths				2	1	3
Over 8 Mnths	1		1		1	3
Over 9 Mnths			1			1
Over 10 Mnths			2	2		4
Over 12 Mnths			2	2	3	7
Grand Total	13	59	99	40	19	230

The total number of open complaints as of the 14th October 2024 is - 230, the split between IHC/Divisions was as follows:

IHC / Service	Under 30 Days	Overdue	Total
BCUHB Overall	154	76	230
Cancer Services	1	3	4
Corporate Services	0	4	4
Dentistry	6	0	6
Diagnostics and Specialist Clinical Support Services	6	3	9
IHC Central	45	50	95
IHC East	29	9	38
IHC West	35	2	37
Mental Health and Learning Disabilities	19	0	19
Midwifery and Women's Services	13	5	18
Grand Total	154	76	230

Complaint themes

161 complaints of the 230 total complaints (70%) relate to the top six themes as follows; with

- Delay/Lack of Treatment or Assessment equating for 35.65% of the total of open complaints – 82 / 230
- Incorrect / Insufficient treatment or assessment equating for 14.3% of the total number of open complaints 33/230

Complaint Trajectory Analysis

- The Health Board are closing more complaints per week in 2024/2025-Qtrs1 & 2 than was the case in 2023/2024-Qtrs 3 & 4
- The Health Board are closing more complaints per week in 2024/2025-Qtrs1 & 2 within the target of 30 working days than was the case in 2023/2024-Qtrs 3 & 4
- The mean and median cycle time to close complaints in 2024/2025-Qtrs1 & 2 is less than in 2023/2024-Qtrs 3 & 4 i.e. complaints are being responded to more rapidly
- The number of complaints remaining open has decreased on a weekly basis in 2024/2025-Qtrs1 & 2 of 2023/2024-Qtrs3 & 4

The Complaints Team are supporting Integrated Health Communities (IHC) and Divisions to monitor and track complaints performance with the objective to reduce the number of overdue complaints.

The Patient Advice Liaison Service (PALS) continue to work with Integrated Health Communities and divisions to identify and support areas where there is an increase in the number of PALS enquiries, with the aim to encourage local resolution to concerns or enquiries.

PALS

In August and September 2024, the Patient Advice Liaison Service (PALS) facilitated the resolution of 1,109 enquiries, received 125 compliments in writing and 26 suggestions for improvement. The key themes identified from PALS enquiries within this reporting period include:

- Appointments
- Clinical treatment or assessment
- Communication

PALS continue to work with Integrated Health Communities (IHC) and Divisions to identify and support areas where there is an increase in the number of PALS enquiries, with the aim to encourage local resolution to concerns or enquiries.

In September 2024, PALS Officers undertook engagement work with staff from Ysbyty Glan Clwyd Childrens Ward and Children's Outpatients. Staff received patient and carer experience training, an understanding of the role of PALS and information on all the different methods to capture and learn patient feedback. A series of 'Care 2 Share' discovery interviews were undertaken on the Childrens Ward, which involved a series of qualitative questions asked by a PALS Officer to patients/carers to understand their current experience of care. The PALS Officer worked with staff to formulate learning through 'you said, we did' methodology.

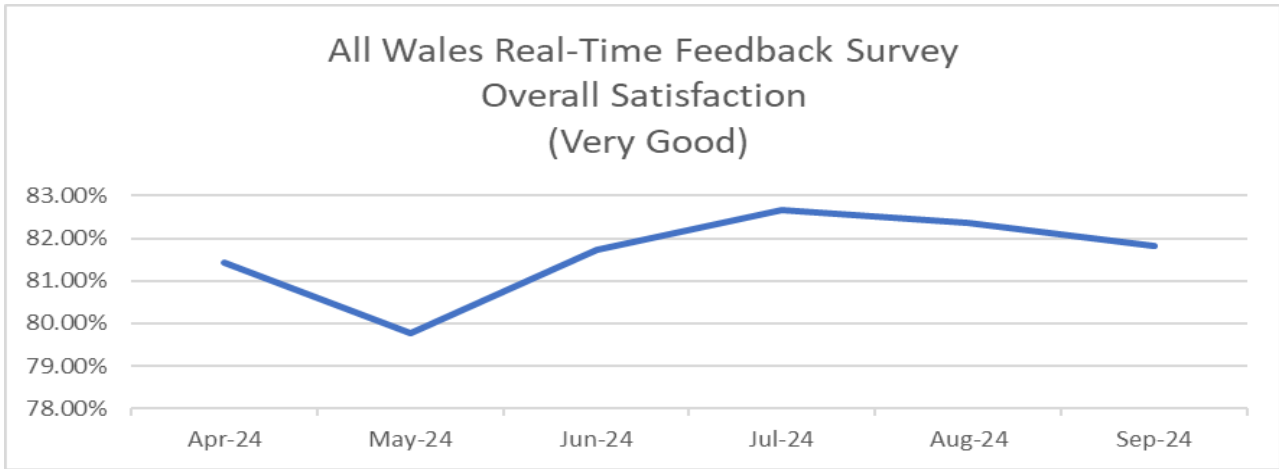
Patient Feedback

From the 1 August 2024 to 30 September 2024, 7806 All Wales Real-Time Patient and Carer Feedback Survey responses were received via Civica feedback system (85% 'Always' score is the All-Wales benchmark).

Below are key findings from the All-Wales Real-Time Patient and Carer Feedback Survey:

- 84.82% of survey respondents always felt listened to
- 81.90% of respondents were always involved in decisions about care
- 81.03% of respondents were always given the information they needed
- 80.84% of respondents felt staff always took time to understand what matters to them most

In September 2024, 81.83% of respondents rated their overall experience of accessing Health Board services as 'very good'.



From the 1 August 2024 to 30 September 2024, 697 All Wales Emergency Department survey responses were received via Civica feedback system. In September 2024, the Health Board received 576 feedback returns completed reflecting 3.7% of Emergency Department attendees experience.

There has been a significant improvement in the number of feedback returns within this reporting period in comparison to previous months, due to improvement work being led by a task and finish group made up of Patient and Carer Experience staff and Heads of Nursing for Emergency Departments.

Below are key findings from the All-Wales Emergency Department Real-time Feedback Survey:

- 50% of survey respondents always felt listened to
- 47.83% of respondents always felt well cared for
- 44.91% of respondents were always involved in decisions about their care
- 41.65% of respondents were always understood what was happening in their care
- 40.53% of respondents felt they waited 'much too long'

Overall, in September 2024 respondents rated their experience of accessing the Emergency Department as 5.99 out of 10, with 10 being excellent (Beacon Dashboard 30/10/2024).

Betsi Cadwaladr UHB Question 9: Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experien...



On Thursday 24th October 2024, the Health Board launched SMS feedback surveys for Emergency Department attendees. Daily 300 patients (100 from each region) will be randomly selected to receive a SMS feedback survey who have been discharged from the Emergency Department 48 hours prior to the SMS being sent. The following patients will be excluded from receiving a SMS survey; a patient who is deceased, patients who has been admitted to a ward and patients under the age of 18. Work will continue to ensure patients attending the Emergency Department have the opportunity to provide feedback on their experience through the completion of paper surveys, QR codes and feedback kiosks based in the waiting areas.

Patient Communication and Information

The Health Board has a duty to provide quality information, whilst adhering to statutory legislation when producing any form of patient information whether it be verbal or written.

The Patient Information Readers Panel continues to meet monthly to review patient information leaflets. From August to September 2024, the Readers Panel approved 11 Health Board patient information leaflets. Below are some examples of information leaflets approved:

- Rib fractures – information for patients
- Fetal Medicine information leaflet
- Ultrasound Guided Steroid Injection – Patient information Sheet.
- Information for patients having an Ultrasound scan
- Ultrasound Guided Neck Biopsy – Patient information leaflet.
- Information for parents and guardians of babies requiring Magnetic Resonance Imaging (MRI) scan using a wrap and feed method.

Accessible Health Care

The accessible information and communication standard for people with sensory loss (Welsh Government 2013) states there should be a variety of contact methods available for individuals with sensory loss to access Health Board services.

The Patient and Carer Experience Team are working with the Audiology Service to support a study to identify what the barriers and facilitators are to providing hearing support to elderly patients on hospital wards.

The study is engaging with staff who support patients on wards at all sites including nurses, support workers, healthcare assistants, occupational therapists, and physiotherapists. A cross-sectional questionnaire study is being undertaken to determine the factors that enable and prevent hospital ward staff from supporting elderly patients to hear whilst in hospital. A validated, behavioural analysis measure will be used.

The aim of the study is to understand:

- What are the capabilities, opportunities, and motivations of staff to provide hearing support to elderly patients on hospital wards.
- Understand the predictors of hearing support provision to elderly patients on wards.
- Understand how ward staff identify hearing loss in elderly patients.
- What ward staff currently do to support elderly patients with hearing loss.

The findings of the study will be reported into the Patient and Carer Experience Group with identified opportunities for improvement.

CLINICAL EFFECTIVENESS

CLINICAL AUDIT AND OUTCOME REVIEWS

National clinical audits (Tier 1) are mandated audits that provide benchmarking reports to help Health Boards compare their performance against national standards and identify areas of improvement. These audits are crucial for maintaining high standards of care and ensuring continuous improvement in the NHS. This year there have been an additional 8 audits added to BCUHB's list for 2024-2025 and there is an increase in expected publications due to the addition of new national projects and changes to reporting schedules in existing projects.

The Clinical Audit Team within the Clinical Effectiveness Department is primarily concerned with facilitating the development of SMART action plans for improvement in response to the recommendations from the National Clinical Audit published clinical audit reports. The effect of ongoing system pressures is still felt within the organisation and clinical teams have identified a resulting shortage of time and resource to participate and respond to audit findings. In these instances, local CEG's (Clinical Effectiveness Groups) are asked to provide mitigation plans and escalate recommendations for resolving these issues to the Strategic Clinical Effectiveness Group (SCEG) and then to Executive Quality Development Group (QDG).

Tier 1 audits are monitored quarterly, and a report is collated and shared within the SCEG and then within the Chair's Report to QDG. Noted below are Tier 1 nationally published reports (the information in the report is relating to the care received by patients for the relevant audit topic) during

Quarter 1. Service assessments following the publication are requested by the Clinical Audit Facilitators to note key achievements, (summary table) which captures improvements made and impact shown, and lessons learnt.

				West	Central	East	
Title of National Audit	Name of report	Date of publication	Date Service Assessment response due	Service Assessment Completed	Service Assessment Completed	Service Assessment Completed	Key Achievements Summary
National Lung Cancer Audit	State of the Nation Report 2024	10-Apr-2024	07-Jul-2024	Yes	Yes	Yes	High levels of compliance with national standards
National Paediatric Diabetes Audit (NPDA)	Report on Care and outcomes 2022/2023	10-Apr-2024	07-Jul-2024	Yes	Yes	Yes	<p>West: Data reported is at or above the Wales and National average. We have been introducing more proformas for patients on admission to check that they have the correct blood tests performed and to make sure that data is being collected at each clinic and at a longer annual review clinic</p> <p>Central: Sustained higher proportion of patients having their HbA1c checked 4 or more times per year (65.5%).</p> <p>East: Continue to maintain our clinical outcome data (especially HbA1c data) well above national averages. Our unit has the lowest proportion (3.9%) of high HbA1c of >80 mmol/mol among all other paediatric units (PDU) in Wales and the second best PDU in Wales for lower HbA1c of <58 mmol/mol (42.8%)</p>

							<ul style="list-style-type: none"> 94.5% of our children with diabetes over 12 years had all six key health checks when compared to 63.4% in England & Wales
Myocardial Ischaemia National Audit Project (MINAP)	Summary report 2024	10-Apr-2024	11-Aug-2024	Yes	Yes	Yes	<p>West - Referral to cardiac rehab 96.56 % - excellent</p> <p>East - Proportion of patients discharged on all eligible secondary medication- highest across BCU</p> <p>Central – proportion of ST Elevation Myocardial Infarction (STEMI)/NSTEMI undergoing echo during admission exceeds the national target</p>
National Audit of Cardiac Rhythm Management (NACRM)	Summary Report 2024	10-2Apr-2024	15-Aug-2024	Yes	Yes	Yes	<p>West -93% DDD implant for sick sinus syndrome (target >90%) Complex device numbers now back up to pre-Covid levels.</p> <p>East -100% and 95% targets achieved respectively for DDD implants for SSS and AV block (NICE Technology appraisal guidance TA324 and TA88) Complex device numbers have fully recovered post covid. Better data capture and validation seen in comparison to previous years.</p> <p>Central -Compliance dual pacing for sick sinus syndrome & AV block (TA88) 100% achieved on ICD use for secondary prevention. (TA314)</p>
National Audit of Percutaneous Coronary Intervention (NAPCI)	Summary Report 2024	10-Apr-2024	15-Aug-2024	N/A	Yes	N/A	Best performing 60-minute Door to balloon performance in Wales with 71.70% achieving the target. Please note PCI is only provided in Centre.
National Heart Failure Audit (NHFA)	Summary Report 2024	10-Apr-2024	15-Aug-2024	Yes	Yes	Yes	Central: 99% of patients received an echocardiogram and 100% received input from a specialist.
National Perinatal Mortality Review Tool	5th Annual Report	26-Apr-2024	15-Aug-2024	Yes	Yes	Yes	In January 2023, the Clinical Governance Lead introduced a full Perinatal Mortality review process using the MBRRACE Perinatal Mortality Review Tool for all Stillbirths and Neonatal deaths who meet the criteria. Prior to this the service had used the Serious Incident Process. The introduction and use of the PMRT tool will ensure that all case reviews are completed to a standardised level with structured consistency in the information being reviewed and the process for grading of care. The use of the tool also supports the service in providing accurate information into the national MBRRACE system which publishes national reports on an annual basis.
National Diabetes Foot Care Audit (NDFA)	2023 State of the Nation Report	09-May-2024	16-Aug-2024	Yes - Draft	Yes - Draft	Yes - Draft	Service Assessment of Compliance undergoing Clinical Effectiveness Team review, Service highlighted: East area now has a weekly fully functional vascular, podiatry, endocrinology, and orthopaedic MDT session.

National Diabetes Audit: Adolescent and Young Adult (NDA: AYA)	2017/2023 Report	13-Jun-2024	05-Sep-2024	No - Overdue	No - Overdue	No - Overdue	Service assessments of compliance not received from all areas, escalated to IHC management structure in line with Clinical Effectiveness Team Process.
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Learning from National Projects

Audit results are disseminated through a variety of local service meetings, including but not limited to Clinical Governance meetings and Improvement Groups. The findings, recommendations and lessons learnt are discussed and used to inform the development of improvement action plans. The Clinical Effectiveness team monitors progress against these actions.

Current Clinical Effectiveness Team priorities

- Continue escalation of gaps in participation & responses to IHC/Pan North Wales Services to influence participation and address the local resources needed to meet the requirements of national audits. Strengthen the dissemination and progression of the 'Service Assessment of Compliance' (SAoC) form to include Clinical Leads and Clinical Directors.
- Continue with the robust review of the SMART actions and clinical data.
- Undertake a thematic review of the lessons learned from National projects.
- Continued roll out of the Audit Monitoring & Tracking (AMaT) software to assist with the monitoring and reporting against the Tier 1 action plans, with a focus on understanding the outcomes and impacts of these on patient care.

More detailed information can be found https://nhs.wales365.sharepoint.com/sites/BCU_Intranet_CLEFF

NICE GUIDELINES

NICE guidelines are being circulated via Audit Management & Tracking (AMaT) which was introduced in August 2023. The Clinical Effectiveness Facilitator for NICE is continuously working to support departments with guidance and training, where needed.

AMaT sends out reminders to designated Leads when the due date is approaching for a response and sends out a Weekly Roundup email which includes all overdue guidance still requiring a response. To ensure clear updates of overdue guidance is monitored and escalated, monthly reports are sent and discussed at Local Clinical Effectiveness Groups via an Assurance Report and escalated quarterly to Strategic CEG via the NICE Chair's Report.

The Health Board status remains at overdue until all services have responded to a guideline. It is important to note that an overdue review does not mean that no guidance at all is in place, rather that it has not been reviewed to see if it remains contemporaneous. Since April 2024 there has been a positive shift in overdue responses and increased engagement within IHCs and Divisions. Face to face training and teams training of the software and support and guidance is ongoing from the Clinical Effectiveness facilitator for NICE, which has proved to be received well across BCUHB.

MORTALITY

Corporate Mortality Update:

- It is now statutory for all deaths to be independently reviewed across the country by either a [Medical Examiner](#) (ME) or a Coroner; this came into effect on 9th September and will include all BCUHB Primary Care, Secondary Care and Private healthcare deaths. This will and is

expected to have an increase on workload and impact the Corporate Mortality Team, IHC's, Mortuary Teams and Record Scanning Teams.

- A report of Medical Examiner cases that have been received, inputted, gone through the admin sieve and sort process, and sent on for clinical review or IHC scrutiny review from 01/09/24 continues to be shared with the Integrated Concerns Hub, to ensure oversight and triangulation of services.
- The new death certification process has commenced; changes within the process are being triangulated among services such as MES, Coroners, and the Health Board (HB).
- Corporate Mortality have participated and continue to support the development of the new Integrated Concerns Policy, Dashboard and Hub project that is being managed by the Quality Directorate.
- The Corporate Mortality Associate Medical Director position has been recruited to as of 1st September and the team would like to welcome Dr Gemma Lewis-Williams and Dr Ben Thomas to the team.
- The Corporate Mortality front door inputting of cases into the Mortality Datix module is being carried out within a 1–2-week time frame. The administrative sieve and sort process is currently being carried out within a month's timeframe with inquest cases taking priority.

SAFEGUARDING

Implementation of the Once for Wales Safeguarding Report Form

Update position

The Health Board received notification from Public Health Wales (PHW) on the 1st of October 2024 to confirm the implementation of the Datix Once for Wales Safeguarding Report Form which was due to be launched on the 1st November 2024, will not progress.

Although extensive work had been undertaken to support this agenda, the cancellation was due to PHW having received pushback from 11 of the 22 Local Authorities (LA). Without Local Authority co-operation there is potential risk to safeguarding activity and multi-agency working as it is the Local Authorities' who have statutory responsibility for the delivery and management of the Adult/Child at Risk Framework as well as the Safeguarding Allegations/Concerns about Practitioners and those in a Position of Trust (Section 5) process.

The Safeguarding and Public Protection Team had highlighted concerns with the launch date and the Report system. These were being addressed Locally and Nationally by the Team, partners in PHW and the National Datix Team.

Following the cancellation of the current system it was agreed at the NHS Wales Safeguarding Network meeting on the 17th October 2024 that an 'All Wales Agencies Report Form' will be developed to support the Datix Module, as well as the development of a report tool which supports all Organisations in a safe and informed way. The Safeguarding and Public Protection Team will remain fully engaged in this work and provide updates as required through agreed governance channels.

Single Unified Safeguarding Review [SUSR]

The Minister for Children and Social Care issued a statement on the 1st of October 2024 announcing the launch of the SUSR in Wales. The purpose of the SUSR is to create a single review process where a multi-agency approach is required, incorporating the following review processes; Adult Practice Review; Child Practice Review; Domestic Homicide Review; Mental Health Homicide Review; and the Offensive Weapon Homicide Review. The final report is then used to inform

professional practice via the National Wales Safeguarding Repository. The Repository can be accessed by all Services in Wales to promote ongoing learning from reviews on a National basis.

The Safeguarding and Public Protection Team will be working with the North Wales Safeguarding Board and partner agencies to ensure this process is implemented within agreed timescales set by the commissioners.

The North Wales Safeguarding Board are currently delivering training to support staff in the application of the new review process.

During Q3 and Q4 the Team will be engaging with Health Board colleagues to ensure that Governance, Reporting, Training and Policy & Procedures are updated and shared across Divisions and Services. We will also be working with the Safeguarding Board and the Community Safety Partnerships (5 in North Wales).

It is expected that Agencies will provide skilled staff to undertake the SUSR, however it has been acknowledged this will result in an increase in workload and potentially costs. There will be an impact upon workload and skill set, and the Safeguarding and Public Protection Team are reviewing what this looks like and what this means for the Health Board.

The SUSR process will be managed by Regional Safeguarding Boards, previously Domestic Homicide Reviews (DHRs) were managed by Community Safety Partnerships who held accountability for the governance, commissioning, and completion.

The new guidance and the implications for organisations and statutory Boards across North Wales are currently being considered.

Due to timescales and the complexity of the Review process we will have two different governance arrangements in place until existing reviews are completed and all new reviews are commissioned under the new statutory guidance.

The Safeguarding and Public Protection Team remain fully engaged in this work and provide updates as required through agreed governance channels.

INFECTION PREVENTION AND CONTROL

When compared to other Health Boards, up until the end of September, BCUHB remained 1st for MSSA, Klebsiella spp. and Pseudomonas aeruginosa bacteraemia (i.e. lowest infection rates), 4th for C. difficile and MRSA and 5th place for E. coli.

The Health Board are now in receipt of the WHC HCAI and AMR improvement goals and through the already existing IP programme of work and additional recommendations made by the IPT, performance of these will continue to be monitored through the Local and Strategic Infection Prevention Groups (LIPG/SIPG).

An IPC Learning Review has now been completed in the East Integrated Health Community. This has been received extremely positively. An IP Improvement Plan has been developed by the IHC with a strong focus on fundamentals of IPC to include Hand Hygiene (staff and patients), environmental cleaning and isolation/cohort ability.

A review has commenced for Central IHC, with West IHC to follow. Progress and success will be monitored each month through the LIPG/SIPG.

High Level Disinfection programmes have recommenced in East and West using Hypochlorous solution or Hydrogen Peroxide Vaporisation. Whilst not yet progressed in Central, it is anticipated to be up and running by mid-November following refresher training of domestic staff.

Plans and Terms of Reference are currently being drawn up between the Deputy Director of IP and the HARP Team who will be conducting a peer review into the C.diff arrangements for BCUHB. The HABITS campaign has continued with a focus on Standard and Transmission Based Precautions.

QUALITY ASSURANCE

Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales.

HIW undertook an inspection at Hydref and Gwanwyn Wards on the Heddfan Unit from the 21st October to the 23rd October 2024. HIW issued an immediate assurance request as the inspection team identified areas posing immediate risk to patient safety. As such, HIW made the following recommendations to the Health Board which require immediate action:

- The Health Board must ensure that all staff on Hydref and Gwanwyn wards are compliant with their RPI (Restrictive Physical Interventions) training to ensure patient and staff safety is maintained.
- The Health Board must implement measures to ensure there are sufficiently trained staff members to manage incidences of restraint on both wards, until all staff have received their training.
- The Health Board must ensure restraint incidents are appropriately recorded and provide a full description of the incident, including the actions of staff involved, to support effective governance, oversight and ongoing monitoring.
- The Health Board must ensure that our findings in relation to restraint training compliance and incident recording are not systemic across other areas of the organisation.

The Health Board submitted an Immediate Improvement Plan to HIW on 01 November 2024 confirming the action it will take to make the required improvements and mitigate any further risks.

Whilst it is important to recognise the positive verbal feedback from the inspection in particular around patient care and record keeping, HIW may seek further assurances in relation to the immediate issues as these issues were also identified in a previous inspection at Heddfan Unit in November 2022. The Health Board await the formal inspection report for further context as to the next steps required.

Care Inspectorate Wales (CIW)

CIW regulate adult services such as care homes for adults, domiciliary support services, adult placement services and residential family centre services. As the Health Board is one legal entity, it is a registered provider for multiple services which includes Enhanced Community Residential Service (MHLD) and Tuag Adref (across all three Integrated Health Communities).

The Health Board submitted its Annual Return to CIW by the deadline of 26 May 2024. This submission is required under section 10 of the Regulation and Inspection of Social Care (Wales) Act 2016. The return includes questions about regulated services operated by the Health Board (the service provider) and reflects the position as at the 31 March 2024. Since submission, no further request for information has been received from CIW.

The most recent inspection undertaken by CIW was of the Enhanced Community Residential Services within the Mental Health and Learning Disabilities Service back in June 2023, with no areas for improvement identified. The inspection outcome was positive with the conclusion that people's needs are being met, along with effective leadership and management helping to ensure safe practice.

The Health Board continues to conduct Quality of Care Reviews in line with internal process and in accordance with the Regulation and Inspection of Social Care (Wales) Act 2016. This helps to ensure those services providing domiciliary care, deliver high quality care and support, and that the Health Board meet's its statutory responsibilities

Public Service Ombudsman for Wales

Public Interest Reports

The Health Board has one open Public Interest Reports which was received in August 2024.

The complaint relates to the care and treatment the complainant's late mother received from the Health Board between January 2021 and her death on 31 January 2022 from biliary sepsis. In particular: if, following discharge from hospital in January 2021, monthly blood tests were an appropriate way to monitor her condition; whether there was a lack of follow-up care for the patient following a biliary stent being fitted in November 2021.

The Ombudsman mostly upheld the complaint and has made the following recommendations:

Within 1 month the Health Board should:

- a) Provide a fulsome apology, from the Chief Executive, for the failings identified in the report. The apology should make reference to the clinical failings, the impact of these on the patient's outcome and the impact on the family.
- b) Offer financial redress in the sum of £4,000 reflecting the serious failings found and the resulting and lasting significant impact upon the patient and her family.

Within 4 months the Health Board should:

- c) Review the case, in line with its legal requirements under the Duty of Candour, to determine how the patient's presentation in January 2021 was misdiagnosed owing to inadequate assessment/imaging. The Health Board should then report its findings to its Quality and Patient Safety Committee and include its findings in its Annual Report on the Duty of Candour.
- d) Share the Ombudsman's report with the Clinical Director responsible for the relevant consultants involved in the patient's care so that its findings are reflected upon and directly discussed with those consultants as part of their regular supervision.
- e) Reviews its handling of the complaint in line with the Duty of Candour. Any improvements it identifies should be fed back into its complaints handling procedure and shared with the Ombudsman's office.

Compliance with Ombudsman timeframes

The Ombudsman measures responsiveness using a measure called Average Variance to Target (AVT). This is a measure of how Health Board's perform against the target dates to provide evidence to comply with individual recommendations. Anything over a '0' in the 'traffic light' formatted section is seen as days over target date on average for the Health Board to provide compliance evidence and anything with a minus indicates the amount of days under, on average, a Health Board takes to provide evidence to comply with a target date to provide evidence to comply with a recommendation. The Health Board AVT is currently at 0 (zero) (i.e. submissions on average are on target of a deadline).

The Health Board continues to meet quarterly with the Ombudsman's Complaints Standards Authority to ensure good working practices and to facilitate awareness training for staff working within the Health Board.

HEALTHCARE LAW

Inquests

Coroners investigate all deaths where the cause is unknown, where there is reason to think the death may not be due to natural causes, or which need an inquiry for some other reason. An inquest is an inquiry held by the Coroner into the circumstances surrounding a death. The inquest does not set out who is responsible for a death. It is not the Coroner's role to determine any civil or criminal liability or to apportion blame.

Overall, there is reduction in the number of Regulation 28 Prevention of Future Death (PFD) Notices issued compared to the same period last year.

One PFD was issued by the Coroner in October 2024 which had just arrived at the time of writing this report. The Notice related to a clinician who issued a prescription without reference to all of the separate assessment paperwork. The Health Board has 56 days to respond, and work has started to review this notice.

Claims

The Welsh Risk Pool (WRP) is part of the NHS Shared Service Partnership Legal and Risk (L&R) service. It provides the means by which all Trusts and Health Authorities in Wales are able to indemnify against risk. The role of the Welsh Risk Pool is to have an integrated approach towards risk assessment, claims management, reimbursement and learning to improve. The team work with NHS colleagues across Wales to promote and facilitate opportunities to learn and support the development and implementation of improvements to enhance patient safety and outcomes.

The WRP and L&R Annual Report was reviewed at the QSE Committee on 24 October 2024.

Where claims are justified, the Health Board works for early settlement to provide support for those affected by harm and to reduce costs. All claims are managed to ensure a fair and equitable settlement.

The Health Board has a number of overdue Learning from Events Reports (LFERs) which are due to be submitted to the Welsh Risk Pool (WRP). 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. A separate paper on WRP penalties was provided to the Audit Committee on 05 November 2024.

CONCLUSION

This report provides the Health Board with a summary of key quality related assurances and improvement activities.

The key points of note are:

- The number of overdue NRIs has reduced from 25 (in May) to 12.
- The number of overdue complaints remains high, with an impact on patients and has an impact on the closure target compliance. However, significant work is underway and improvement is being seen.

- When compared to other Health Boards, up until the end of September, BCUHB have the lowest infection rates for MSSA, Klebsiella spp. and Pseudomonas aeruginosa bacteraemia.
- HIW undertook an inspection at Hydref and Gwanwyn Wards on the Heddfan Unit, HIW issued an immediate assurance plan pertaining to training and incident recording.

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

The Health Board is asked to note the report.

Teitl adroddiad: Report title:	Public Services Ombudsman for Wales Annual Letter 2023-24
Adrodd i: Report to:	Health Board
Dyddiad y Cyfarfod: Date of Meeting:	28 th November 2024
Crynodeb Gweithredol: Executive Summary:	<p>On an annual basis, the Public Services Ombudsman for Wales writes to Local Authorities, Local Health Boards and NHS Trusts concerning the complaints the Ombudsman has considered during the year. The aim is to provide bodies with information to help them improve both their complaint handling and the services that they provide.</p> <p>The Health Board received the Ombudsman's Annual Letter 2023-24 on 09 September 2024.</p> <p>Agreed approach</p> <p>Following a response to the previous annual letter 2022-23, the Chair of the Health Board requested that arrangements were put in place ahead of responding to the annual letter 2023-24, in order to ensure that the Health Board could consider and respond to the contents of the annual letter, in full, through its Committee and Board.</p> <p>As such, the Executive Director of Nursing and Midwifery and the Director of Corporate Governance have agreed the approach to this year's response and initially responded to the Ombudsman in September, with a letter of acknowledgement from the Chair and Chief Executive of the Health Board outlining the approach it will take to respond to the 2023-24 annual letter which is as follows;</p> <ul style="list-style-type: none"> • The Executive Director of Nursing and Midwifery has commenced a response to the annual letter with key colleagues such as Patient Experience. • The Executive Director of Nursing and Midwifery will present both the annual letter and the Health Board's intended response to the Quality, Safety and Experience Committee on 24 October 2024 and then the Board on 28 November 2024. • The Executive Director of Nursing and Midwifery will include the Committee and Board's considerations within the final response to the letter, by 20 December 2024. <p>Specific Actions Requested by the Ombudsman:</p> <p>Within the Ombudsman's Annual Letter 2023-24, the Ombudsman specifically requests the following:</p> <p><i>"Further to this letter can I ask that Betsi Cadwaladr University Health Board takes the following actions:</i></p> <ul style="list-style-type: none"> • <i>Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.</i> • <i>Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.</i> • <i>Provide assurance that all complaints received are correctly recorded, that all who wish to complain are able to do so and that learning from complaints is used to improve outcomes for all service users.</i> • <i>Provide my office with a copy of the Health Board's Annual Report for 2023/24 on the Duty of Candour and Quality.</i> • <i>Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity".</i>

	<p>The Health Board's response to the Ombudsman's Annual Letter 2023-24, aims to specifically address the above requests and to provide the Ombudsman with assurance in relation to how the Health Board is working to improve its complaints handling, whilst providing transparency in terms of the areas which continue to prove challenging as well as those areas where there is recognised improvement.</p> <p>The response also clarifies how the data received from the Ombudsman enables the Health Board to understand how it is performing and how it is using the data and information provided to drive forward change in key areas such as improving compliance with Ombudsman recommendations, learning from complaints and how it can use the data to target certain areas of particular challenge such as complaints handling and learning.</p> <p>Feedback from QSE Committee in October 2024</p> <p>The QSE Committee reviewed and discussed the content of the letter during the October committee meeting:</p> <ul style="list-style-type: none"> • The committee discussed, in particular, the data provided by the Ombudsman and the context of the improving position of complaints, following the progress and the introduction of the new policy, which has enabled more grip and control over the complaints position for the Health Board. • It was also agreed by the committee, to continue to monitor the complaints position as to whether there are any increase/decrease in the number of complaints over the course of the next 6 months. • The committee requested a triangulation report for incidents, complaints and mortality, for the committee to review by February 2025 committee, at the latest. • The committee agreed it would be helpful for the Health Board to be able to see the data/information behind the figures provided within the annual letter, mainly for context. <p>The committee approved the Health Board's response to the Ombudsman's Annual Letter 2023-24, with no amendments required.</p>			
<p>Argymhellion: Recommendations:</p>	<p>The Board is asked to</p> <ul style="list-style-type: none"> • note the QSE Committee discussion points above, and • approve the Health Board's draft response to the Ombudsman's Annual Letter 2023-24. 			
<p>Arweinydd Gweithredol: Executive Lead:</p>	<p>Angela Wood, Executive Director of Nursing and Midwifery Dr Nick Lyons, Executive Medical Director</p>			
<p>Awdur yr Adroddiad: Report Author:</p>	<p>Erika Dennis, Quality Lead Manager</p>			
<p>Pwrpas yr adroddiad: Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
<p>Lefel sicrwydd: Assurance level:</p>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing</i></p>	<p>Rhannol <i>Partial</i></p> <p><input checked="" type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/ tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

	<i>mechanisms/objectives</i>	<i>mechanisms / objectives</i>	<i>mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>			
<p>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.</p>			
<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>	<p>Outcome 4 - Improved access, outcomes and experience for citizens</p> <p>Outcome 5 - Recognition of BCUHB as a learning and self-improving organisation</p>		
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.</p> <p>The statutory duty of quality requires the decision-making processes by the Health Board to 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.</p> <p>Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.</p>		
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A		
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A		
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement		
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	N/A		
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	N/A		
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	N/A		
<p>Cysylltiadau â risgiau BAF: <i>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</i> <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i></p>	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement		

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Information intended for future publication
Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i> N/A	
Rhestr o Atodiadau: <i>List of Appendices:</i> <ol style="list-style-type: none"> 1. Public Services Ombudsman for Wales Annual Letter 2023-24 2. Health Board's Draft Response to the Ombudsman's Annual Letter 2023-24 	



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Ask for:

Communications



01656 641150



Caseinfo@ombudsman.wales

Date: 9 September 2024

Dyfed Edwards
Betsi Cadwaladr University Health Board

By email only
dyfed.edwards@wales.nhs.uk
carol.shillabeer3@wales.nhs.uk

Annual Letter 2023/24

Dear Dyfed

Role of PSOW

As you know, the role of the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. I also undertake investigations into public services on my own initiative.

Purpose of letter

This letter is intended to provide an update on the work of my office, to share key issues for health boards in Wales and to highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Overview of 2023/24

This letter, as always, coincides with my Annual Report – “A New Chapter Unfolds” – and comes at a time when public services continue to be in the spotlight, and under considerable pressures. My office has seen another increase in the number of people asking for our help – a 17% increase in overall contacts compared to the previous year, with nearly 10,000 enquiries and complaints received. Our caseload has increased substantially - by 37% - since 2019.

Page 1 of 10

ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac
ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond
to correspondence in Welsh.

During 2023/24 we considered and closed more enquiries and complaints than we ever have done before, and we reduced the average cost for each case and investigation. We started the year with a focus on reducing our aging cases, those over 12 months old, by 50% by the end of the year. These cases are often the most complex and distressing for the people making the complaint. I am extremely pleased to say we exceeded this target, reducing our aged investigations by over 70%. We are now well on track to meeting our objective to complete investigation of complaints within 12 months.

Public Service Complaints and compliance with recommendations

We received 939 complaints about health boards last year – roughly the same number as the previous year. During this period, we intervened in (upheld, settled or resolved at an early stage) 31% of health board complaints - a similar proportion to previous years.

Last year, we received 214 complaints about Betsi Cadwaladr University Health Board, we closed 256 (some complaints were carried over from the previous year) and intervened in 32% of cases. Further information on the complaints we dealt with last year can be found in the appendices.

We published 3 public reports in the public interest relating to care and treatment delivered by the Health Board, one of which was issued following an investigation undertaken on our own initiative. I am pleased that the Health Board has complied with the recommendations in these reports.

In total, we made 253 recommendations to your health board during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2023/24, 246 recommendations were due and 58% were complied with in the timescale agreed. The remainder were complied with, but outside the timescales agreed, or remained outstanding as at 9 April 2024.

Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Further to the report my office issued in June 2023, [Groundhog Day 2: An opportunity for cultural change in complaint handling?](#) I wish to thank the Health Board for its consideration of the report and recommendations. I trust that it has ensured that lessons learned from the PSOW's findings and recommendations on cases we considered last year are included in your Health Board's Annual Report on the Duty of Candour and Quality.

Supporting improvement of public services

We continued our work on supporting improvement in public services last year and worked on our second wider Own Initiative investigation. The investigation considers carers' needs assessments undertaken by local authorities in Wales. My report on this work will be finalised and published in the near future.

We have continued our work on complaints handling standards for public bodies in Wales and now have 56 public bodies following our model complaints handling policy. These public bodies account for around 85% of the complaints we receive.

We continued our work to publish complaints statistics into a third year with data, gathered from public bodies, now published twice a year. This data allows us to see information with greater context – for example, last year 10% of complaints made to Betsi Cadwaladr University Health Board's complaints went on to be referred to PSOW - the highest proportion of any Health Board. I would encourage all health boards to use this data to better understand their performance on complaints and ensure that all complaints are appropriately logged.

I have written recently to your Chief Executive about the significant reduction in the number of complaints recorded by Betsi Cadwaladr University Health Board over the past 3 years – 4,854 in 2021/22 down to 2,469 in 2023/24. At the same time, the number of complaints referred to my office about Betsi Cadwaladr University Health Board has, as indicated above, remained high. I am sure that you will wish to receive assurances that all complaints received are correctly recorded, that all who wish to complain are able to do so and that learning from complaints is used to improve outcomes for all service users

Colleagues from my Improvement Team continue to meet regularly with Betsi Cadwaladr University Health Board to discuss compliance with our recommendations and our complaints standards work. We have seen real benefit come from these conversations, as well as improved working relationships, and we would like to pass on our thanks to Denise Williams and their team for their work with our officers.

Action we would like your organisation to take

Further to this letter can I ask that Betsi Cadwaladr University Health Board takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.
- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.

- Provide assurance that all complaints received are correctly recorded, that all who wish to complain are able to do so and that learning from complaints is used to improve outcomes for all service users.
- Provide my office with a copy of the Health Board's Annual Report for 2023/24 on the Duty of Candour and Quality.
- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

Finally, I would like to thank you, and your teams, for your work with my officers in the last year. Their work is important in ensuring that patients and families receive timely and thorough responses to complaints, and in improving outcomes for all service users – not just those who complain.

Yours sincerely,

A handwritten signature in black ink that reads "Michelle Morris". The signature is written in a cursive style and is positioned above the printed name.

Michelle Morris
Public Services Ombudsman

Cc. Carol Shillabeer, Chief Executive, Betsi Cadwaladr University Health Board



Factsheet

Appendix A - Complaints Received

Health Board	Complaints Received	Received per 1,000 residents
Aneurin Bevan University Health Board	175	0.30
Betsi Cadwaladr University Health Board	214	0.31
Cardiff and Vale University Health Board	150	0.30
Cwm Taf Morgannwg University Health Board	109	0.25
Hywel Dda University Health Board	138	0.36
Powys Teaching Health Board	21	0.16
Swansea Bay University Health Board	132	0.35
Total	939	0.30



Appendix B - Received by Subject

Betsi Cadwaladr University Health Board	Complaints Received	% share
Admissions/discharge and transfer procedures	4	2%
Adult Mental Health	16	9%
Ambulance Services	0	0%
Appointment procedures (including outpatients)	6	3%
Child and Adolescent Mental Health	2	1%
Clinical treatment in hospital	107	50%
Clinical treatment outside hospital*	14	7%
Complaints Handling	36	17%
Covid-19	1	0%
Continuing care	2	1%
De-Registration	0	0%
Disclosure of personal information / data loss	0	0%
Funding	1	0%
Independent Health Care providers	0	0%
Medical records/standards of record-keeping	4	2%
Medication > Prescription dispensing	0	0%
Non-medical services	0	0%
Nosocomial*	0	0%
Other*	2	1%
Out of Hours GP care	0	0%
Parking (including enforcement and bailiffs)	0	0%
Patient list issues	5	2%
Poor/No communication or failure to provide information	2	1%
Prisoner Care	3	1%
Recruitment and appointment procedures	0	0%
Referral to Treatment Times	2	1%
Regulation and Inspection (including private sector provision)	1	0%
Rudeness/inconsiderate behaviour/staff attitude	2	1%
Services for people with a disability inc DFGs	0	0%
Service for vulnerable Adults (eg with learning difficulties or mental health issues)	0	0%
Total	214	



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Appendix C - Complaint Outcomes (* denotes intervention)

Betsi Cadwaladr University Health Board		% Share
Out of Jurisdiction	47	18%
Premature	30	12%
Other cases closed after initial consideration	83	32%
Early Resolution/ voluntary settlement*	40	16%
Discontinued	3	1%
Other Reports - Not Upheld	12	5%
Other Reports Upheld*	37	14%
Public Interest Reports*	4	2%
Special Interest Reports*	0	0%
Total	256	



Appendix D - Cases with PSOW Intervention

	No. of Interventions	No. of Closures	% of Interventions
Aneurin Bevan University Health Board	73	195	37%
Betsi Cadwaladr University Health Board	81	256	32%
Cardiff and Vale University Health Board	34	158	22%
Cwm Taf Morgannwg University Health Board	39	129	30%
Hywel Dda University Health Board	55	154	36%
Powys Teaching Health Board	3	21	14%
Swansea Bay University Health Board	41	141	29%
Total	326	1054	31%



Appendix E – Compliance performance comparison

Health Board	Number of recommendations made in 2023-24	Number of Recommendations falling due in 2023-24	% of recommendations, complied with on time
Aneurin Bevan University Health Board	209	208	75%
Cardiff and Vale University Health Board	104	95	81%
Cwm Taf Morgannwg University Health Board	123	121	60%
Swansea Bay University Health Board	119	127	62%
Hywel Dda University Health Board	160	151	81%
Betsi Cadwaladr University Health Board	253	246	58%
Powys Teaching Health Board	10	12	67%



Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2023/24. These complaints are contextualised by the number of people each health board reportedly serves.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows outcomes of the complaints which PSOW closed for the Health Board in 2023/24. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix D shows Intervention Rates for all Health Boards in 2023/24. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix E shows compliance performance for all Health Boards.



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Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Michelle Morris,
Public Services Ombudsman for Wales,
1 Ffordd yr Hen Gae,
PENCOED,
Cardiff,
CF35 5LJ

Ein cyf / Our ref: CE24/0999

☎: 03000 852633

Gofynnwch am / Ask for: Denise Williams

E-bost / Email:

BCU.Ombudsman@wales.nhs.uk

Dyddiad / Date: **(By 20 December 2024)**

Sent via email to:

Caseinfo@ombudsman.wales

This is a draft response and is subject to the approval of QSE Committee and Board.

Dear Michelle,

Re: Ombudsman Annual Letter 2023/24

Further to my letter dated 26 September 2024, I am pleased to confirm that the Health Board's Committee and Board have considered the contents of your Annual Letter 2023-24.

This comes at an important point in time for the Health Board with the Integrated [Three-Year Plan 2024-27](#) developed under the leadership of myself as new Chair and Carol Shillabeer as new Chief Executive Officer, supported by a substantial change in Board membership. The plan outlines the actions required in order to achieve our ambition to provide high quality and sustainable services for our citizens of North Wales.

To enable the Health Board to address its current challenges, it requires a strong understanding of the needs of its citizens. The information and data you have shared within your Annual Letter provides insight to this and is a key driver to our organisational learning and I would like to thank you again for the opportunity for the Board and I to consider and respond to your Annual Letter.

Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.

As outlined in my previous letter, I can confirm that Angela Wood, Executive Director of Nursing and Midwifery co-ordinated an initial response to your letter with input from key colleagues which was then presented to the Quality, Safety and Experience Committee on 24 October 2024 and then the Board on 28 November 2024.

As such, this response from the Health Board includes the Committee and Board's considerations who have had the opportunity to discuss your letter in detail, and have welcomed the opportunity to review the data and information you have shared.

Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:

Swyddfa'r Gweithredwyr / Executives' Office
Ysbyty Gwynedd, Penrhosgarnedd
Bangor, Gwynedd LL57 2PW

Gwefan: www.pbc.cymru.nhs.uk / **Web:** www.bcu.wales.nhs.uk

Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.
The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay



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University Health Board

Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.

The Health Board has considered the data within your Annual Letter 2023-24 which has provided the opportunity for the Board to review the organisation's journey, in particular in relation to quality and learning, along with any areas which remain particularly challenging.

The Board and I note that whilst there has been a significant reduction in the number of complaints recorded by the Health Board over the past three years, the number of complaints referred to your office has remained high. This indicates further improvement is required for the Health Board, particular in relation to how it manages its complaints process and how it learns from complaints.

As confirmed within the data you have provided, complaints handling continues to be an area of challenge for the Health Board, together with concerns expressed by service users in relation to the clinical treatment they receive whilst in hospital which is reflected within the Health Board's top six complaints themes;

1. Delay/Lack of Treatment or Assessment
2. Incorrect/Insufficient Treatment or Assessment
3. Reaction to Procedure/Treatment
4. Delay/Lack of Diagnosis
5. Communication with Patient/Service User
6. Incorrect Diagnosis

The Health Board is undertaking focused work in relation to complaint handling, including introducing a new concerns management process, along with focused Complaints Performance Trajectory Work and better engagement with service users. Through this work, the aim is to reduce the number of complaints the Health Board receives and improve compliance with Putting Things Right timescales, which should subsequently improve the experience for service users when raising a complaint, and reduce the level of intervention required by your office. To achieve this, the Health Board must ultimately provide better outcomes for its citizens by ensuring it becomes a learning organisation.

The Health Board is on a journey to improve how it collates and interprets data in order to focus improvement in the areas that require it the most, this includes learning from complaints. As you will see in the Health Board's Three-Year Plan, one of the organisations ambitions is to 'Establish an Effective Environment for Learning'. It aims to improve the consistency in learning from complaints and significant events. This includes improving how we investigate complaints, taking a more integrated approach to future investigations and I am pleased to inform you of the progress made to so far.



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Integrated Concerns Policy

In September this year, the Health Board implemented a new approach to concerns management, launching the new Integrated Concerns Policy. This aims to provide a more coordinated approach to how the organisation manage responses to incidents, complaints and mortality reviews.

The policy introduces a daily virtual Concerns Hub, where services meet to discuss and triangulate all complaints, incidents and Medical Examiners' scrutiny letters that have been received/ occurred in the previous 24 hours. This ensures all complaints are triaged, allocated and acted upon in a timely manner. The hub also allows early identification of cross /cutting organisational themes, reduces silo working and improves efficiency in the complaint handling process. Furthermore, it enables staff to share learning, insights and information on investigations which are live. This encourages learning initiatives at the outset as opposed to the final stages of investigations.

In order to support an intelligence led approach to the new process, a Learning Investigations' Tracker has also been introduced which enables staff to monitor service performance for investigations so the Health Board knows what investigations are open across the organisation, when they are due, and what is overdue, with further development underway to include trends analysis and themes.

Whilst the Health Board is an organisation that is rich in data, it is not always able to translate that data into rich information and intelligence. This, of course, impacts the organisation's ability to understand the areas requiring the most focus, limiting its ability to maximise learning and improvement to achieve the outcomes required for all service users.

Quality Dashboard

This has led to the development of a Quality Dashboard which is a portal that triangulates key quality data from a range of systems in the Health Board. It includes patient feedback and complaints data, in real time, allowing organisational leaders to improve complaint management performance, and to inform workplans on emerging themes and trends. This supports services to embed learning, and evaluate its impact.

Through further development of the dashboard over the coming months, it will also capture local measures for Ombudsman cases, helping to strengthen Board oversight and assurance in this area, along with supporting services to monitor their performance and take forward learning. The organisation's Quality Assurance and Regulation Team will ensure your Improvement Team continue to be updated on the developments through the quarterly compliance meetings.



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University Health Board

Complaints Performance Improvement Trajectory

As reflected in your data, complaint handling is an area requiring improvement for the Health Board and has posed a challenge for some time. In recent months, the organisation has undertaken a thematic analysis of complaints and introduced a Complaints Performance Improvement Trajectory, whereby a weekly analysis of complaints, themes and trends is undertaken and scrutinised at weekly executive led performance meetings.

This data is then triangulated against patient feedback, to inform the Health Board of any specific areas of concern. The Health Board, proactively identifies areas of underperformance, and weekly targets are set to improve the complaints handling process. This analysis, feeds into a number of key strategic groups including the Organisational Learning Forum and patient and carer experience group, to support learning initiatives, across the organisation.

The Complaints Performance Improvement Trajectory to support the achievement of the performance target for complaints closures by the 14 October 2024, for compliance of 75% of complaints responded to within less than 30 working days, has achieved a 70% compliance.

Organisational Learning Forum and Learning Repository

Learning, which includes learning from the recommendations you make to the Health Board, is another key area for improvement. The Health Board has introduced an Organisational Learning Forum which brings together staff with a shared interest in and vision for working in new ways to improve safety, practice and processes across our healthcare system. Each month, the forum enables staff to bring any learning which is transferrable or relevant to other areas of the Health Board they would be otherwise unable to reach.

The Health Board is also developing a Learning Repository which is a knowledge management system that enables healthcare professionals to access, share, and learn from data and insights related to patient safety incidents. The system integrates data from various sources and supports collaborative learning.

The main objective of the Organisational Learning Forum and Learning Repository is to improve patient safety by facilitating organisational learning from past incidents and best practices.

Compliance with recommendations

The Board and I are pleased to see that the Health Board have complied with the recommendations pertaining to the three published Public Interest Reports, relating to



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Betsi Cadwaladr
University Health Board

care and treatment delivered by the Health Board. The recommendations made to the Health Board within the reports, will continue to be taken forward to improve the experience for citizens, staff and the services it provides.

How the organisation captures, tracks and monitors Ombudsman recommendations, is a key area of performance which the Health Board aims to improve over the coming months, acknowledging the current compliance rate of 58% complied with in the timescales agreed. As the number of complaints referred to your office about the Health Board have remained high, this will have contributed to the reduction in compliance, along with the areas we continue to improve such as complaint handling and learning.

It is also recognised that further support and education is required for Health Board staff in relation to the management of Ombudsman recommendations. The Health Boards Quality Assurance and Regulation Team have discussed this with your Improvement Team and will jointly facilitate a session for Health Board staff.

At present, the Health Board captures the recommendations on the Datix Cymru system and performance is monitored via the organisations Regulatory Assurance Group which is chaired by the Deputy Director of Quality and reports up to the Executive Delivery Group. There are limitations to how Ombudsman recommendations are currently captured on the system. Therefore, the Health Board is networking with colleagues in other Welsh NHS Local Health Boards and Trusts in order to develop this area through the All-Wales network groups.

In the meantime, the Health Boards Quality Assurance and Regulation Team will continue to meet with your Improvement Team to review compliance on a quarterly basis and continues to review the Average Variance Target via the Regulatory Assurance Group.

I am pleased to hear you have seen a benefit to the conversations which have taken place as part of these meetings and I have indeed passed on your thanks to the team who appreciate the continued support and guidance from your team.

Provide assurance that all complaints received are correctly recorded, that all who wish to complain are able to do so and that learning from complaints is used to improve outcomes for all service users.

In addition to the initiatives mentioned above, improvements have taken place over the past year, particularly in terms of how complaints are managed corporately and in relation to focusing on how the Health Board can improve the experience for service users when raising a complaint and how feedback from service users can drive the wider agenda for the Health Board.

All complaints are correctly recorded, triaged, allocated and investigated in accordance with policies and procedures and aligned to the Putting Things Right (PTR) regulations, through a specialist team in a dedicated complaints department. The staff attend weekly



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University Health Board

operational meetings to ensure each complaint is being addressed and where breaches of duty and qualifying liability have been identified, attend a weekly PTR clinic which is hosted by the organisation's Healthcare Law Team.

The Health Board have redesigned the complaint response template and issued guidance to staff on its completion, to ensure responses are robust and written in a way that is understandable, and empathetic, improving the experience for the complainant. All complaints have an action plan of learning, which is embedded not only in the area identified by the complainant, but key learning disseminated across the organisation in the key strategic groups which includes the Patient and Carer Experience Group and the Organisational Learning Forum.

All complaints are quality assured corporately, to ensure learning has been identified and action plans delivered upon, as part of a continual cycle of improvement.

The Health Board have increased the ability for citizens to make a complaint, including the introduction of a new telephone system, new web pages for complaints, and will be introducing a new digital interface whereby citizens can raise concerns digitally through social media and other platforms such as WhatsApp. In addition to this, the organisation proactively attends community engagement events, capture patient stories, and have improved the uptake of patient feedback via the CIVICA system, which is a part of a proactive and preventative approach to complaint management. There is a significant focus on patient engagement to capture qualitative feedback on experience, which supports delivery plans of the organisation.

Provide my office with a copy of the Health Board's Annual Report for 2023/24 on the Duty of Candour and Quality.

The Health Board's Annual Quality Report 2023/24 which includes the annual reporting requirements on Duty of Quality, Duty of Candour and Putting Things Right, is due to be received by the Board for approval on 26 September 2024. The report is on track for publication by October, and a copy will be shared with you.

The duties collectively bring together an opportunity for the Health Board to strengthen its partnership working, be more transparent with its population and to review its approach to quality, ensuring a quality-focused approach to decision making that is informed by the experiences and voices of its people along with its learning and data insights.

The report focuses on the steps the organisation has taken to secure improvement in the quality of health services, looking back at the Special Measures journey, and looking forward to the Three-Year Plan 2024-27 with a 'whole system' approach, working with the Health Board and its partners to achieve better outcomes.



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University Health Board

Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

Having considered your Annual Letter 2023-24, the Board will continue to review the following areas through the organisation's governance arrangements:

- Complaints Performance Improvement Trajectory and any improvement on compliance with the 30 working days target, including any reduction on the level of intervention by your office.
- Performance on Compliance with Ombudsman Recommendations
- Integrated Concerns Policy, and how the new approach contributes to an improved experience for citizens and any further reduction in the complaints received by the Health Board.

Thank you for continuing to highlight the experiences of our patients and their families as this is a key contribution to our learning and improvement journey. I look forward to updating you further on the progress made, and look forward to continuing to work with you and your team.

Yours sincerely

Dyfed Edwards
Cadeirydd / Chair

c.c Carol Shillabeer, Chief Executive
Angela Wood, Executive Director of Nursing and Midwifery and executive lead for PSOW
Pam Wenger, Director of Corporate Governance
Matthew Joyes, Deputy Director of Quality



Teitl adroddiad: Report title:	Annual Presentation of Nurse Staffing Levels to the Board - wards pertaining to Section 25B of the Nurse Staffing Levels (Wales) Act 2016			
Adrodd i: Report to:	BCUHB Board			
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 28 November 2024			
Crynodeb Gweithredol: Executive Summary:	<p>In line with the Nurse Staffing Levels (Wales) Act 2016 a formal annual presentation to the Board is required detailing the respective nurse staffing levels for each individual ward pertaining to sections 25B to 25E of the Act.</p> <p>This report and accompanying appendices aims to assure the Board that the legislative requirements associated with Section 25B of the Act and “<i>duty to calculate and take steps to maintain nurse staffing levels</i>” are being maintained.</p>			
Argymhellion: Recommendations:	The Board is asked to receive this report to gain assurance in relation to the organisation meeting its statutory “ <i>duty to calculate and take steps to maintain nurse staffing levels</i> ” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.			
Arweinydd Gweithredol: Executive Lead:	Mrs Angela Wood, Executive Director of Nursing & Midwifery			
Awdur yr Adroddiad: Report Author:	Mrs Anne-Marie Rowlands, Director of Nursing Professional Regulation & Education Miss Joanna Brown, Nurse Staffing Programme Lead			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Nurse Staffing Levels (Wales) Act 2016 Section 25B applies to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards.			

	<p><i>A Healthier Wales: Our Plan for Health and Social Care</i> identifies a requirement to “drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales” Recruitment and retention are key themes within these plans, and notes that while health and social care services have capability to attract the best talent in the world, there is evidence of fragility in specific services that have affected the delivery of quality care to patients.</p> <p><i>A Healthier Wales: Our Workforce Strategy for Health and Social Care</i> draws a direct link between vacancy rates and high agency expenditure.</p> <p><i>The priorities of the Chief Nursing Officer</i> includes an ambition to attract, recruit, train, educate and retain the nursing and midwifery workforce so that the nursing and midwifery vacancy factor is reduced, working towards no vacancies over 3-5 years</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>Statutory reporting requirements aligned to the Nurse Staffing Act (Wales) 2016 “<i>duty to calculate and take steps to maintain nurse staffing levels</i>”.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR2113 - Nurse Staffing (Continuity of service may be compromised due to a diminishing nurse workforce). There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board.</p> <p>Inability to provide appropriate nurse staffing levels to ensure time to care for patients sensitively can compromise the Health Boards ability to deliver health care effectively, and compromise the reputation of Health Board nursing services.</p> <p>CRR15 Recruitment & Retention (this applies to all staff across the Health Board but the nursing workforce is a significant element of the risk).</p>

	<p>There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well-being and attendance of staff</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>A financial assessment arising from the organisations statutory duty to calculate nurse staffing levels will be considered within the financial planning cycle for 2025/26.</p> <p>Whilst previous nurse staffing levels reports have included the whole time equivalent (WTE) changes arising from the nurse staffing level calculations, the associated financial implications of these have not been included.</p> <p>Arrangements will be put in place to ensure that future reports include both the WTE changes and the associated financial implications of these.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Workforce implications relate to the ability to both finance and recruit a sufficient workforce of both registered nurses and healthcare assistants</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>As detailed above - Risk ID1976</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i></p> <p><i>Implementation of recommendations</i></p> <p><i>A financial assessment arising from the organisations statutory duty to calculate nurse staffing levels are to be considered within the financial planning cycle for 2025/26.</i></p>	

Rhestr o Atodiadau:

List of Appendices:

1. Annual Presentation of Nurse Staffing Levels to the Board
2. A summary of Nurse Staffing Levels for wards where Section 25B applies

Annual Presentation of Nurse Staffing Levels to the Board

Health Board	Betsi Cadwaladr University Health Board																																
Date of annual presentation of Nurse Staffing Levels to Board	28th November 2024																																
Period Covered	01 October 2023 to 30 September 2024																																
Number and identity of section 25B wards during the reporting period. <ul style="list-style-type: none"> • Adult acute <u>medical</u> inpatient wards (inclusive of Oncology & Haematology inpatient wards) • Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards) • <u>Paediatric</u> inpatient wards 	<p>A total of 45 wards met the requirements pertaining to Section 25B¹ of the 2016 Act at the end of this reporting period. This reporting period has seen a reduction of one ward, following a site reconfiguration Tryfan ward in Ysbyty Gwynedd, no longer meets the definition of a Section 25B ward.</p> <p>The tables below identify the wards that have been included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 within this reporting period.</p>																																
	<p>Adult acute <u>medical</u> inpatient wards</p> <p>Total at start of reporting period (October 2023) 26 wards Total at end of reporting period (September 2024) 25 wards</p>																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Ysbyty Gwynedd x 7</th> <th style="width: 33%;">Ysbyty Glan Clwyd x 9</th> <th style="width: 33%;">Ysbyty Wrexham Maelor x 9</th> </tr> </thead> <tbody> <tr> <td>Aran</td> <td>Ward 1</td> <td>Acton</td> </tr> <tr> <td>Glaslyn</td> <td>Ward 2</td> <td>ACU</td> </tr> <tr> <td>Glyder</td> <td>Ward 4</td> <td>Bersham</td> </tr> <tr> <td>Hebog</td> <td>Ward 6</td> <td>Bonney</td> </tr> <tr> <td>Moelwyn</td> <td>Ward 9</td> <td>Cunliffe</td> </tr> <tr> <td>Prysor</td> <td>Ward 10</td> <td>Fleming</td> </tr> <tr> <td>Alaw (Oncology & Haematology)</td> <td>Ward 12</td> <td>Morris</td> </tr> <tr> <td></td> <td>Ward 11 (formally Ward 14)</td> <td>Pantomine</td> </tr> <tr> <td></td> <td>Enfys (Oncology & Haematology)</td> <td>Prince of Wales</td> </tr> </tbody> </table>			Ysbyty Gwynedd x 7	Ysbyty Glan Clwyd x 9	Ysbyty Wrexham Maelor x 9	Aran	Ward 1	Acton	Glaslyn	Ward 2	ACU	Glyder	Ward 4	Bersham	Hebog	Ward 6	Bonney	Moelwyn	Ward 9	Cunliffe	Prysor	Ward 10	Fleming	Alaw (Oncology & Haematology)	Ward 12	Morris		Ward 11 (formally Ward 14)	Pantomine		Enfys (Oncology & Haematology)	Prince of Wales
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¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards. Excluded from the definition of Section 25B wards are Outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units and coronary care units. These areas ordinarily undergo a (minimum) annual nurse staffing review to ensure there are sufficient nurses to provide timely and sensitive care to patients.

	Adult acute <u>surgical</u> inpatient wards (at end of reporting period September 2023)					
	Total at start of reporting period (October 2023) 17 wards					
	Total at end of reporting period (September 2024) 17 wards					
	Ysbyty Gwynedd x 5		Ysbyty Glan Clwyd x 6		Ysbyty Wrexham Maelor x 6	
	Enlli Dulas Ogwen Tegid Ffrancon (Womens)		Ward 3 Ward 5 Ward 6 (ABH) Ward 7 Ward 8 Ward 19a Glaslyn (Womens)		Arrivals Erddig Mason Glyndwr / SAU U5 Bonney (Womens)	
	Paediatric inpatient wards (at end of reporting period September 2024)					
	Total at start of reporting period (October 2023) 3 wards					
	Total at end of reporting period (September 2024) 3 wards					
	Ysbyty Gwynedd x 1		Ysbyty Gwynedd x 1		Ysbyty Wrexham Maelor x 1	
	Childrens Unit		Childrens Unit		Childrens Unit	
Staffing requirements	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (October 2023)	RN	HCSW	RN	HCSW	RN	HCSW
	517.96	475.85	321.44	283.66	83.46	31.27
WTE of required establishment funded (October 2023)	518.05	465.80	318.93	275.5	80.98	28.95
Required establishment (WTE) calculated (May 2024)	RN	HCSW	RN	HCSW	RN	HCSW
	505.16	462.96	320.91	279.92	85.29	28.43
WTE of required establishment funded (May 2024)	501.00	447.44	318.93	275.5	80.98	28.95
Required establishment (WTE) calculated (September 2024)	RN	HCSW	RN	HCSW	RN	HCSW
	508	468.64	320.91	279.92	85.29	28.43
WTE of required establishment funded (September 2024)	501.51	447.44	318.93	275.9	81.98	30.95
WTE Supernumerary band 7 ward manager (September 2024) funded but excluded from planned roster	25		17		3	

<p>Required establishment (WTE) calculated and WTE of required establishment funded</p>	<p>Whilst financial implications of the Autumn 2024 nurse staffing level calculations will be considered during the 2025/26 financial planning cycle, in order to ensure the delivery of sensitive and timely nursing care to patients all wards pertaining to Section 25B are able to recruit and staff to the required staffing level utilising temporary staffing as necessary in order to achieve these.</p> <p>The Summary of the Nurse Staffing Levels for 25B Wards (appendix 2) provides further detail regarding individual ward workforce and associated FTE requirements. Staffing levels reported within Appendix 2 are the calculated nurse staffing levels required to staff funded beds only. Work is ongoing within the respective Integrated Health Communities (IHCs) in regard to the use of escalation beds.</p>
<p>Using the triangulated approach to calculate the Nurse staffing level on section 25B wards</p>	<p>In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews² (as a minimum) in order to appropriately calculate planned nurse staffing levels. The triangulated methodology described in the section 25C of the Nursing Staffing Level (Wales) Act 2016 sets out the principles to be applied when calculating nurse staffing levels.</p> <p>The process for calculating the nurse staffing levels within BCUHB has three steps:</p> <p>Step 1: Initial Review</p> <p>The review process is commenced at ward level with the completion of the designated proforma as per the ‘Nurse Staffing Levels (Wales) Act 2016’ Operational Guidance as evidence of the review and application of the triangulated methodology. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented at site level, for review, discussion and supportive challenge.</p> <p>The Integrated Health Community Nurse Director / Associate Director of Nursing leads the site review to calculate Nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Manager, and colleagues from Finance. The review is informed by both qualitative and quantitative information comprising of:</p> <ul style="list-style-type: none"> ➤ Acuity data - acuity is measured by using an evidence-based workforce planning tool Welsh Levels of Care³. ➤ Professional judgement – the Integrated Health Community Nurse Director / Associate Director of Nursing in conjunction with the relevant Head of Nursing, Matron and Ward Manager use their knowledge of the

² Statutory calculations of nurse staffing levels across wards pertaining to Section 25B ordinarily take place between March/April (reporting to Board in May) and August/September (reporting to Board in November).

³ The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

clinical area plus the evidence from the acuity audit to make an informed decision regarding the calculation of Nurse staffing levels.

- Quality Indicators – the review includes an analysis of quality indicators that are particularly sensitive to care provided only by a Nurse. The quality indicators shown to have an association with low staffing levels and must be reported on are:
 - *Patient falls* - any fall that a patient has experienced whilst on the ward;
 - *Pressure ulcers* - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward;
 - *Medication errors* - any error in the preparation, administration, or omission of medication by Nursing staff (this includes medication related never events).
 - *Complaints* – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.

For paediatric inpatient wards where sections 25B of the 2016 Act pertains, in addition to care quality indicators identified above, infiltration/extraversion injuries must also be reported on.

Additional information provided at the initial review includes, though is not limited to:

- Current ward bed numbers and speciality, including specific treatments or procedures.
- Ward environment, layout, and geographical position
- Detail of service and patient pathway changes
- Ward based initiatives. improvement programmes or action plans
- Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, dementia support workers, housekeepers, ward administrators etc.).
- Workforce/Staffing related metric data i.e. Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave.
- Patient flow/activity related data.
- Finance / workforce related data i.e. utilisation of permanent/temporary staff.
- Utilisation of unfunded escalated beds

Step 2: Health Board Wide Review

A Health Board wide (multi-site, service/speciality specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, or their nominated deputy, considering national guidance and best practice evidence, to ensure a consistent Health Board wide approach. The review includes sharing good practice and lessons learnt and assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016

	<p>requirements in that all workforce models included have an uplift of 26.9% and a supernumerary Band 7 Ward Manager has been calculated within the overall workforce plan for each ward.</p> <p>Supportive challenge and discussions are undertaken between the senior nurse leadership team⁴, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology.</p> <p>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery</p> <p>Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person⁵ and on approval; this is formally presented to the Board.</p> <p>The formal presentation to the Executive Director of Nursing & Midwifery took place on 17th October 2024 with the nominated deputies for the Executive Directors of People Services; & Finance in attendance.</p>
<p>Finance and workforce implications</p>	<p>During the reporting period 35 wards have seen no changes to their required establishment, 10 wards have required a change and 1 ward no longer met the definition of a ward pertaining to Section 25B of the Act. Of the 10 wards requiring a change to establishment, 1 of these were due to service redesigns across the orthopaedic specialities. Changes associated with service redesigns will be monitored and staffing levels adjusted as appropriate as these progress and mature.</p> <p>Individual ward workforce requirements and any associated recalculation of the FTE nursing establishments are summarised within appendix 2. The narrative detailed within appendix 2 provides rationale for any changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity. There are existing, known variances in the length of unpaid breaks across the Section 25B wards with Ysbyty Gwynedd & Ysbyty Maelor Wrexham traditionally having a 30 minute unpaid break in long day & night shifts, and Ysbyty Glan Clwyd having an hour unpaid. These differences are reflected in the establishment requirements within Appendix 2.</p> <p>The overall FTE changes summarised in the table below:</p>

⁴ Director of Nursing for Workforce, Staffing and Professional Standards, Integrated Health Community Nurse Director / Associate Director of Nursing and Heads of Nursing

⁵ The designated person must act within the Health Boards governance framework authorising that person to undertake the Nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

	Required Establishment at the start of the reporting period (October 2023)		Funded* Establishment (as at October 2024)*		Required Establishment at the end of the reporting period (September 2024)**		FTE Variance between current funded (October 2024) and required (September 2024)	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
YWM Total	279.17	229.45	277.14	219.9	279.17	230.87	2.03	10.97
YGC Total	264.23	258.88	261.51	253.56	263.46	254.99	1.95	1.43
YG Total	228.83	218.01	211.87	199.55	214.61	206.65	2.74	7.10
Womens Gynaecological Total ***	33.87	21.9	36.11	19.06	34.11	21.94	-2	2.88
Oncology & Haematology Total	33.3	31.27	33.81	31.27	37.56	34.11	3.75	2.84
Paediatric Total	83.46	31.27	81.98	30.95	85.29	28.43	3.31	-2.52
BCUHB Total	922.86	790.78	902.42	754.29	914.20	776.99	11.78	22.70

* **Funded** establishment sourced from Finance Ledger

** This reporting period has seen a reduction of one ward, following a site reconfiguration Tryfan ward in Ysbyty Gwynedd, no longer meets the definition of a Section 25B ward.

*** Establishment in place pre meeting the definition pertaining to Section 25B

Note: The required and funded establishment figures exclude supernumerary ward manager and ward support staff i.e. housekeepers, dementia support workers etc. Any additional requirements identified that are considered temporary for example unfunded escalation beds are accepted as a cost pressure for the IHCs and have not been included in the above.

Financial implications of the Autumn 2024 nurse staffing level calculations review will be considered within the 2025/26 financial planning cycle.

As a Health Board there has been underpinning work to secure and assure plans for maintaining Nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained locally and nationally. There are a range of both short- and long-term actions being taken by the Health Board to improve the extent to which a sufficient workforce is available to work within the Registered Nurses (RN) and Health Care Assistants (HCA) establishments across all health settings.

People Services continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff initiatives which include:

- Initiatives being led by People Services and Corporate Nursing teams to develop and implement innovative approaches to recruitment of registered nurses and healthcare support workers
- Continued engagement with the national All Wales International Nurse Recruitment Programme with 126 FTE Internationally Educated Nurses recruited since October 2023.
- Bachelor of Nursing Part Time and Open University fast track for healthcare support workers employed by the organisation to ensure that we are able “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis in line with the All-Wales Framework. Ongoing work at a national basis regarding the Registered Nurse Associate Band 4 role.
- Annual establishment reviews for areas exempt from Section 25B of the Act to ensure the health board is fulfilling its statutory duty to provide sufficient nurses to allow them to care for patients sensitively wherever nursing services are provided or commissioned.
- Utilisation of the RL Datix SafeCare system to provide live visibility of staffing levels and patient demand to ensure the deployment of resource effectively. Weekly reports are provided to the DoN/ADoN to ensure targeted support to areas of poor compliance.
- Continual review and enhancements of BCUHB careers framework
- Introduction of quarterly nursing workforce optimisation presentations by the IHC DoN/ADoN to the Executive Directors of Nursing & Midwifery; Finance; and People Services or their nominated deputies. The meetings focus on several workforce elements including staffing establishments, vacancies, recruitment, rostering compliance, and temporary staffing utilisation.
- Short-term mitigation remains using temporary staffing (bank and agency workers) and deployment of substantive staff internally

Conclusion & Recommendations

The report provides assurance to the Health Board that in line with statutory guidance the Health Board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.

Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having ‘regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively’. This statutory requirement has ensured that the

staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with [BCUHB Nurse Staffing Levels Policy](#) and the [BCUHB Paediatric Escalation Policy](#)

The Board are asked to note the following next steps:

1. Continuation of the many and varied registered nurse and healthcare support worker workforce recruitment and retention strategies to ensure a 'supply' of nursing workforce to support the maintenance of the nurse staffing levels. The BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, which is further supported by the All-Wales National Workforce Implementation Plan; Nurse Retention Plan and Strategic Nursing Workforce plan⁶, which place a focus on the recruitment and retention of nursing staff.
2. Continued development and enhancement of reporting dashboards, enabling the analysis of workforce and patient data to support and inform nursing workforce decisions
3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters.
4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will display any changes to the planned roster on the ward boards displayed at the ward entrance

⁶ The HEIW Strategic Nursing Plan is due to launch January 2025

Appendix 2: Annual Presentation of the Nurse Staffing Level to the Board report. A summary of Nurse Staffing Levels for wards where Section 25B applies.

Health board/trust:	Betsi Cadwaladr University Health Board
Period of the report	October 2023 - September 2024
Adult Acute Medical inpatient wards	26

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report (<https://cubuh.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/25-5-23-agenda-burde-public-v2-compressed-r-v3-0>) on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Adult Acute Medical inpatient wards.

Site	Name of Ward	Reported to the Board in November 2023					Calculated during spring 2024 cycle					Calculated during autumn 2024 cycle					Biannual calculation cycle reviews, and any changes made & rationale during the spring 2024 & autumn 2024 calculation cycles				Any reviews outside of biannual calculation, if yes, provide rationale for any changes made							
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2023)		Required Establishment as stated within the annual presentation to the Board report (in November 2023) including		SHIFT	Planned roster calculated by the designated person during the spring 2024 cycle		Required Establishment as calculated by the designated persons during the spring 2024 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2024 cycle		Required Establishment as calculated by the designated persons during the autumn 2024 cycle including uplift		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale	
			RN (bands 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE (bands 5 & 6)	TOTAL HCSW (bands 2,3 & 4)		RN (bands 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE (bands 5 & 6)	TOTAL HCSW (bands 2,3 & 4)				RN (bands 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE (bands 5 & 6)	TOTAL HCSW (bands 2,3 & 4)										
YWM	Acton	Early Late Long Day Twilight Night	5 5 4 4 3	4 4 4 4 3	25.58 19.9	1	Early Late Long Day Twilight Night	5 5 4 4 3	4 4 4 4 3	25.58 19.9	1	12/04/2024	Early Late Long Day Twilight Night	5 5 4 4 3	4 4 4 4 3	25.58 19.9	1	17/10/2024	Yes	No	No change to staffing	No						
YWM	ACU	Early Late Long Day Twilight Night	6 6 3 5 2	3 3 3 2 2	31.27 14.21	1	Early Late Long Day Twilight Night	6 6 3 5 2	3 3 3 2 2	31.27 14.21	1	12/04/2024	Early Late Long Day Twilight Night	6 6 3 5 2	3 3 3 2 2	31.27 14.21	1	17/10/2024	Yes	No	No change to staffing	No						
YWM	Bersham	Early Late Long Day Twilight Night	5 5 4 4 3	4 4 4 4 3	25.58 19.9	1	Early Late Long Day Twilight Night	5 5 4 4 3	4 4 4 4 3	25.58 19.9	1	12/04/2024	Early Late Long Day Twilight Night	5 5 4 4 3	4 4 4 4 3	25.58 19.9	1	17/10/2024	Yes	No	No change to staffing	No						
YWM	Bonney	Early Late Long Day Twilight Night	4 4 4 3 3	4 4 4 3 3	19.9 19.9	1	Early Late Long Day Twilight Night	4 4 4 3 3	4 4 4 3 3	19.9 19.9	1	12/04/2024	Early Late Long Day Twilight Night	4 4 4 3 3	4 4 4 3 3	19.9 19.9	1	17/10/2024	Yes	No	No change to staffing	No						
YWM	Cunliffe	Early Late Long Day Twilight Night	4 4 4 3 3	4 4 4 3 3	19.9 19.9	1	Early Late Long Day Twilight Night	4 4 4 3 3	4 4 4 3 3	19.9 19.9	1	12/04/2024	Early Late Long Day Twilight Night	4 4 4 3 3	4 4 4 3 3	19.9 19.9	1	17/10/2024	Yes	No	No change to staffing	No						
YWM	Fleming	Early Late Long Day Twilight Night	2 2 2 2 1	1 1 1 1 1	11.37 5.69	1	Early Late Long Day Twilight Night	2 2 2 2 1	1 1 1 1 1	11.37 5.69	1	12/04/2024	Early Late Long Day Twilight Night	2 2 2 2 1	1 1 1 1 1	11.37 5.69	1	17/10/2024	Yes	No	No change to staffing	No						
YWM	Morris	Early Late Long Day Twilight Night	4 4 4 2 4	4 3 3 4 4	17.06 21.32	1	Early Late Long Day Twilight Night	4 4 4 2 4	4 3 3 4 4	17.06 21.32	1	12/04/2024	Early Late Long Day Twilight Night	4 4 4 2 4	4 3 3 4 4	17.06 21.32	1	17/10/2024	Yes	No	No change to staffing	No						
YWM	Pantomime	Early Late Long Day Twilight Night	4 3 3 2 2	3 3 3 2 2	15.63 14.21	1	Early Late Long Day Twilight Night	4 3 3 2 2	3 3 3 2 2	15.63 14.21	1	12/04/2024	Early Late Long Day Twilight Night	4 3 3 0 2	3 3 3 1 2	15.63 15.63	1	17/10/2024	Yes	Yes	Staffing reconsidered during autumn 24 due to patient care needs and harms profile	No						
YWM	Prince of Wales	Early Late Long Day Twilight Night	3 3 3 2 2	3 3 3 2 2	14.21 14.21	1	Early Late Long Day Twilight Night	3 3 3 2 2	3 3 3 2 2	14.21 14.21	1	12/04/2024	Early Late Long Day Twilight Night	3 3 3 2 2	3 3 3 2 2	14.21 14.21	1	17/10/2024	Yes	No	No change to staffing	No						
YG	Aran	Early Late Long Day Twilight Night	5 5 4 0 3	4 4 4 1 3	22.74 21.3	1	Early Late Long Day Twilight Night	5 5 5 0 4	5 5 5 0 4	25.58 25.58	1	12/04/2024	Early Late Long Day Twilight Night	5 5 5 0 4	5 5 5 0 4	25.58 25.58	1	17/10/2024	Yes	No	Reviewed outside of bi-annual calculation due to site reconfiguration with changes to establishment made as per Spring 2024 numbers.	Yes	Dec-23	Yes	Following a reconfiguration within the Ysbyty Gwynedd site Aran ward was recalculated			
YG	Glaslyn (Tues - Fri)	Early Late Long Day Twilight Night	4 4 4 3 4	6 5 5 4 5	19.9 26.58	1	Early Late Long Day Twilight Night	4 4 4 3 4	6 5 5 4 5	19.9 26.58	1	12/04/2024	Early Late Long Day Twilight Night	4 4 4 3 4	6 5 5 4 5	19.9 26.58	1	17/10/2024	Yes	No	No change to staffing	No						
YG	Glaslyn (Sat - Mon)	Early Late Long Day Twilight Night	4 4 4 3 4	5 5 5 4 5	19.9 26.58	1	Early Late Long Day Twilight Night	4 4 4 3 4	5 5 5 4 5	19.9 26.58	1	12/04/2024	Early Late Long Day Twilight Night	4 4 4 3 4	5 5 5 4 5	19.9 26.58	1	17/10/2024	Yes	No	No change to staffing	No						
YG	Glyder	Early Late Long Day Twilight Night	3 3 3 2 2	2 2 2 2 2	14.21 11.37	1	Early Late Long Day Twilight Night	3 3 3 2 2	2 2 2 2 2	14.21 11.37	1	12/04/2024	Early Late Long Day Twilight Night	3 3 3 2 2	2 2 2 2 2	14.21 11.37	1	17/10/2024	Yes	No	No change to staffing	No						
		Early Late	5 5	5 5			Early Late	5 5	5 5				Early Late	5 5	5 5													Staffing reconsidered during autumn 24 due to patient care

YG	Hebog	Long Day Twilight Night			22.74	22.74	1	Long Day Twilight Night			22.74	22.74	1	12/04/2024	Long Day Twilight Night			22.74	25.58	1	17/10/2024	Yes	Yes	Staffing reconsidered during autumn 24 due to patient care needs	No				
YG	Moelwyn	Early Late Long Day Twilight Night	6 4 4 4 4	4 4 4 4 4	28.43	22.74	1	Early Late Long Day Twilight Night	6 4 4 4 4	4 4 4 4 4	28.43	22.74	1	12/04/2024	Early Late Long Day Twilight Night	6 4 4 5 4	4 4 4 4 4	31.27	22.74	1	17/10/2024	Yes	No	Staffing reconsidered during autumn 24 due to patient care acuity	No				
YG	Prysor (Mon - Fri) Prysor (Sat & Sun)	Early Late Long Day Twilight Night	3 2 0 2 3	3 2 1 1 2	12.79	10.95	1	Early Late Long Day Twilight Night	3 2 0 2 3	3 2 1 1 2	12.79	10.95	1	12/04/2024	Early Late Long Day Twilight Night	3 2 0 2 3	3 2 0 2 2	12.79	12.37	1	17/10/2024	Yes	Yes	Staffing reconsidered during autumn 24 due to patient care needs	No				
YG	Tryfan	Early Late Long Day Twilight Night	4 4 3 3	5 5	19.9	22.74	1	Early Late Long Day Twilight Night							Long Day Twilight Night							N/A	N/A	Reviewed outside of bi-annual calculation due to site reconfiguration with Tryfan no longer meeting the definition of a Section 25B ward	Yes	Dec-23	Yes	Following a reconfiguration within the Ysbyty Gwynedd site Tryfan ward no longer met the definition of a Section 25B ward	
YGC	Ward 1	Early Late Long Day Twilight Night	4 4 0 3	5 5 1 3	19.07	23.21	1	Early Late Long Day Twilight Night	4 4 0 3	5 5 1 3	19.07	23.21	1	12/04/2024	Early Late Long Day Twilight Night	4 4 0 3	5 5 1 3	19.07	23.21	1	17/10/2024	Yes	No	No change to staffing	No				
YGC	Ward 2	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	12/04/2024	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	17/10/2024	Yes	No	No change to staffing	No				
YGC	Ward 4	Early Late Long Day Twilight Night	4 4 0 3	3 3	19.07	16.34	1	Early Late Long Day Twilight Night	4 4 0 3	3 3	19.07	16.34	1	12/04/2024	Early Late Long Day Twilight Night	4 4 0 3	3 3	19.07	16.34	1	17/10/2024	Yes	No	No change to staffing	No				
YGC	Ward 6 (was Ward 11)	Early Late Long Day Twilight Night	5 5 4 4	3 3 3 3	24.52	16.34	1	Early Late Long Day Twilight Night	5 5 4 4	3 3 3 3	24.52	19.07	1	12/04/2024	Early Late Long Day Twilight Night	5 5 4 4	3 3 3 3	24.52	19.07	1	17/10/2024	Yes	Yes	HCSW staffing reconsidered during spring 24 due to patient care needs and harms profile	No				
YGC	Ward 9	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	12/04/2024	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	17/10/2024	Yes	No	No change to staffing	No				
YGC	Ward 10	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	12/04/2024	Early Late Long Day Twilight Night	4 4 0 3	4 4 1 3	19.07	20.49	1	17/10/2024	Yes	No	No change to staffing	No				
YGC	Ward 12	Early Late Long Day Twilight Night	5 5 3 3	4 4 3 3	21.79	19.07	1	Early Late Long Day Twilight Night	5 5 3 3	4 4 3 3	21.79	19.07	1	12/04/2024	Early Late Long Day Twilight Night	5 5 3 3	4 4 3 3	21.79	19.07	1	17/10/2024	Yes	No	No change to staffing	No				
YGC	Ward 14	Early Late Long Day Twilight Night	5 5 0 3	4 4 1 3	21.79	20.49	1	Early Late Long Day Twilight Night	5 5 0 3	4 4 1 3	21.79	20.49	1	12/04/2024	Early Late Long Day Twilight Night	5 5 0 3	4 4 1 3	21.79	20.49	1	17/10/2024	Yes	No	No change to staffing	No				
YG	Alaw (Mon - Fri) Alaw (Sat & Sun)	Early Late Long Day Twilight Night	4 4 2 3 3	3 3 2 3 3	16.24	14.21	1	Early Late Long Day Twilight Night	4 4 2 3 3	3 3 0 3 3	17.66	14.21	1	12/04/2024	Early Late Long Day Twilight Night	4 4 2 3 3	3 3 2 3 3	17.66	14.21	1	17/10/2024	Yes	Yes	RN staffing reconsidered in Spring 24 review due to increased patient care acuity and out of hours triage requirements.	No				
YGC	Entfys	Early Late Long Day Twilight Night	4 4 0 2	4 4 3 3	17.06	17.06	1	Early Late Long Day Twilight Night	4 4 0 2	4 4 3 3	19.9	19.9	1	12/04/2024	Early Late Long Day Twilight Night	4 4 0 3	4 4 3 3	19.9	19.9	1	17/10/2024	Yes	Yes	RN & HCSW staffing reconsidered in Spring 24 review due to increased patient care acuity, harms profile and out of hours triage requirements.	No				

Reporting Committee:	People and Culture Committee
Committee Chair:	Dyfed Jones, Independent Member
Date of last meeting:	10 th October 2024
Paper prepared by:	Laura Jones, Project Support Manager (Corporate Governance)

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the People and Culture Committee held on 10th October 2024 in the Boardroom, Carlton Court.

A People & Culture Development Session will take place on Tuesday 19th November 2024, 10-12pm.

Staff Stories – A Proposal on our Approach to Capturing & Sharing Staff Experience

A report was presented outlining a proposal for the consideration of staff stories at the Committee. In discussing the proposal, it was agreed that there was a need to ensure safeguards were in place to allow staff to speak openly. Receiving feedback from a negative point of view will allow the Health Board to identify areas where improvements may be required. There is also a need to determine the next steps and actions that will be taken where a staff story being shared highlighted a poor experience and there was need for improvement and learning. There was discussion around how this links in to the staff survey and the importance of the work being completed in partnership with the Trade Unions.

People Operations Report

A report was presented and it was noted that staff are being encouraged to engage with the staff survey across the organisation. There was discussion around how the organisation utilise the data that is being collated in the wider context relating to workforce planning and the longer-term strategy. The Committee suggested inviting responsible service managers to join future meetings to highlight any issues and determine how the Committee can provide support to make improvements. It was confirmed that during quarter 4 a new system is being implemented to record Performance Appraisals Document Review (PADRs) which will allow the measurement of values and behaviours, as well as performance, which will help to identify when staff are ready for promotion.

Culture, Leadership & Engagement Update

A report was presented and it was noted that work continues on the values and behaviours framework and the development and review of the Health Board Values which are being considered for approval by the Board in November 2024. It was agreed that the Board needs to have oversight of the values work to set the culture and the tone for the organisation and ensure the learning is captured. Key updates were also provided on the establishment of The People Managers Forum and the success of the recent Staff Achievement Awards. There was discussion around how the Staff Survey is being promoted and the importance of staff recognition and rewards.



Operating Model

The Committee received an update on the operating model and it was noted that the discovery phase was nearing finalisation which enabled feedback from a wide range of senior staff. A Programme Board has been established and the first meeting of the Programme Board will take place shortly. The aim is to publish the Discovery Report by the end of October 2024 and then move into the Design Phase.

Audit Wales Workforce Planning Review Update

The Committee received a presentation and agreed that further discussion would be required in relation to service level workforce planning. There are good links in place with higher and further education and the team are starting to build a supply line locally within North Wales. There was discussion around the workforce intelligence pack and how this can assist with succession planning. The Committee agreed to review the wider work in relation to workforce planning going forward. It was also agreed to link back to the Audit Committee that the P&C Committee have reviewed the Audit Wales review of Workforce Planning.

ITEMS TO BE ESCALATED TO THE BOARD

- Nothing raised

NEXT MEETING

The next meeting of the Committee will be held on 19th December 2024

Reporting Committee:	Performance, Finance and Information Governance Committee
Committee Chair:	Gareth Williams, Vice Chair
Date of last meeting:	29.10.24
Paper prepared by:	Diane Davies, Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters were discussed at the meeting held on 29th October 2024 at Carlton Court Boardroom :</p> <p>The Committee</p> <p>Noted</p> <ul style="list-style-type: none"> • Performance Report • Finance Report Month 6 2024/25 including <ul style="list-style-type: none"> ○ Divisional Operational Finance and Performance report – Cancer services Division • Information Governance Key Performance Indicator quarterly report • Shared Service Partnership performance assurance report • Corporate Risk Register relating to the Committee <p>Received</p> <ul style="list-style-type: none"> • Information Governance Annual report 2023-24 <p>The Committee Chair draws Board Members' attention to the following points:</p> <ul style="list-style-type: none"> • A thorough discussion on the Cancer Services Division's finances and performance took place. It was noted that it had been impossible to attract candidates to fill fixed term oncology consultant posts funded by non-recurrent planned care funds, particularly given competition from nearby specialist centres such as Clatterbridge hospital and The Christie. The Board should consider its risk appetite to advertise posts funded by the non-recurrent £42m strategic fund as permanent. The Committee noted that Cancer is increasingly a chronic condition which requires longer term treatment/s as opposed to one-off treatment provision. • A useful update on Diabetes was received, including its impact on various services • More metrics are required to be developed in order to more effectively monitor primary care services • Alison Ramsey, Director of Finance and Corporate services at Shared Services Partnership joined the meeting to provide an overview of services to the Health Board. There was a lively discussion on the need for greater scrutiny and interrogation of the value provided by the SSP to BCUHB, especially in regard to the value of legal services. It was envisaged that a representative of Shared Services would be scheduled to attend the Committee moving forward and support their performance reports. • There was a risk of underspend to capital however, this was being carefully monitored. • Concern remained on planned care performance, the Committee will be expecting an update on the 12 week programme at the December Committee meeting. • Dermatology was a key area of focus for the Board. • BCUHB's estate remained of concern along with the fitness for purpose of the current strategy. The Committee looked forward to commencement of the newly appointed Director of Estates, in order to address and attain grip on the associated risks. The 	

discussion raised questions on the position of BCU's agile working policy to the People and Culture Committee (as below).

- The annual request for strategic cash funding would be dealt with at the November Board meeting, further consideration would be given to recording the risk on the appropriate register.
- The Committee was disappointed that it had not yet seen any papers relating to the financial aspects of the draft IMTP/annual plan, but understood that the issue here was with progress on the substantive content of the plan. It was understood that the plan would be presented to the December PFIG Committee meeting.

In the **private session** the Committee

supported

- funding to provide safe services within Vascular and Diabetic Foot across the three Integrated Healthcare Communities

received

- Update on Planned Care
- Update on potential premises refurbishment

The Committee **referred** the following to other Committees to consider further within the scope of their terms of reference delegated by the Board:

To be further considered by People and Culture Committee in public session

- Determine BCUHB's position on agile working policy and its impact on BCU's estate

private session:

- Administrative support to clinical functions

Approved minutes and papers are available on the BCUHB website :

[Performance, Finance and Information Governance Committee - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)

ITEMS TO BE ESCALATED TO THE BOARD

The Committee remains concerned with the delivery of Planned Care targets by the end of the financial year. It also asks the Board to consider its risk appetite in respect of filling posts funded by currently non-recurrent funding on a permanent basis, where it has proved impossible to recruit on the basis of fixed-term contracts.

NEXT MEETING

The next meeting of the Performance, Finance and Information Governance Committee will be held on 23.12.24



Teitl adroddiad:	2024-25 Month 7 Health Board Finance Report
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 28 November 2024
Date of Meeting:	
Crynodeb Gweithredol:	This report provides a briefing on the financial performance of the Health Board for the year to date position as at the end of Month 7 (October 2024). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target.
Executive Summary:	<p><u>Finance Report</u></p> <p>The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with a £48.0m recurrent savings requirement to deliver the £19.8m planned deficit for 2024/25. Both the savings requirement and the projected deficit are profiled equally across the financial year. The forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.</p> <p>As at close of October 2024 (Month 7) the Health Board is reporting a deficit of £21.4m. This exceeds the plan forecast of £19.8m and is a £9.9m adverse variance year to date and represents the substantial risk associated with attainment of the planned outturn for 2024/25.</p> <p>The year to date deficit of £21.4m (£9.9m adverse to plan) is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.</p> <p>In October 2024 the deficit totalled £2.7m, which is £1.1m higher than the profiled monthly Financial Plan deficit of £1.6m and a deterioration of £0.7m in comparison to the previous month. However, previous month's financial position included Accountancy Gains of £1.8m reported in September.</p> <p>It is a significant concern that the year to date financial position now exceeds the level of deficit planned for close of the financial year. Further focus and interventions will be required to identify and deliver mitigating actions to recover the overspend against year to date plan and control emerging pressures.</p> <p>Welsh Government have confirmed that should the Health Board deliver the Annual Plan Deficit of £19.8m, then the £82m Strategic Support Funding will become recurrent. It is therefore essential that the Health Board takes the necessary action to deliver the financial plan and secure the recurrent funding.</p>

As a result of the planned deficit, a request for strategic cash-only support will need to be made to Welsh Government, in order to continue making payments to staff and suppliers towards the end of the 2024-25 financial year.

This figure upon delivery of the planned deficit would total £18m, the current forecast outturn position of £19.8m, less £1.8m cash that the Health Board expects to be able to manage internally. However, the Health Board may seek to request cash of a further £10m (50% of the current risk to not reducing existing run rate or mitigation of the year-to-date deficit of £9.9m). However, if requesting the higher value, Welsh Government may not allocate cash to support this delivery risk. The Board is asked to approve this request which will be submitted by the Accountable Officer to the Chief Executive, NHS Wales by 5th December 2024.

Capital Programme

The finance report articulates performance within the Capital Programme which consists of Discretionary funding plus specific funding for Major Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £45.3m and is forecast to be spent in full. Year to date expenditure is £7.2m against a year to date plan of £13.5m.

Whilst it is normal to have a low planned level of expenditure at commencement of the financial year (allowing for delays in planning and commissioning the works) expenditure will now accelerate as we progress through the second half of the year thus mitigating the risk of underspends caused by delays that may occur late in the financial year.

There remains active dialogue with Welsh Government over the Llandudno capital scheme to assess confidence levels through engagement with our construction partner, to ensure this priority development completes at the earliest opportunity and expenditure plans for 2024/25 aligns to allocations to be received.

Savings

The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. The £48.0m target plan is profiled on an equal twelfth's basis. The 2024/25 Savings Programme has been developed through a Value & Sustainability thematic model which is to be delivered within five core domains (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.

There remains an additional focus placed upon clinical variation and improved productivity and efficiency. This will support future years savings delivery, improved performance capability to service the local population need through in-house capacity and support staff well-being (improving work life balance).

Work has progressed well on identifying savings opportunities, with the full year forecast value of Green Schemes totalling £42.3m, fortuitous Accountancy Gains of £7.1m, giving a combined total of £49.4m, an increase of £1.0m from Month 6. Of these, £28.7m have been identified as

	<p>recurring, with a full year effect of £39.6m, and £20.7m are non-recurring savings.</p> <p>Savings delivered in Month 7 totalled £4.1m, of which £2.5m is recurring. Accountancy Gains of £0.3m were also identified in month which contribute to the in-month delivery. The full year plan value of Red schemes totals £0.4m and pipeline opportunities which still need further work to convert to Green Schemes total £1.4m.</p> <p><u>Risks & Mitigations</u></p> <p>The Executive and Integrated Performance – Executive Delivery Group are seeking improved expenditure trajectories from Areas and Directorates for the remainder of the financial year. Consideration through Executive and with wider Health Board colleagues will be initiated as needed to offer assurance over attainment of plan at 31st March 2025, noting the substantial financial risk from loss of the £82m allocation if the plan is not delivered.</p> <p>As noted above, additional intervention aimed at containment and reversal of cost overruns is now key, with the risk of attainment of the 2024/25 financial plan being assessed (with winter commencing) as circa £20m.</p>			
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive, and scrutinise this report; and • Approve, the 24/25 Strategic Cash Support request to Welsh Government 			
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Andrea Hughes, Finance Director (Interim) Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development</p>			
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p>Lefel sicrwydd:</p> <p>Assurance level:</p>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>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.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.</p>
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>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.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>BAF – Financial Stability</p> <p>Current risks and mitigations are shown in Appendix A, Slide 13.</p> <p>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.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p>	<p>Not applicable</p>

<p>Workforce implications as a result of implementing the recommendations</p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Appendix A BAF risks BAF SP14 – Estates & Capital (There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</p> <p>Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 24/25 Financial Plan</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol</p> <p>Not Applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>A - 2024/25 Finance Report (Revenue, Capital and Savings) - Month 7</p>	

Finance Report

October - Month 7 2024/25

Russell Caldicott
Interim Executive Director of Finance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary

Objective	<ul style="list-style-type: none"> 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. 	
Key Financial Targets	Revenue	<ul style="list-style-type: none"> In-Month deficit of £2.7m, a deterioration of £1.1m from Month 6 and is £0.8m higher than the profiled financial plan deficit of £1.6m for Month 7. Year to date deficit of £21.4m. This represents a £9.9m adverse variance compared to 7/12ths of the planned deficit. Forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.
	Cash	<ul style="list-style-type: none"> Closing cash balance as at 31st October 2024 was £7.7m, including £5.3m cash held for revenue expenditure and £2.4m for capital projects. A request for strategic cash-only support of £18m if Plan is attained or £28.0m if 50% of the risk to delivery is not mitigated, is to be submitted to Welsh Government in order to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. The Board is asked to approve the value to be requested, which needs to be submitted to the Chief Executive, NHS Wales by 5th December 2024.
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. As at Month 7, the Health Board is forecasting to deliver £49.4m (£42.3m Savings and £7.1m Accountancy Gains) against a target of £48m. This is an increase of £1.0m from Month 6. Of the £49.4m forecast delivery, £28.7m is recurring schemes with a full year effect of £39.6m (costs that can be removed in this and future financial years) and £20.7m are non-recurring savings (one-off in year cost reductions). Savings delivered in Month 7 totalled £4.1m, of which £2.5m is recurring. Accountancy Gains of £0.3m were also identified in month.
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2024/25 is £45.3m and is forecast to be spent in full. Year to date expenditure is £7.2m against a year to date plan of £13.5m, however it should be noted that the Health Board has received additional all Wales slippage and IT funding of £2.8m in October.
Key Messages	<ul style="list-style-type: none"> Welsh Government have confirmed that should the Health Board deliver the Annual Plan Deficit of £19.8m, then the £82m Strategic Support Funding allocated for 2024/25, will be allocated recurrently (available for future financial years). It is essential that the Health Board avoids further cost overruns, and recovers the deficit over plan which it has incurred to date. To support this IHCs are asked to implement additional ways of reducing expenditure to ensure this funding is secured. Year to date financial position exceeds the level of planned deficit for close of the financial year by £9.9m. Slippage against plan in the first seven months of the financial year will therefore need to be recovered over the remainder of the financial year. The underlying trend of expenditure remains challenging and requires continued significant effort to keep control of emerging pressures and recover the overspend against plan. The year to date deficit of £21.4m (£9.9m adverse to plan) is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs. Risks to be managed in delivery of plan total c.£20.4m. 	

Key Performance Indicators



Month 7 Position

In Month: £187.5m against plan of £186.5m

£1.0m adverse position

YTD: £1265.7m against plan of £1255.8m

£9.9m adverse position compared to 7/12ths of the full year £19.8m planned deficit



Forecast

Projection held at planned deficit but this is subject to significant risk (estimated with winter commencing to total £25m).

£19.8m deficit

Month 7 Divisional Performance

West IHC	£10.3m adverse
Central IHC	£15.1m adverse
East IHC	£18.3m adverse
Womens	£0.8m adverse
MH & LD	£11.7m adverse
Commissioning Contracts	£0.2m adverse
ICD Primary Care	£2.8m favourable
ICD Regional Services	£3.8m adverse
Support Functions	£1.9m favourable
Other Budgets	£45.6m favourable



Savings

In-month: £4.1m against target of £4.0m

£0.1m favourable

YTD: £31.3m (includes £7.1m accountancy gain) against a target of £28.0m

£3.3m favourable



Savings Forecast

£49.4m against target of £48.0m

£1.4m favourable



COVID-19 Impact

£5.8m YTD cost

**£12.2m forecast cost.
Fully funded by Welsh Government**



Year to Date Income

£94.2m against budget of £91.5m

£2.7m favourable



Year to Date Pay

£621.1m against budget of £594.9m
Reviews continuing between pay and non-pay that will refine this position moving into month 8 reporting.

£26.2m adverse



Year to Date Non-Pay

£738.8m against budget of £752.4m
As noted in Pay, a review is concluding which will adjust the reporting variation between pay and non-pay reporting

£13.6m favourable (above planned deficit)

Revenue Position

	Actual							2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	M05	M06	M07	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(186.2)	(184.8)	(1,244.3)	(1,244.3)	0.0	0.00%	(2,138.7)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(14.5)	(91.5)	(94.2)	-2.7	3.06%	(161.8)
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	88.7	594.9	621.1	26.2	4.40%	1,073.1
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	113.2	740.9	738.8	-2.1	-0.28%	1,247.1
Total Deficit / (Surplus)	4.3	4.8	3.7	0.7	3.3	1.9	2.7	(0.0)	21.4	21.4		19.8
Planned Deficit	1.7	1.6	1.6	1.6	1.6	1.6	1.6	11.5	0.0	11.5	100.00%	
Total Deficit / (Surplus) above Plan	2.6	3.2	2.1	(0.9)	1.6	0.3	1.0	11.5	21.4	9.9		

- 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding.

- Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 has been agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m.

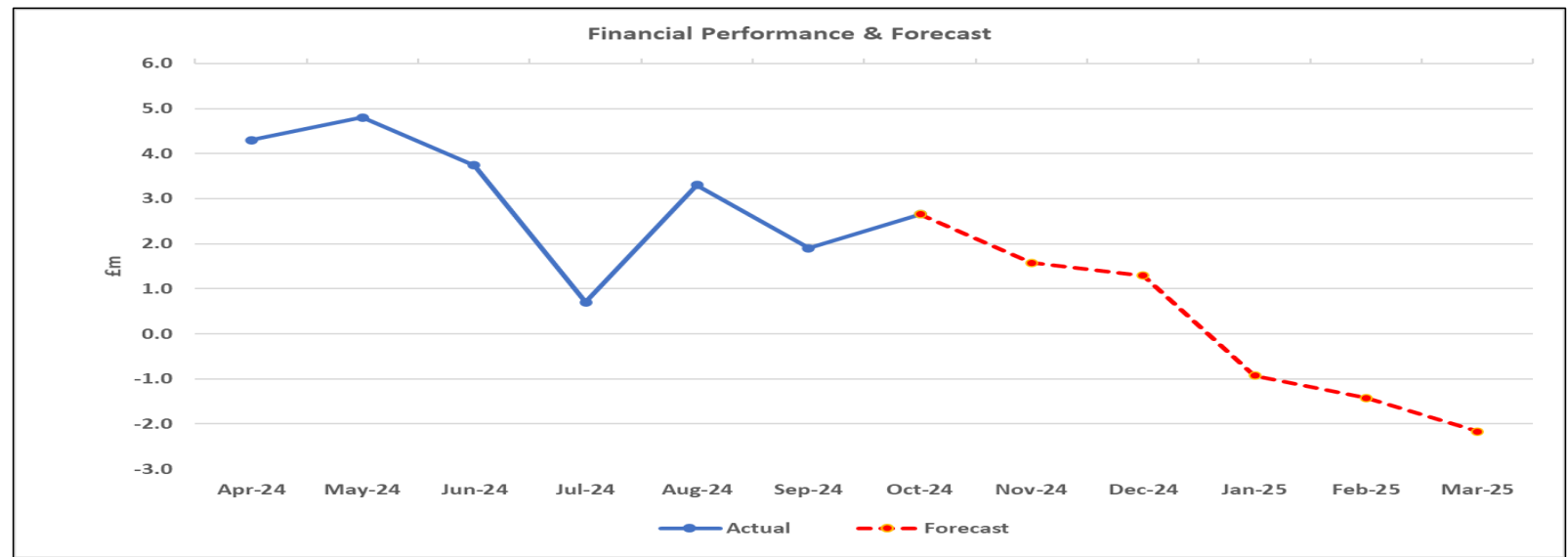
- Welsh Government have also committed to fund the £82m funding received on a non-recurrent basis in 2024/25, on a recurring basis from 2025/26 subject to the Health Board achieving the 24/25 financial plan deficit of £19.8m.

- The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25.

- Month 7 position is reporting an in-month deficit of £2.7m, which is £1.1m higher than the profiled monthly Financial Plan deficit of £1.6m, a deterioration of £0.7m from previous month.

- Year to date position is reporting a deficit of £21.4m. This represents a £9.9m adverse variance compared to 7/12^{ths} of the full year £19.8m planned deficit.

- Risks to delivery of the plan totals £20.4m (See Slide 14), however the forecast position remains a deficit of £19.8m, which is in line with the financial plan for the year.

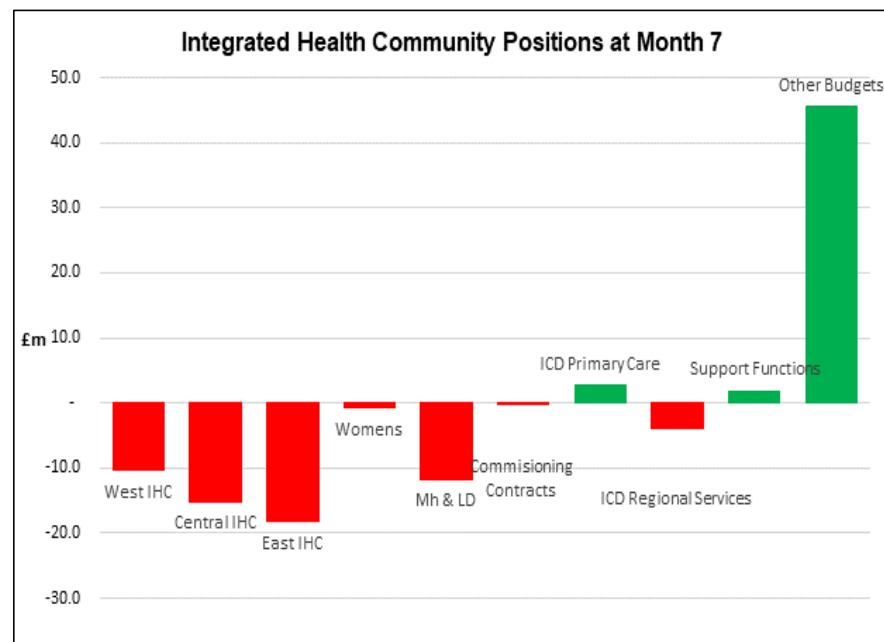


Divisional Positions

	In Month			
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000
WG RESOURCE ALLOCATION	(184,847)	(184,847)	0	0%
WEST INTEGRATED HEALTH COMMUNITY				
Management	105	105	(0)	0%
West Area	19,835	19,766	69	0%
Ysbyty Gwynedd	11,319	11,743	(425)	-4%
Facilities	1,044	1,163	(118)	-11%
Total West	32,303	32,777	(474)	-1%
CENTRAL INTEGRATED HEALTH COMMUNITY				
Management	91	102	(11)	12%
Central Area	27,096	25,810	1,287	5%
Ysbyty Glan Clwyd	14,536	15,409	(872)	-6%
Facilities	1,244	1,369	(125)	-10%
Total Central	42,967	42,689	279	1%
EAST INTEGRATED HEALTH COMMUNITY				
Management	93	129	(36)	39%
East Area	29,865	30,017	(152)	-1%
Ysbyty Wrexham Maelor	12,183	12,968	(785)	-6%
Facilities	1,120	1,356	(236)	-21%
Total East	43,262	44,471	(1,209)	-3%
Total Midwifery and Women's Services	3,846	4,063	(216)	-6%
Total Mental Health and LDS	14,864	16,673	(1,809)	-12%
Total Commissioning Contracts	27,854	26,917	937	3%
INTEGRATED CLINICAL DELIVERY PRIMARY CARE				
Covid Programmes	694	691	3	0%
Dental North Wales	2,841	2,220	620	22%
Community Dental Services	518	563	(44)	-9%
Other Primary Care	(10,634)	(10,610)	(23)	0%
Total Integrated Clinical Delivery Primary care	(6,580)	(7,136)	556	-8%
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES				
Provider Income	(1,868)	(2,243)	375	-20%
Diagnostic and Specialist Clinical Support	6,641	7,109	(468)	-7%
Cancer Services	7,188	6,448	740	10%
Total Integrated Clinical Delivery	11,960	11,314	647	5%
Total Service Support Functions	13,170	12,630	540	4%
Total Other Budgets	2,847	3,105	(258)	-9%
Total Deficit above Plan	1,647	2,655	(1,008)	-61%
Planned Deficit	(1,647)	0	(1,647)	
Total Deficit	0	(2,655)	(2,655)	

	Cumulative			
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000
WG RESOURCE ALLOCATION	(1,244,279)	(1,244,279)	0	0%
WEST INTEGRATED HEALTH COMMUNITY				
Management	733	657	76	-10%
West Area	114,993	118,059	(3,066)	-3%
Ysbyty Gwynedd	73,810	80,316	(6,506)	-9%
Facilities	7,310	8,091	(781)	-11%
Total West	196,846	207,122	(10,277)	-5%
CENTRAL INTEGRATED HEALTH COMMUNITY				
Management	636	667	(32)	5%
Central Area	151,167	153,505	(2,338)	-2%
Ysbyty Glan Clwyd	92,099	103,955	(11,856)	-13%
Facilities	8,662	9,519	(857)	-10%
Total Central	252,564	267,646	(15,082)	-6%
EAST INTEGRATED HEALTH COMMUNITY				
Management	652	684	(32)	5%
East Area	167,267	175,864	(8,597)	-5%
Ysbyty Wrexham Maelor	79,665	88,095	(8,430)	-11%
Facilities	7,839	9,054	(1,215)	-16%
Total East	255,424	273,698	(18,274)	-7%
Total Midwifery and Women's Services	27,605	28,368	(763)	-3%
Total Mental Health and LDS	99,206	110,908	(11,702)	-12%
Total Commissioning Contracts	166,690	166,918	(228)	0%
INTEGRATED CLINICAL DELIVERY PRIMARY CARE				
Covid Programmes	3,902	3,789	112	3%
Dental North Wales	19,875	17,037	2,838	14%
Community Dental Services	3,636	3,873	(237)	-7%
Other Primary Care	1,426	1,332	95	7%
Total Integrated Clinical Delivery Primary care	28,839	26,032	2,807	10%
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES				
Provider Income	(13,079)	(14,260)	1,181	-9%
Diagnostic and Specialist Clinical Support	46,279	49,830	(3,550)	-8%
Cancer Services	38,281	39,721	(1,441)	-4%
Total Integrated Clinical Delivery	71,481	75,291	(3,810)	-5%
Total Service Support Functions	91,422	89,530	1,892	2%
Total Other Budgets	65,731	20,167	45,564	69%
Total Deficit above Plan	11,527	21,401	(9,873)	-86%
Planned Deficit	(11,527)	0	(11,527)	
Total Deficit	0	(21,401)	(21,400)	

Forecast Year End Variance against the Plan £000
0
75
(5,383)
(11,774)
(1,210)
(18,292)
(48)
(6,616)
(21,069)
(1,489)
(29,222)
(30)
(13,700)
(14,290)
(2,074)
(30,094)
(1,255)
(17,427)
(680)
112
4,400
(550)
(72)
3,890
1,609
(5,812)
(3,297)
(7,500)
(1,024)
101,606
0
(19,761)
(19,761)



- In-month deficit of £2.7m which is £1.1m above the monthly profiled financial plan deficit of £1.6m, a deterioration of £0.7m from Month 6.
- Pay costs have reduced back down to normal levels following payment of the backdated M&D pay award paid in September. Funding has been anticipated for these costs.
- Non pay increased in month by £8.4m due to increases across all areas. Further detail on Non-Pay expenditure movements is reported in Slide 11.
- Pressures continue within Commissioning, CHC and Drugs.

Expenditure – Pay & Non-Pay

Pay Costs as per Monitoring Return Table	Actual							Cumulative			Full Year Forecast £m
	P01-25 £m	P02-25 £m	P03-25 £m	P04-25 £m	P05-25 £m	P06-25 £m	P07-25 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m	
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	12.0	12.1	88.9	83.9	5.0	155.0
Medical & Dental	19.7	20.0	19.5	20.3	20.3	29.0	20.8	135.1	149.6	(14.5)	239.3
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	26.9	27.4	181.6	188.6	(7.0)	331.6
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	13.7	13.3	85.9	94.8	(8.9)	164.1
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	3.6	3.5	26.9	24.7	2.2	41.9
Allied Health Professionals	5.8	5.7	5.7	5.7	5.7	5.8	5.9	38.3	40.2	(1.9)	71.2
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	1.5	1.6	10.1	10.5	(0.4)	17.8
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	4.1	4.0	27.5	28.4	(0.9)	51.2
Students	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.6	0.4	0.2	1.0
Health Board Total	86.7	87.2	86.7	87.7	87.5	96.5	88.8	594.9	621.1	(26.2)	1,073.1
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	2.9	3.7	17.6	20.4	(2.8)	34.9
Total Pay	89.3	89.8	89.6	90.5	90.5	99.4	92.5	612.5	641.5	(29.0)	1,108.0

Health Board Pay:

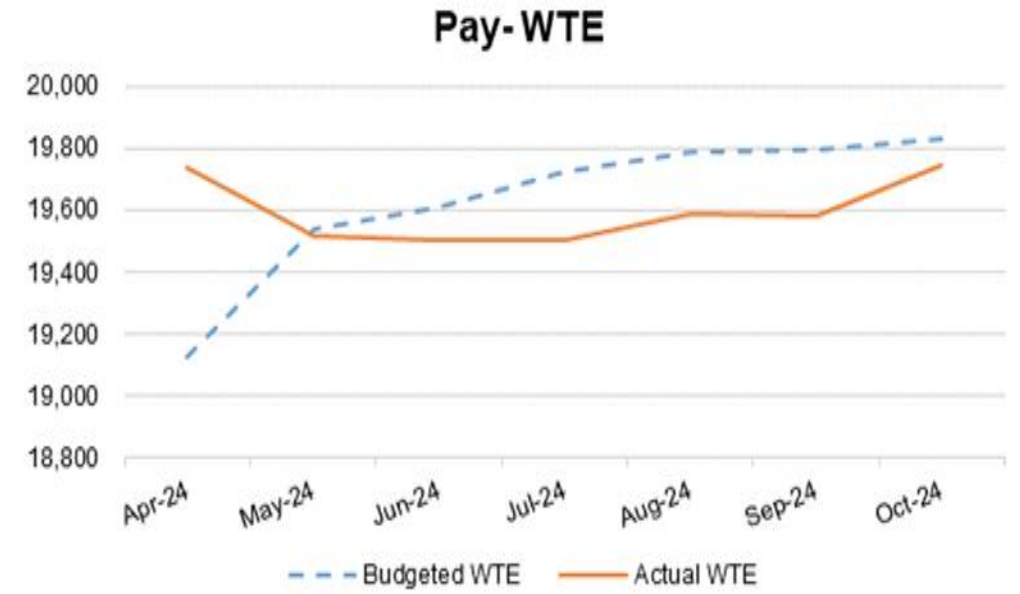
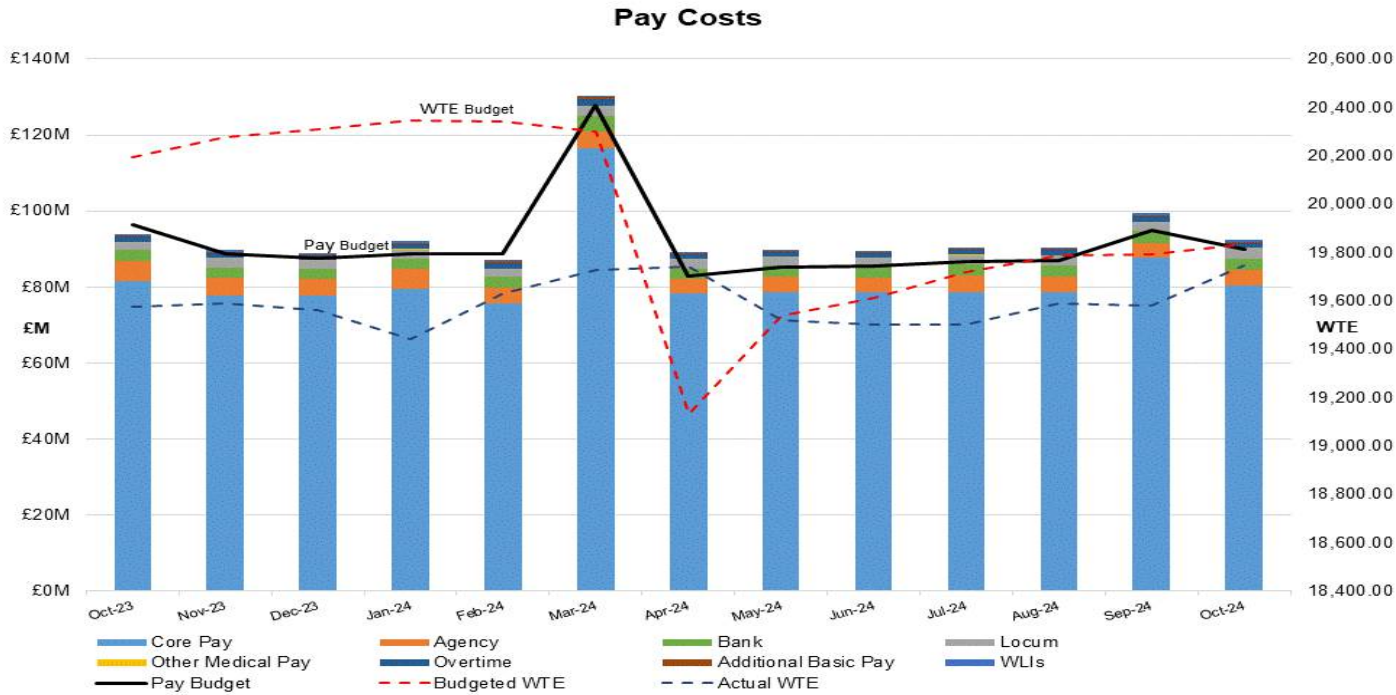
- Month 7 Provider Services Pay expenditure is £7.7m (8.0%) lower than reported in Month 6, due to the Medical Pay Award and arrears paid in Month 6. Month 7 pay has now reduced back down to a normal level of pay expenditure. Funding has been anticipated for the Medical and Dental Pay costs.

Non-Pay Expenditure (excluding Depreciation):

- Non Pay - £8.4m increase from previous month.
- Pressures continue within CHC due to continued patient number growth and high cost packages of care, commissioning including Out of Area Placements and Primary Care & Secondary Care Drugs.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Non-Pay Costs as per Monitoring Return Table	Actual							Cumulative			Full Year Forecast £m
	P01-25 £m	P02-25 £m	P03-25 £m	P04-25 £m	P05-25 £m	P06-25 £m	P07-25 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m	
Primary Care Contractor	19.6	18.6	20.0	19.6	19.6	19.6	20.3	137.8	137.3	0.5	236.2
Primary Care - Drugs & Appliances	10.9	10.5	10.2	10.8	11.6	10.8	12.4	72.1	77.3	(5.1)	131.7
Provider Services - Non Pay	19.0	16.1	16.6	20.2	19.0	19.0	19.4	157.1	129.2	27.9	200.9
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	8.1	9.3	52.0	58.6	(6.6)	102.3
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	29.5	32.1	205.7	206.7	(1.0)	357.6
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	11.2	12.5	77.0	81.0	(4.0)	138.4
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	2.6	2.7	9.9	19.0	(9.0)	30.8
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	0.1	0.3	1.5	1.7	(0.2)	3.4
Losses, Special Payments and Irrecoverable Debts	0.2	0.3	0.3	0.3	0.5	0.2	0.3	1.7	2.1	(0.3)	3.6
Non-pay costs	99.9	98.8	99.1	100.6	104.1	101.0	109.4	715.0	712.8	2.1	1,204.8
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	3.9	3.9	26.0	26.0	0.0	42.3
Total non-pay	103.1	102.0	103.0	104.5	108.1	104.9	113.2	740.9	625.6	2.1	1,247.1

Expenditure – Pay



2024-25 Variable Pay	Actual							YTD £m
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
	£m	£m	£m	£m	£m	£m	£m	
Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	28.2
Overtime	1.1	1.3	1.2	1.4	1.3	1.4	1.2	8.9
Locum	2.6	2.3	2.3	2.5	2.6	2.4	2.8	17.4
WLI's	0.3	0.2	0.2	0.3	0.3	0.4	0.4	2.2
Bank	2.6	2.9	2.8	3.0	3.1	3.2	3.0	20.6
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.4
Additional Hours	0.4	0.3	0.3	0.4	0.4	0.3	0.4	2.5
Total	11.1	11.1	10.6	11.8	11.9	11.6	12.1	80.2

- Variable Pay totals £12.1m for October, an increase of £0.5m from previous month, which is mainly driven by a £0.5m increase in Agency and £0.4m in Locum spend. The increase is offset by reductions in Bank and Overtime.



Pay - WTE

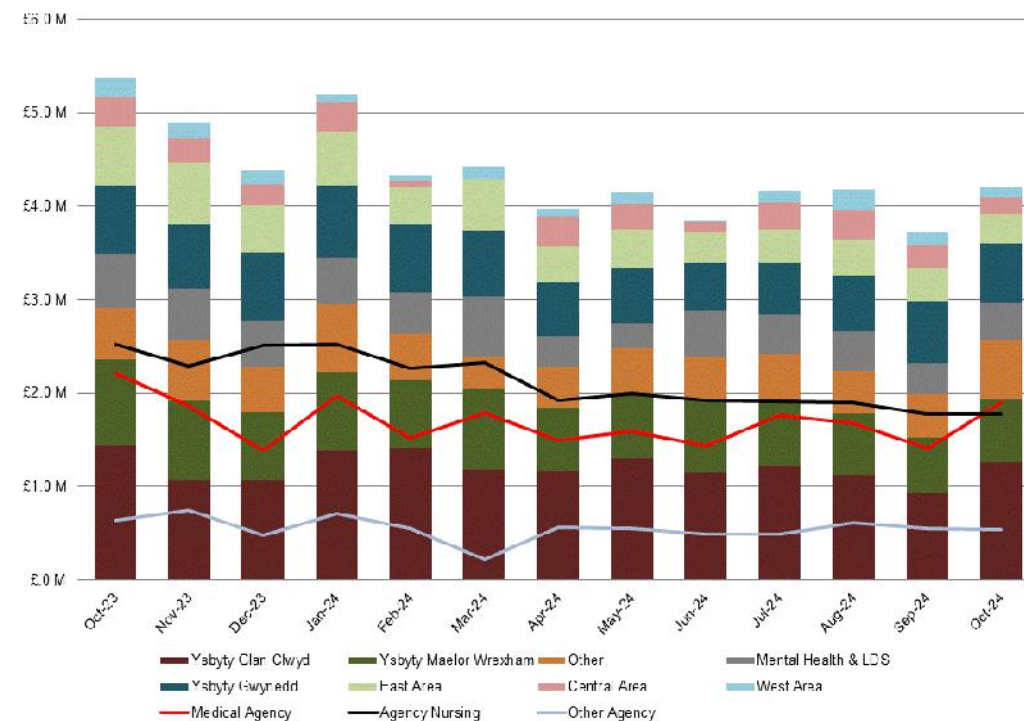
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Movement M7 v M6
Budgeted WTE	19,130	19,537	19,611	19,721	19,789	19,792	19,833	41
Actual WTE	19,740	19,518	19,500	19,503	19,590	19,580	19,746	166

- Actual worked in October is 19,746 WTE, an increase of 166 WTE from September.
- Budgeted WTE increased by 41 WTE between October and September.
- Below table provides a breakdown of Budgeted WTE movement by Division from Month 1 to 7:

	Apr WTE	May WTE	June WTE	July WTE	Aug WTE	Sept WTE	Oct WTE	Movement M7 v M6	Explanation of M7 v M6 movement
West IHC	3,636	3,664	3,685	3,700	3,716	3,711	3,712	1.58	0.86wte funded from HEIW training income
Centre IHC	4,631	4,737	4,737	4,758	4,798	4,818	4,828	9.67	4.06wte NSA uplift, 3.00wte Performance and transformation Fund YGC -TI EQ Assessment Areas
East IHC	4,493	4,513	4,535	4,567	4,581	4,581	4,586	5.17	Single Cancer Pathway post, 1.00wte New Anaesthetist Business Case Post, 0.4wte Band 7 Transplant post funding
COVID Response	33	168	134	134	134	134	134	0.00	
Dental GDS	14	14	16	16	16	14	14	0.00	
Dental CDS	173	173	173	173	173	172	172	0.21	
Womens	685	691	694	694	697	697	698	1.03	NSA funding uplift
Diagnostic & Specialist Clinical Support	935	964	964	974	977	979	979	0.34	
Cancer Services	370	392	392	399	400	401	405	4.21	NSA funding WTE uplift
Mental Health & LDS	2,245	2,247	2,255	2,255	2,262	2,265	2,273	8.33	Realigning junior doctors budgeted WTE to deanery funding
Other Primary Care	14	15	15	15	15	15	15	0.00	
Corporate	1,900	1,958	2,011	2,037	2,020	2,007	2,017	10.67	5.54wte DDAT Digital Priorities from Performance & Transformation Fund, 2.7wte Medical Education funding agreed to cover additional clinical trial work.
TOTAL	19,130	19,538	19,611	19,721	19,789	19,792	19,833	41.21	

Pay Costs – Agency

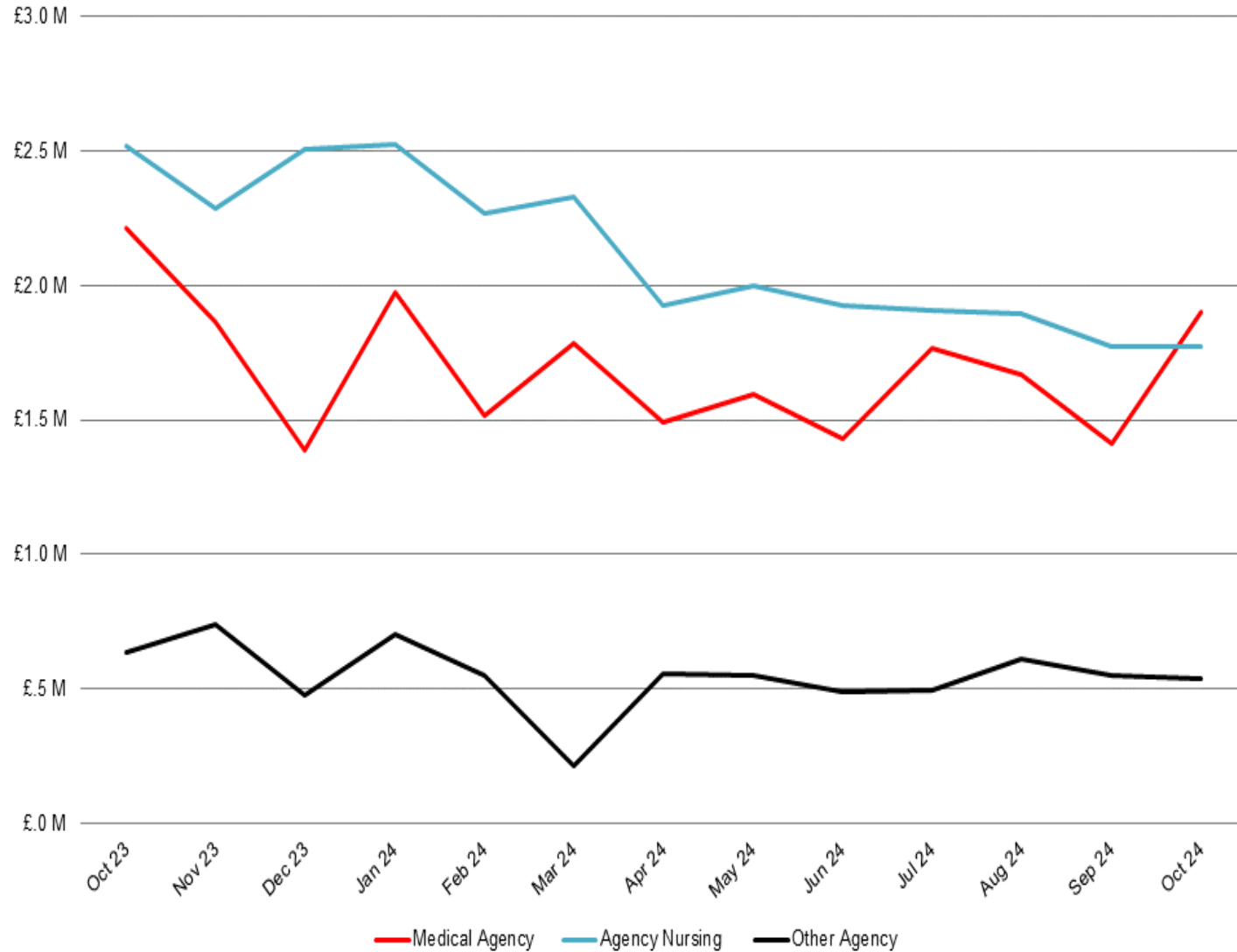
	2024-25 Agency Spend £'000												Total Year to Date £'000	Total Forecast £'000
	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Forecast M08	Forecast M09	Forecast M10	Forecast M11	Forecast M12		
West Area	82	131	3	133	216	147	113	118	118	118	118	118	825	1,414
Central Area	321	261	123	273	317	250	190	191	191	191	191	191	1,734	2,688
East Area	382	421	331	360	403	357	318	387	387	387	387	387	2,572	4,509
Ysbyty Gwynedd	577	586	505	554	577	658	634	630	630	588	588	588	4,091	7,116
Ysbyty Glan Clwyd	1,168	1,298	1,151	1,215	1,114	937	1,255	1,267	1,267	1,262	1,262	1,262	8,139	14,457
Ysbyty Maelor Wrexham	672	686	776	724	672	588	687	687	687	687	687	687	4,804	8,239
Mental Health & LDS	319	268	498	431	431	329	402	389	402	402	363	402	2,678	4,636
Womens	128	181	170	208	220	200	275	208	208	208	203	203	1,382	2,411
Other incl pan BCU Cancer Servcies and Corporate	321	319	286	266	230	269	340	320	320	296	289	426	2,030	3,682
Total Agency	3,970	4,150	3,844	4,166	4,179	3,733	4,213	4,197	4,209	4,138	4,089	4,265	28,255	49,153



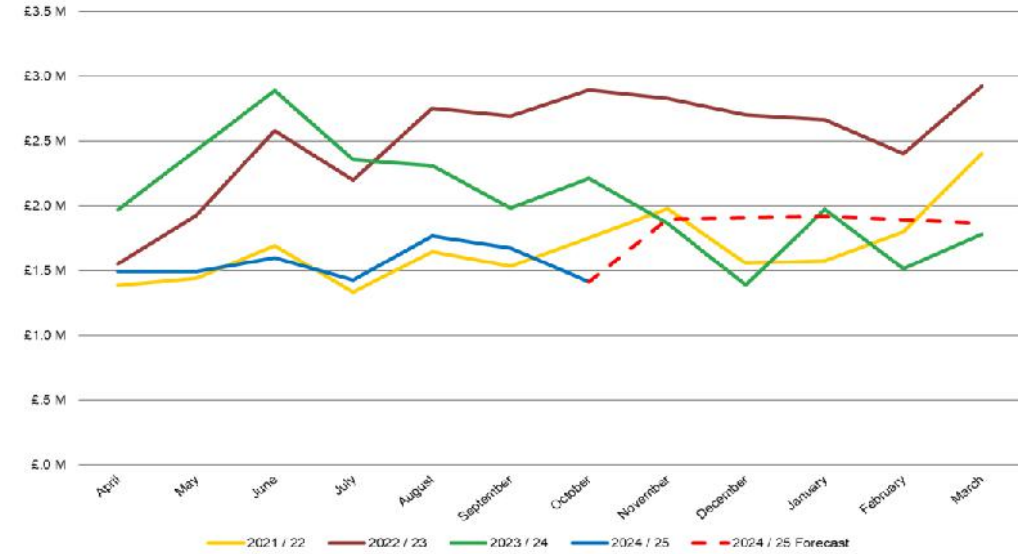
- Agency expenditure for Month 7 is £4.2m representing 4.6% of total pay and a £0.5m increase from previous month spend. 2024/25 monthly average Agency spend is £4.0m compared to a monthly average of £5.6m in 2023/24. 2024/25 Agency year end forecast outturn is £49.2m, an increase of £1.2m from the £48.0m reported at Month 6 with Medical Agency forecast outturn having increased by £1.8m offset by a £0.7m reduction in Agency Nursing forecast outturn. The £1.8m increase in Medical Agency forecast outturn is mainly across the 3 acute sites (YGC £0.6m, YG £0.6m and YWM £0.7m) covering vacancies in ED and unscheduled care pressures.
- Month 7 Medical Agency expenditure is £1.9m, an increase of £0.5m from previous month. The monthly average medical agency expenditure for 2024/25 is £1.6m. The use of agency Medical is predominantly within Ysbyty Gwynedd (£0.4m), Ysbyty Glan Clwyd (£0.5m), Women's (£0.3m), Mental Health (£0.3m) and Ysbyty Maelor Wrexham (£0.2m). The £0.5m in month increase is reported within YGC £318k, YWM £99k, Cancer Services £83k, Women's £75k and Mental Health £73k. YGC Medical Agency increase is due to a backdated accrual for additional hours and weekend on-call and YWM is increase in additional Cardiology Consultant cover.
- Nurse agency costs totalled £1.8m for the month, the same as the previous month. Month 7 Nurse Agency spend is £1.0m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.7m), Ysbyty Maelor Wrexham (£0.4m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.1m), East Area (£0.2m) and Central Area (£0.1m). Nurse Agency is predominantly used to cover vacancies and sickness to ensure that Nurse Staffing Act Ward staffing levels are maintained.
- Other agency costs totalled £0.5m in Month 7, the same as in month 6. Other Agency costs mainly consist of Allied Health Professionals (£0.4m) and Admin & Clerical (£0.1m).

Pay Costs – Agency

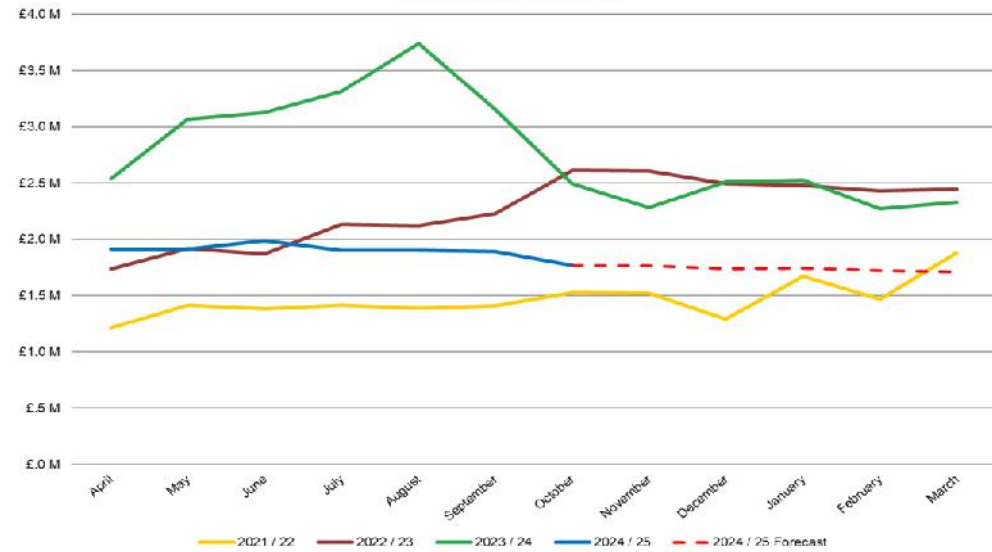
Agency Costs



Medical Agency Costs

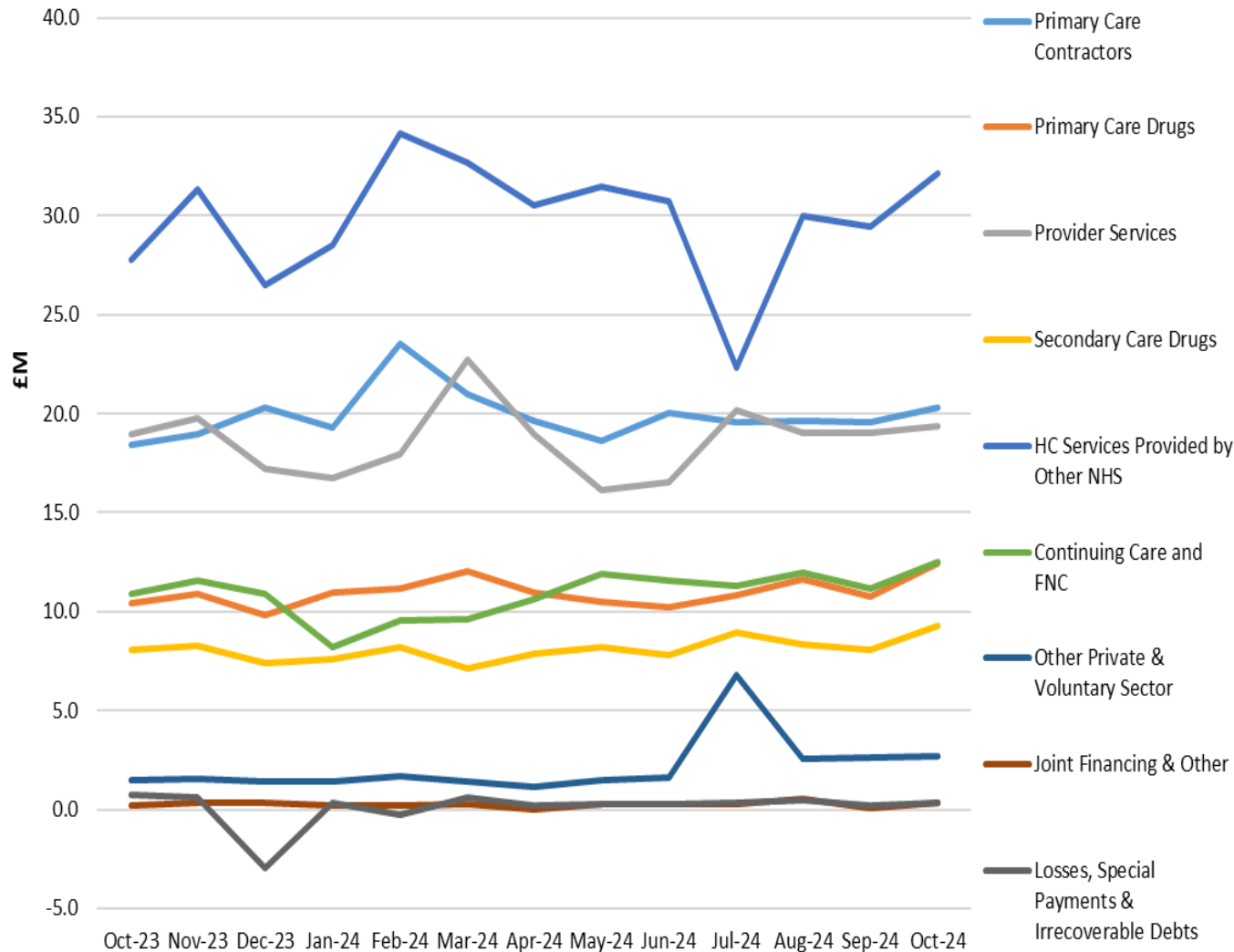


Nursing Agency Costs



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** Month 7 expenditure is £0.7m (3.7%) higher than previous month, with the increase being due to £0.9m backdated GPOOH costs re-mapped from Provider Services Pay to Primary Care Contractor offset by a £0.2m Dental clawback in month.
- Primary Care Drugs:** Expenditure is £1.7m (15.3%) higher than previous month, of which £0.3m is an under-accrual relating to previous months. August Prescribing data reported prescription item volume reduce slightly, but overall cost pressure increases from 'concession' prices, due to some products being in short supply. This results in NHS Wales paying higher drug reimbursements than the national tariff levels and increased costs on the rolling annual average between July & August.
- Secondary Care Drugs:** Expenditure increased by £1.2m (15.2%) from previous month, of which £0.7m is Cancer Services and the remaining increase being reported within Gastro, Respiratory, Renal, Critical Care and AMD Secondary Care Drugs due to increased activity.
- Healthcare Services provided by Other NHS Bodies:** An increase of £2.7m (9.1%) from previous month, of which £2.2m is increase in JCC spend, including £0.9m JCC Genomics for which WG funding allocation has been received in Month 7 plus £1.3m backdated Vertex Drugs spend (which is offset with income). In addition, £0.4m of the in-month increase relates to English provider contracts inflation uplift arrears.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £1.3m (12.0%) higher than previous month, of which £0.6m is the backdated additional inflationary impact. Also, increases in CHC activity, additional EMI 1:1 costs, plus an additional high cost CHC package has also driven up costs in-month.

Allocations

Description	£m
Allocations Received	2,113.7
Total Allocations Received	2,113.7

Description	£m
Allocations anticipated	
AME/DEL Capital Adjustments	6.0
Removal of Donated Assets / Government Grant Receipts	-1.0
Removal of IFRS-16 Leases (Revenue)	-4.7
Real Living Wage (Care Homes)	3.5
IM&T Refresh Programme	1.9
M&D September 2024 Payaward	15.0
Six Goals	1.4
24/25 Increase in Real Living Wage - B2 and certain points B3	3.4
WRP top slice for 24/25 as per IMTP	-5.9
Medical Training - TGS	1.5
EPMA DPIF Funding	0.8
Other	3.1
Total Allocations Anticipated	25.0

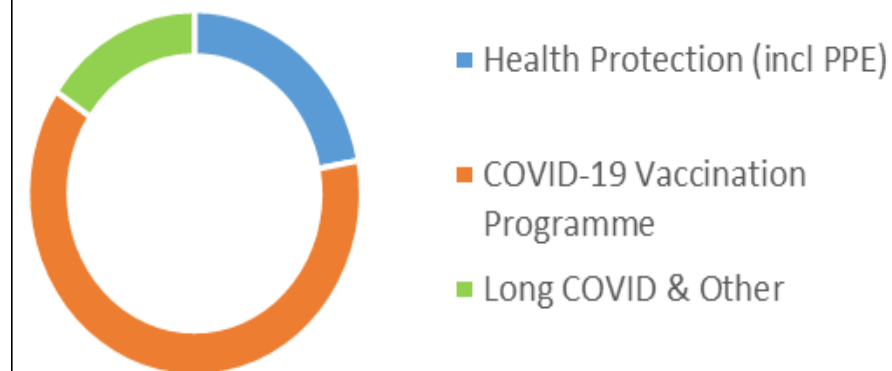
	£m
Total Allocations Received	2,113.7
Total Allocations Anticipated	25.0
Total Welsh Government Income	2,138.7

- Total Revenue Resource Limit (RRL) for the year is £2,138.7m. £1,244.3m of the RRL has been profiled into the cumulative position, which is £3.3m less than an equal twelfth. This is due to the Performance & Transformation and Planned & Unscheduled Care Sustainability funding allocations not phased in equal twelfths because of specific programmes of work being profiled into future months.
- Confirmed allocations to date is £2,113.7m. This includes the COVID-19 funding allocation of £12.2m, with £5.8m of the funding profiled into the cumulative position.
- Further in year anticipated allocations totals £25.0m, of which £15.0m anticipated income was included in Month 6 for the estimated full year impact of the Medical & Dental Pay Award.
- Other anticipated income consists of £1.4m Six Goals, £3.5m Real Living Wage (Care Homes), £3.4m 24/25 Increase in Real Living Wage Band 2 & 3, £0.8m EPMA DPIF Funding, £1.3m EASC funding, £0.4m Consultant CEA's, £0.2m Planned Care Recovery Fund – Delivering the 3P's Policy, £1.5m Medical Training TGS and £0.4m 24/25 CUF for English Contracts. Also, included within the anticipated allocations is the £5.9m 24/25 Welsh Risk Pool (WRP) top slice contribution and £4.7m removal of IFRS-16 Leases revenue recovery.
- Reviews have been undertaken on the methodology supporting the Health Board's Real Living Wage funding allocation. Whilst the value remains at £3.5m for Month 7, the review of the calculation basis suggests a c.£0.5m potential opportunity. (See slide 14)
- £1.9m IM&T Refresh is included within the GMS anticipated allocation.

Impact of COVID-19

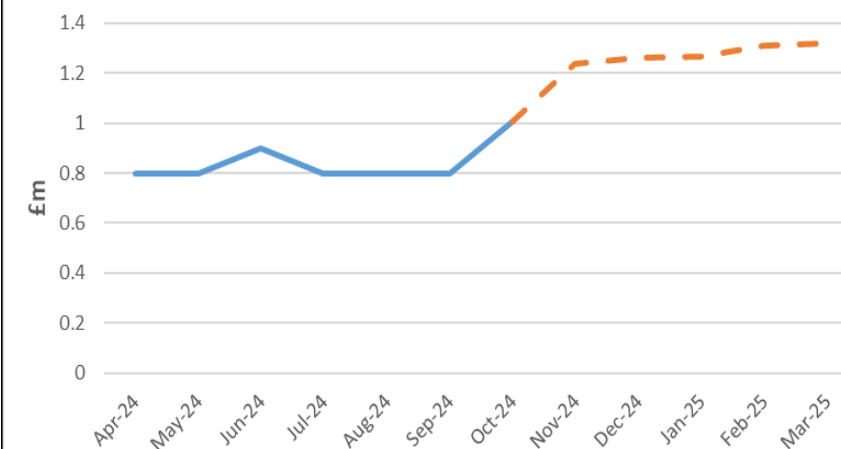
	Actual							Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.2	0.2	1.3	2.7
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	0.5	0.7	3.8	7.6
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.7	1.9
Total COVID-19 Expenditure	0.8	0.8	0.8	0.8	0.8	0.8	1.0	5.8	12.2
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	0.8	1.0	5.8	12.2
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

COVID-19 Cost Distribution 2024/25



- Total COVID expenditure for WG funded programmes in Month 7 is £1.0m, with a year-to-date cost of £5.8m. Total full year forecast spend is £12.2m against a COVID funding allocation of £12.2m for 2024/25.
- Month 7 Health Protection expenditure is £0.2m with an annual forecast spend of £2.7m.
- COVID-19 Vaccination Programme expenditure for Month 7 is £0.7m and annual forecast spend is £7.6m, which is in line with the funding allocation.
- Month 7 Long COVID expenditure is £0.1m and annual forecast expenditure is £1.9m.
- All COVID programmes expenditure plans continue to be assessed and refined and early indications suggest that the COVID funding allocation may have an underspend of c.£1.4m (Health Protection £0.1m, PPE £0.2m, Vaccination Programme £0.4m and Long Covid £0.7m). Further clarification is required from WG whether the Health Board can retain any slippage against the 2024/25 COVID funding allocation. The potential slippage of c.£1.3m has been highlighted as an opportunity in Slide 14.

Total COVID-19 Expenditure Per Month



Risks and Opportunities (not included in position)

- The below are risks and opportunities to the Health Board's financial position for 2024/25. Where we are clear of specific costs for both risks and opportunities, these are incorporated within the forecast position.

	Risks	£m	Level
1	Continuing Healthcare – continued patient number growth.	£2.0m	Medium
2	Prescribing – growth above original plan expectation.	£5.0m	Medium
3	Other Contract Performance (English Provider performance).	£2.5m	Medium
4	Dental Ringfenced Allocation retention of underspend.	£4.4m	Medium
5	Risk on recovery of mitigating actions – 70% (Excluding Red & Pipeline).	£6.5m	Medium
	Total Quantifiable Risks	£20.4m	

	Opportunities / Mitigations for the identified risks	£m	Level
1	Retain underspend on Covid Funding.	£1.4m	Medium
2	Microsoft VAT (previously a Pipeline Scheme, reduced likelihood for resolution in 24/25).	£3.0m	Low
3	Real Living Wage (Care Homes) - awaiting clarity on WG funding methodology.	£0.5m	Medium
	Total Opportunities	£4.9m	



Capital

- The approved Capital Resource Limit (CRL) for 2024/25 is £45.3m and is forecast to be spent in full.
- Year to date expenditure is £7.2m against a year-to-date plan of £13.5m.
- The Month 7 position is reporting a £5.9m underspend year to date, however it should be noted that the Health Board has received additional slippage and IT funding to the value of £2.8m in October.

BUDGET 2024/25

1) Capital Resource Limit 2024/25	£m	<u>Brief Overview / Update</u> 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 Health Board by the Welsh Government through the Capital Resource Limit (CRL).
WG Discretionary Capital	12.4	
All Wales Scheme	32.1	
Total CRL	44.6	

CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.9	0.5	4.9	0.0	A Programme of planned works is progressing well, all of which is supported by either procurement tenders or the placement of purchase orders. The expenditure profile is therefore traditionally lower in the first six months; however accelerated spend will be seen in the second part of the financial year.
Operational Estates	1.4	0.2	1.4	0.0	
Medical Devices	1.9	1.7	1.9	0.0	
Informatics	3.4	0.7	3.4	0.0	
All wales funding brokerage to be re-provided from discretionary	0.8	0.0	0.0	0.8	Brokerage managed within the programme.
WG Discretionary Capital	12.4	3.2	11.6	0.8	Under Commitment

Balance Sheet

- The closing cash balance as at 31st October 2024 was £7.7m, which included £5.3m cash held for revenue expenditure and £2.4m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2024-25 of (£13.0m) made up of (£15.4m) revenue cash and £2.5m capital cash.
- A request for strategic cash-only support will need to be made to Welsh Government, to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. The figure representing the current forecast outturn position of £19.8m less £1.8m cash that the Health Board expects to be able to manage internally would total £18m, rising to £28m if we request a further £10m to reflect 50% of the current risk to not reducing existing run rate or mitigation of the year-to-date deficit of £9.9m.
- The Board is asked to approve this request which will be submitted by the Accountable Officer to the Chief Executive, NHS Wales by 5th December 2024.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Oct-24 £m	Forecast Closing Balance End of Mar-25 £m
Non-Current Assets			
Property, plant and equipment	724.0	705.8	728.2
Intangible assets	1.2	0.9	1.2
Trade and other receivables	84.6	84.6	84.6
Non-Current Assets sub total	809.7	791.4	814.0
Current Assets			
Inventories	20.9	20.7	20.9
Trade and other receivables	107.7	107.0	116.8
Cash and cash equivalents	5.0	7.7	-13.0
Non-current assets classified as held for sale	0.4	0.4	0.0
Current Assets sub total	134.0	135.7	124.8
TOTAL ASSETS	943.7	927.1	938.8
Current Liabilities			
Trade and Other Payables	209.6	194.4	191.7
Provisions	47.1	57.8	57.8
Current Liabilities Sub Total	256.7	252.2	249.5
NET ASSETS LESS CURRENT LIABILITIES	687.1	674.9	689.3
Non-Current Liabilities			
Trade and Other Payables	27.5	27.5	28.2
Provisions	85.9	85.9	85.9
Non-Current Liabilities Sub Total	113.4	113.4	114.1
TOTAL ASSETS EMPLOYED	573.7	561.5	575.2
FINANCED BY:Taxpayers' Equity			
General Fund	353.6	341.5	355.2
Revaluation Reserve	220.1	220.1	220.1
Total Taxpayers' Equity	573.7	561.5	575.2

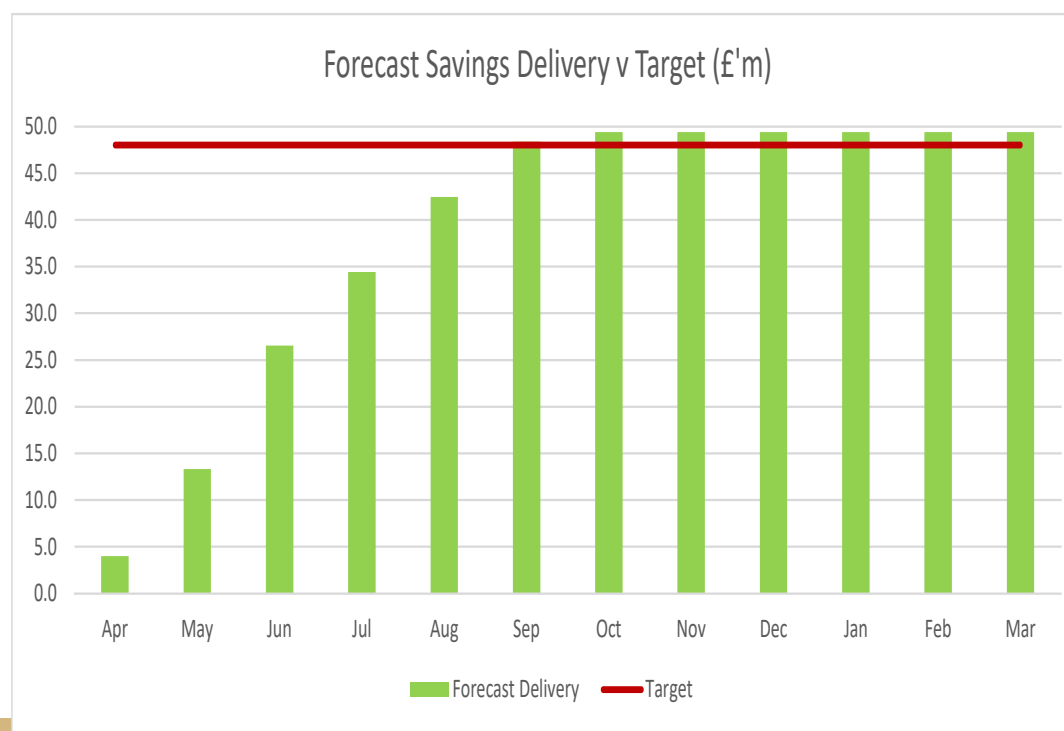
Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social Care Centre	0.2	0.0	0.3	-0.1	The CRL has been adjusted to facilitate the delay in finalising the options for the design of the scheme. A scheme review is being held with WG on the 12th November to agree next steps.
Estates Facility Advisory Board - Fire	2.8	0.4	2.6	0.2	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Estates Facility Advisory Board - Infrastructure	0.7	0.0	1.3	-0.6	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Estates Facility Advisory Board - Decarbonisation	0.4	0.2	0.4	-0.1	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Regional Orthopaedic Hub at Llandudno Hospital	15.8	2.9	16.0	-0.2	Contractors on site and programme of works are progressing to handover in 2025/26. There is a continuous process to review the works and cashflow to meet the critical path. It is acknowledged and has been communicated to WG that the project is currently behind the spend profile. Mitigations are currently being considered.
Substance Misuse Building, Llandudno	0.7	0.1	0.7	0.0	Tender has been issued and due back in November. The cashflow has been revised and is reflected in the revised CRL. However there is still a financial risk as a planning issues has been raised that may see the project delayed into 2025/26.
CAMHS Crisis Hub	0.3	0.0	0.3	0.0	Project target completion November 2024.
Diagnostic Equipment 2024-25 - YG CT	2.9	0.2	2.9	0.0	Allocation for YG CT, fully implemented in the last quarter of the financial year.
Development of Flucloxacillin OPAT and Automation	0.1	0.1	0.1	0.0	The capital purchase of equipment to be delivered in quarter 3.
Backlog Maintenance	5.0	0.2	5.0	0.0	There has been a small delay in getting all the tenders issued and instructed. Planned works has commenced and the Health Board will meet the budget forecast.
Year End Funding – October 2024	1.7	0.0	1.7	0.0	Additional slippage monies has been received in month 6. The majority of the allocation is for 3 x DR Room and the health board is working with procurement to ensure all the equipment is procured this financial year.
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	1.0	0.0	1.0	0.0	The EPMA project implementation is over 2 years. The CRL forecast to spend in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	0.0	The IT project is being implemented over a couple of year and this allocation if for hardware that will be procure by March 2025.
HCF – Bladder Scanners	0.0	0.0	0.0	0.0	Equipment to be delivered by March 2025.
All Wales Capital	32.1	4.0	33.0	-0.8	Over commitment
Total Capital Funding Available	44.6	7.2	44.6	0.0	

Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £1.7m.
- Full year forecast value of Green Schemes totals £49.4m (including £40.3m Savings, £1.3m Income Generation, £7.1m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £1.0m from Month 6. Of these, £28.7m have been identified as recurring, with a full year effect of £39.6m, and £20.7m are non-recurring savings. Accountancy Gains of £7.1m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year.
- In-month delivery includes Savings of £3.7m, £0.1m Income Generation, £0.3m Accountancy Gains totalling £4.1m, against a £4.0m Target
- The combined year to date delivery is £31.3m, of which £15.2m is recurring, against a £28.0m Target.

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	7.4	1.3	5.1	4.2	0.9
Central Integrated Health Community	10.9	8.0	2.9	6.4	4.9	1.5
East Integrated Health Community	11.2	9.2	2.0	6.5	5.8	0.7
MHLD	4.2	8.1	-3.9	2.5	2.5	-0.1
Womens Services	1.4	1.4	0.0	0.8	0.9	-0.1
Diagnostic and Specialist Clinical Support	2.1	0.9	1.2	1.2	0.6	0.7
Cancer Services	1.6	1.3	0.2	0.9	0.8	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.1	0.1	0.0	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.8	-0.8
Corporate & Support Services	3.7	3.4	0.3	2.2	2.2	-0.1
Reserves	4.0	1.4	2.6	2.3	1.4	1.0
Saving Total	48.0	42.3	5.7	28.0	24.1	3.9
Accountancy Gains		7.1	-7.1		7.1	-7.1
Total		49.4	-1.4	28.0	31.3	-3.3



Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery									Delivery v Target (+ve = adverse) £m
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	3.0	2.9	0.5	0.6	0.0	0.0		0.4	7.4	1.3
Central Integrated Health Community	10.9	2.8	3.9	0.4	0.7	0.0	0.2		0.0	8.0	2.9
East Integrated Health Community	11.2	4.1	3.6	0.6	0.7	0.0	0.0		0.1	9.2	2.0
MHLD	4.2	1.1	0.1	0.1	2.5		4.3			8.1	-3.9
Womens Services	1.4	1.3	0.0	0.0						1.4	0.0
Diagnostic and Specialist Clinical Support	2.1	0.1		0.8					0.0	0.9	1.2
Cancer Services	1.6	0.4	1.0	0.0						1.3	0.2
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Services	0.2	0.0		0.0						0.0	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Contracts & Provider Income	0.0						1.1			1.1	-1.1
Corporate & Support Services	3.7	2.3	0.0	1.0	0.0	0.0	0.0	0.0	0.0	3.4	0.3
Reserves	4.0		0.4	0.9						1.4	2.6
Total Cash Releasing Savings	48.0	15.2	11.9	4.3	4.6	0.0	5.7	0.0	0.6	42.3	5.7
Accountancy Gains		0.2	2.2	1.7	0.7		1.8	0.6		7.1	-7.1
Total		15.4	14.2	6.1	5.2	0.0	7.4	0.6	0.6	49.4	-1.4

Recurring Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
	£m	£m	£m	£m	£m	£m
Recurring	48.0	28.7	19.3	28.0	15.2	12.8
Non Recurring	0.0	20.7	-20.7		16.1	-16.1
Total	48.0	49.4	-1.4	28.0	31.3	-3.3



Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	56,261	56,261	0	56,261	56,261	0
Cancer	Biosimilar Initiation, switching	R	17,952	48,642	30,690	10,472	23,221	12,749
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	40,578	1,422	22,841	31,424	8,583
Cancer	Medical Agency	R	83,865	96,551	12,686	50,760	64,098	13,338
Cancer	National agreed contracts for secondary care drugs	R	888,869	654,891	-233,978	462,599	410,899	-51,700
Cancer	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	30,586	-2,786	19,467	2,781	-16,686
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	7,800	1,950	-5,850
Cancer	Outsourcing savings (homecare)	R	325,110	186,736	-138,374	189,646	122,451	-67,195
Contracts & Income	NCA unused 23/24 provision	NR	900,000	900,000	0	595,000	595,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Contracts & Income	RJAH Contract Underperformance	NR	600,000	600,000	0	600,000	600,000	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	225,750	225,750	0
Corporate	Cessation of RPO (Medacs) Gain-share contract: VAT & credit notes	NR	92,823	92,823	0	92,823	92,823	0
Corporate	Director of Primary Care (vacancy)	NR	80,772	61,860	-18,912	80,772	61,860	-18,912
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	112,602	80,430	-32,172
Corporate	Finance Departement Staff Savings 24/25	R	134,845	134,845	0	38,524	38,524	0
Corporate	Finance Departement Staff Savings 24/25	NR	345,347	345,347	0	249,021	249,021	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	406,963	406,963	0
Corporate	Non recurrent vacancy slilage, Local Public Health team 24/25	NR	121,713	121,713	0	121,713	121,713	0
Corporate	Review of Invoices on Hold	NR	448,239	448,239	0	448,239	448,239	0
Corporate	Staff savings opportunities 24/25	R	127,193	127,193	0	74,196	74,196	0
Corporate	VAT Recovery	NR	949,783	949,783	0	949,783	949,783	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	30,730	30,730	0
DSCS	LINC Project	NR	453,000	537,736	84,736	264,250	348,986	84,736
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	22,345	22,345	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	36,490	36,490	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	9,580	9,580	0
DSCS	Toxicology Service	R	29,202	29,202	0	17,035	17,035	0
Estates	23/24 Gas energy accruals	NR	431,893	431,893	0	431,893	431,893	0
Estates	Director of Estates (vacancy)	NR	176,716	196,351	19,635	137,446	137,446	0
Estates	Disposal of Ala Road	R	60,738	26,984	-33,754	26,996	0	-26,996
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	2,208	2,208	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	895,101	356,828	367,616	629,841	262,225
HC - Centre	CAMHS Non-Recurrent Vacancy Savings	NR	547,985	547,985	0	319,657	319,657	0
HC - Centre	CAMHS OOA Accountancy Gains	NR	626,000	626,000	0	626,000	626,000	0
HC - Centre	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,092	19,092	0	11,137	11,137	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	28,582	28,582	0
HC - Centre	Continuing Health Care (CHC) AG	NR	130,000	130,000	0	130,000	130,000	0



Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	Continuing Health Care Schemes	R	734,000	734,000	0	428,169	574,795	146,626
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	520,531	-160,283	255,305	95,022	-160,283
HC - Centre	DOAC prescribing	R	1,353,976	1,337,600	-16,375	1,050,881	1,030,975	-19,906
HC - Centre	Dressings review	R	80,000	14,815	-65,185	46,667	14,815	-31,852
HC - Centre	GMS Accountancy Gain	NR	130,992	130,992	0	130,992	130,992	0
HC - Centre	LAC Income over-achievement	NR	200,000	200,000	0	116,666	116,666	0
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	107,932	-28,036	67,413	57,042	-10,371
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	261,314	-7,391	100,764	93,373	-7,391
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	38,496	62,744	24,248	22,456	33,949	11,493
HC - Centre	Optomisation of generic prescribing	R	121,666	109,168	-12,498	90,657	83,428	-7,229
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	PC&C Services - Contingency Reserve	R	10,000	10,000	0	5,835	5,835	0
HC - Centre	PC&C Services - Telehealth	NR	50,000	50,000	0	29,165	29,165	0
HC - Centre	PC&C Services - Temporary Vacancies	NR	245,906	245,906	0	143,451	143,451	0
HC - Centre	Polypharmacy medication reviews	R	300,000	508,101	208,101	175,000	403,576	228,576
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	12,301	-123,131	79,002	12,301	-66,701
HC - Centre	Review of Blood glucose test strips, optimise product selection	R	40,084	91,093	51,009	9,249	53,138	43,889
HC - Centre	Scriptswitch & Optomise savings	R	250,000	750,035	500,035	145,833	312,515	166,682
HC - Centre	YGC NR Vacancies	NR	55,338	55,338	0	55,338	55,338	0
HC - East	Accountacncy Gain - Locum Medical	NR	63,764	63,764	0	63,764	63,764	0
HC - East	Accountacncy Gain - Renal PO	NR	83,000	83,000	0	83,000	83,000	0
HC - East	AHP Agency Reduction - Therapies	R	240,000	265,000	25,000	140,000	165,538	25,538
HC - East	Biosimilar Initiation, switching	R	442,735	116,848	-325,887	139,230	18,205	-121,025
HC - East	Catering Consumables	R	92,169	92,169	0	51,334	51,334	0
HC - East	Cease inco sheet usage	R	4,215	4,215	0	2,108	2,108	0
HC - East	CHC Cost containment	R	604,512	604,425	-87	354,512	369,425	14,913
HC - East	Childrens - Medical Agency Reduction	R	250,000	298,127	48,127	145,833	198,127	52,293
HC - East	Childrens CHC Package Review	R	120,000	121,675	1,675	82,500	84,175	1,675
HC - East	Continuing Health Care (CHC) AG	NR	50,000	50,000	0	50,000	50,000	0
HC - East	DOAC prescribing	R	1,489,958	1,215,152	-274,806	1,196,612	1,183,030	-13,582
HC - East	Dressings review	R	60,000	10,778	-49,222	35,000	10,778	-24,222
HC - East	GMS Accountancy Gain	NR	209,465	209,465	0	209,465	209,465	0
HC - East	Increase of catering income	R	88,698	88,698	0	51,737	51,737	0
HC - East	Medical Agency & Locum Reduction - Primary Care - Managed Practices	R	350,000	323,167	-26,833	203,000	175,167	-27,833
HC - East	Medical Agency Reduction - Community Services	R	261,163	261,122	-41	152,345	161,122	8,777
HC - East	National agreed contracts for secondary care drugs	R	157,451	135,435	-22,016	79,386	76,887	-2,499
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	65,458	24,754	23,744	54,565	30,821
HC - East	Optomisation of generic prescribing	R	223,666	223,667	1	168,465	163,854	-4,611
HC - East	Outsourcing savings (homecare)	R	118,128	208,836	90,708	44,298	116,409	72,111
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	7,511	7,511	0
HC - East	Polypharmacy medication reviews	R	350,004	703,692	353,688	204,169	488,175	284,006



Savings Variance

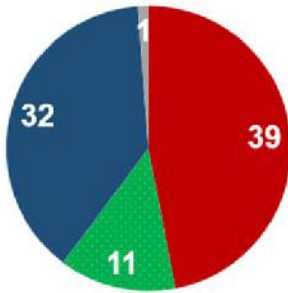




Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - East	Portering Staffing	R	30,996	30,996	0	18,081	18,081	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	56,564	-3,436	35,000	31,564	-3,436
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	4,081	4,081	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	3,325	3,325	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	291,267	122,267	114,000	167,622	53,622
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	546,692	306,692	140,000	346,692	206,692
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	390,506	159,787	143,974	225,506	81,532
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	96,678	-6	56,399	10,625	-45,774
HC - East	Review of Blood glucose test strips, optimise product selection	R	47,125	94,464	47,339	10,875	55,104	44,229
HC - East	Scriptswitch & Optimise savings	R	350,004	713,892	363,888	204,169	416,437	212,268
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	15,304	15,304	0
HC - East	Urology Scope Stacker	R	75,000	65,625	-9,375	28,125	18,750	-9,375
HC - West	Accruals Released - Area	NR	12,992	12,992	0	12,992	12,992	0
HC - West	Accruals Released - Area GMS	NR	211,000	211,000	0	211,000	211,000	0
HC - West	Accruals Released - YG	NR	26,154	26,154	0	26,154	26,154	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	125,608	-118,961	139,419	57,375	-82,044
HC - West	BCU Accommodation for CHC West team	R	9,876	9,876	0	9,876	0	-9,876
HC - West	Biosimilar Initiation, switching	R	169,915	167,412	-2,502	76,260	107,326	31,066
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	133,000	-1,088	63,313	78,000	14,687
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	58,333	58,333	0
HC - West	Continence Products	R	50,000	20,831	-29,169	29,169	0	-29,169
HC - West	Continuing Health Care (CHC) AG	NR	204,469	204,469	0	204,469	204,469	0
HC - West	Conversion of Cryocool to Ice Machine	R	2,880	2,880	0	1,080	1,080	0
HC - West	Director Post Vacancy	NR	67,000	67,000	0	67,000	67,000	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	104,000	7,500	70,600	86,000	15,400
HC - West	DOAC prescribing	R	1,095,519	1,091,025	-4,494	761,694	734,755	-26,939
HC - West	Dressings review	R	30,000	2,606	-27,394	17,500	2,606	-14,894
HC - West	Flexible Job Plan Sessions	NR	83,603	83,603	0	31,351	31,351	0
HC - West	GMS Accountancy Gain	NR	162,857	162,857	0	162,857	162,857	0
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	199,000	-49,000	133,000	114,000	-19,000
HC - West	Grip and control measures - pay SDEC	R	241,500	166,000	-75,500	69,000	62,000	-7,000
HC - West	Home Enteral Tube Feeding (Ancillary items)	NR	20,000	20,000	0	11,662	7,500	-4,162
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	90,000	0	0	0	0
HC - West	Implement Workforce Plan for Health Board Managed Practices	NR	234,104	285,000	50,896	187,020	173,000	-14,020
HC - West	Increase of catering income	R	218,024	267,500	49,476	127,176	150,000	22,824
HC - West	Llandudno Decant - Pay	NR	150,000	157,000	7,000	116,667	130,000	13,333
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	54,000	-26,000	30,000	24,000	-6,000
HC - West	National agreed contracts for secondary care drugs	R	165,855	148,265	-17,590	83,510	81,410	-2,100
HC - West	Ophthalmology Private Patient Income	R	53,000	111,000	58,000	30,917	57,000	26,083
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	123,347	92,547	17,967	79,006	61,039
HC - West	Optomisation of generic prescribing	R	107,361	98,578	-8,783	81,742	76,566	-5,176



Savings Variance

			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	Outsourcing savings (homecare)	R	28,893	95,549	66,656	16,854	56,306	39,452
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	531,267	281,267	145,833	346,312	200,479
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	151,500	-34,500	87,500	53,000	-34,500
HC - West	Residential Accommodation rental increase (West)	R	65,416	65,416	0	10,903	3,000	-7,903
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	4,580	-43,576	28,091	3,110	-24,981
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	68,767	44,392	5,625	40,114	34,489
HC - West	Review of GP Bed Fund Contract 24.25	NR	24,024	16,000	-8,024	14,014	11,000	-3,014
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	324,000	164,000	60,000	189,000	129,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	456,000	196,000	57,833	202,000	144,167
HC - West	Scriptswitch & Optomise savings	R	200,000	578,362	378,362	116,667	240,984	124,317
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	492,397	-168,603	385,583	287,232	-98,352
MH&LDS	Continuing Health Care (CHC) AG	NR	110,000	110,000	0	110,000	110,000	0
MH&LDS	Director of Nursing Recruitment Vacancy	NR	64,981	64,981	0	40,613	40,613	0
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	36,105	36,105	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	21,020	-50,946	17,950	14,212	-3,738
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	55,913	-5,083	35,581	30,498	-5,083
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	254,386	-2	148,393	134,431	-13,962
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	4,342,714	-1,107,830	1,797,048	689,218	-1,107,830
MH&LDS	Reduction in Unfunded Posts - Director of transformation	NR	124,128	124,128	0	72,408	0	-72,408
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	1,319,444	1,230,837	-88,607
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	6,153	6,153	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	12,630	12,630	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	6,284	6,284	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	23,484	23,484	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	40,023	9,001	13,662	28,650	14,988
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction							
Midw & Womens	Womens BFI Accreditation	NR	11,400	11,400	0	6,650	6,650	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	49,776	-15,300	37,961	22,000	-15,961
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	658,594	391,941	248,598	453,169	204,571
Midw & Womens	Vacancy Factor	R	500,000	529,685	29,685	291,667	308,982	17,315
Primary Care	Primary Care	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
Subtotal			40,258,955	41,524,466	1,265,510	25,918,437	26,606,703	688,266
Procurement			1,208,051	1,348,765	140,713	658,691	778,478	119,787
Close of PO's AG			467,307	467,307	0	467,307	467,307	0
Enhanced mileage rates			229,230	297,555	68,325	133,717	202,042	68,325
Enhanced Recruitment Control Savings			2,272,251	5,756,444	3,484,192	2,272,251	3,194,771	922,520
Telephone Line Rental			12,914	12,981	67	7,533	7,569	36
Total			44,448,709	49,407,516	4,958,808	29,457,936	31,256,871	1,798,935



<p>Teitl adroddiad: <i>Report title:</i></p>	<p>Integrated Quality & Performance Report, Month 7 Performance.</p>
<p>Adrodd i: <i>Report to:</i></p>	<p>Health Board</p>
<p>Dyddiad y Cyfarfod: <i>Date of Meeting:</i></p>	<p>Thursday, 28 November 2024</p>
<p>Crynodeb Gweithredol: <i>Executive Summary:</i></p>	<p>This report relates to Month 7, 2024/25</p> <p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023 one of a trilogy of new frameworks intended to drive the strategic objectives of the Health Board. 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.</p> <p>The purpose of the Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none"> 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. <p>The Health Board has a number of measures rated monthly and included within this report, the below graphic indicating a number of these measures are off target.</p> <div style="text-align: center;">  <p>All Sections</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">  <p>Quality, Safety, Effectiveness & Experience Performance</p> </div> <div style="text-align: center;">  <p>Access & Activity Performance</p> </div> <div style="text-align: center;">  <p>People & Organisational Development Performance</p> </div> <div style="text-align: center;">  <p>Financial Performance</p> </div> </div>

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, oversight provided the Integrated Performance Executive Delivery - Group (IPEDG) in the development of locally defined metrics and these have now been included in the IQPR, specifically in the Quality and People & Organisational Development domains.

Performance is RAG rated against the targets set within the NHS Wales Performance Framework, 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, the report composition articulating the following;

- Within the escalation section, an initial 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 reported.

The intention of the report structure is to enable members to identify key escalations from sub-committees of the Health Board, whilst enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, and local metrics that give greater insight into understanding current performance (through Executive forums & Committees).

We are moving towards greater ownership by committees of the measures 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 embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal integrated (accountability) review structures, and escalation / de-escalation mechanisms.

The Performance and Commissioning Directorate is working with corporate and operational leads in developing the triangulation of Performance, Quality and Workforce intelligence at the individual

	metric level. This is an ambition of the Intelligence-led Organisation agenda and supported by NHS Wales Executive.			
Argymhellion:	The Health Board is asked to:			
Recommendations:	Review the contents of the report and propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.			
Arweinydd Gweithredol:	Stephen Powell, Director of Performance & Commissioning			
Executive Lead:				
Awdur yr Adroddiad:	Stephen Powell, Director of Performance & Commissioning Ed Williams, Deputy Director of Performance			
Report Author:				
Pwrpas yr adroddiad:	Purpose of report:	I Benderfynu arno	For Decision	Am sicrwydd
	For Noting			For Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Lefel sicrwydd:	Arwyddocaol	Derbyniol	Rhannol	Dim Sicrwydd
Assurance level:	Significant	Acceptable	Partial	No Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim hyder/tystiolaeth o ran y ddarpariaeth
	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol:	The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.			
Link to Strategic Objective(s):				

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>This report will be available to the public once published for Health Board.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>N</p> <p>The Report has not been Equality Impact Assessed as it is reporting on actual performance.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N</p> <p>The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>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.</p> <p>Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Deputy Director of Performance.</p> <p>References to Corporate Risks have been made in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators within our IQPR will directly/indirectly impact upon the financial recovery plan of the Health Board and outcomes for patients.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators within our IQPR will directly/indirectly impact on our current and future workforce.</p>

<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation</p>	<p>This report has been reviewed by Executive Team.</p> <p>The full report has been reviewed by the Director of Performance and Commissioning, and the Executive Director of Finance</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>The Deputy Director of Performance is working with the Head of Risk Management to develop linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set. Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Deputy Director of Performance.</p> <p>References to Corporate Risks are included in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations: Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.</p> <p>The Integrated Quality & Performance Report (IQPR) will undergo further development through the remainder of 2024-25 to reflect the new NHS Wales Performance Framework 2024-25.</p>	
<p>Rhestr o Atodiadau: List of Appendices: 2 1: Summary of Report</p>	

Appendix 1 Summary of Report

Committee: **Health Board**

Report title: **Summary of Integrated Quality & Performance Report**

Report Author: **Director of Performance & Commissioning and Deputy Director of Performance**

1. Introduction

The Performance and Commissioning Directorate continues to develop and refine the performance report for the Health Board, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

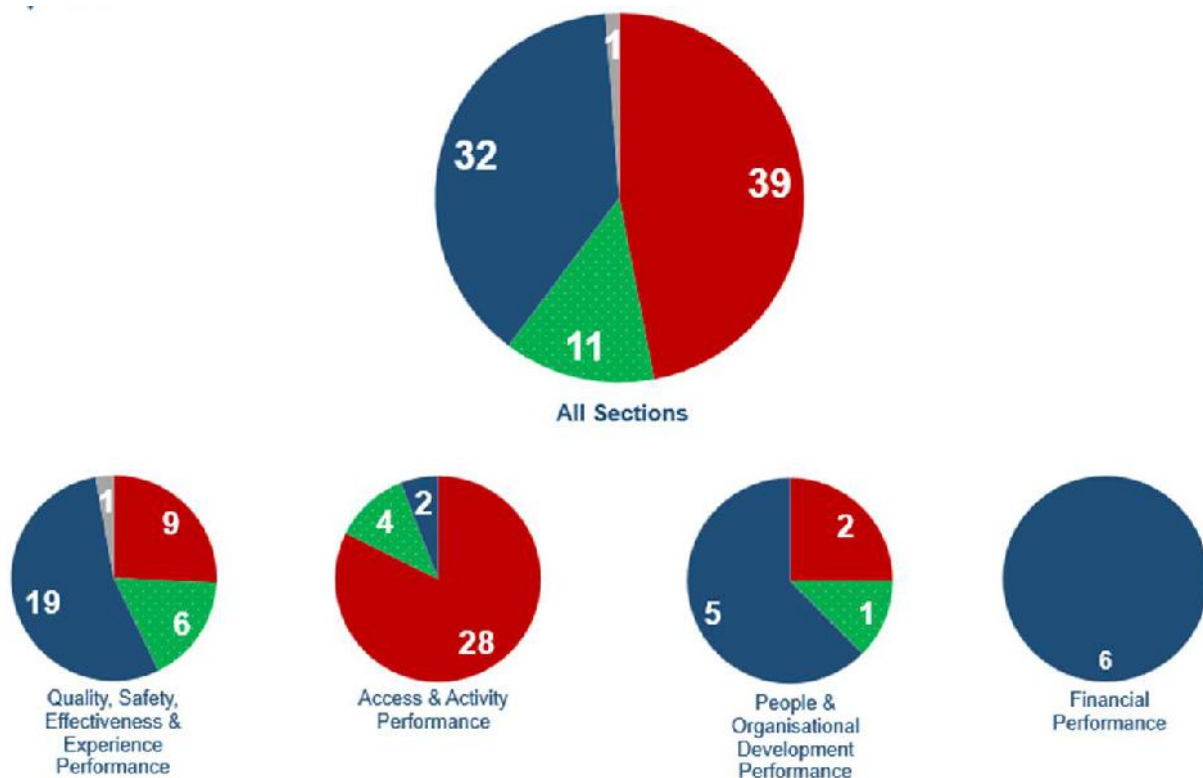
- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

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 should be the area of most focus in the report.

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.

This report reflects performance against the NHS Wales Performance Framework for 2024-25. Furthermore, it includes several locally defined metrics within the Quality and People & Organisational Development domains.

2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 11 are on target, 39 are off target. It remains clear that there continues to be 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.

A prioritisation of the metrics off plan has been 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 quality, 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

(Corporate Risk 24-04 Failure to Embed Learning)

The key areas highlighted centre upon: -

No new never events were reported in the period between 01.07.2024 and 31.10.2024.

In July 2024, the Integrated Performance Executive Delivery Group (IPEDG) enacted the escalations process within the Integrated Performance Framework 2023-2027 to put performance against National Reportable Incidents & Complaints measures in escalation and targeted for improvement in performance. BCU HB plans for improvement target compliance with the 75% closures within 30 days rate by 14th October 2024 has been achieved with an overall BCU HB rate of 75.6%.

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 risk. The main cause was staff vacancies and absence experienced across the Health Board. Whilst new staff have commenced in post (July 2024) and use of agency is being commissioned, the data informs us that the position is stabilising and we should start to see it slowly improve as we move into the final quarter of 2024-25. As reported previously however, it will be late into 2025-26 before the position is fully recovered. Work with Welsh Patient Administration System (WPAS) Operational Steering Group is ongoing to improve availability of electronic records to enable some remote working opportunities starting with theatre operation sheets.



3.2 People & Organisational Development

(Corporate Risk 24-01 People, Culture and Wellbeing)
 (Corporate Risk 24-1 Leadership / Special Measures)

The key areas highlighted centre upon:-

Turnover rates of nursing and midwifery staff remains around the 1.7% mark having fluctuated between, 1.5% and 1.9% since April 2024. Sickness absence has returned to winter 2023 levels at 6.3%, 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 remains static at 4.6% July.

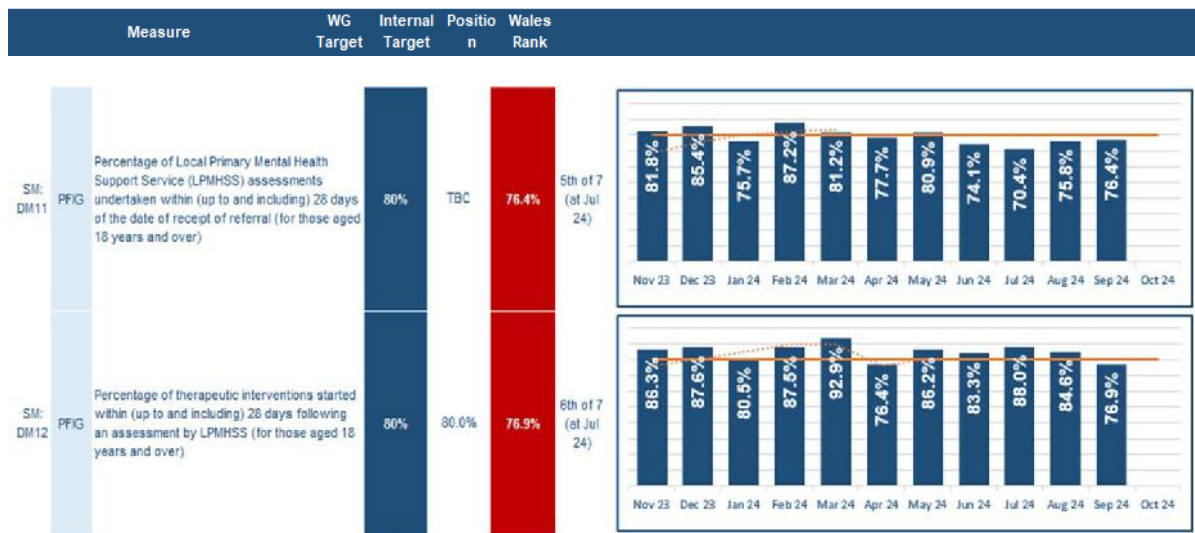
3.3 Access & Activity Performance

The key areas highlighted centre upon:-

This section contains the greatest number of measures within the report, at 34, noting BCUHB is achieving the target for 4. This remains a very concerning picture; however, members are asked to note performance is measured on All Wales criteria that many Health Boards are finding difficult to achieve. The Health Board continues to invest significant time and energy in seeking to improve performance. Implementing additional oversight and escalation within the Planned Care space (the Chief Executive continues to Chair a weekly oversight and escalation meeting).

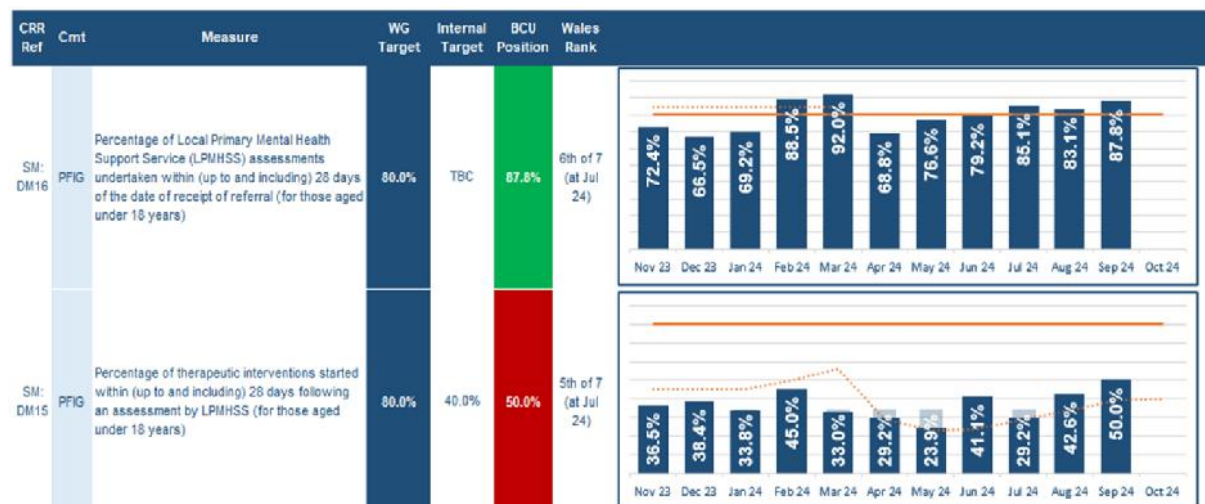
3.3.1 Adult Mental Health Measures Performance

After the predicted dip in performance in April 2024, as of July 2024, performance is recovering but yet to achieve 80% target rate as posited. Overall BCUHB performance has not been able to sustain performance above the 80% target rate with regards to therapeutic interventions.



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

Performance against the measures have improved since July 2024. Compliance for Part 1a is at 87.6% (highest level since March 2024) and Part 1b performance continues to demonstrate sustained improvement and although well below the 80% target rate, at 50% is the highest it has been in at least 18 months.



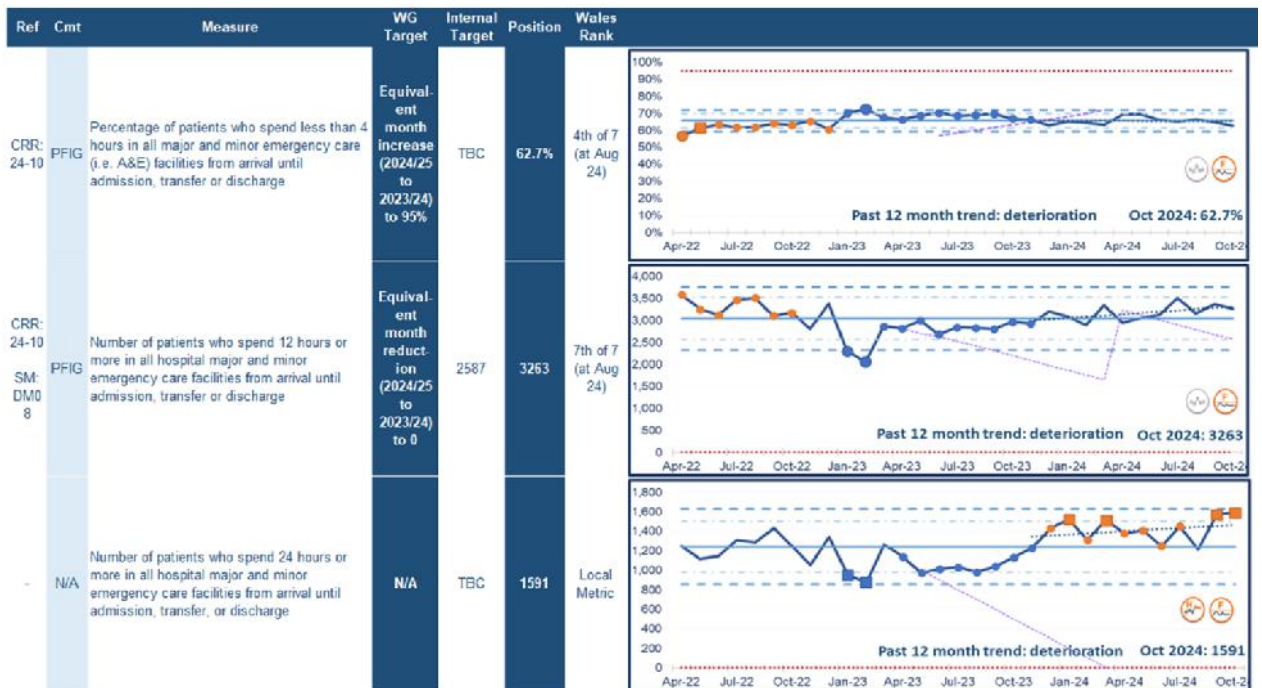
Unfortunately, the improvement seen in Neurodevelopment waiting time compliance has not been sustained and t 17.2%, is now at the lowest level in over 18 months. Performance issues in this space is reflected across the national footprint and is topic of UK wide discussions for solutions.



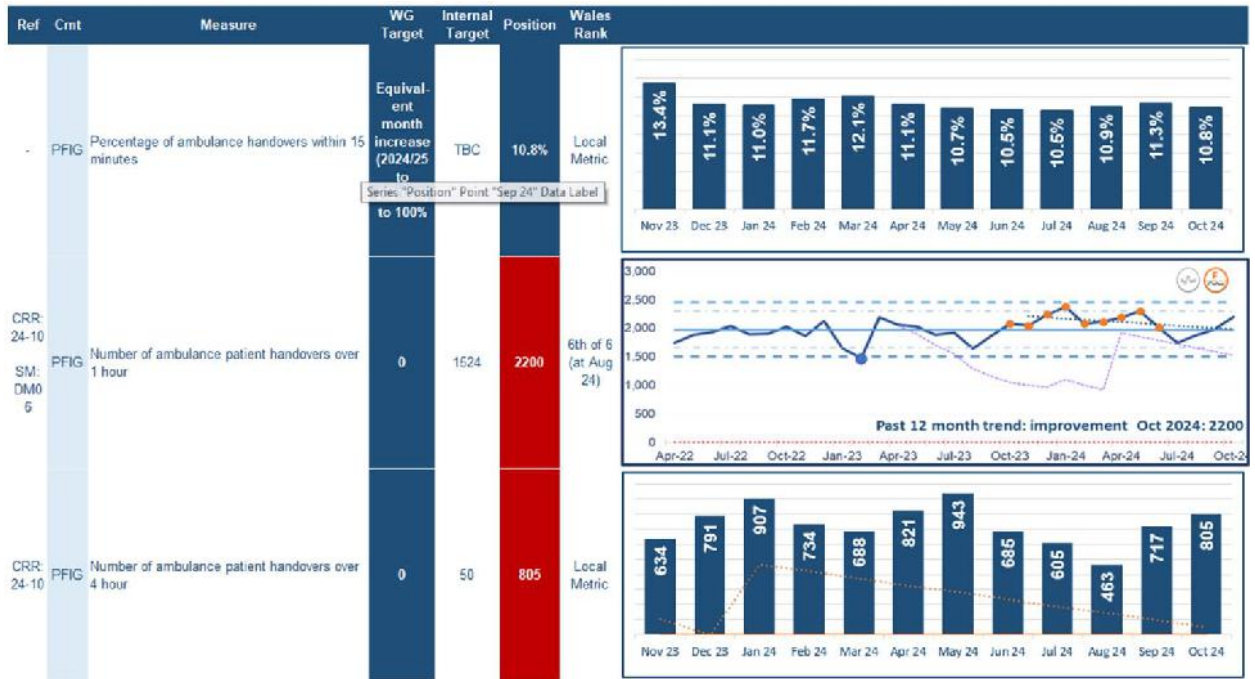
3.3.3 Urgent & Emergency Care Performance (Corporate Risk 24-10 Urgent and Emergency Care)

Performance through quarter 2 and into quarter 3 of 2024-25 has started to deteriorate with 62.7% of patients experiencing waits under 4 hours in our Emergency Departments.

The number of patients experiencing waits of over 12 hours has shown a slight decrease since July (3,506) with 3,263 patients recorded in October. This is on a par with the same period the previous year. Unfortunately, there has been a consistent and significant increase in the number of patients experiencing waits of 24 hours or more within our emergency departments, 1,591 in October, compared to approx. 1,100 in October 2023.



Ambulance handover delays also remain a concern as, after improvements seen in July and August, performance against the 15-minute, 1 Hour and 4 Hour targets have since continued to deteriorate, as shown in the graph below.



Urgent and emergency care performance remains an area of focus for the Health Board and in October, the Interim Chief Operating Officer has implemented a 12-week improvement plan from which improvement in performance should be seen in the next iteration of the Integrated Performance Report for Health Board, in January 2025.

3.3.4 Planned Care Performance

(Corporate Risk 24-11 Planned Care)

(Corporate Risk 24-13 Timely Diagnostics)

Performance against the single cancer pathway (SCP) target remains fragile and is 51.4% for September 2024. This is below both the Welsh Government target rate, with delays in implementing insourcing and outsourcing solutions in Endoscopy and Dermatology contributory factors. However, these issues have now been resolved and improvement should be visible in the next Integrated Performance Report to Health Board in January 2025.

Pathway improvement work for cancer services is ongoing with successful commencement of teledermoscopy service (with effect from August 2024), colorectal nurse led triage service and post-menopausal bleeding model to be implemented from October 2024 and April 2025 respectively,



Since July 2024, the number of patients waiting over 8 weeks for a diagnostic test has increased to 8,182 (down from 8,500 in September). The increase includes the impact of rising demand in Radiology and Endoscopy and a lack of Endoscopy capacity since April 2024. However, as noted, the Health Board has re-engaged the market and endorsed placement of over £5m of contracts for insourcing support for this area through utilisation of Planned Care resources. The forecast impact being to reduce these waits for over 8 weeks to 3,000 patients as of 31st March 2025, though this is subject to review by the service lead. It is of note this forecast performance will not achieve the Welsh Government targeted improvements by December 2024, but is a realistic and challenging target for the service to deliver when the increase in demand is taken into consideration.



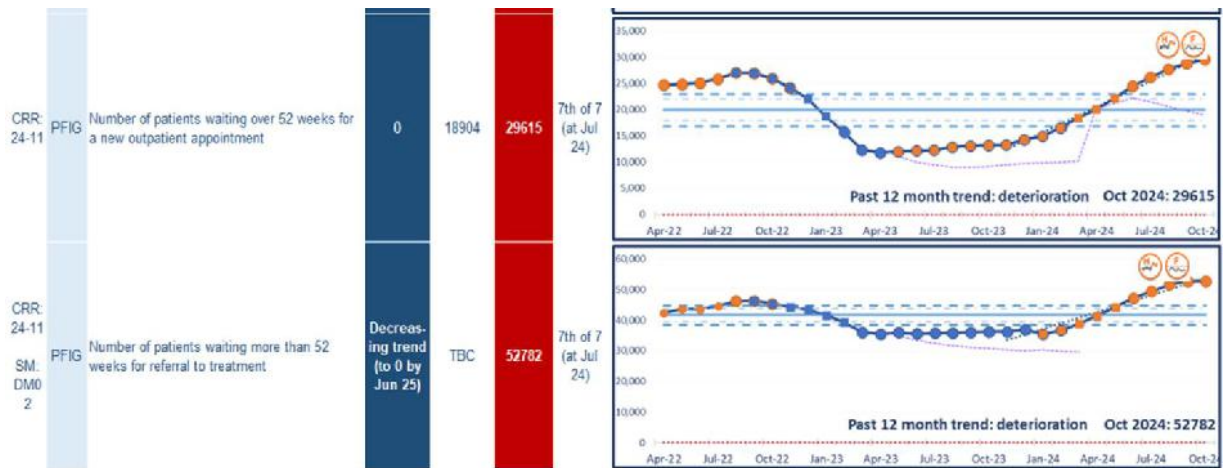
The number of patients experiencing waits over 14 weeks for therapy interventions has continuously reduced since June 2024, with 2,271 patients now waiting over 14 weeks. Main pressures in Physiotherapy include high number of vacancies, accommodation capacity in Central and East and increased demand.

The service has reviewed and implemented changes based on models deployed through other Health Boards that will positively impact and seek to reverse this trend in future months.

In Audiology, the number of patients experiencing waits over 14 weeks has significantly improved, from 969 in May to single figures in October and it is forecast that there will be no breaches going forward.



The number of patients waiting over 52 weeks for a new outpatient appointment has been increasing since April of 2023. Performance against this measure is an escalation for the Health Board, with improvements centring upon clinics adopting Treat-in-Turn methodology and targeting patients seen in clinic at Get It Right First Time (GIRFT) numbers, with greater oversight and the setting of booking rules to deliver improved productivity. Recruitment to the outpatient’s validation and centralised booking team has been completed and improvements are targeted before the end of the 2024/25 financial year.



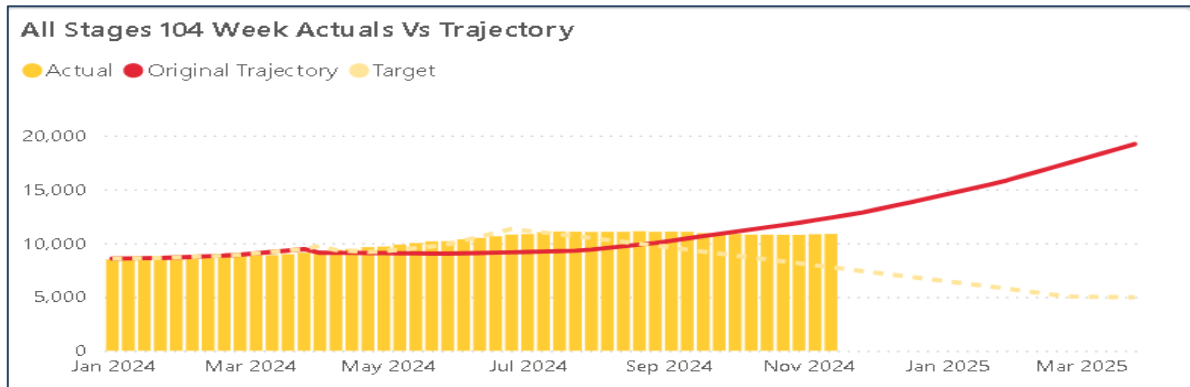
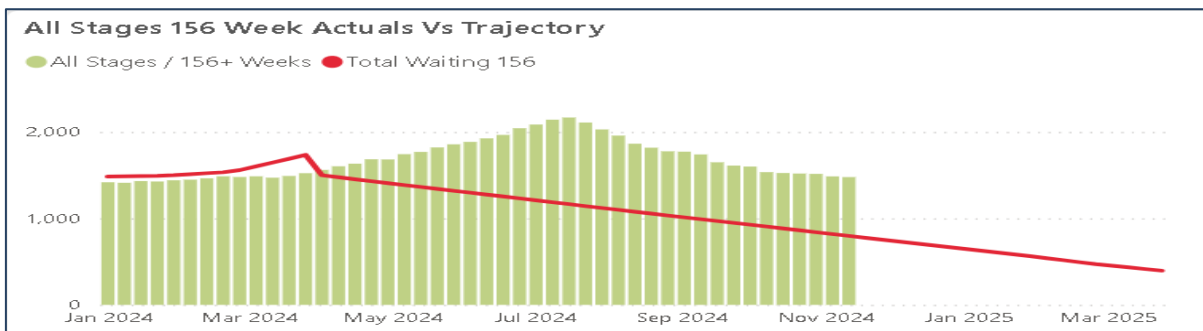
Throughout 2023-24 there was a substantial amount of work undertaken to place focus upon longer waiting patients. Those waiting in excess of 208 weeks all booked for treatment.

Patients waiting 156 weeks and over 104 weeks.

In this section of the report we focus upon patients waiting in excess of 156 weeks for treatment and patients waits exceeding 104 weeks across all stages 1 to 4 of treatment (1 – New first outpatient appointment, 2 – Diagnostic, 3 – Decision to treat or discharge and 4 - Procedure).

Escalation meetings (Chaired by Chief Executive) with a further weekly Planned Care Delivery Group Chaired by the Executive Director of Finance (IHC leadership and key operational officers in attendance) placed focus upon (a) prioritisation using treat in turn (b) improve utilisation/productivity (c) identify solutions through premium working (d) validation.

The Health Board has seen a reduction in extreme waits (week on week) and reversal of a trend that was increasing to that of a 40% reduction in patients waiting over 156 weeks, with patients waiting over 104 weeks across all stages now static, the benefits from measures described above depicted within the two charts below;



Whilst there is measurable improvement, there remains much to do in delivery of sustained improvement and a need for continued oversight and escalation. However, Operational teams are delivering the improvements, with focus continuing within development of speciality demand and capacity models that is expected to drive productivity gains and enable treatment of more patients within our in-house capacity. The Health Board continues to utilise premium working whilst these models are developed across the Health Board.

The Health Board continues to develop the route to delivery of 5,000 patients waiting beyond 104 weeks at close of March 2025 (there being currently in excess of 10,000) for their treatment, with this the target included within revision to plans submitted in May 2024.

Welsh Government requested further plans to assure delivery of the 104 week planned numbers of patients waiting, with £7.3m of additional resources made available to support attainment of the plan (with a further £1.2m allocated to support enhanced Diagnostic performance). The Performance, Finance and Information Governance Committee received a report on Planned Care delivery, the additional investment and impact on delivery by stage of care, location and speciality and further reports will be shared with members for oversight of attainment over the next calendar months.

3.3.5 Summary

The Health Board are targeting use of Planned Care Funds, with the intention of eradication of over 156 week waits and improvements in 104-week waiters, also substantially improving 8 weeks to diagnostic. With further targeted interventions within outpatients (new and follow up) seeking to improve waiting times for patients.

In 2024-25, the Health Board continues to face many challenges and continues to meet these challenges through (a) enhanced utilisation of in-house capacity (b) validation of

patients waiting for procedures (c) implementation of Treat-in-Turn methodology and (d) engagement with the commercial sector to offer short term solutions to capacity shortfalls.

However, emergency demand increases and Urgent Suspected Cancer performance are adversely impacting upon capacity to service elective care, with potential impacts upon quality of care. The additional resources from Welsh Government of £8.5m (£7.3m routine elective and £1.2m diagnostic) are targeted at improvements in the diagnostic 8 week target and reducing patients waiting in excess of 104 weeks for routine elective care.

The Health Board key areas of challenge, centre upon: -

- Patient flow (emergency departments, and delays to discharge)
- Ambulance handover times and performance
- Delivery of planned care recovery
- Achievement of cancer standards

However, the Health Board are targeting use of Planned Care Funds (to include the additional allocations from Welsh Government) with the intention of eradication of over 156 week waits by January 2025 and improvements in 104-week waiters (delivering on the May submission of having 5,000 at close of the financial year). Also, to substantially improve timely access to diagnostic tests. With further targeted interventions within outpatients (new and follow-up) seeking to improve waiting times for patients.

3.4 Financial Performance (Month 12 2023-24 and Month 1 2024-25?) (Corporate Risk 24-05 Financial Sustainability)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. The plan incorporates a £48m recurrent savings requirement, but still has a full year deficit of £19.8m. Both the savings requirement and the projected deficit are profiled equally across the financial year.

The year to date financial performance is articulated within the below table, the Health Board deficit as at close of October 2024 totalling £21.4m. This represents an adverse variance of £9.9m for the financial year and exceeds the total planned deficit for close of the financial year of £19.8m

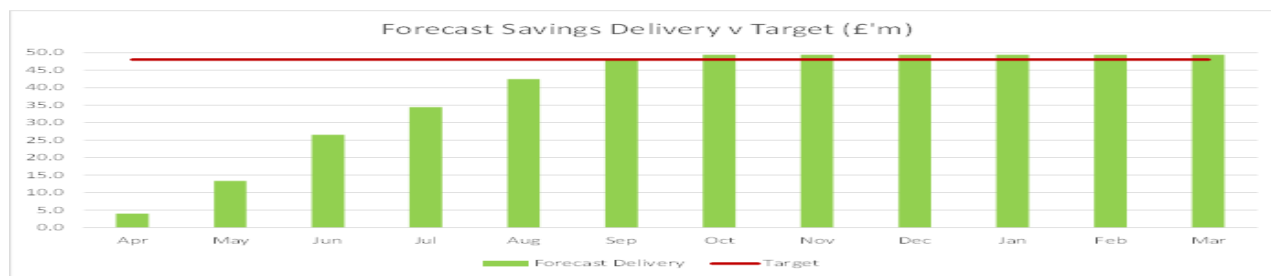
Financial Position to date and forecast Position

	Actual Position								Forecast					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Total YTD	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	(21.4)	(1.6)	(1.3)	0.9	1.4	2.2	(19.8)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(11.3)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(19.8)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(9.9)	0.1	0.4	2.6	3.1	3.8	0.0

The adverse financial performance is driven by costs exceeding plan within out of area mental health placements, cost of drugs for secondary and primary care, capacity areas servicing excess demand and Continuing Healthcare.

The Health Board received £82m of non-recurrent funds for Transformation & Improvement in 2024/25, with Welsh government indicating this allocation can be made recurrently in 2025/26 should the plan be delivered. Securing these funds into 2025/26 is a priority, and as such escalation of the current adverse performance has been made through the Executive, Integrated Performance – Executive Delivery Group, with revised / improved expenditure trajectories sought to assure delivery of the planned outturn of £19.8m.

The Health Board has performed well in regards to savings identification and delivery, with a 2.8% savings ask exceeded. The forecast delivery now totalling £49.4m, with £28.7m identified as recurring with a full year effect of £39.6m (as demonstrated within the below table);



Savings identification, reporting and monitoring has been developed via a Value and Sustainability Thematic Model, which works well to identify opportunities within the organisation. Each theme is assigned an Executive lead and performance is reviewed and managed at IPEDG, which is chaired by the Chief Executive. This aligns with Welsh Government and other health boards as it enables the sharing of ideas and potential opportunities across Wales.

4. Overall Summary

The Health Board continues to face challenge in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison).

In addition, plans are developed through use of Planned Care Funds and ‘treat in turn’ to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

Financial performance remains off plan, with the securing of the £82m allocation received in 2024/25 into 2025/26 at risk should the outturn not delivery the targeted £19.8m deficit and work progresses to revise directorate and areas expenditure plans, with consideration for additional interventions pending the conclusion of these updated financial forecasts.

Future iterations of this report will see the inclusion of new performance indicators with a particular focus on commissioned services and primary care.

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 Quality & Performance Report – to October 2024



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University Health Board

Integrated Quality & Performance Report

Reporting Period: to 31.10.2024 (where data is available)

Presented to **Health Board**

Thursday, 28th November 2024

Table of Contents



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Title	Page	Title	Page
Cover	1	Section 3: People & Organisational Development Performance	50
Table of Contents	2	Section 4: Financial Performance	54
Integrated Performance Escalation Report	3	Additional Information	60
About the Integrated Quality & Performance Report	14	Introduction to Integrated Quality & Performance Report (IQPR)	61
The Integrated Quality & Performance Report	18	Reporting Governance Structure	61
Overall Summary of Performance	18	Performance & Commissioning Directorate Outputs	64
All Wales NHS Performance Dashboard	20	Common Acronyms and Abbreviations	65
Section 1: Quality Safety, Effectiveness & Experience Performance	22	Our partners	66
Section 2: Access & Activity Performance	36	Further Information	67



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Integrated Quality & Performance Escalations Report

A Summary of Escalated quality & Performance Measures

Quality, Safety, Effectiveness & Experience Performance

- No **New Never Events** reported since 31.07.2024.
- **National Reportable Incidents (NRIs)**: There were 8 new national reportable incidents reported in October 2024. This is a 74% reduction on the position in February 2024, when 34 were reported in one month.
- **Complaints**: Significant improvement in 30 day compliance at 75.6% (Target of 75%). Robust and efficient process in place to ensure improvements are sustained.
(The 3 points above are linked to Corporate Risk 24-04 Failure to Embed Learning)
- **Clinical coding compliance** remains a significant risk however the position is stabilising and we should start to see it improve over coming months, recognising that the position won't be fully recovered until late 2025-26.

People & Organisational Development Performance

- **PADR** rate has improved in year but has remained under the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard under development for the organisation.
- **Sickness absence rate** remains below 6.5% however has been steadily increasing over the last three months and was 6.3% for October 2024.
- At 1.7%, **Turnover rate** for nursing aligned with the national and local retention work put in place with a dedicated retention lead coming on-board for the organisation funded by Health Education and Improvement Wales (HEIW).
- At 4.6%, focus continues on reduction of off-contract **agency spend**. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.
(Corporate Risk 24-01 People, Culture and Wellbeing)
(Corporate Risk 24-1 Leadership/Special Measures)

Access & Activity Performance

- **Referral to Treatment (RTT)**: Planned Care is under escalation and intense executive support. Planned Care funds and additional WG funding is being utilised to eradicate 156 week breaches and to halve the number of 104 week breaches by 31.03.2025. **(Corporate Risk 24-11 Planned Care)**
- **Cancer**: Whilst performance remains below plan, use of Planned Care funds is expected to attain the Welsh Government ask of a 70% delivery by March 2025. **(Corporate Risk 24-11 Planned Care)**
- **Diagnostics waits over 8 weeks**: The number of patients has increased to 8,182 waiting over 8 weeks. **(Corporate Risk 24-13 Timely Diagnostics)**
- **Therapy waits over 14 weeks**: Continued reduction in number of breaches. Nearly all breaches are within Physiotherapy in Central and East.
- **Pathways of Care Delays**: Despite ongoing efforts, the measures taken to reduce assessment delays have not had the desired impact.
- **Ambulance handover waits**: The number of ambulance patient handover over 4 hours remains a concern and is subject to a 12 week improvement plan. **(Corporate Risk 24-10 Urgent and Emergency Care)**

Finance **(Corporate Risk 24-05 Financial Sustainability)**

- The financial plan is to attain a £19.8m deficit following receipt of £82m as a one off allocation from Welsh Government. The plan requiring savings of £48m.
- Delivery of the plan would secure the £82m one off allocation for future years.
- At 31st October 2024 the year to date deficit totals £21.4m, £9.9m over plan
- Drivers of the adverse variance remain savings Continuing Healthcare Pressures, Out of Area Mental Health, Managed Practice, capacity and savings.
- The savings reported total £49.4m (c£1.4m above targeted level)
- Further work continues to reduce costs using the value & sustainability approach (supporting productivity and savings) in mitigation of risks to achievement of outturn (risks valued at c£25m). There remains a substantial risk to not attaining plan and thus securing the one off £82m resource allocation for future years.

Our Quality: Escalated Performance Measures

Clinical Coding Compliance



Clinical coding compliance has seen a significant reduction as a result of the loss of staff. Whilst new staff have commenced in post (July 2024) and use of agency is being commissioned, the data informs us that the position is stabilising and we should start to see it slowly improve as we move into the final quarter of 2024-25. As reported previously however, it will be late into 2025-26 before the position is fully recovered.

Complaints Overdue (30 days target)

Corporate Risk 24-04 Failure to Embed Learning



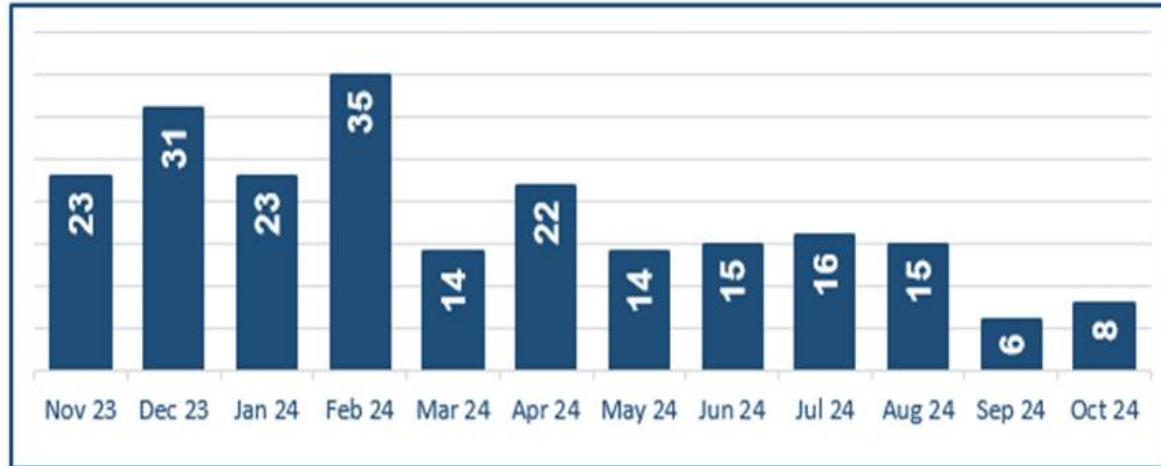
The number of complaint responses completed within 30 days has improved significantly since previously reported. Due to the incredible collaboration, support and concerted efforts of all concerned, BCU achieved the 75% target rate set by Welsh Government for October 2024.

Furthermore, audits and reviews concur that the quality of responses has not been negatively impacted by the increased speed and efficiency in investigating and responding to complaints.

Our Quality: Escalated Performance Measures cont.

National Reportable Incidents

Corporate Risk 24-04 Failure to Embed Learning



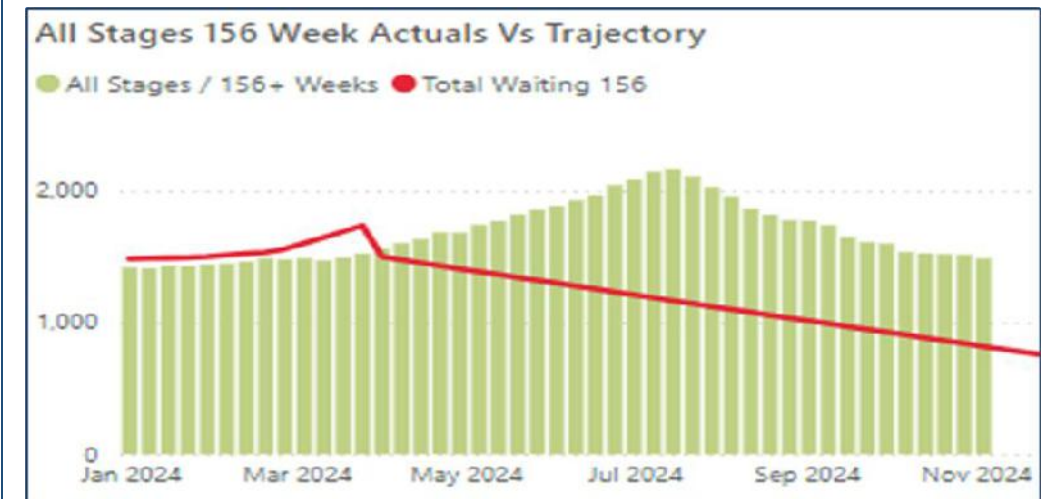
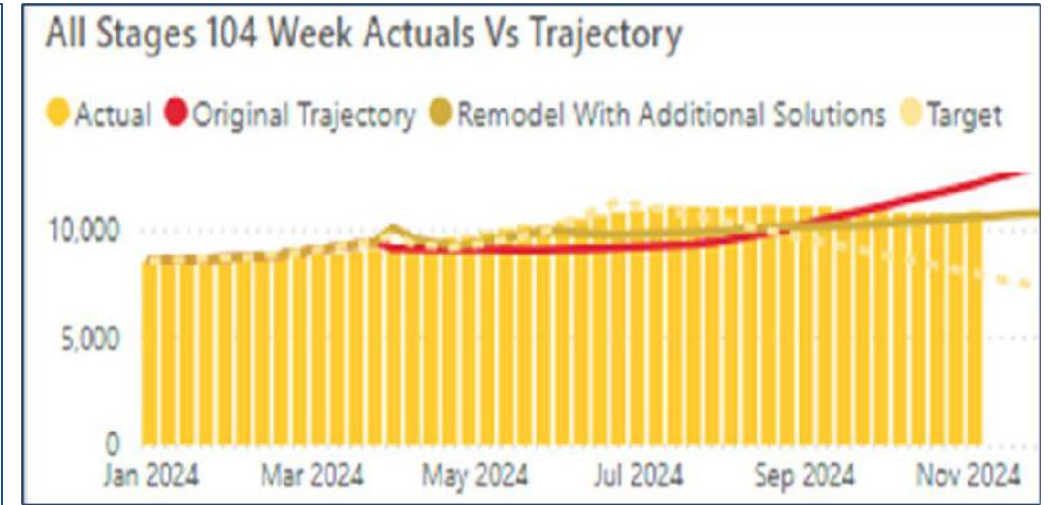
There has been a significant reduction in the number of new National Reportable Incidents compared winter 2023-24.

Access & Activity: Escalated Performance Measures

Planned Care

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

1. Submission on Friday 15th November giving a commitment to reduce current number of over 104 week waiters from circa 11,000 to circa 5,000 at financial year end
2. Additional scrutiny meeting held between BCU and Betsi (CEO, DOF & DPC) on 15th Nov plus additional meeting scheduled for 18th Nov. WG & Cab Sec want assurance on delivery confidence and expected outcomes against additional funding.
3. Capacity being expanded via additional core and WLI capacity, insourcing and outsourcing capacity alongside some of the good practice of waiting list validation, review of utilisation and move towards GIRFT standards (HVLC etc). Insourcing and outsourcing are at various stages of mobilisation and associated timescales have been mapped into the remaining weeks of the current financial year.
4. Our biggest overall risk is within Dermatology where the vast majority of all current capacity is deployed to the treatment of USC patients. The solution to reducing our 104 dermatology waiters is a significant increase in routine capacity via insourcing & outsourcing



Access & Activity: Escalated Performance Measures

Planned Care (Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

Suspected Cancer Pathway 62 Days Performance

Deteriorating performance against the suspected cancer pathway (SCP) target due to increasing demand together with capacity issues within dermatology, endoscopy, urology and oncology in particular.

Increased capacity secured via endoscopy insourcing (with effect from Sept 2024), dermatology insourcing (planned from Dec 2024). Additional locums secured in urology and oncology. However performance likely to deteriorate before improving.

Pathway improvement work ongoing with successful commencement of teledermoscopy service (with effect from August 2024), colorectal nurse led triage service approved October 2024 and post-menopausal bleeding model to be implemented from April 2025



Patients waiting over 14 weeks for therapy (excludes Audiology)

- 15,330 patients were waiting for Therapy Services at the end of Oct. 2024
- 2,271 patients were waiting 14 weeks or more (reduction of approximately 150 since Sept.2024)
- Longest waiting time is 38 weeks (Physiotherapy)
- 'Knee blitz days' are taking place every 6 weeks in Wrexham and Flintshire
- RASP (Rapid Access Speciality Physio) clinics – focussing on knees moving into core activity from mid-November. Reinstated RASP for fractures on some sites and looking to expand and are piloting for shoulders
- The service has over-recruited on substantive B5s and the latest graduates will be joining the service in January 2025 supporting MSK Services
- Continuing to review classes to maximise ongoing treatment
- Our recruitment to MSK posts has improved and is ongoing



Access & Activity: Escalated Performance Measures

Planned Care

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

Patients waiting over 8 weeks for Diagnostic tests

Forecast trajectory represents best possible outcome, assumption of no overall increase in demand in 2024-25

Key Variances to plan are in Endoscopy (over 1,500), Radiology (over 1,300)

Record levels of activity in radiology, demand outstripping capacity with an increased demand of more than 6,000 in quarter 2 alone. Also increase in demand in CT scans (6%), MRI scans (14%) and in USS (2.3%).

Pressures: challenges prioritising 8-week breach activity vs urgent cancer and RTT extreme waits. Extreme wait impact (on stage 2 diagnostics) likely to increase as RTT position improves. Year on Year demand in radiology.

Recovery Actions:

- Endoscopy: recommencement of insourcing September 2024. Likely to impact histopathology – outsourcing solutions being sought
- Radiology: identifying additional staffing options to run scanners longer. Potential outsourcing for Cardiac CT
- Cardiology: identifying insourcing opportunities for Echo cardiogram
- Cystoscopy: identifying insourcing opportunities
- Establish PTL for all diagnostic areas, including non-reportable
- Develop model for sustainable diagnostics under annual plan 25-28



Access & Activity: Escalated Performance Measures

Urgent & Emergency Care

Number of Delayed Pathways of Care



Pathways of Care Delays - Monthly census data continues to show significant number of delayed discharges for clinically optimised patients with assessment delays consistently reporting as over 50% of total delays. Top delay reasons remain joint assessments, new packages of care and social worker allocation. Ministerial led Care Action Committee has set the ambition for Health Boards to achieve a targeted reduction across Wales i) against total number of delays; ii) against total days delayed and iii) assessment delays by November 2024 and to maintain / further reduce by March 2025. 321 delays in July 2024.

Number of Ambulance Patient Handover Delays of 4 Hours or more



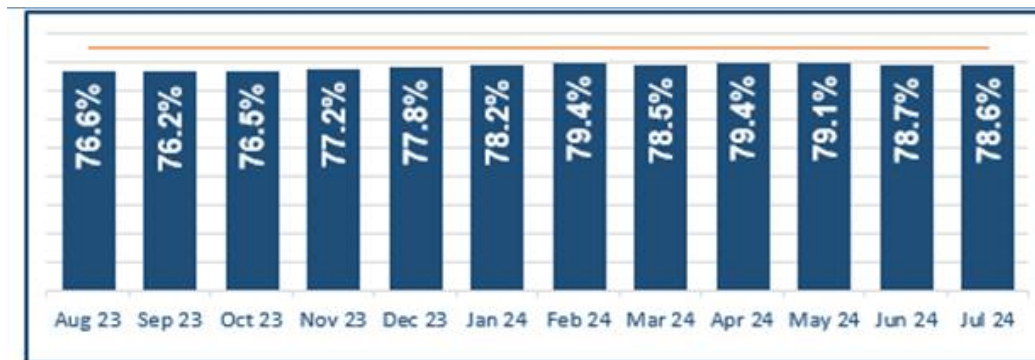
The number of **ambulance patient handover over 4 hours** is reported at 605 in July. Actions taken to improve ambulance handovers, 4- and 12-hour ED waits, pathways of care delays include Weekly updates of performance, with clear focus on actions for the week ahead. Assurances regarding utilisation of internal escalation during peak periods and actions completed alongside removing of SDECs from Hospital full protocols. Reset of WAST (EMS/NEPTS) and BCUHB for week ahead planning commenced..

(Corporate Risk 24-10 Urgent and Emergency Care)

People & OD: Escalated Performance Measures

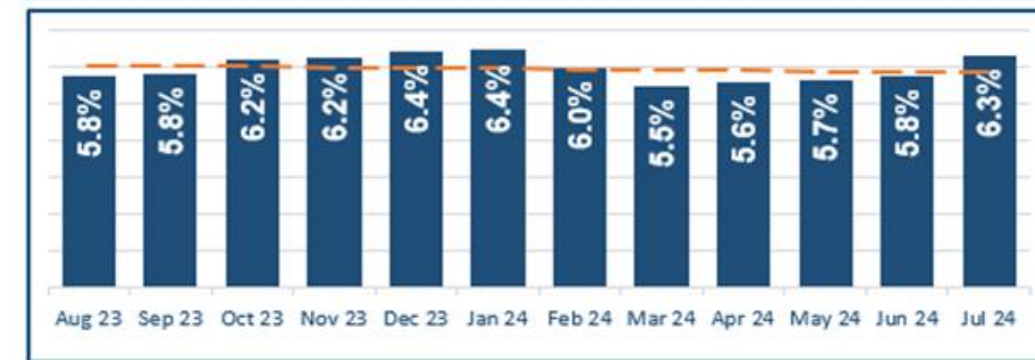
PADR Rates

PADR rate at 78.6% remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.



Staff Sickness Rates

At 6.3%, the sickness absence has continually increased since March 2024.



Nursing Staff Turnover Rates

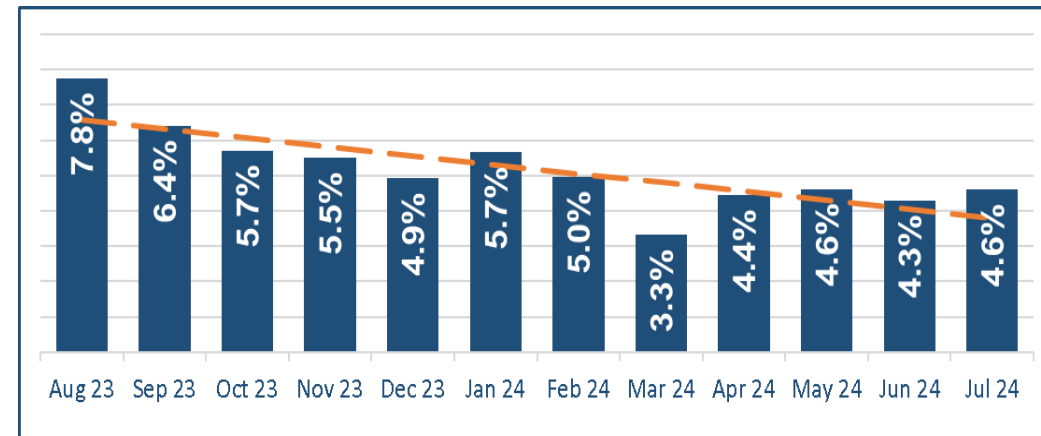
1.7% turn-over rate for nursing aligned with the national and local retention work put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW.



People & OD: Escalated Performance Measures

Agency spend as Percentage of Staffing Costs

Although the position has remained fairly static between 4.3% and 4.6% since April 2024, focus continues on reduction of off contact agency spend. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.



The Financial Plan for 2024/25 targets delivery of a £19.8m deficit for the financial year, with the inclusion of the £82m of Transformation & Improvement resource (received non-recurrently for 2024/25) and a savings ask of £48m, 2.8% of discretionary budgets. Performance to 31st October 2024 reflecting a deficit of £21.4m and adverse to plan by £9.9m (as per the below table);

Financial Position to date and forecast Position

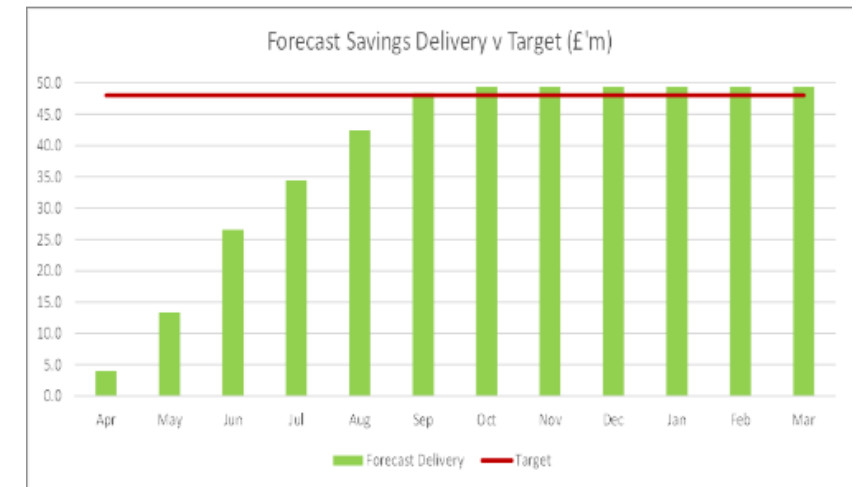
	Actual Position							Total YTD £m
	Apr	May	Jun	Jul	Aug	Sep	Oct	
	£m	£m	£m	£m	£m	£m	£m	
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	(21.4)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(11.3)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(9.9)

Nov	Dec	Jan	Feb	Mar	Forecast year-end position
£m	£m	£m	£m	£m	£m
(1.6)	(1.3)	0.9	1.4	2.2	(19.8)
(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(19.8)
0.1	0.4	2.6	3.1	3.8	0.0

Key points of note;

- Forecast attainment of 49.4m of savings (£48m target)
- Recurrent savings total £28.7m (£39.6m full year effect)
- Drivers of adverse performance centre upon Out of Area Mental Health Placements, Drugs for secondary care and prescribing, additional capacity

Escalation within Executive Delivery Group, revised forecast expenditure to reduce costs over the remainder of the financial year & balance sheet





GIG
CYMRU
NHS
WALES

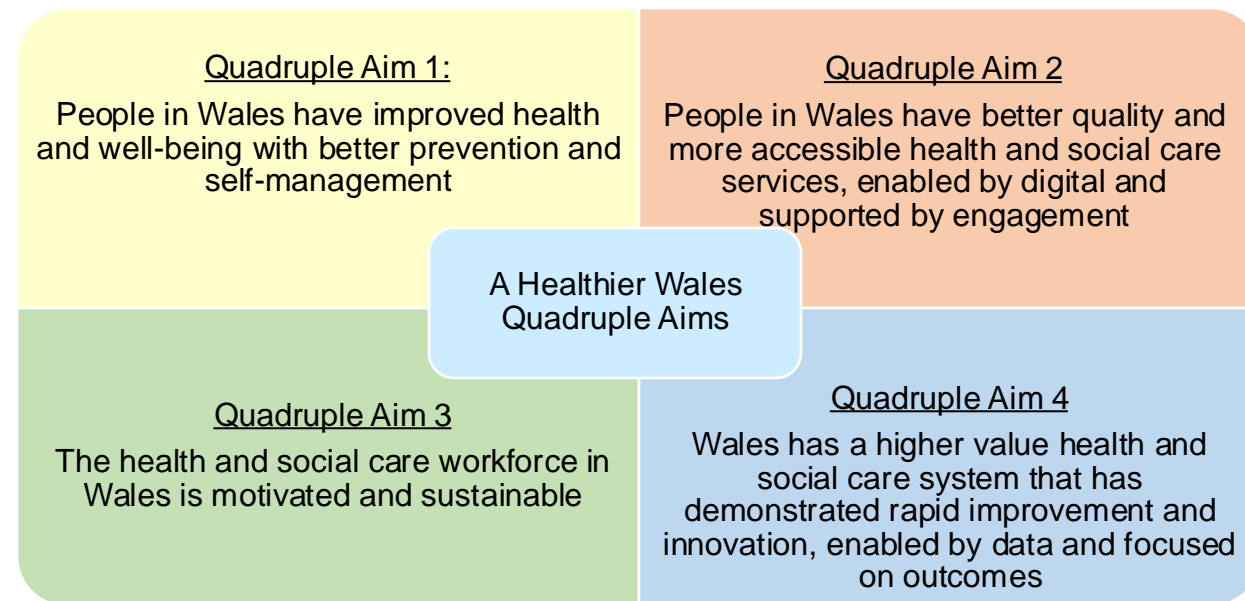
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

About the Integrated Performance Report

The performance measures in the NHS Wales Performance Framework for 2024-2025 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2024/25 revision now consists of 54 quantitative measures and twelve policy assurance statements where assurance is sought either quarterly or bi-annually.

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.



Our Integrated Performance Report

Our Quality, Safety, Effectiveness & Experience Performance

Our Access & Activity Performance

Our People & Organisational Development Performance

Our 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 assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measure 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.






Red, Amber & Green (RAG) Rating System

Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.



Exception	Escalation
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.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	Criteria for escalation
<p>Any target failing an NHS Performance target, operational, or local target/trajectory</p> <p>Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.</p> <p>Any reportable commissioned metric where performance is not meeting national target</p>	<p>Any measure that fails a health submitted trajectory as part of the Ministers priorities.</p> <p>Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)</p> <p>Any significant failure of quality standard e.g. never event or failing accountability conditions.</p>

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.
- 

Orange icons indicate negative occurrence










Blue icons indicate a positive occurrence

Grey icons indicate no significant data occurrence

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

Legend

 Performance	 Control Line (Mean)	 Upper Control Limit 3σ
 Lower Control Limit 3σ	 Upper Control Limit 2σ	 Lower Control Limit 2σ
 National Target	 Internal profile	 Trend

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

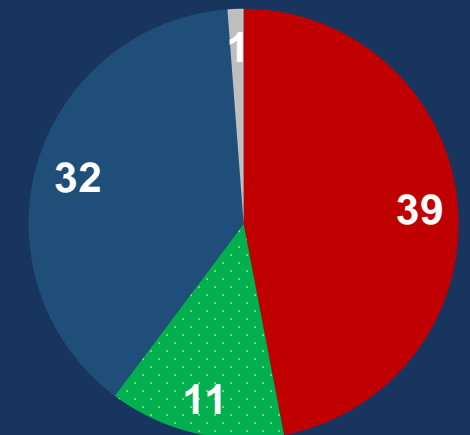
 BCU Position  Internal Profile  Trend (Rolling 12 Month)  WG Target



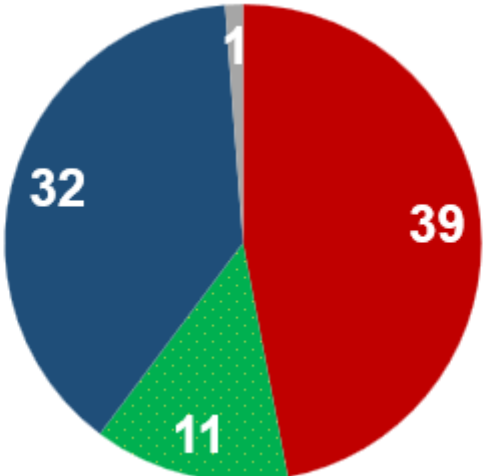
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Bwrdd Iechyd Prifysgol
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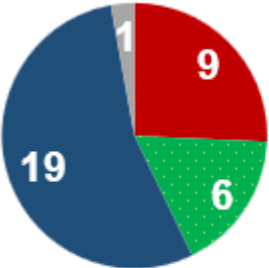
Integrated Performance Report



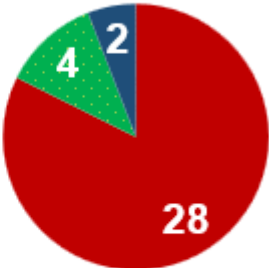
Summary of Performance to Month 12



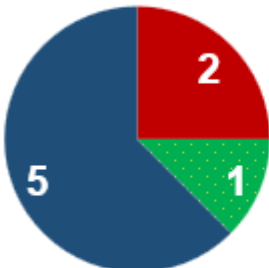
All Sections



Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

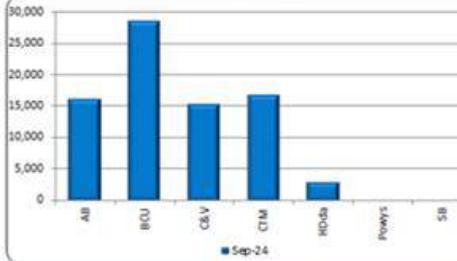


Financial Performance

NHS Wales Performance Dashboard- part 1

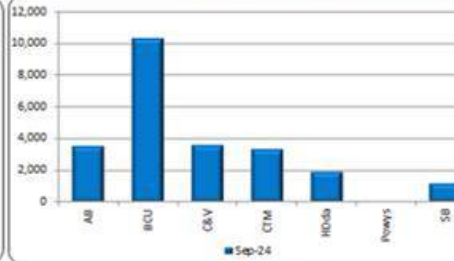
PERFORMANCE DASHBOARD

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



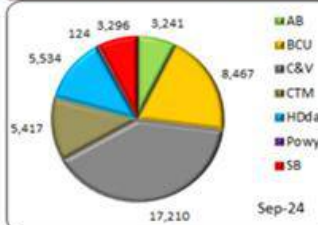
- In Sep-24, only Powys achieved the target of zero for the number of patients waiting over 52 weeks for a new outpatient appointment.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Sep-24, when compared to the previous month, by 330 to 79,855, a 0.4% increase.
- AB, CTM, HDda and Powys saw a decrease in Sep-24 compared to the previous month.
- Powys had no over 52 week new outpatient waits in Sep-24, BCU had the highest number of waits at 28,429 (35.6% of the total).

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

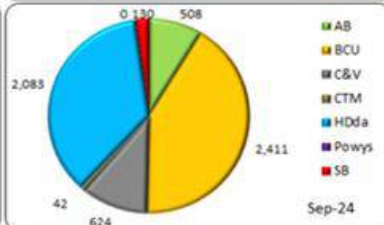


- In Sep-24, only Powys achieved the target of zero for the number of patients waiting over 104 weeks for referral to treatment.
- At an all Wales level, the number of over 104 week referral to treatment waits has decreased in Sep-24, when compared to the previous month, by 492 to 23,701, a 2.0% decrease.
- AB, BCU, Powys and SB all saw a reduction in Sep-24 when compared to the previous month.
- Powys had no over 104 week referral to treatment waits in Sep-24, BCU had the highest number of waits at 10,294 (43.4% of the total).

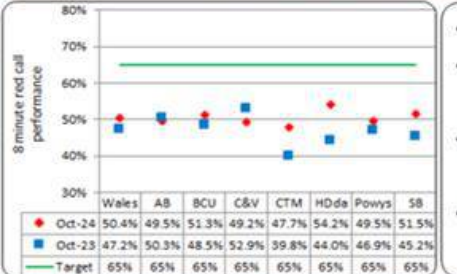
Number of patients waiting more than 8 weeks for a specified diagnostic



Number of patients waiting more than 14 weeks for a specified therapy

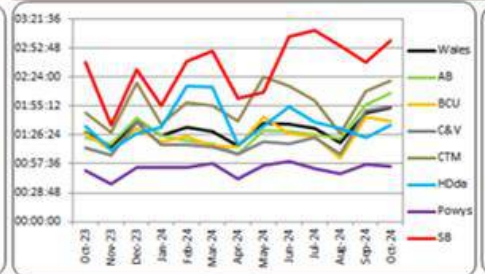


% of emergency responses to red calls arriving within 8 minutes



- In Oct-24, data shows no HB achieved the 65% target for the % of emergency responses to red calls within 8 min.
- At an all Wales level, the % of emergency responses to red calls within 8 minutes has improved in Oct-24, when compared to the previous month, by 1.4 percentage points to 50.4%.
- Over the last 12 months CTM, HDda and Powys have seen an improvement trend in performance. Only AB and HDda saw a deterioration in performance when compared to the previous month.
- HDda was the best performing HB in Oct-24 with performance at 54.2%. CTM was the lowest with performance at 47.7%.

Median emergency response time to amber calls

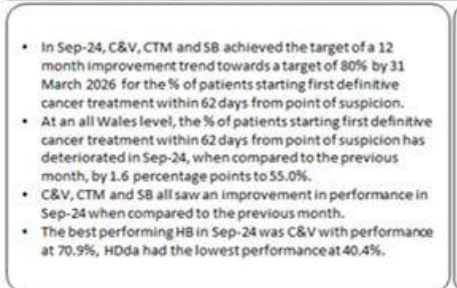


- In Oct-24, no HB achieved the 12 month reduction trend target for median emergency response time to amber calls.
- At an all Wales level, the median amber response time was slower in Oct-24, when compared to the previous month, by 5 minutes to 1 hr, 53 mins and 48 secs.
- Only BCU and Powys saw an improvement in performance in Oct-24 when compared to the previous month.
- Powys was the best performing HB in Oct-24 with a median response time of 54 minutes and 35 secs, SB had the longest median response time of 2 hrs, 59 mins and 46 secs.

- In Sep-24, no HB achieved the target of zero for the number of patients waiting over 8 weeks for a specified diagnostic.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has decreased in Sep-24, when compared to the previous month, by 414 to 43,289, a 0.9% decrease.
- AB, CTM, Powys and SB saw a reduction in Sep-24 when compared to the previous month.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Sep-24 at 124, C&V had the highest at 17,210 (39.8% of the total).

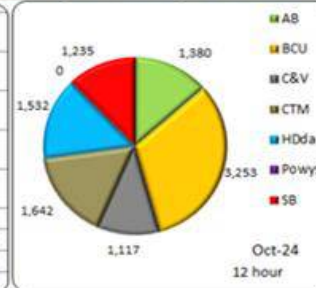
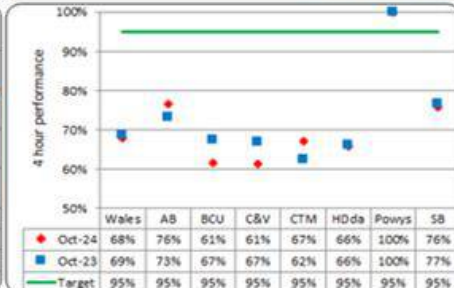
- In Sep-24 only Powys achieved the target of zero for the number of patients waiting over 14 weeks for a specified therapy.
- At an all Wales level, the number of over 14 week waits for specific therapies has decreased in Sep-24, when compared to the previous month, by 507 to 5,798, an 8.0% decrease.
- Only AB and SB saw an increase in Sep-24 when compared to the previous.
- Powys had no over 14 week waits for specific therapies in Sep-24, BCU had the highest at 2,411 (41.6% of the total).

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



- In Sep-24, C&V, CTM and SB achieved the target of a 12 month improvement trend towards a target of 80% by 31 March 2026 for the % of patients starting first definitive cancer treatment within 62 days from point of suspicion.
- At an all Wales level, the % of patients starting first definitive cancer treatment within 62 days from point of suspicion has deteriorated in Sep-24, when compared to the previous month, by 1.6 percentage points to 55.0%.
- C&V, CTM and SB all saw an improvement in performance in Sep-24 when compared to the previous month.
- The best performing HB in Sep-24 was C&V with performance at 70.9%, HDda had the lowest performance at 40.4%.

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

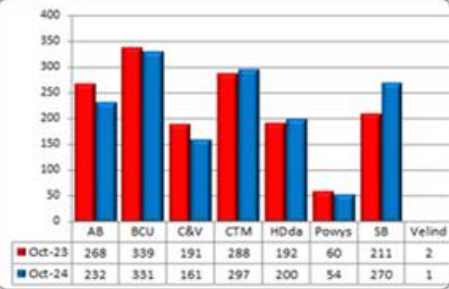


- In Oct-24 AB, CTM and Powys achieved the target of an improvement compared to the same month in the previous year, towards the target of 95%, for the % of patients who spent less than 4 hours in ED.
- At an all Wales level, the % patients who spent less than 4 hours in ED has deteriorated in Oct-24, when compared to the previous month, by 0.4 percentage points to 68.0%.
- C&V, CTM and HDda saw an improvement in performance in Oct-24 when compared to the previous month.
- AB was the best performing HB (exc. Powys) at 76.4%, C&V had the lowest performance at 61.3%.
- In Oct-24 AB, CTM and Powys achieved the target of a reduction compared to the same month in the previous year, towards the target of zero for the number of patients who spent more than 12 hrs in ED.
- At an all Wales level, the number of patients who spent more than 12 hours in ED has increased in Oct-24, when compared to the previous month, by 433 to 10,159.
- BCU and HDda saw an improvement in performance in Oct-24 when compared to the previous month.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 1,117, BCU had the highest at 3,253 (32.0% of the total).

NHS Wales Performance Dashboard – part 2

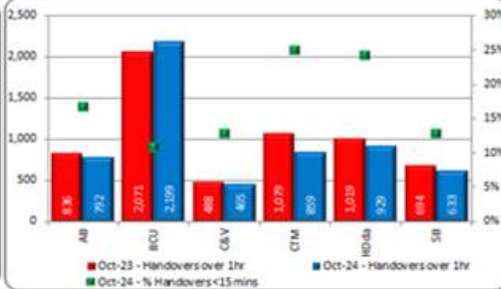
Number of Pathways of Care delayed discharges

- In Oct-24, AB, BCU, C&V, HDda and Velindre all achieved the 12 month reduction trend target for the number of pathways of care delayed discharges.
- At all Wales level, the number of pathways of care delayed discharges has decreased in Oct-24, when compared to the previous month, by 50 to 1,546, a 3.1% decrease.
- All HBs, except BCU, HDda and SB, saw an improvement in performance in Oct-24 when compared to the previous month.
- Excluding Velindre, Powys had the lowest number of pathways of care delayed discharges in Oct-24 at 54, BCU had the highest at 331.

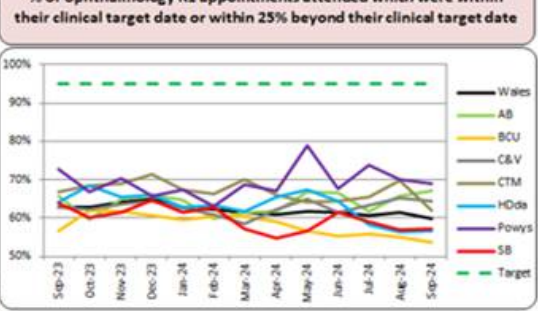


Number of ambulance patient handovers over 1 hour and % of ambulance patient handovers within 15 minutes

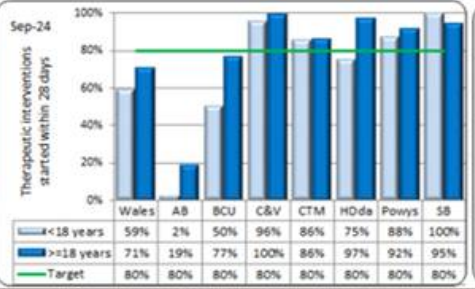
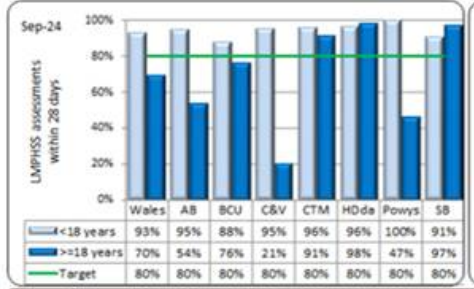
- In Oct-24, no HB achieved the zero target for handovers over 1 hour.
- At all Wales level, the number of over 1 hour handovers has increased in Oct-24, when compared to the previous month, by 442 to 5,877, an 8.1% increase.
- Over the last 12 months, only C&V saw a deterioration trend in performance.
- C&V had the lowest number of over 1 hour handovers in Oct-24 at 465, BCU had the highest at 2,119 (37.4% of the total).
- In Oct-24, only HDda achieved the target of an improvement compared to the same month in the previous year, towards the target of 100% for the % of handovers within 15 mins.
- At all Wales level, the % of handovers within 15 mins has deteriorated in Oct-24, when compared to the previous month, by 1.3 percentage points to 16.6%.
- Over the last 12 months all HBs, except CTM and HDda, have seen a deterioration trend in performance.
- CTM had the best performance in Oct-24 at 24.9%, BCU had the lowest at 10.8%.



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



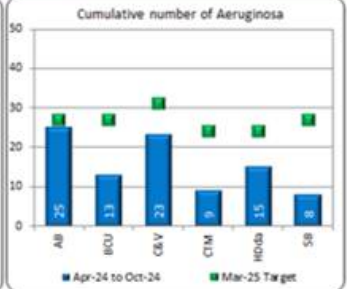
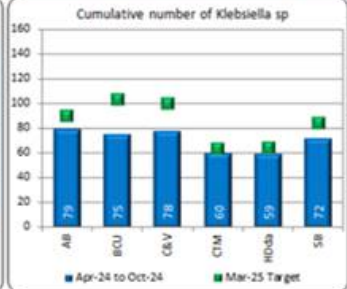
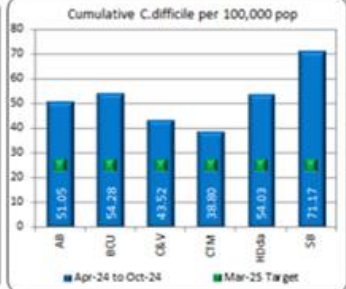
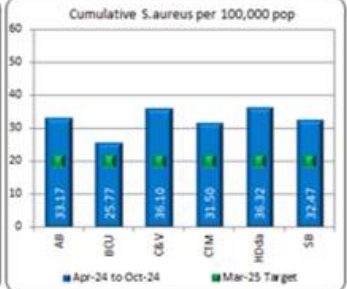
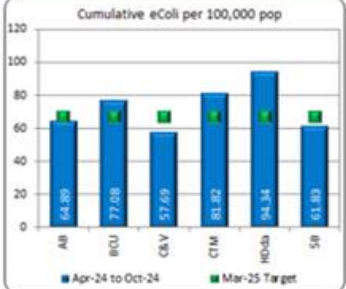
Mental Health Part 1 - % of LPMHSS assessments and therapeutic interventions within 28 days



- <18 years**
 - In Sep-24, all HBs achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%, BCU had the lowest performance at 88.1%. Over the last 12 months, all HBs, except CTM, saw an improvement trend in performance.
 - In Sep-24, C&V, CTM, 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 2.4%. Over the last 12 months, all HBs, except Powys, saw an improvement trend in performance.
- >=18 years**
 - In Sep-24, CTM, HDda and SB achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was HDda at 97.9%, C&V had the lowest performance at 20.9%. Over the last 12 months, AB, CTM, HDda and Powys all saw an improvement trend in performance.
 - In Sep-24, all HBs, except AB and BCU, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was C&V at 99.6%, AB had the lowest performance at 19.1%. Over the last 12 months, AB and Powys saw an improvement trend in performance.

- In Sep-24, AB, C&V and Powys achieved the target of a 12 month improvement trend towards the target of 95% for the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- At all Wales level, the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date has deteriorated in Sep-24, when compared to the previous month, by 1.7 percentage points to 59.7%.
- In Sep-24, AB, HDda and SB saw an improvement in performance compared to the previous month.
- Powys had the best performance in Sep-24 at 69.0%, BCU had the lowest at 53.7%.

Health Care Acquired Infections - HCAIs (provisional data)



- For eColi, AB, C&V and SB are currently achieving the Mar-25 cumulative target. In the Apr-24 to Oct-24 period, HDda had the highest rate of eColi at 94.34 per 100,000 population compared to C&V who had the lowest rate at 57.69 per 100,000 population.
- For S.aureus, none of the HBs are currently achieving the Mar-25 cumulative target. In the Apr-24 to Oct-24 period, HDda had the highest rate of S.aureus at 36.32 per 100,000 population compared to BCU who had the lowest rate at 25.77 per 100,000 population.
- For C.difficile, none of the HBs are currently achieving the Mar-25 cumulative target. In the Apr-24 to Oct-24 period, SB had the highest rate of C.difficile at 71.17 per 100,000 population compared to CTM who had the lowest rate at 38.80 per 100,000 population.
- For Klebsiella, all HBs are currently achieving the Mar-25 target. In the Apr-24 to Oct-24 period, AB had the highest number of cases of Klebsiella at 79 compared to HDda who had the lowest number at 59.
- For Aeruginosa, all HBs are currently achieving the Mar-25 cumulative target. In the Apr-24 to Oct-24 period, AB had the highest number of cases of Aeruginosa at 25 compared to SB who had the lowest number at 8.

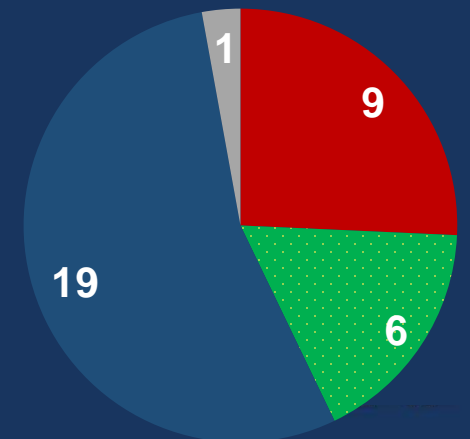
Section 1



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Quality, Safety, Effectiveness and Experience Performance

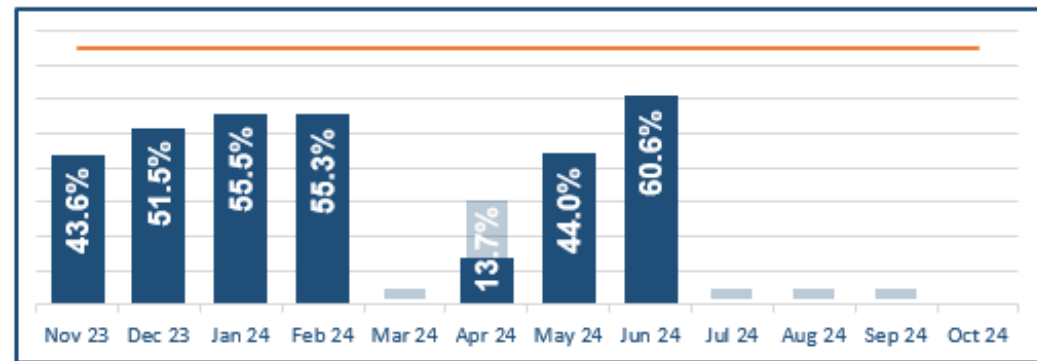
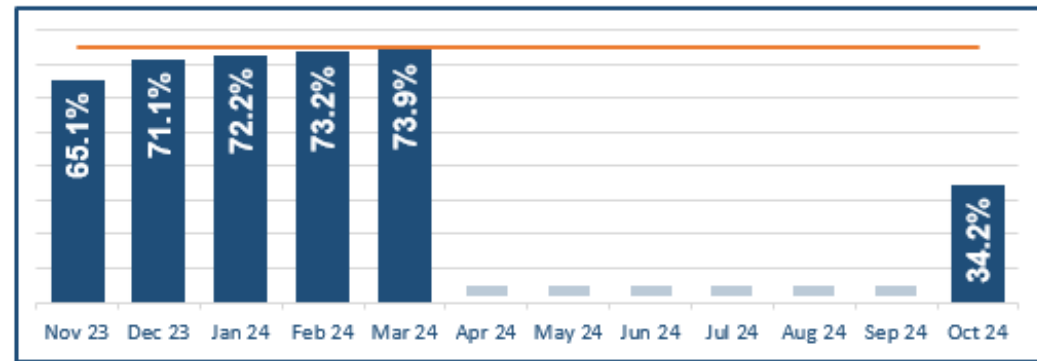
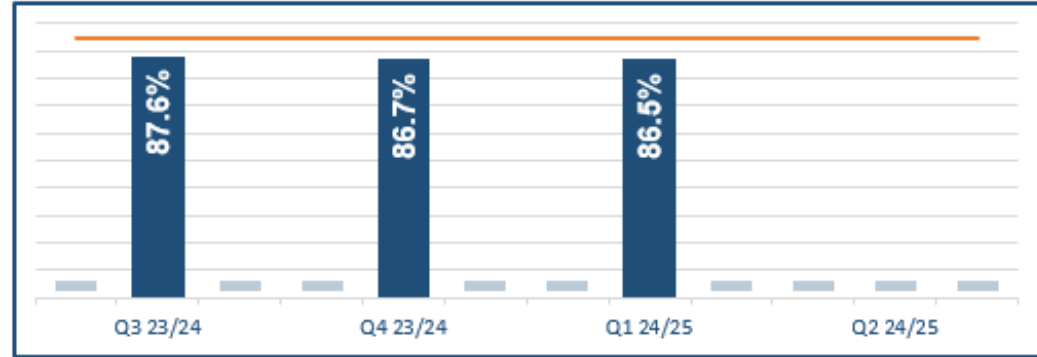


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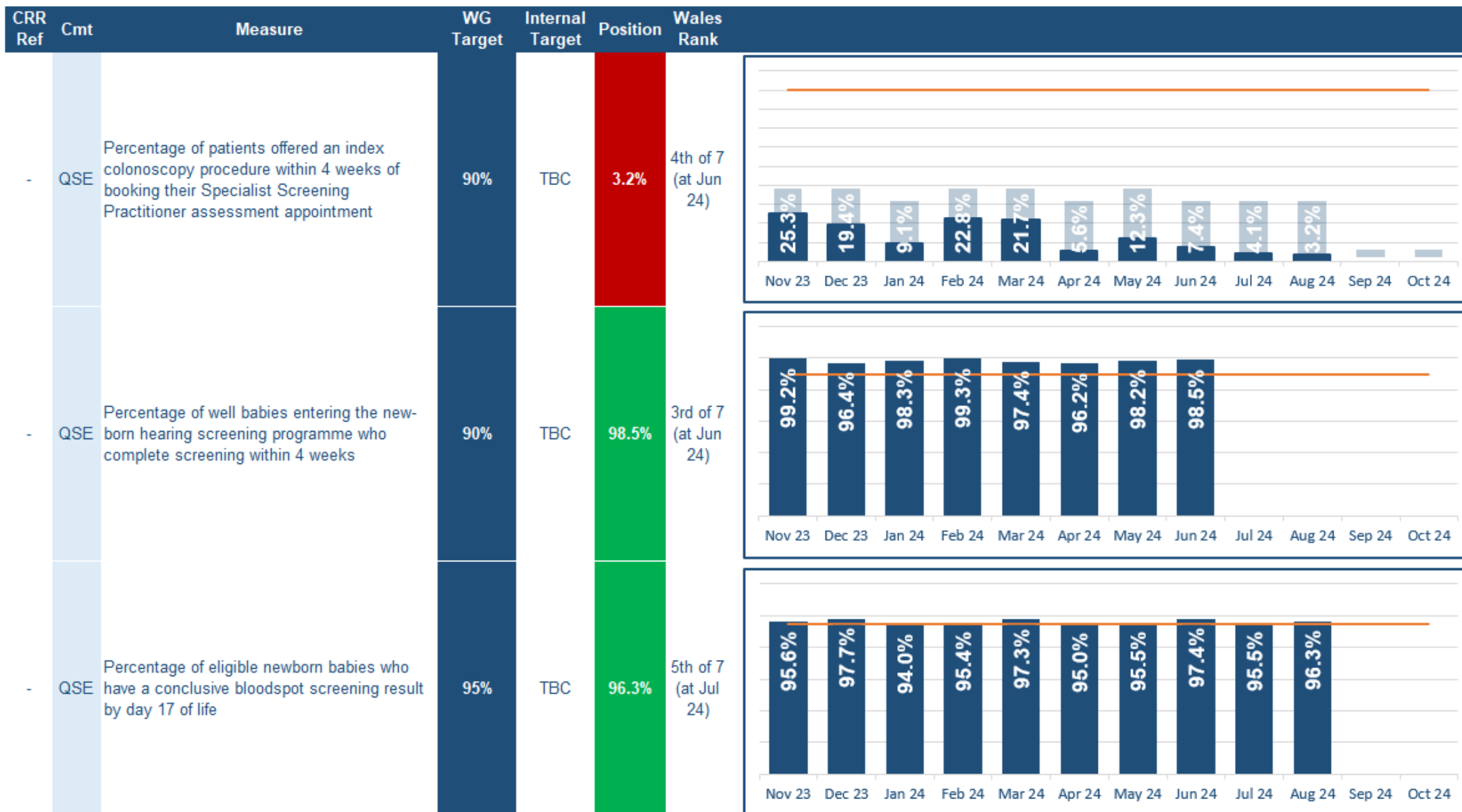


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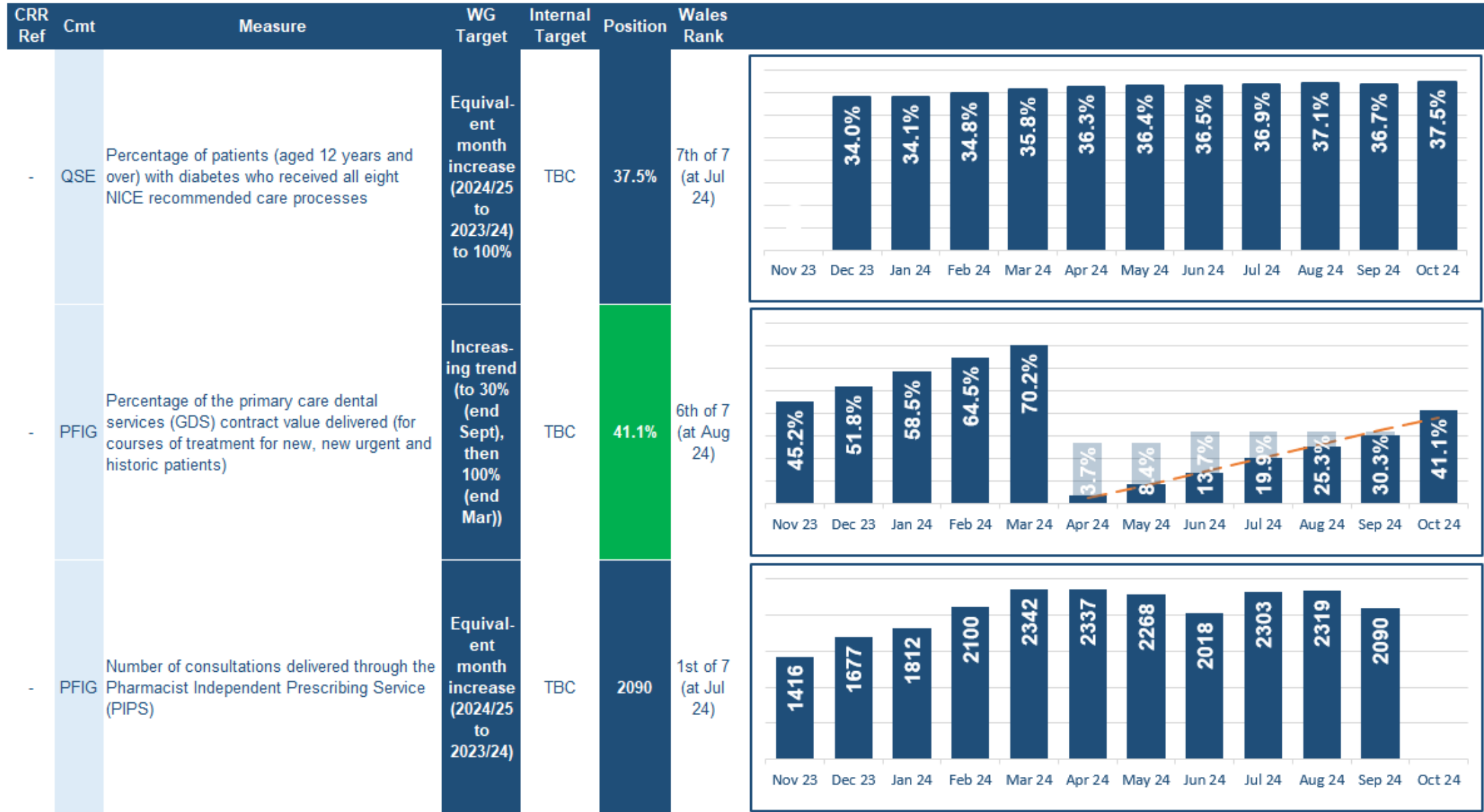
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	86.5%	3rd of 7 (at Jun 24)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	34.2%	2nd of 7 (at Mar 24)
-	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	60.6%	4th of 7 (at Jun 24)



Quality: Performance



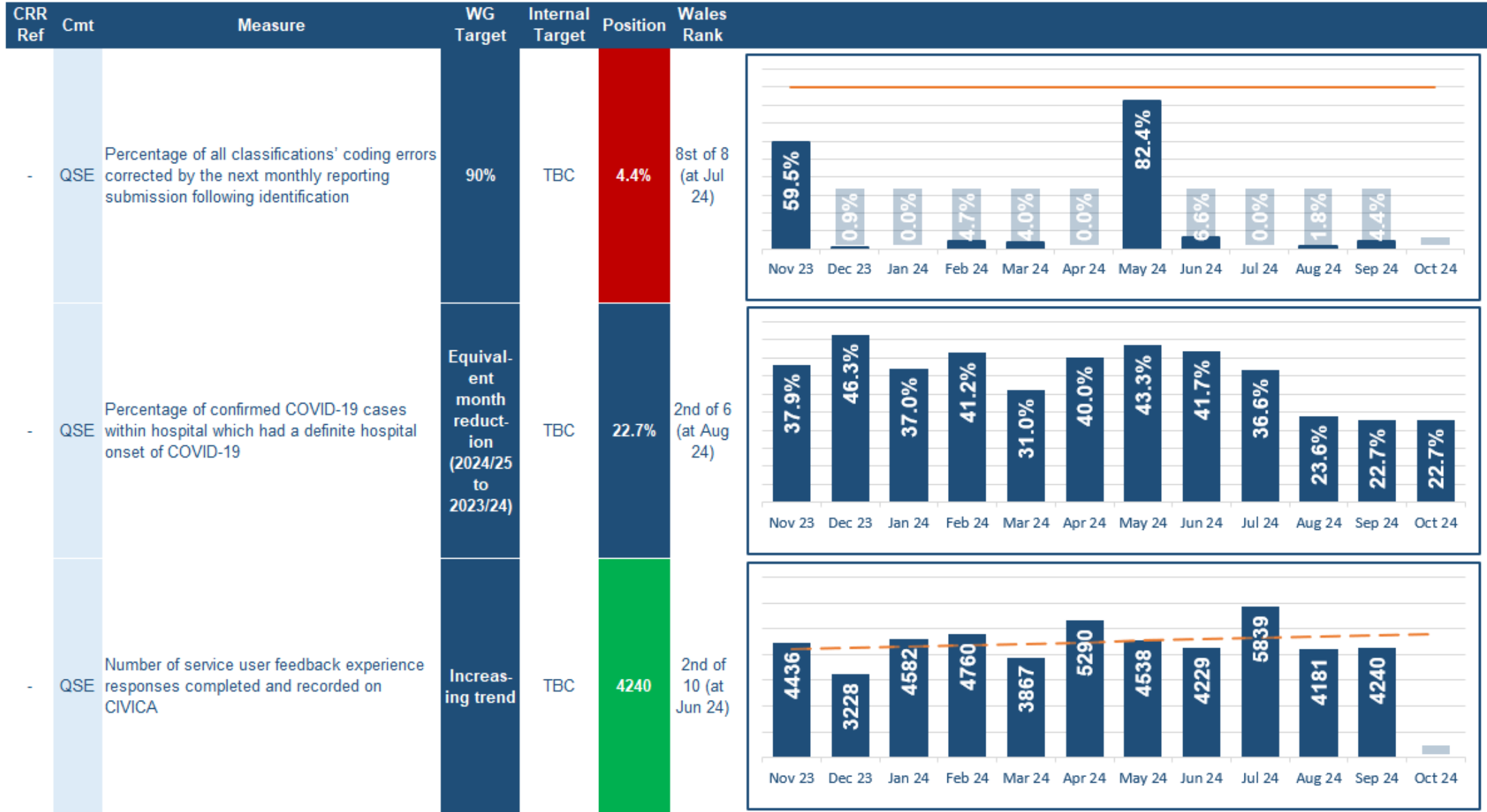
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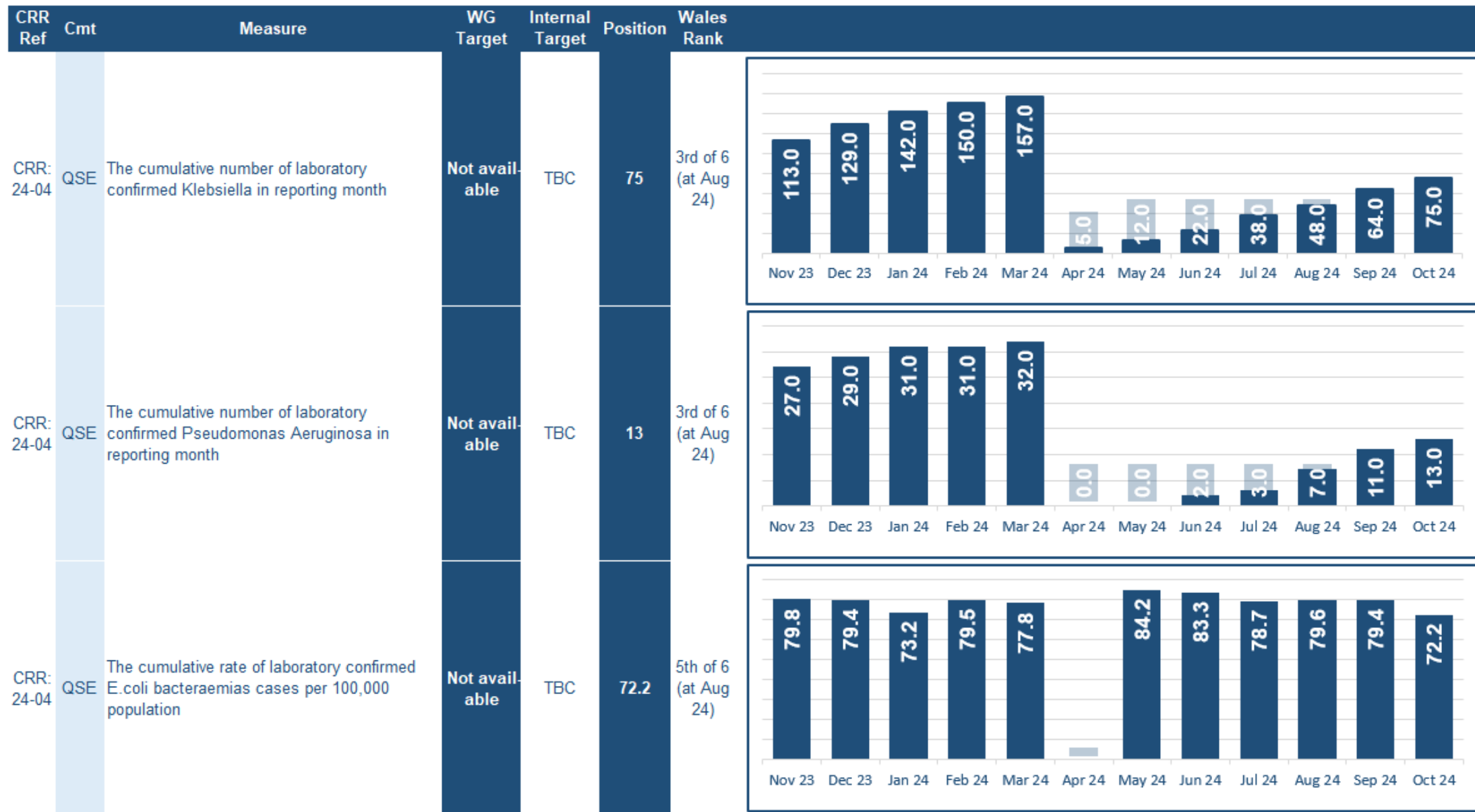
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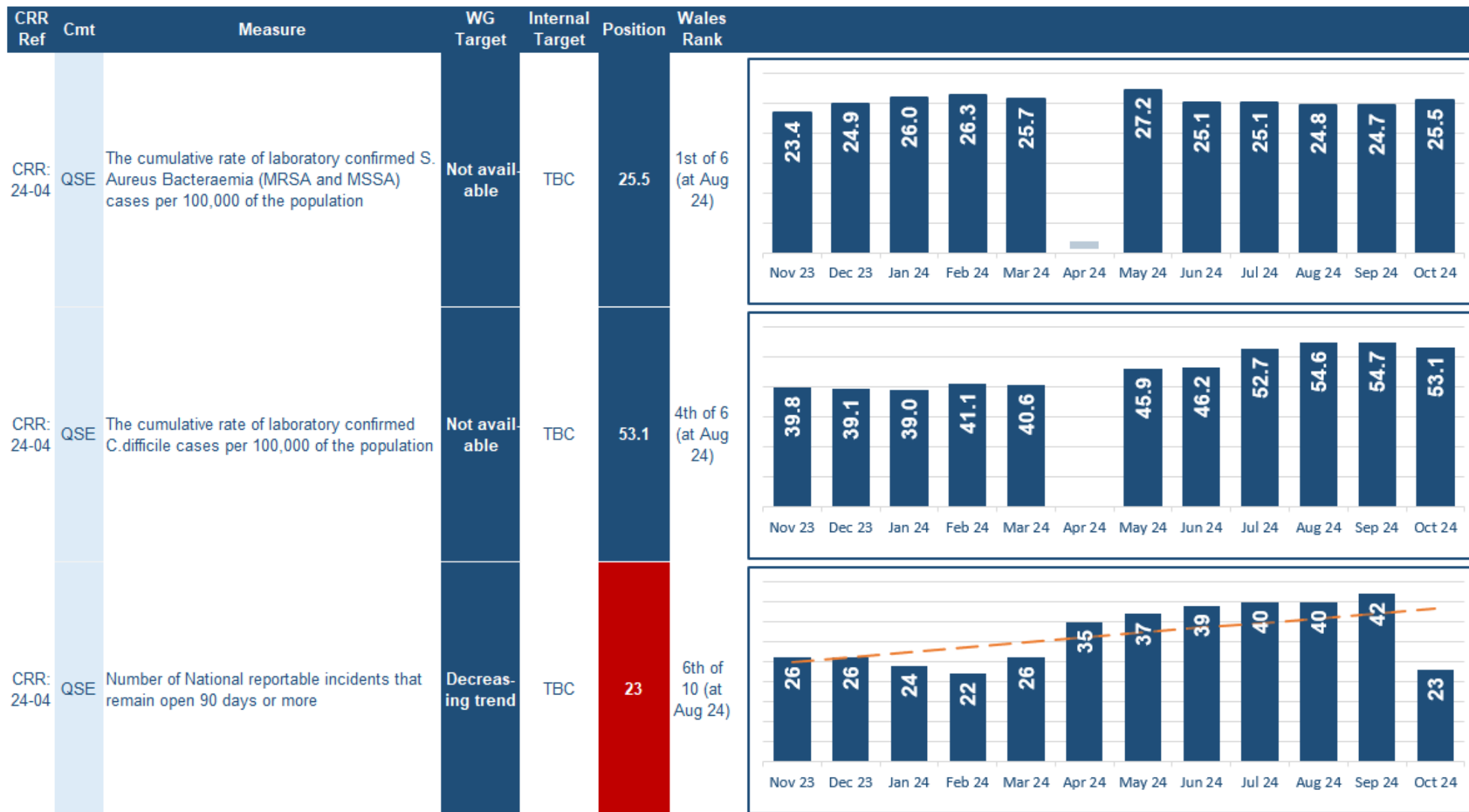
Quality: Performance



Quality: Performance



Quality: Performance



Quality: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new National reportable incidents (NRIs)	N/A	TBC	8	Local Metric
-	QSE	Number of new never events	0	TBC	0	Local Metric
-	QSE	Number of new patient safety incidents	N/A	TBC	3072	Local Metric

Month	Value
Nov 23	23
Dec 23	31
Jan 24	23
Feb 24	35
Mar 24	14
Apr 24	22
May 24	14
Jun 24	15
Jul 24	16
Aug 24	15
Sep 24	6
Oct 24	8

Month	Value
Nov 23	0
Dec 23	0
Jan 24	0
Feb 24	3
Mar 24	0
Apr 24	0
May 24	2
Jun 24	0
Jul 24	3
Aug 24	0
Sep 24	0
Oct 24	0

Month	Value
Nov 23	3554
Dec 23	3387
Jan 24	3602
Feb 24	3343
Mar 24	3428
Apr 24	3503
May 24	3531
Jun 24	3500
Jul 24	3657
Aug 24	3339
Sep 24	3205
Oct 24	3072

Quality: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new reported falls	N/A	TBC	363	Local Metric
-	QSE	Number of new reported hospital acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	500	Local Metric
-	QSE	Number of new reported medication incidents	N/A	TBC	262	Local Metric

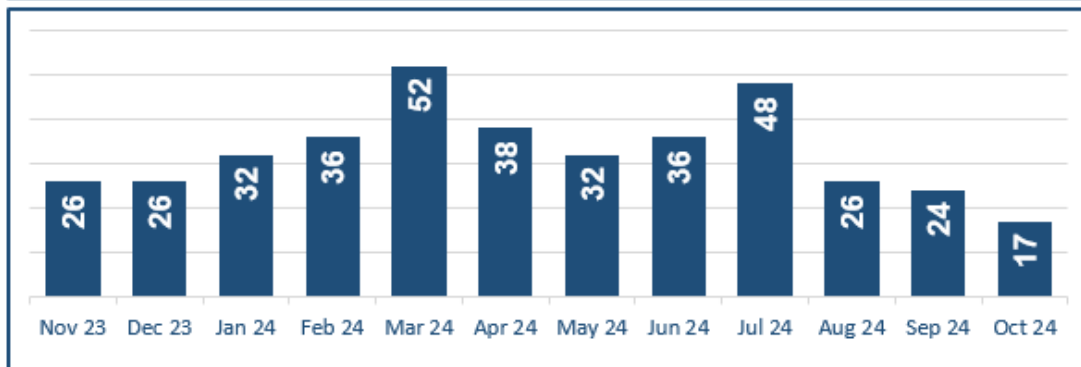
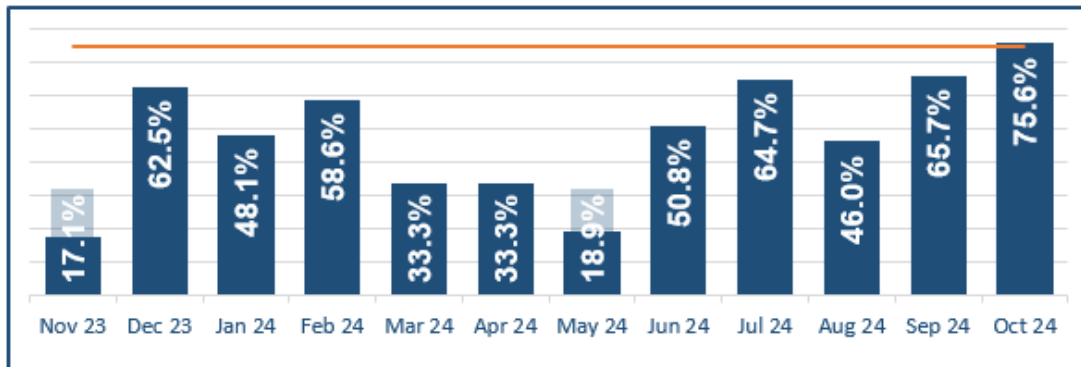
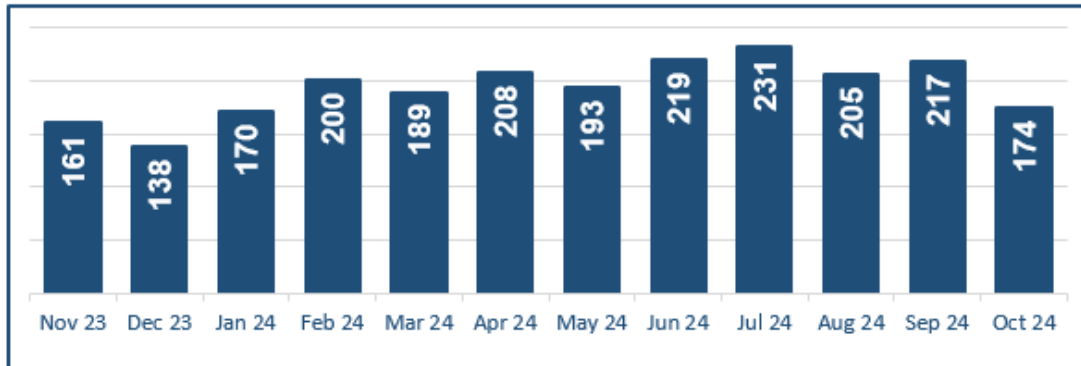
Month	Value
Nov 23	379
Dec 23	407
Jan 24	391
Feb 24	337
Mar 24	405
Apr 24	350
May 24	361
Jun 24	340
Jul 24	374
Aug 24	346
Sep 24	327
Oct 24	363

Month	Value
Nov 23	500
Dec 23	473
Jan 24	548
Feb 24	512
Mar 24	536
Apr 24	573
May 24	516
Jun 24	549
Jul 24	505
Aug 24	468
Sep 24	440
Oct 24	500

Month	Value
Nov 23	308
Dec 23	314
Jan 24	291
Feb 24	326
Mar 24	333
Apr 24	314
May 24	258
Jun 24	295
Jul 24	176
Aug 24	176
Sep 24	176
Oct 24	262

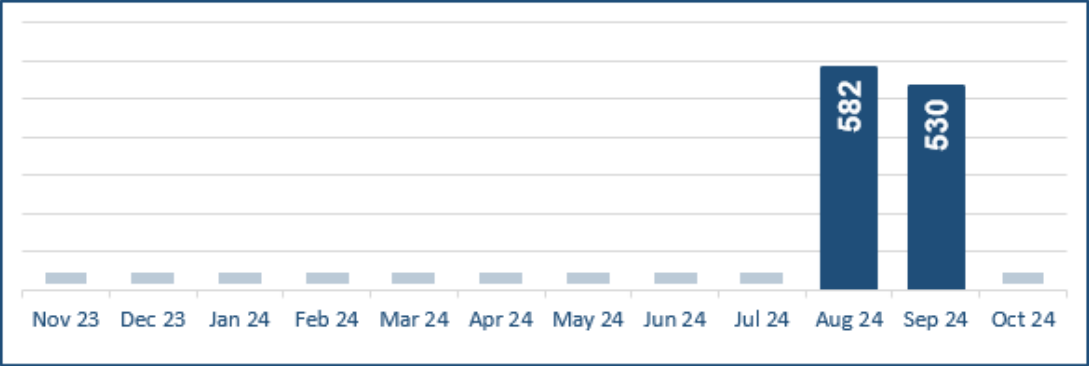
Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new 'Putting Things Right' (PTR) complaints	N/A	TBC	174	Local Metric
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75.0%	TBC	75.6%	Local Metric
-	QSE	Number of new early resolutions	N/A	TBC	17	Local Metric



Quality: Performance

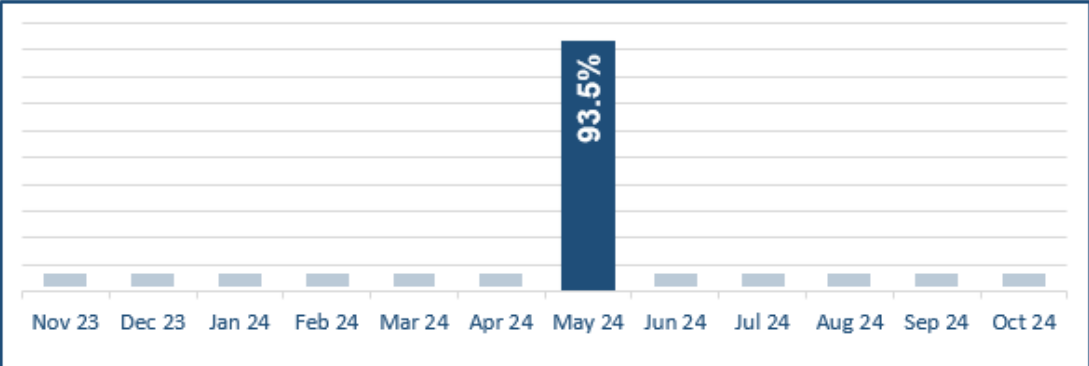
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new PALS (Patient Advice and Liason Service) contacts	N/A	TBC	530	Local Metric
-	QSE	Number of new Ombudsman contacts	N/A	TBC	33	Local Metric
-	QSE	Percentage of survey responses rating care as good or very good	N/A	TBC	93.5%	Local Metric



Month	Value
Nov 23	~10
Dec 23	~10
Jan 24	~10
Feb 24	~10
Mar 24	~10
Apr 24	~10
May 24	~10
Jun 24	~10
Jul 24	~10
Aug 24	582
Sep 24	530
Oct 24	~10



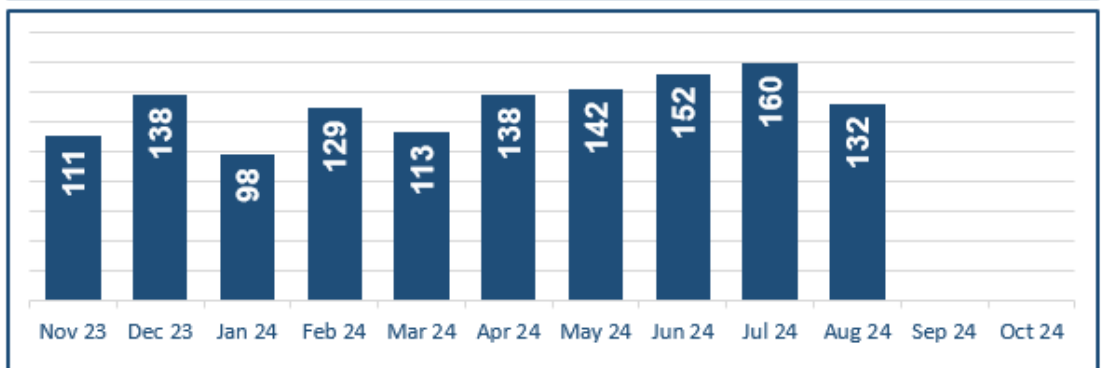
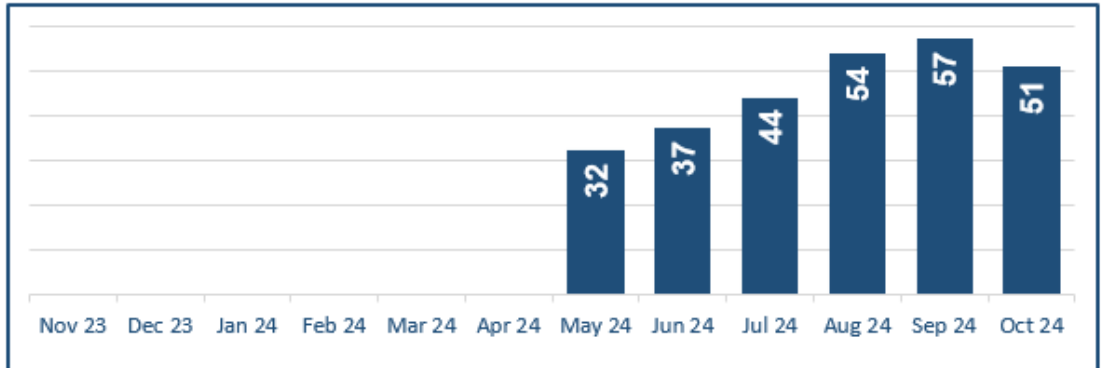
Month	Value
Nov 23	17
Dec 23	18
Jan 24	11
Feb 24	19
Mar 24	22
Apr 24	16
May 24	13
Jun 24	0
Jul 24	24
Aug 24	19
Sep 24	20
Oct 24	33



Month	Value
Nov 23	~10%
Dec 23	~10%
Jan 24	~10%
Feb 24	~10%
Mar 24	~10%
Apr 24	~10%
May 24	93.5%
Jun 24	~10%
Jul 24	~10%
Aug 24	~10%
Sep 24	~10%
Oct 24	~10%

Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of regulation 28 notices	N/A	TBC	1	Local Metric
-	QSE	Number of overdue 'Learning from Event Reports' (LFERs)	N/A	TBC	51	Local Metric
-	QSE	Number of Great-ix submissions	N/A	TBC	132	Local Metric



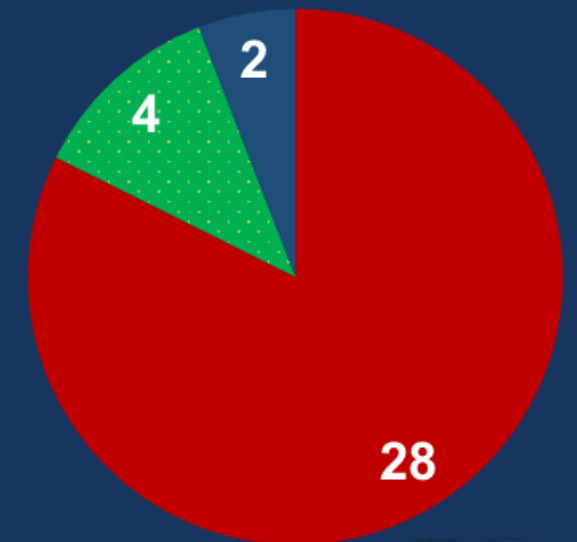
Section 2



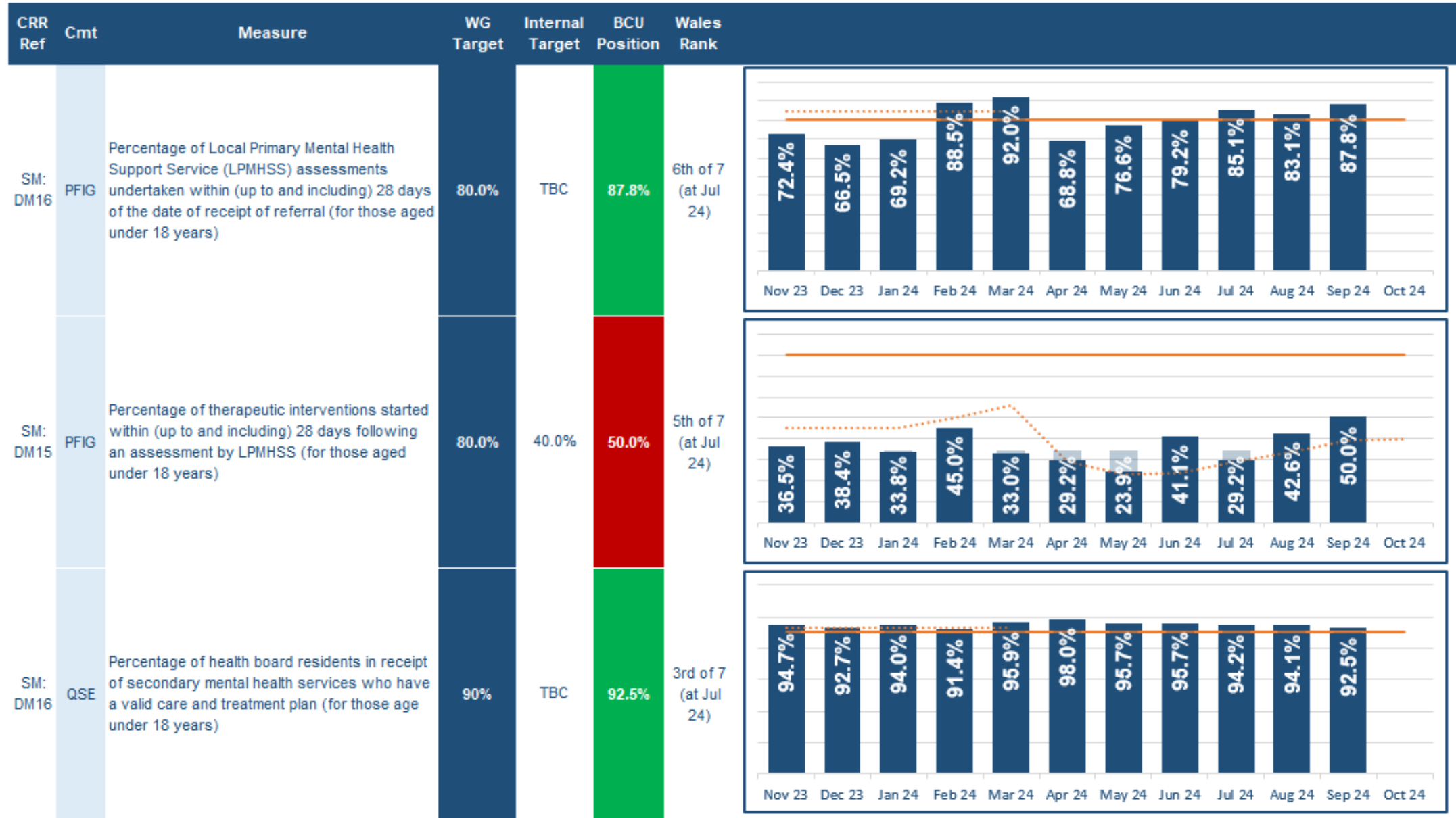
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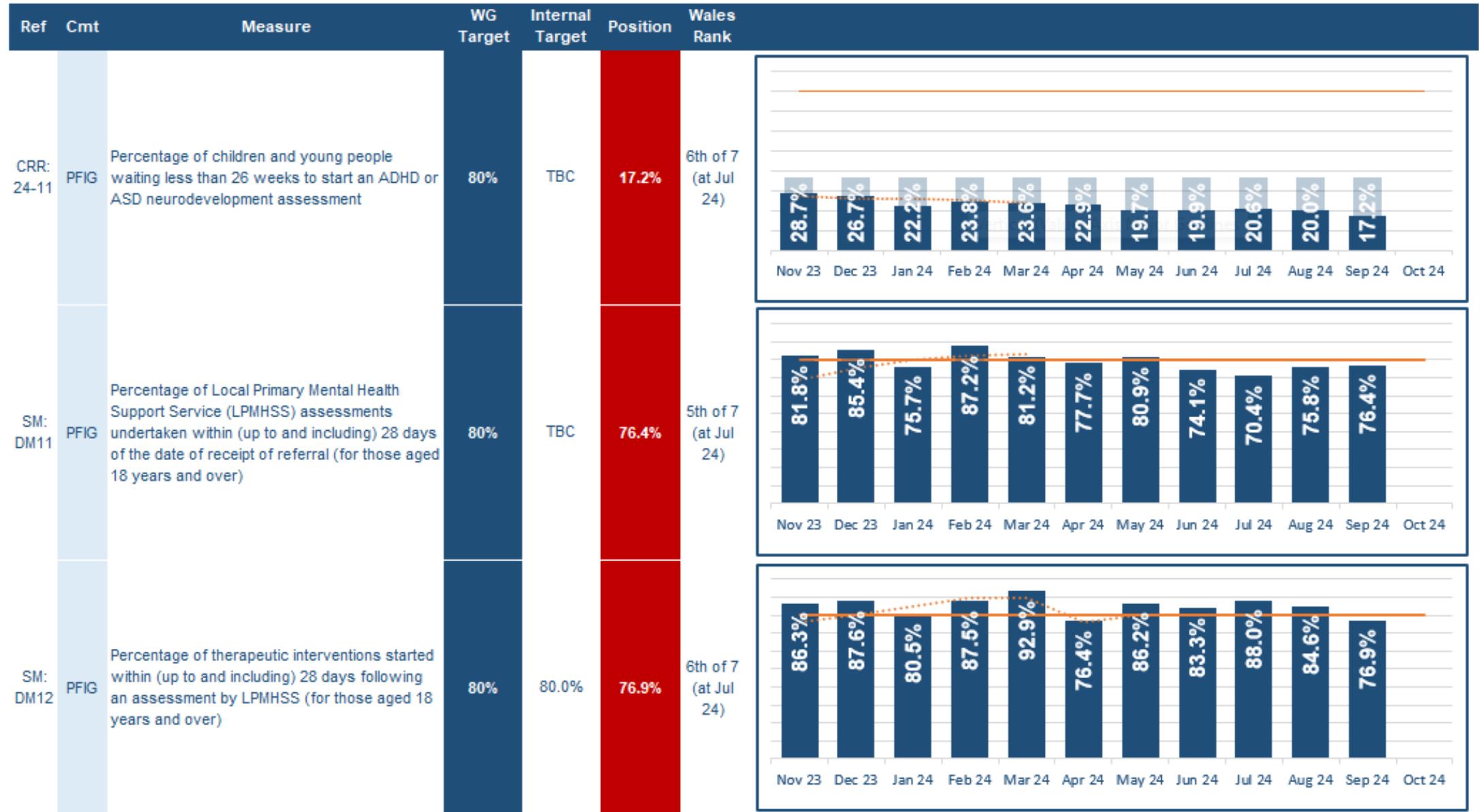
Access and Activity Performance



Our Access & Activity: Performance

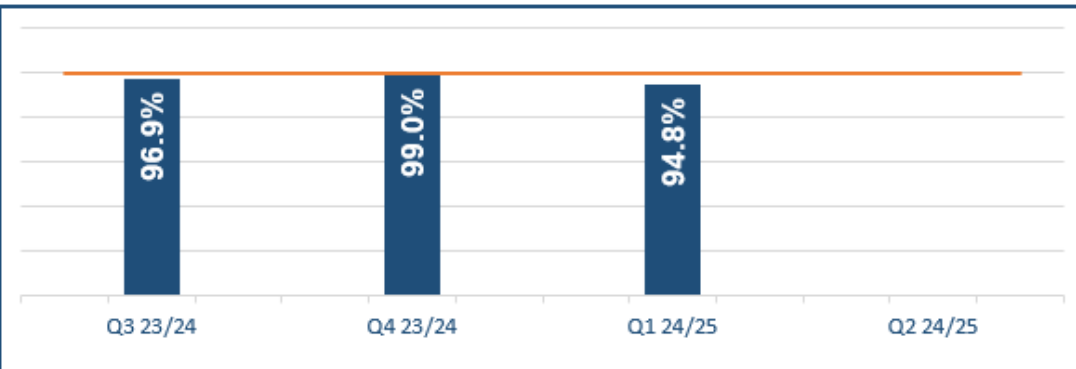
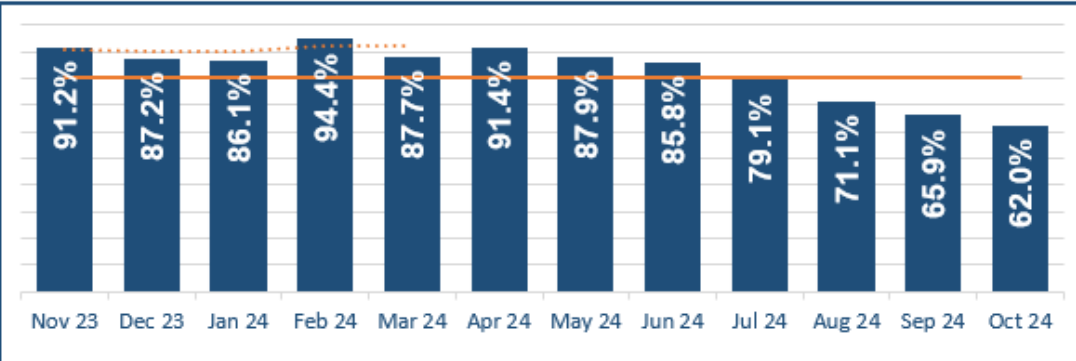
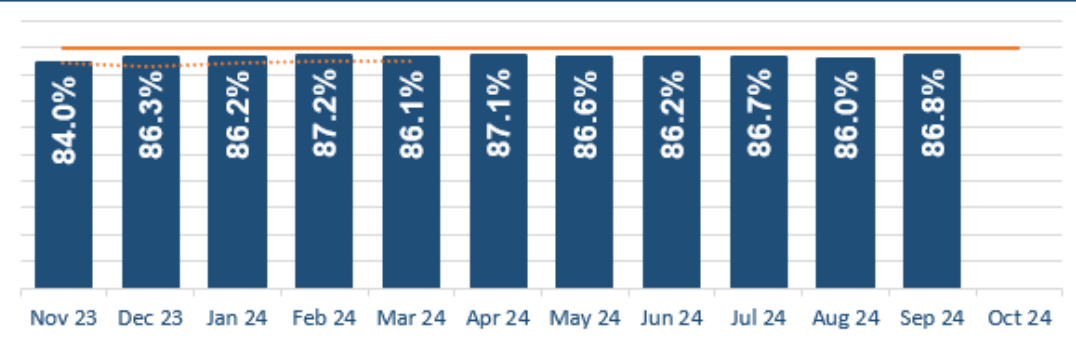


Our Access & Activity: Performance

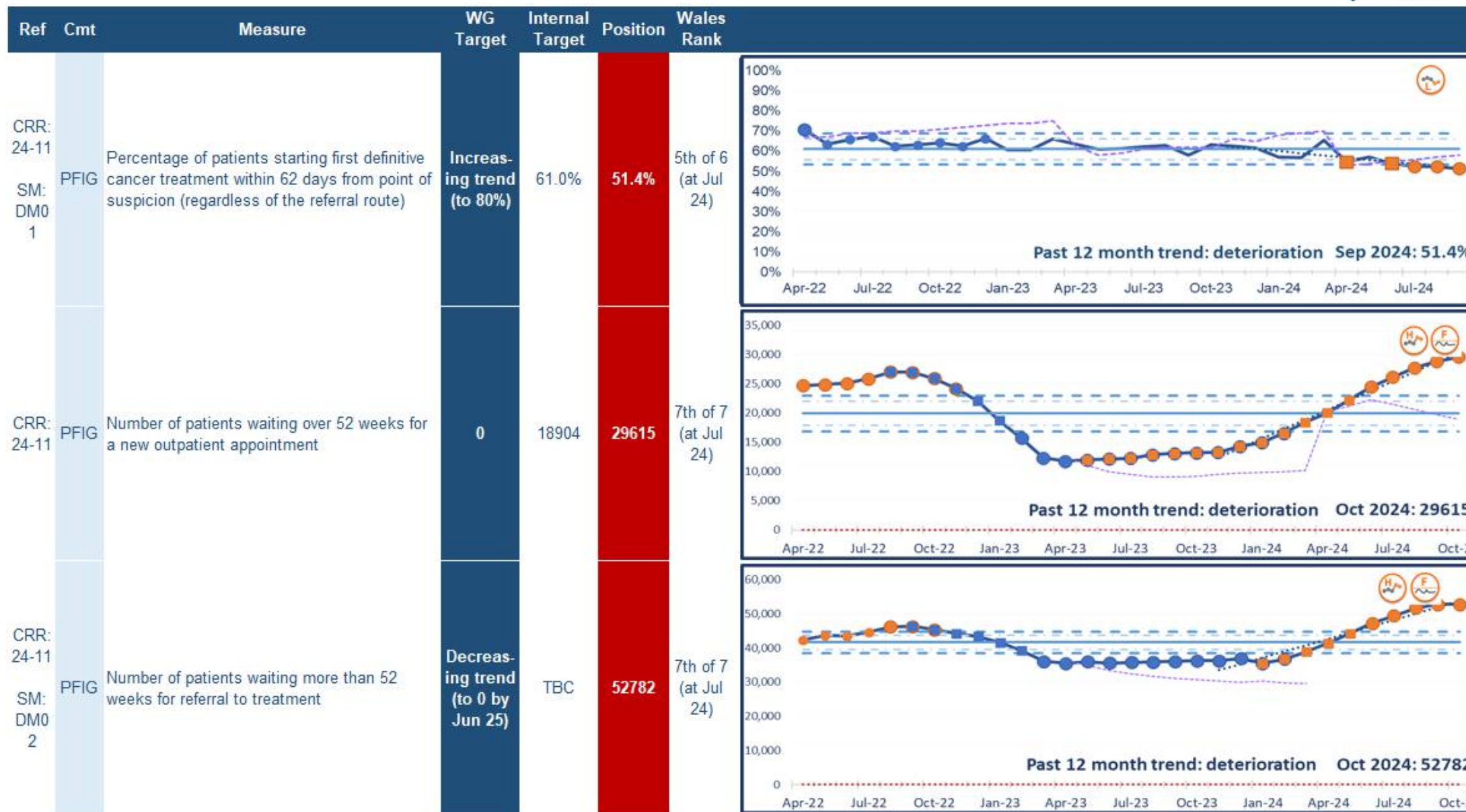


Our Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM1 3	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%	TBC	86.8%	5th of 7 (at Jul 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	62.0%	1st of 7 (at Jul 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	94.79%	6th of 7 (at Mar 23)

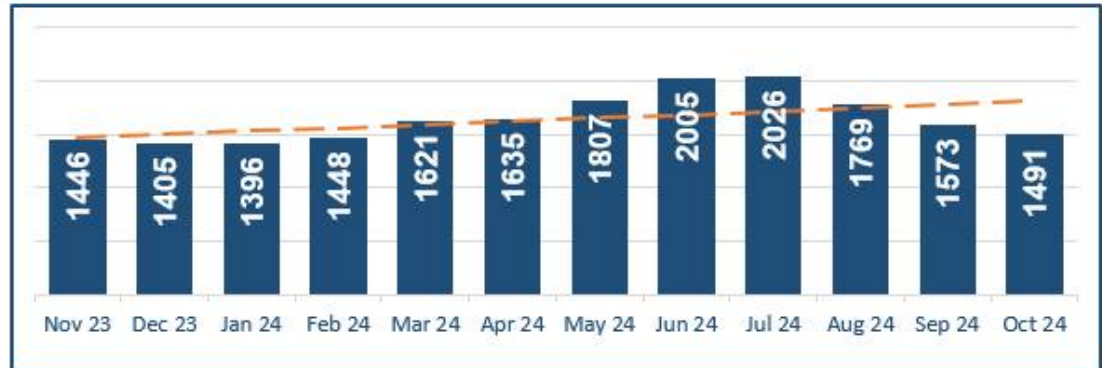


Our Access & Activity: Performance



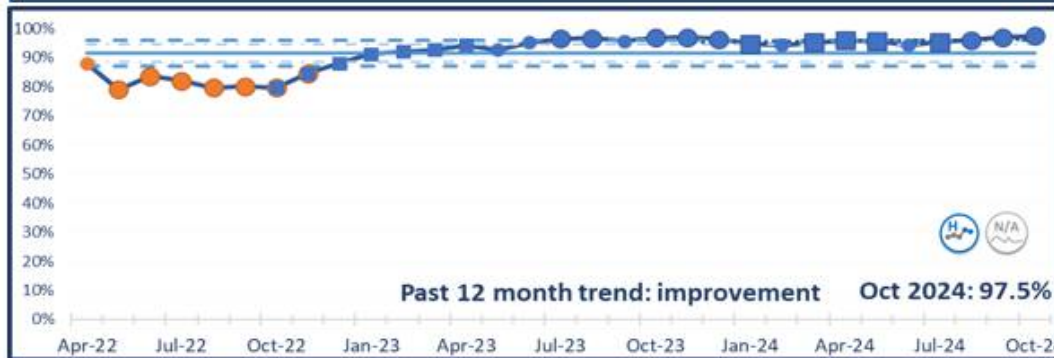
Our Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM0 3	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	8291	10329	7th of 7 (at Jul 24)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	1491	Local Metric
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	TBC	87090	7th of 7 (at Aug 24)

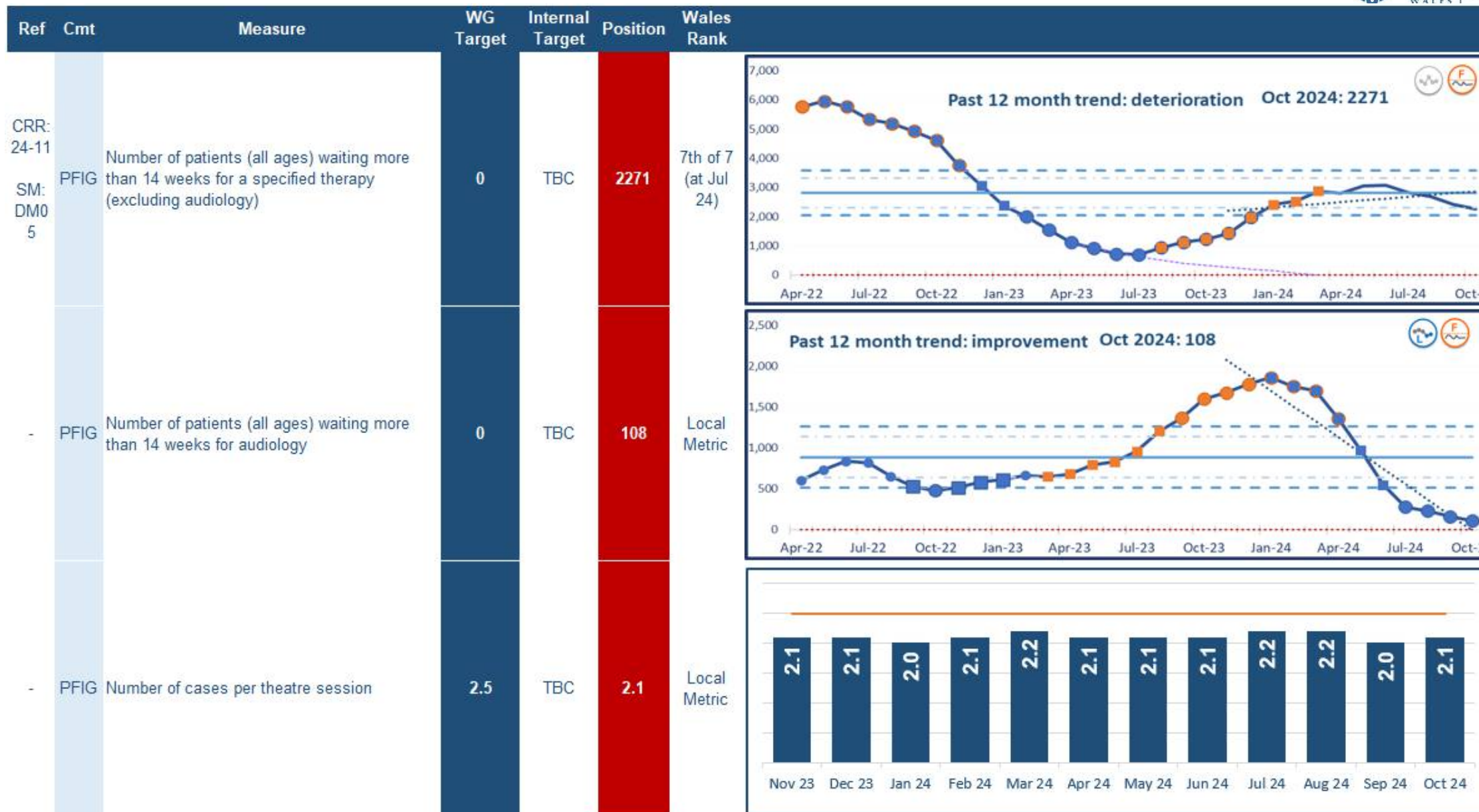


Our Access & Activity: Performance

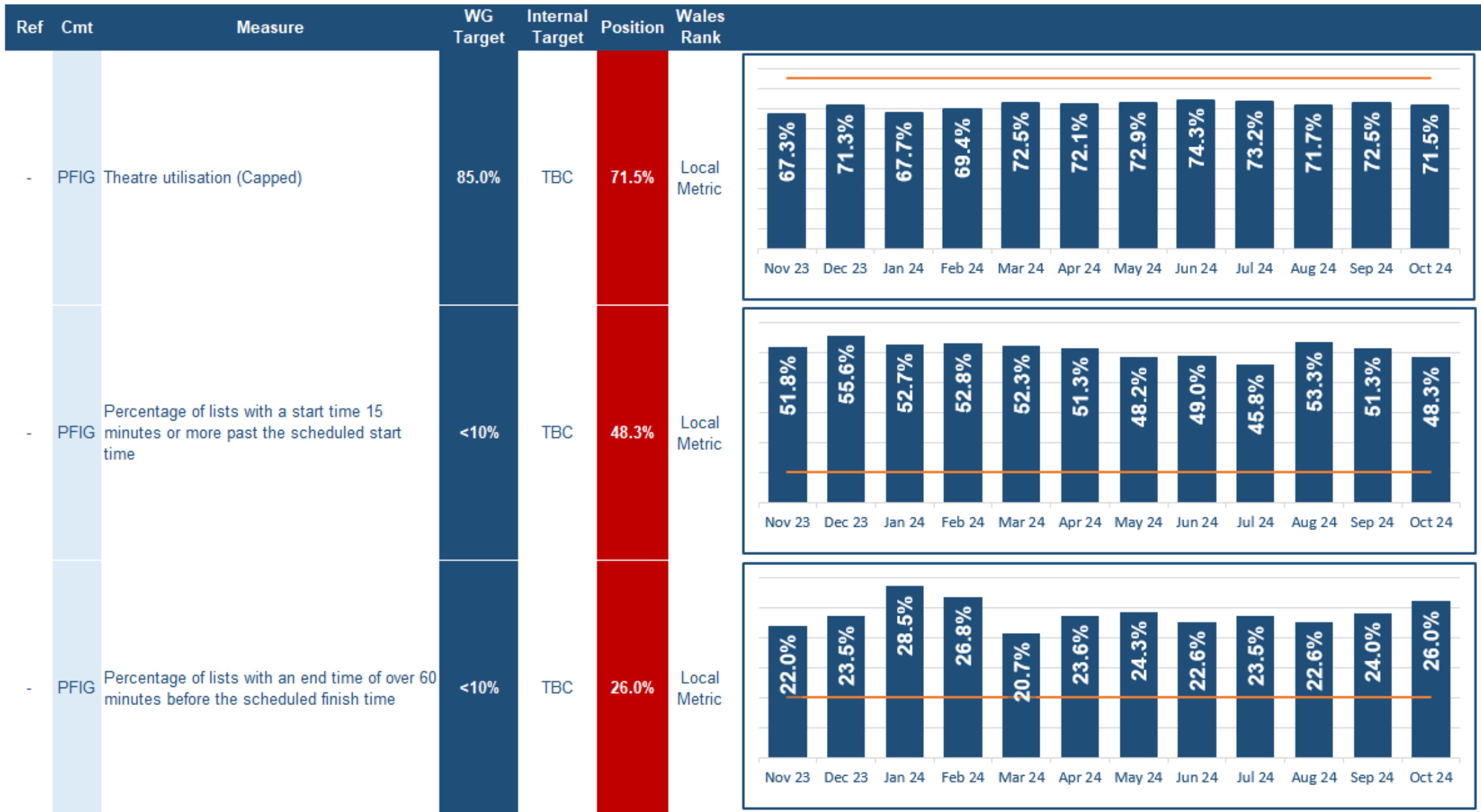
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-13 SM: DM0 4	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	5273	8182	6th of 7 (at Jul 24)
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	52.5%	7th of 7 (at Jul 24)
CRR: 24-11	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)	100.0%	TBC	97.5%	4th of 7 (at Jul 24)



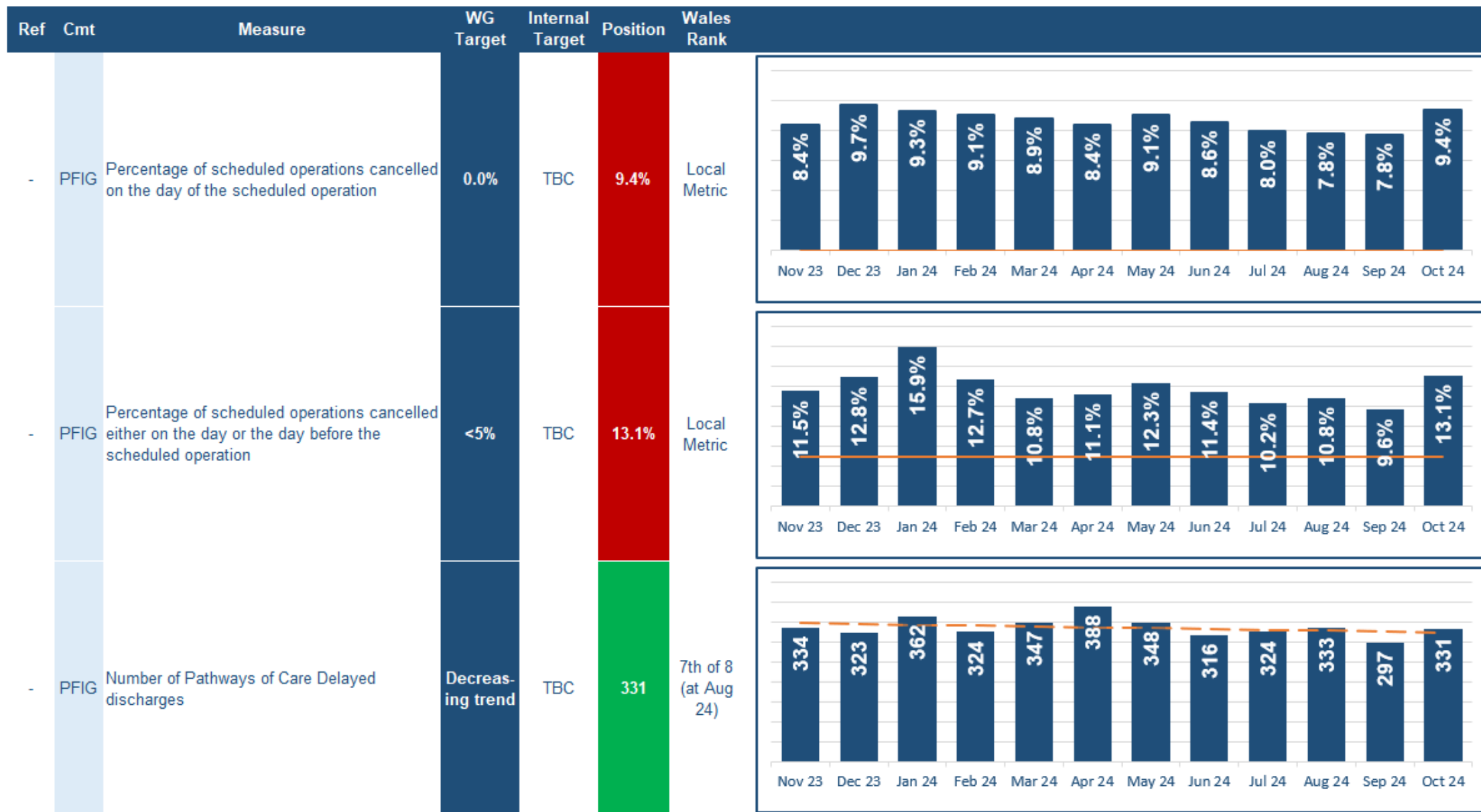
Our Access & Activity: Performance



Our Access & Activity: Performance



Our Access & Activity: Performance



Our Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	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	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	62.7%	4th of 7 (at Aug 24)
CRR: 24-10 SM: DM0 8	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	Equivalent month reduction (2024/25 to 2023/24) to 0	2587	3263	7th of 7 (at Aug 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1591	Local Metric



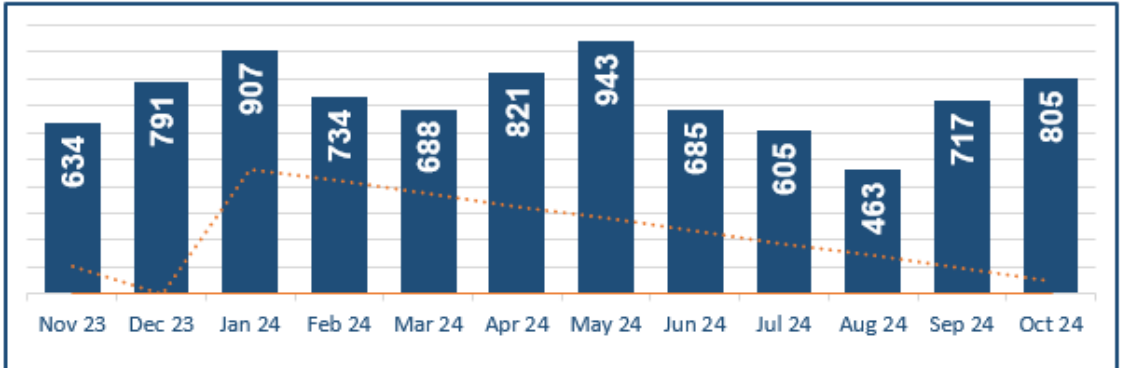
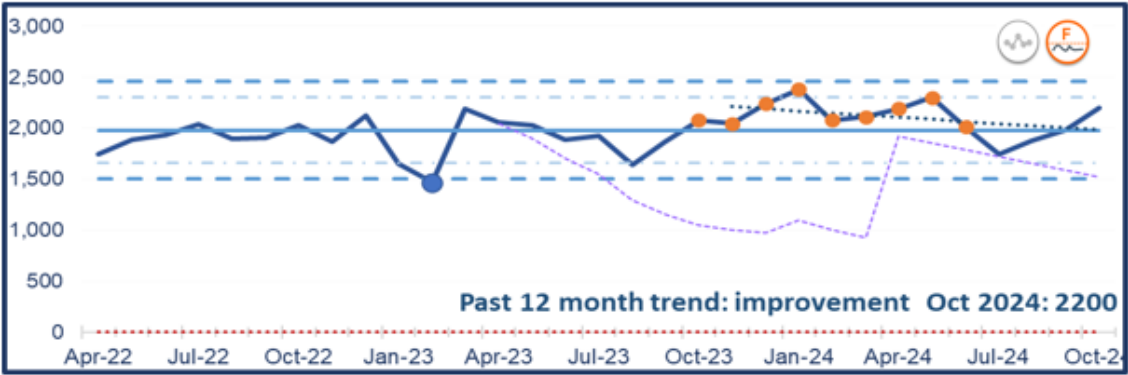
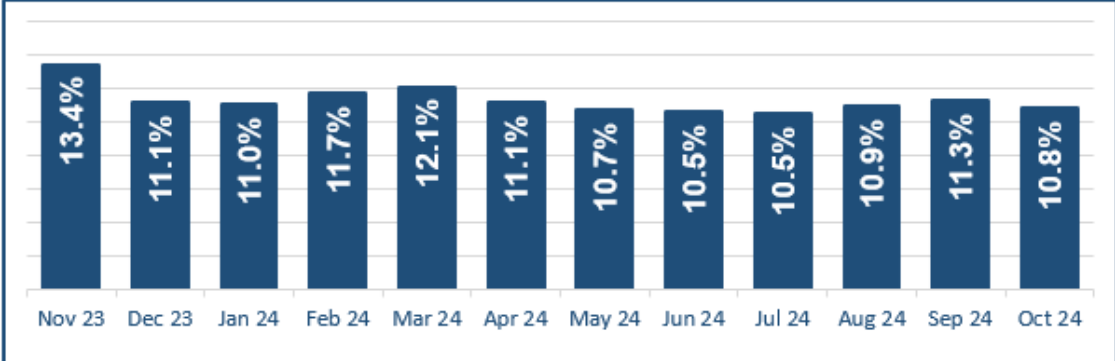
Our Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	21.0	4th of 6 (at Aug 24)
CRR: 24-10 SM: DM0 7	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	122.0	6th of 6 (at Aug 24)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	103.8	2nd of 7 (at Aug 24)

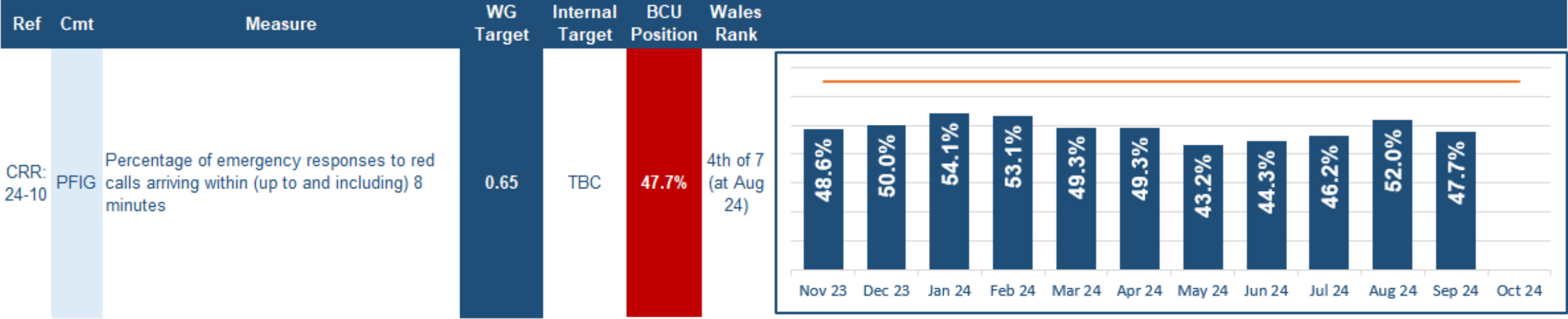


Our Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 100%)	TBC	10.8%	Local Metric
CRR: 24-10 SM: DM0 6	PFIG	Number of ambulance patient handovers over 1 hour	0	1524	2200	6th of 6 (at Aug 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	50	805	Local Metric



Our Access & Activity: Performance



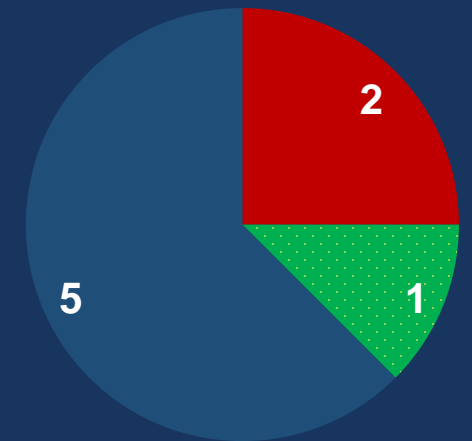
Section 3



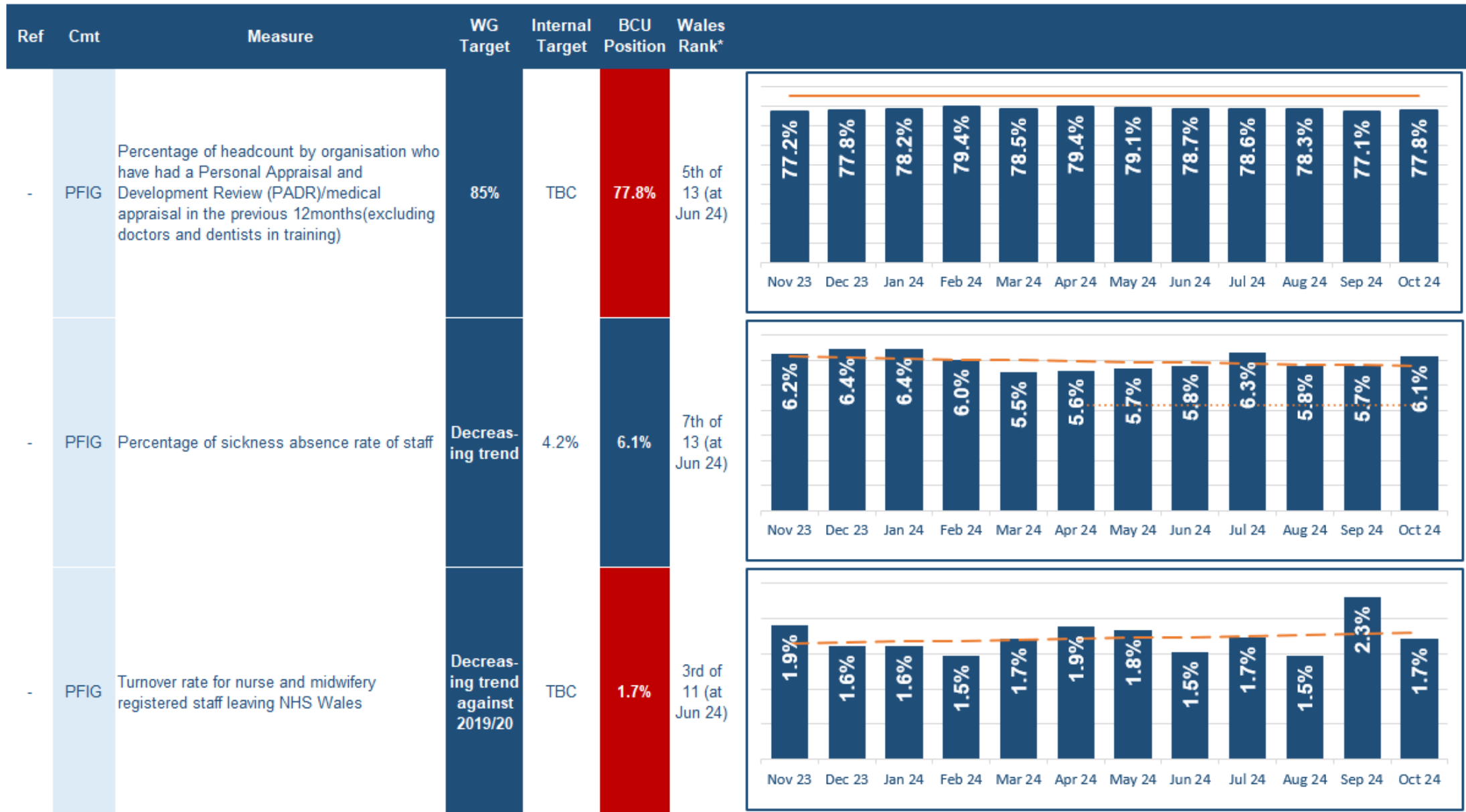
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People and Organisational Development Performance

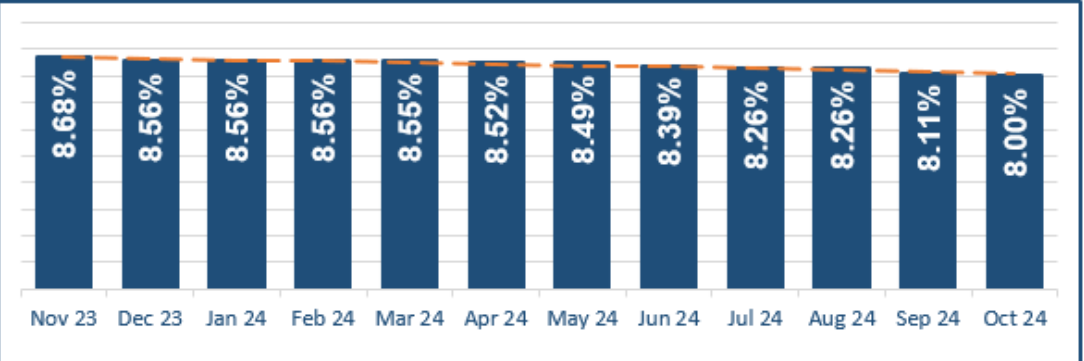


Our People: Performance

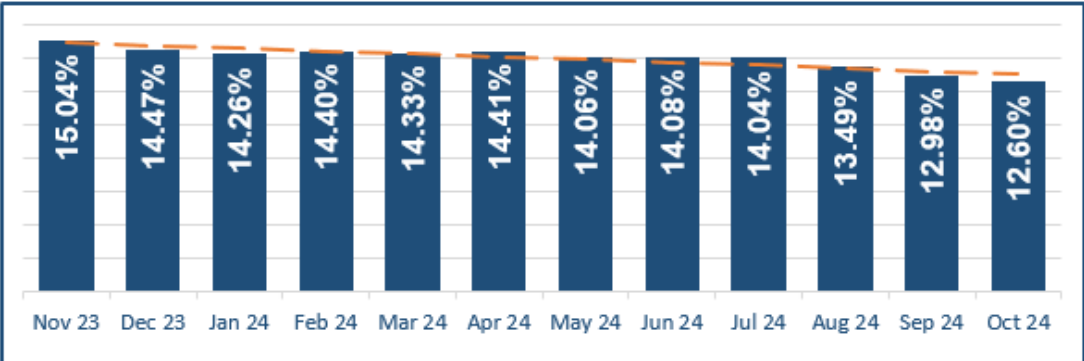


Our People: Performance

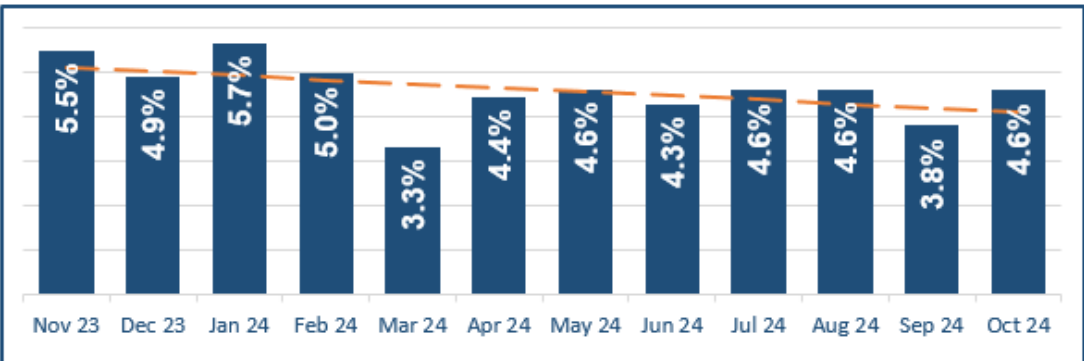
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	8.00%	Local Metric
-	PFIG	Staff turnover rate for those who had less than 1 year service	N/A	TBC	12.60%	Local Metric
CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	4.6%	10th of 12 (at Jun 24)



Month	Value
Nov 23	8.68%
Dec 23	8.56%
Jan 24	8.56%
Feb 24	8.56%
Mar 24	8.55%
Apr 24	8.52%
May 24	8.49%
Jun 24	8.39%
Jul 24	8.26%
Aug 24	8.26%
Sep 24	8.11%
Oct 24	8.00%



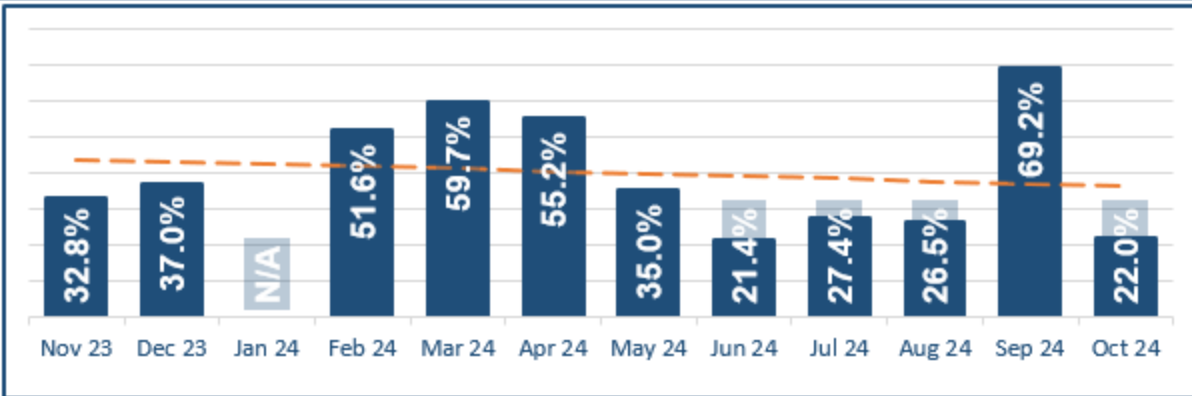
Month	Value
Nov 23	15.04%
Dec 23	14.47%
Jan 24	14.26%
Feb 24	14.40%
Mar 24	14.33%
Apr 24	14.41%
May 24	14.06%
Jun 24	14.08%
Jul 24	14.04%
Aug 24	13.49%
Sep 24	12.98%
Oct 24	12.60%



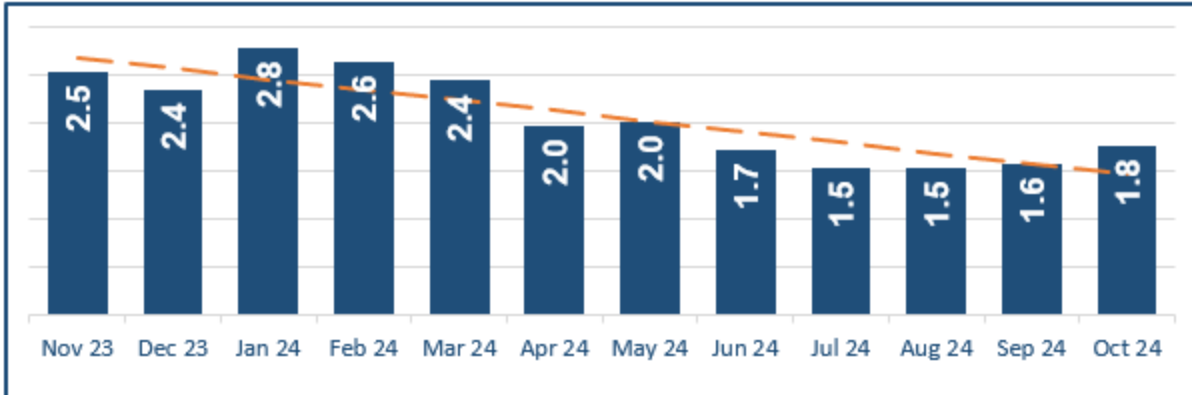
Month	Value
Nov 23	5.5%
Dec 23	4.9%
Jan 24	5.7%
Feb 24	5.0%
Mar 24	3.3%
Apr 24	4.4%
May 24	4.6%
Jun 24	4.3%
Jul 24	4.6%
Aug 24	4.6%
Sep 24	3.8%
Oct 24	4.6%

Our People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Roster compliance	N/A	TBC	22.0%	Local Metric
-	PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	1.8	Local Metric



Month	Value
Nov 23	32.8%
Dec 23	37.0%
Jan 24	N/A
Feb 24	51.6%
Mar 24	59.7%
Apr 24	55.2%
May 24	35.0%
Jun 24	21.4%
Jul 24	27.4%
Aug 24	26.5%
Sep 24	69.2%
Oct 24	22.0%



Month	Value
Nov 23	2.5
Dec 23	2.4
Jan 24	2.8
Feb 24	2.6
Mar 24	2.4
Apr 24	2.0
May 24	2.0
Jun 24	1.7
Jul 24	1.5
Aug 24	1.5
Sep 24	1.6
Oct 24	1.8

Section 4

Financial Performance



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Finance: Savings

(Corporate Risk 24-05 Financial Sustainability)

The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.

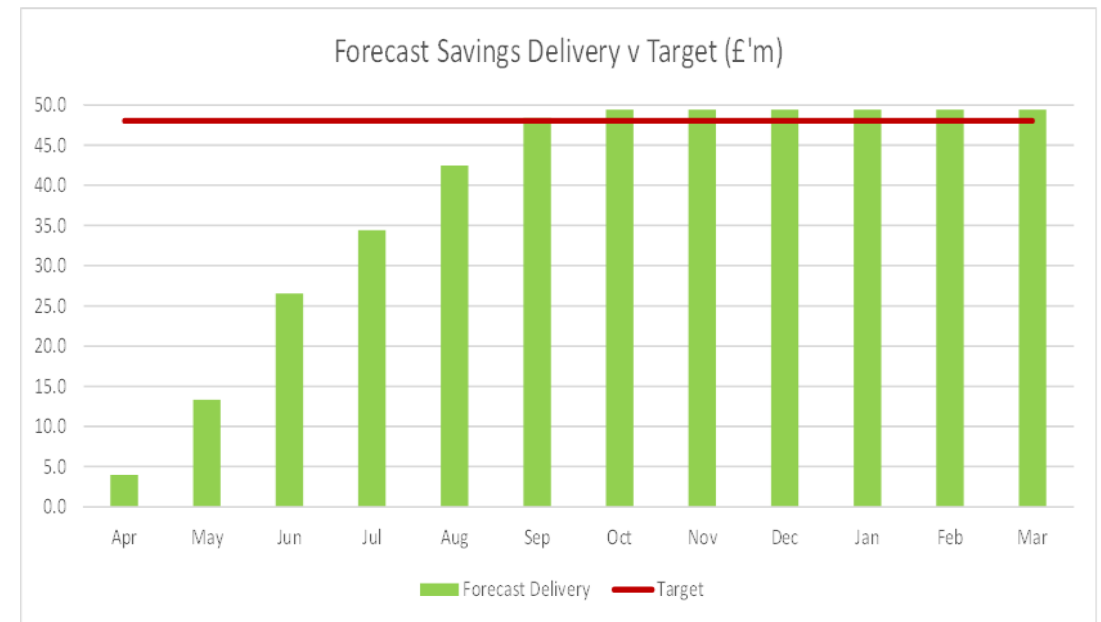
Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £1.7m.

Full year forecast value of Green Schemes totals £49.4m (including £40.3m Savings, £1.3m Income Generation, £7.1m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £1.0m from Month 6. Of these, £28.7m have been identified as recurring, with a full year effect of £39.6m, and £20.7m are non-recurring savings. Accountancy Gains of £7.1m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year.

In-month delivery includes Savings of £3.7m, £0.1m Income Generation, £0.3m Accountancy Gains totalling £4.1m, against a £4.0m Target

The combined year to date delivery is £31.3m, of which £15.2m is recurring, against a £28.0m Target.

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	7.4	1.3	5.1	4.2	0.9
Central Integrated Health Community	10.9	8.0	2.9	6.4	4.9	1.5
East Integrated Health Community	11.2	9.2	2.0	6.5	5.8	0.7
MHLD	4.2	8.1	-3.9	2.5	2.5	-0.1
Womens Services	1.4	1.4	0.0	0.8	0.9	-0.1
Diagnostic and Specialist Clinical Support	2.1	0.9	1.2	1.2	0.6	0.7
Cancer Services	1.6	1.3	0.2	0.9	0.8	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.1	0.1	0.0	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.8	-0.8
Corporate & Support Services	3.7	3.4	0.3	2.2	2.2	-0.1
Reserves	4.0	1.4	2.6	2.3	1.4	1.0
Saving Total	48.0	42.3	5.7	28.0	24.1	3.9
Accountancy Gains		7.1	-7.1		7.1	-7.1
Total		49.4	-1.4	28.0	31.3	-3.3



The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. The plan incorporates a £48m recurrent savings requirement, but still has a full year deficit of £19.8m. Both the savings requirement and the projected deficit are profiled equally across the financial year.

The below table shows the movement in the deficit per month, and year to date deficit of £9.9m against plan, which is predominantly due to pressures in CHC, MH out of area placements and Secondary care and primary care drugs pressures. The projection reflects an assumption that the year to date deficit can be recovered and future emerging cost pressures can be contained. There are significant risks to these assumptions, which need to be controlled and managed.

Financial Position to date and forecast Position

	Actual Position								Forecast Position					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Total YTD	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	(21.4)	(1.6)	(1.3)	0.9	1.4	2.2	(19.8)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(11.3)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(19.8)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(9.9)	0.1	0.4	2.6	3.1	3.8	0.0

Finance: Forecast Expenditure - To close of the financial year

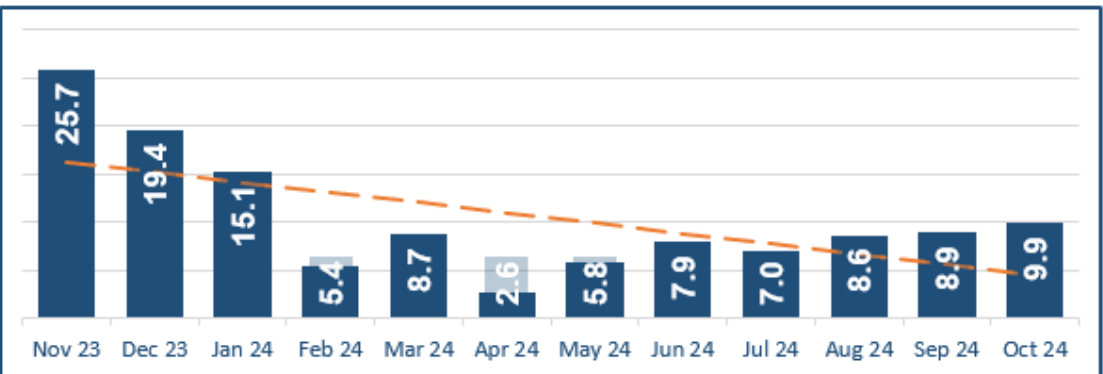
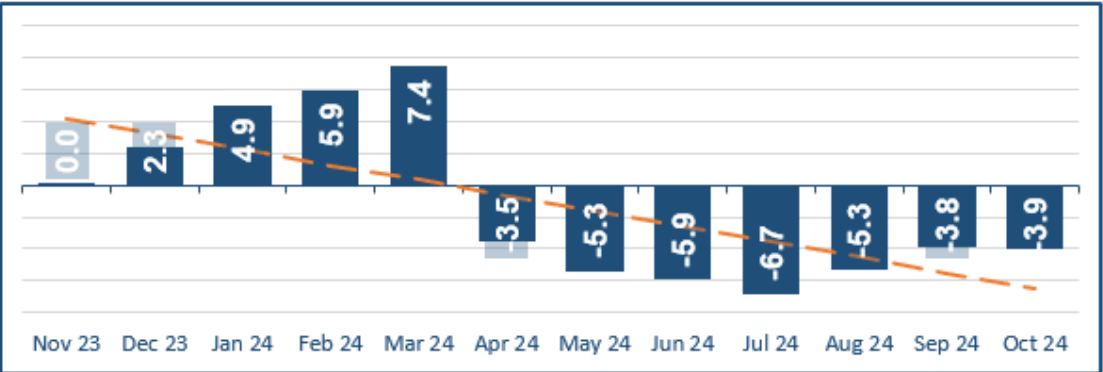
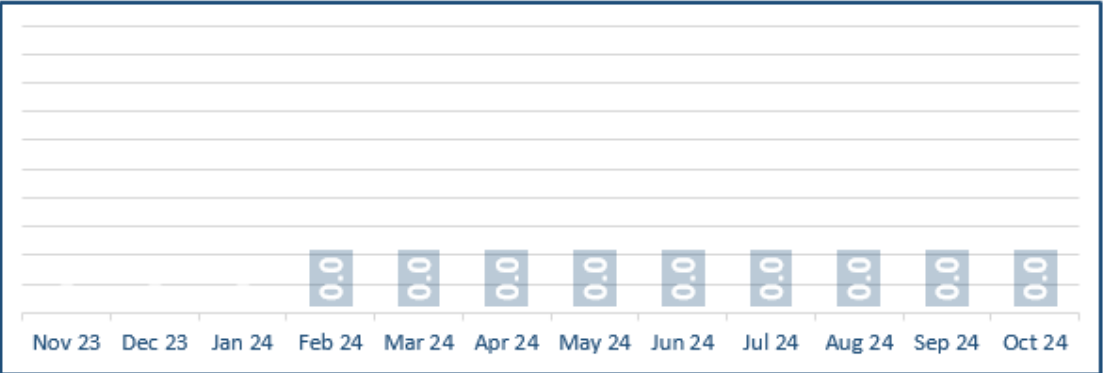
Division	ACTUAL SPEND							CURRENT FORECAST					Final Forecast Spend £'000
	M01 £'000	M02 £'000	M03 £'000	M04 £'000	M05 £'000	M06 £'000	M07 £'000	M08 £'000	M09 £'000	M10 £'000	M11 £'000	M12 £'000	
West IHC	28,517	28,516	28,413	29,000	29,102	30,798	32,777	29,696	29,820	30,021	29,655	29,745	356,060
Centre IHC	36,815	37,164	36,808	36,889	37,424	39,857	42,689	38,849	39,059	39,445	38,538	39,009	462,546
East IHC	37,922	37,341	37,236	38,004	38,715	40,009	44,471	38,826	38,841	38,876	38,548	38,869	467,658
Womens	3,878	3,946	3,987	4,028	4,051	4,415	4,063	4,043	4,134	4,114	4,091	4,089	48,839
Mental Health & LD	15,317	15,773	15,615	15,806	15,595	16,129	16,673	15,247	15,475	15,299	14,834	15,299	187,062
Commissioner Contracts	23,129	23,420	22,756	22,760	24,175	23,762	26,917	24,096	24,096	24,096	24,096	24,096	287,399
Covid Programmes (TTP/MV and FH)	686	683	327	538	374	490	691	683	716	723	763	763	7,437
Dental North Wales	2,530	2,290	2,497	2,553	2,350	2,598	2,220	2,402	2,402	2,402	2,714	2,714	29,672
Community Dental Services	562	589	546	560	520	534	563	583	583	583	583	575	6,781
Other Primary Care	1,623	1,622	1,618	1,951	3,066	2,061	10,610	254	221	221	218	221	2,466
Provider Income	- 1,908	- 1,934	- 1,992	- 1,623	- 2,451	- 2,109	- 2,243	- 1,954	- 1,954	- 1,954	- 1,954	- 1,954	- 24,030
Diagnostic and Clinical Support	6,929	6,816	7,225	7,242	7,008	7,501	7,109	7,342	7,345	7,344	7,342	7,418	86,621
Cancer Services	5,285	5,600	5,399	5,865	5,435	5,689	6,448	6,155	6,279	6,304	5,949	6,303	70,711
Divisions	161,285	161,826	160,435	163,573	165,364	171,734	171,768	166,222	167,017	167,474	165,377	167,147	1,989,222
Corporate	13,140	12,138	12,831	12,317	12,880	13,594	12,630	14,292	14,129	14,311	14,149	13,898	160,309
Other Budgets	2,282	2,440	2,875	3,046	3,586	2,834	3,105	3,216	2,996	3,213	2,873	365	32,831
Overall BCU Position	176,707	176,404	176,141	178,936	181,830	188,162	187,503	183,730	184,142	184,998	182,399	181,410	2,182,362
Revenue Resource Limit at Month 7													- 2,138,682
Risk to Delivery of Plan based on Forecast Expenditure													- 23,919
Outturn Position at Month 7													19,761

* Credit on Other Primary Care in Month 7 reflects a movement to IHCS and MHL D for RIF funding.

- Targeted expenditure for the financial year from WG allocation totals £2,158.5m (Revenue resource of £2,138.7m plus £19.8m deficit plan)
- Forecast expenditure based on CFO projections post central challenge £2,182.4m
- **RISK TO DELIVERY OF CONTROL TOTAL BASED ON FORECAST LESS PLAN £23.9m**

Finance: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	Local Metric
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-3.9	Local Metric
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	9.9	Local Metric



Finance: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	1.0	Local Metric
CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-5.7	Local Metric
CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	5.9	Local Metric

Month	Variance
Nov 23	0.8
Dec 23	-6.3
Jan 24	-4.3
Feb 24	-9.7
Mar 24	-14.1
Apr 24	2.6
May 24	3.2
Jun 24	2.1
Jul 24	-0.9
Aug 24	1.6
Sep 24	0.3
Oct 24	1.0

Month	Value
Nov 23	0.0
Dec 23	3.4
Jan 24	5.3
Feb 24	6.2
Mar 24	7.4
Apr 24	-44.0
May 24	-34.7
Jun 24	-21.5
Jul 24	-21.5
Aug 24	-10.6
Sep 24	-6.5
Oct 24	-5.7

Month	Value
Nov 23	-0.5
Dec 23	-1.1
Jan 24	-15.7
Mar 24	-34.3
Apr 24	0.0
May 24	-0.5
Jun 24	0.0
Jul 24	0.6
Aug 24	1.6
Sep 24	4.6
Oct 24	5.9

Additional Information

What is an Integrated Quality & Performance Report (IQPR)?

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 Quality & Performance Report and the governance structure wrapped around it.

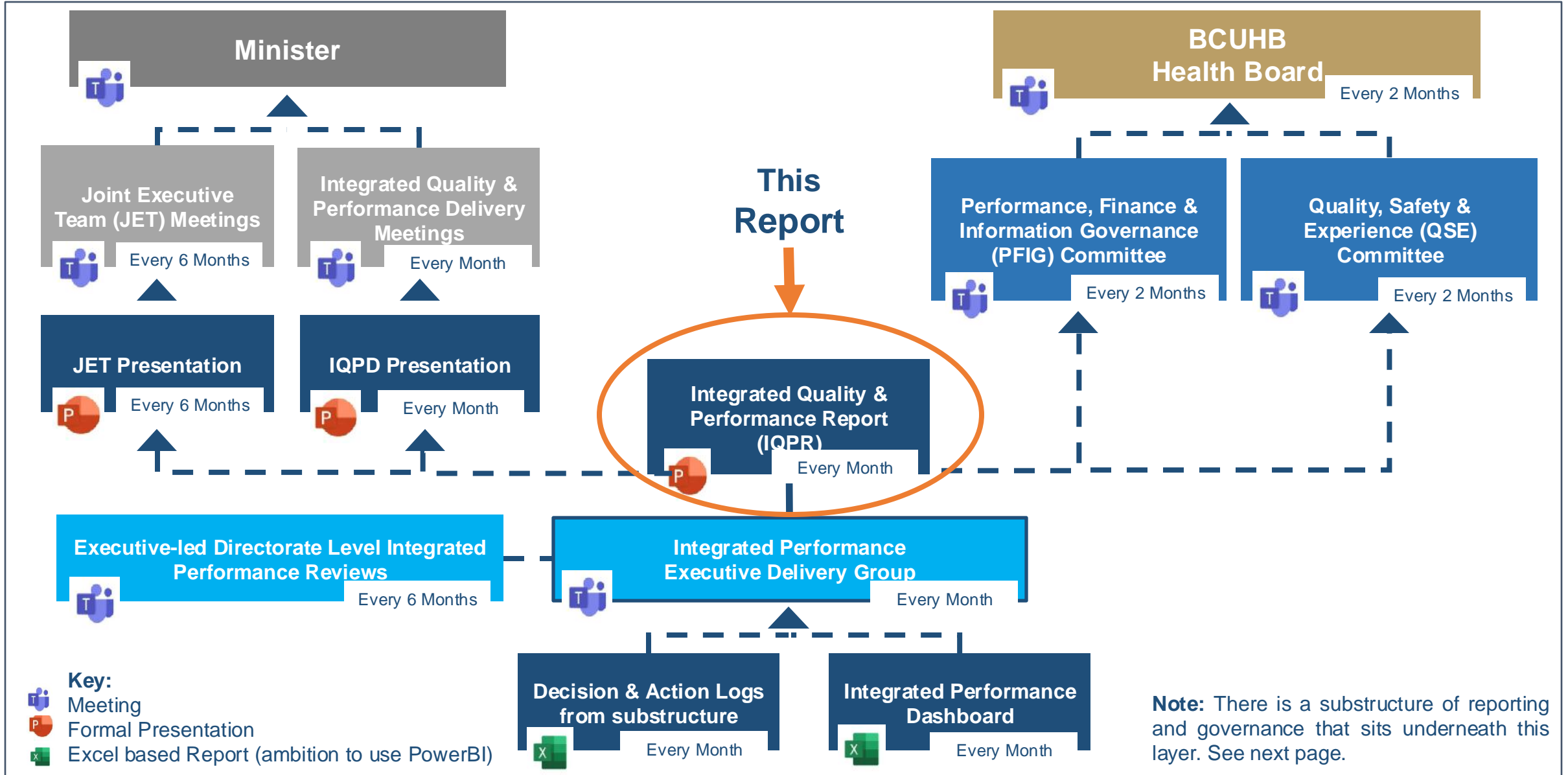
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the 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 IQPR feature within the Performance Governance Structure

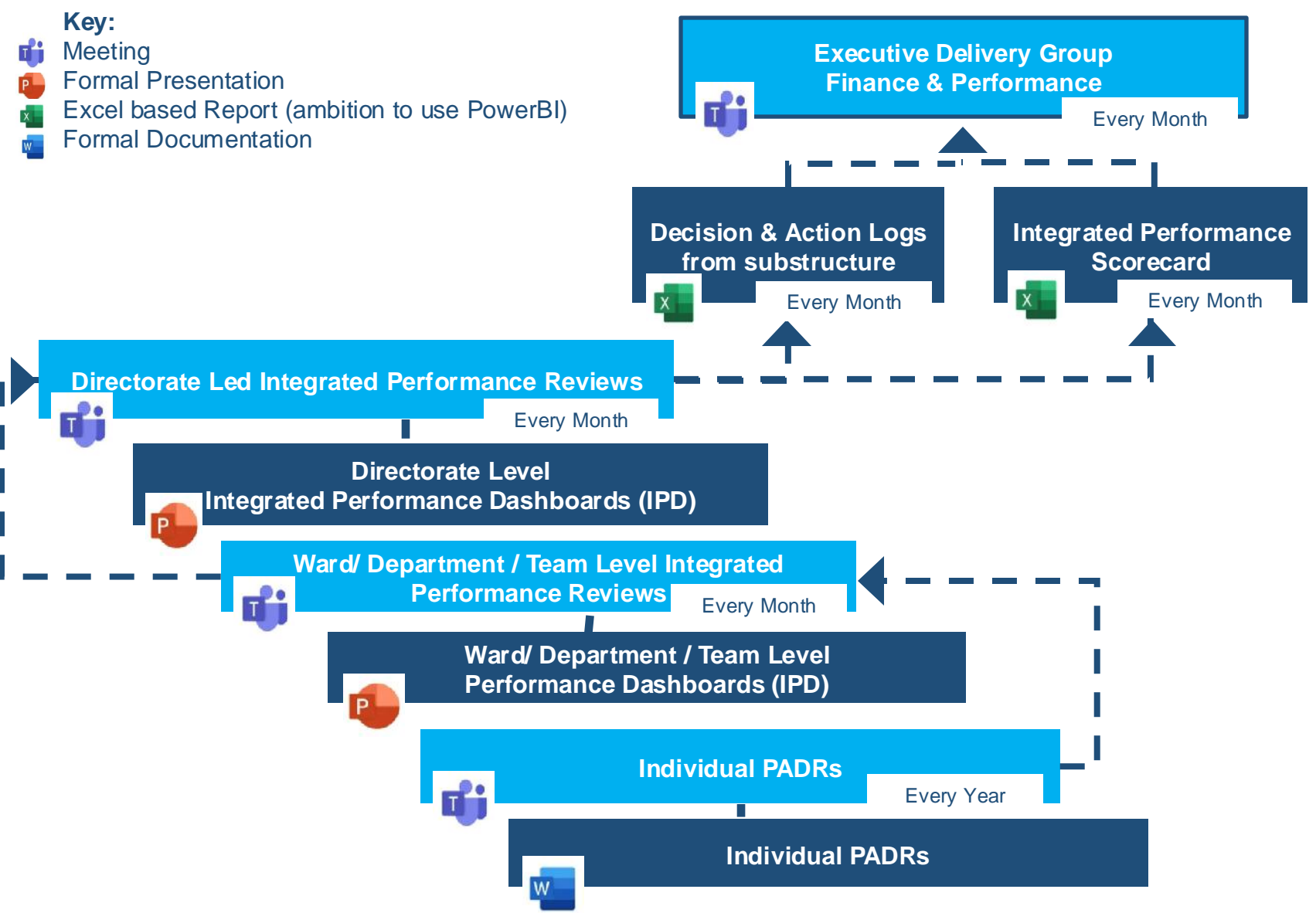
The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IQPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.

The IQPR 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 to 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 Integrated Performance Reporting & Governance Superstructure



The Integrated Performance Reporting & Governance Substructure



Note: For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.

Note: There is a superstructure of reporting and governance that sits above this layer. See previous page.

Integrated Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD)(Welsh Government) and Joint Executive Team (JET).

Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance & Commissioning Directorate (PCD)

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, 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.

Common Acronyms and Abbreviations

Please see below a list of abbreviations commonly found within the report:

A&E	Accident and Emergency	LPMHSS	Local Primary Mental Health Support Services
AB	Aneurin Bevan Health Board	MH&LD	Mental Health and Learning Disabilities
ADHD	Attention Deficit Hyperactivity Disorder	MMR	Measles, Mumps and Rubella
ASD	Autistic Spectrum Disorder	NHS	National Health Service
BCU/BCUHB	Betsi Cadwaladr University Health Board	NR	non-recurrent
C&V	Cardiff and Vale University Health Board	PADR	Performance Appraisal and Development Review
Cmt	committee	PFIG	Performance, Finance, and Information Governance Committee
CRR	Corporate Risk Register reference	QSE	Quality, Safety, and Experience Committee
CTM	Cwm Taf Morgannwg University Health Board	R	recurrent
ENT	Ear, Nose, and Throat	SB	Swansea Bay University Health Board
GDS	General Dental Services	SM	Special Measures
GP	General Practitioner	WAST	Welsh Ambulance Services NHS Trust
HDda	Hywel Dda University Health Board	WG	Welsh Government
HEIW	Health Education and Improvement Wales	YTD	year to date
IHC	Integrated Health Community		

This report has been Produced on behalf of the **Health Board** by the **Performance & Commissioning 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
- Corporate Risk Management Team
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Chief Operating Officer (COO)
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Mental Health & Learning Disabilities
- 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

Our Integrated Performance Report Betsi Cadwaladr University Health Board

Further information about this report is available from the office of the Director of Performance & Commissioning. And further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>



Teitl adroddiad: <i>Report title:</i>	Corporate Governance Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 28 November 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The objective of this report is to provide the Board with an update on key Corporate Governance matters and to provide assurance in the following areas:</p> <ul style="list-style-type: none"> • Chairs Actions • Approved clinicians and Section 12(2) Doctors across Wales • Amendments to the Standing Orders and Revocation Order 			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the contents of the report; • NOTE the affixing of the common seal details will be provided at the January meeting; • RATIFY the Chair’s Action dated 17 October 2024 and 19 November 2024; • NOTE the matters considered in the Private Board meeting on 26 September 2024; and • RATIFY the approved Clinicians and Section 12(2) Doctors across Wales; • RATIFY the amendments to the Standing Orders and NOTE the Revocation Order dated November 2024 • NOTE the two variations to the development agreement that is in place between Maggie’s and the Health Board 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Affairs			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I’w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>	Rhannol <i>Partial</i> <input type="checkbox"/>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>

	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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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: <i>Link to Strategic Objective(s):</i>	This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this. It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	This is not applicable for this report.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	This is 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)	

<p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>CRR-16 – Leadership/Special Measures</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
<p>List of Appendices:</p> <p>Appendix A – Board Business Cycle</p> <p>Supporting Pack</p> <p>Appendix 1 – Approved Clinicians and Section 12(2) Doctors</p> <p>Appendix 2 – Section 12(2) Doctors (All Wales).</p>	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

The purpose of this report is to provide the Board with an update on key corporate governance matters.

2. ANNUAL BUSINESS CYCLE

The Business Cycle for the Board is attached for information (Appendix A).

The Corporate Governance Directorate has been working to finalise the Board and Committee dates for 2025/26 and 2026/27. The finalised calendar will be shared with the Board in the next few weeks.

3. AFFIXING THE COMMON SEAL

In-line with standing orders, a routine report on documents to which the common seal has been affixed is required. A detailed list will be provided at the meeting in January 2025

4. URGENT ACTION

The Health Board Standing Order 2.1 allows for urgent action to be taken whereby it would not be practical to call an urgent meeting of the Board.

Since the last meeting, there has been one Chair's Action as follows:

Date	Subject	Additional Information	Supported by
17/10/2024	High Value Claim	Request for Interim Damages	Gareth Williams Karen Balmer Clare Budden Urtha Felda Christopher Lothian-Field Dyfed Jones Billy Nicholls
19/11/2024	High Value Claim	Request for authority to negotiate settlement of damages at a Round Table Meeting	Gareth Williams Urtha Felda Dyfed Jones Rhian Watcyn Jones William Nichols Caroline Turner Chris Lothian-Field

5. SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 26TH SEPTEMBER 2024

In accordance with Standing Orders 7.5.3 the Health Board is required to report any decisions made in private session, to the next available public meeting of the board.

The following items were discussed during the private board meeting held on 26 September 2024:

- In My Place/Penley Hospital – a verbal update was given on this project Denbigh Health, Care & Well Being Hub Business Justification Case (BJC) [Caledfryn] –

was resolved that the Board agreed that the Chief Executive would consider the feedback provided by members, investigate the potential opportunity further and report back to members on developments.

- Quality Report – The Board noted the report
- VM Ware 3 year renewal – the Board approved the purchase of a three-year contract for VMware’s Cloud Foundation suite of software.
- Ysbyty Glan Clwyd Electrical Infrastructure Business Case – the Board approved the case for submission to Welsh Government
- Holyhead Health and Wellbeing Centre SOC – the Board endorsed the Strategic Outline Case for the Integrated Holyhead Health and Wellbeing Centre for onward submission to Welsh Government:
- GMS Tender: St Marks Managed Practice – the Board the approved progression to tender for a GMS contract for St Marks Surgery and, if deemed viable and appropriate to do so following that exercise, delegated to the PFIG committee approval of the final GMS contract award.

6. BOARD ASSURANCE FRAMEWORK

As agreed with the Board work has been progressing to re-align the Board Assurance Framework. The Audit Committee has received the ‘draft’ framework and comments invited from Members. This will enable feedback from Board Members and allow the Committee’s to review in advance of the Framework being reported to the Board in January 2025.

7. OFFICE OF BOARD SECRETARY (OBS) REVIEW

The Board will be aware of the OBS Review that was undertaken in 2023. All recommendations have been completed with the exception of 2 which relate to the organisational structure for the Directorate of Corporate Governance. These are being implemented and it anticipated this will be concluded early in 2025.

8. APPROVED CLINICIANS AND SECTION 12(2) DOCTORS – NOVEMBER 2024

The Board is asked to **note** 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” document. The following appendices are included in the **supporting pack**.

- **Appendix 1:** Approved Clinicians (All Wales)
- **Appendix 2:** Section 12(2) Doctors (All Wales).

9. STANDING ORDERS

Following consideration by the Audit Committee, the following changes will be required to be made by to the Standing Orders as a result of changes in the portfolio of for the Director of Corporate Governance.

- Changed Board Secretary to Director of Corporate Governance in Table A and B in [Scheme of Reservation and Delegation of Powers](#)
- Changed legal authorities from Medical Director to Corporate Governance

- Simplified both wording and authorisation levels for claims payments – but for balance added a new caveat that where a payment is contrary to legal advice, it needs two signatories rather than one and one of these two must be either Director of Corporate Governance or the Deputy Director of Legal Services to simplify the process but give a greater level of sign off when acting outside legal advice
- Changed the approval of legal documents to say if contrary to legal advice, the matter is reserved for the CEO

A fuller review of the Standing Orders and Scheme of Reservation and Delegation of Powers will be undertaken in the next 2 months.

The Health Board has also been informed by Welsh Government that the [Betsi Cadwaladr University Local Health Board Intervention \(Revocation\) Order: November 2024](#) has been made in recognition of the improvements the health board has made to its governance arrangements, meaning the provision made by the first two intervention orders is no longer required. The making of the most recent order does not change the escalation status of Betsi Cadwaladr University Local Health Board which remains in special measures.

The links to the two other orders are as follows:

- Intervention order (February 2023) - [The Betsi Cadwaladr University Local Health Board Intervention \(Amendment\) Order: February](#)
- Amendment (March 2023) - [The Betsi Cadwaladr University Local Health Board Intervention \(Amendment\) Order: March 2023](#)

The Board is therefore asked to note the recent order made by Welsh Government and approve the changes to the Standing Orders to reflect the Revocation Order.

10. Maggie's Centre, Ysbyty Glan Clwyd

The Maggie's Centre building works are underway following an official breaking ground event on 1st October which saw the Chief Executives of the Health Board and Maggie's Charity coming together with Steve Morgan and representatives from the Steve Morgan Foundation. The Health Board and Maggie's have agreed to two variations to the development agreement that is in place between Maggie's and the Health Board:

- a) The 'Agreed Completion Date' has been extended to 30 September 2026.
- b) The 'Long-Stop Date' has been extended to 30 September 2028.

11. RECOMMENDATIONS

The Board is asked to:

- **NOTE** the contents of the report;
- **NOTE** the affixing of the common seal details will be provided at the January meeting;
- **RATIFY** the Chair's Action dated 17 October 2024 and 19 November 2024;
- **NOTE** the matters considered in the Private Board meeting on 26 September 2024; and
- **RATIFY** the approved Clinicians and Section 12(2) Doctors across Wales;
- **RATIFY** the amendments to the Standing Orders and **NOTE** the Revocation Order dated November 2024
- **NOTE** the two variations to the development agreement that is in place between Maggie's and the Health Board

Health Board – Annual Cycle of Business

(1st April 2024 to the 31st March 2025)

The Annual Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a “Non-Routine Board Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the Health Board is set out in the standing orders which is available here: [Standing Orders and Financial instructions link](#)

The **Health Board** meets bi-monthly.

Board Chair Dyfed Edwards Board Vice Chair Gareth Williams	Independent Members Karen Balmer Clare Budden Urtha Felda Chris Field Dyfed Jones Mike Larvin Billy Nichols Caroline Turner Rhian Watcyn Jones Associate Members Mike Parry Fôn Roberts Jane Wild	Executive Members Russell Caldicott (Executive Director of Finance – Interim) Teresa Owen (Executive Director of Allied Health Professionals & Health Sciences) Jane Moore (Executive Director Public Health – Acting) Carol Shillabeer (Chief Executive) Chris Stockport (Executive Director Transformation & Strategic Planning) Angela Wood (Executive Director Nursing & Midwifery) Imran Devji (Interim Chief Operating Officer)	In Attendance Jason Brannan (Deputy Director People Services) Helen Stevens-Jones (Director Partnerships, Engagement & Communications) Dylan Roberts (Chief Digital & Information Officer) Stephen Powell (Director Performance and Commissioning) Pam Wenger (Director Corporate Governance)	Preliminary matters to be included on agenda: Welcome & Apologies Declarations of Interest Unconfirmed minutes of meeting held on xxxx Matters Arising & Action Log Patient/Staff Story Citizens Experience Report (alternate meetings) Report of the Chair Report of the Chief Executive Report of the Vice Chair
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	MAY (Q1)	JULY (Q2)	SEPTEMBER (Q2)	NOVEMBER (Q3)	JANUARY (Q4)	MARCH (Q4)
PRELIMINARY MATTERS						
STRATEGIC PRIORITIES						
Operating Model (1C)						
10 Year Strategy (2A)						
Prioritisation (2F)						
Urgent & Emergency Care (4G)						
QUALITY						
Clinical Services Plan (2B)						
Patient Experience (4A)						
Adult Mental Health, Learning Disability, Children and Adolescent Mental Health Services (CAMHS) & Neurodevelopment (4I)						
Currently Challenged Services (4J)						
Women’s Services (4K)						
Children (4L)						
GOVERNANCE & ASSURANCE						
Annual Plan / IMTP						
Board Effectiveness (1A)						
Legislative Improvements (1F)						
Capital Priorities (2D)						
Digital, Data & Technology (2E)						
Strengthening Planning (2H)						
Finance Governance Environment (2I)						
Citizen Engagement (3B)						
Learning Organisation (5E)						
Civil Contingencies						
ROUTINE REPORTING						
Annual Delivery Plan						

	MAY (Q1)	JULY (Q2)	SEPTEMBER (Q2)	NOVEMBER (Q3)	JANUARY (Q4)	MARCH (Q4)
Integrated Performance Report						
Quality Report						
Finance Report						
Corporate Governance Report						
Corporate Risk Register						
Board Assurance Framework						
Internal Audit Reports (as required)						
Board Policies for Approval (as required)						
Business Cases for Approval (as required)						
Children and Young People update						
ANNUAL REPORTING						
Annual Report to Board*						
Head of Internal Audit Reporting* (as part of the Annual Reporting Submission)						
Annual Audit Report & Structured Assessment						
Public Health Annual Report						
Health and Safety Annual Report						
Research & Development Annual Report						
Duty of Candour Annual Report						
Duty of Quality Annual Report						
Ombudsman Annual Letter						
FOR INFORMATION						
Committee & Advisory Group Chairs Reports						
Committee Workplan						
Cycle of Business						
CLOSING BUSINESS						
Review of meeting effectiveness						
Date of the next meeting						
Resolution to exclude the Press and Public						
PRIVATE AGENDA						

*These items will be part of the additional Health Board in June / July



Teitl adroddiad:	Corporate Risk Register Report
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 28 November 2024
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>This report presents the Board with an update on the progress made in relation to risk management arrangements and Internal Audit report on Risk Management. 7 of the 18 Corporate risks remain above the Board's risk appetite for tolerance but committees continue to oversee bi-monthly as per delegated responsibility by the Board.</p> <p>Furthermore, the paper presents the corporate risk dashboard highlighting risks and updates following review of the individual risks:</p> <ul style="list-style-type: none">• CRR24-02 'Patient Safety' This score was reduced from 20 to 16 therefore now in line with the Health Board's appetite.• CRR24-03 'Safeguarding' reduced from 16 to 12, provided that it was reported to committee through other reports it was no longer required to continue to be reported as a corporate risk to the committee and can be monitored through quality reports.• CRR24-04 'Failure to Embed Learning' reduced from 20 to 15 and with several completed actions.• CRR24-07 'Fragmented Patient Care Record' score was reduced from 20 to 16 due to review of the number of incidents in relation to records.• CRR24-08 'Delivering a population health approach to health and wellbeing' score was reduced from 20 to 16 following a review of actions.• CRR24-18 'Operational Planning for Transmittable Diseases and Outbreaks' is a newly reported risk scored at 20.• CRR24-12 'Areas of Clinical Concern' - the risk is currently being split into separate risks that will focus on specific services: Oncology Services; Ophthalmology Services; Vascular; Renal; Dermatology and Plastic Surgery Services and Orthodontics.
Argymhellion: Recommendations:	<p>The Board is asked to:</p> <ol style="list-style-type: none">1. NOTE the report;2. RECEIVE the Corporate Risk Register as of November 2024, noting progress on actions and reduction of some scores since last reported in July 24.
Arweinydd Gweithredol: Executive Lead:	Pam Wenger, Director of Corporate Governance
Awdur yr Adroddiad: Report Author:	Nesta Collingridge Head of Risk Management

Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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 cyflyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Detailed in the Board Assurance Framework (BAF) report and how the corporate risk register aligns to the revised BAF.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable for this report			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	Not applicable 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) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Board Assurance Framework due next Board meeting Jan 2024.			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered			

	to our patients thus leading to enhanced quality, less waste and no claims.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	20 November 2024 review by Executive Team
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	See the individual risks for details of the related links to the Board Assurance Framework.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	
Camau Nesaf: <i>Next Steps:</i> <ol style="list-style-type: none"> Corporate Risks continue to be presented to the Executive Team and relevant committees for oversight as per Risk Management Framework. 	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix 1– Corporate Risks Dashboard – November 2024 To access the full Corporate Risk Register: https://bcuhb.nhs.wales/about-us/governance-and-assurance/corporate-risk-register/	

RISK MANAGEMENT REPORT – NOVEMBER 2024

1. PURPOSE

The purpose of this report is to provide the Board with an update of the management of risk across the Health Board including and the Corporate Risk Register as November 2024.

2. INTERNAL AUDIT RISK MANAGEMENT – ‘LIMITED ASSURANCE’

Internal Audit undertook the planned annual audit of arrangements of risk management noting limited assurance June 2024. Internal Audit provided four high-priority actions regarding risk management. All actions were due for completion by December 2024, and have been all been recommended for closure, pending Internal Audit’s review of the evidence submitted.

An update on progress has been presented to the Audit Committee for assurance, a summary is presented below.

Recommendations	Update
<i>Health Board management are reminded of the importance of: Reviewing risks and ensuring they are up to date, with appropriate actions and timescales. The need for risk management to be embedded into governance structures through regular risk meetings and assurance to the appropriate leadership team. It is recognised that this is likely to improve following Risk Management Training.</i>	Communication sent to all risk leads regarding overdue risks, establishing this as standard practice. A bespoke risk management dashboard was built to monitor and track KPIs and actions, enabling better oversight. Overdue Risks Reduction: Overdue risks reduced from 53% to 15%. Work will be required to ensure this is maintained at this 15% target. Action Plan Implementation: Risks without action plans dropped from 33% to 4%.
<i>Head of Risk Management to consider the formal review of operational risks registers be undertaken by the Corporate Risk Team on a regular, cyclical basis.</i>	Cycle of Business developed for all departments and Integrated Health Communities (IHCs) for the risk team to conduct quarterly risk audits which demonstrate risk maturity of risk management governance arrangements. Fifteen out of 27 audits have been completed thus far and detailing how the department needs to improve, ensuring structures such as risk meeting are in place. Escalation processes include in the Risk Scrutiny Group, Executive Team meeting and Audit Committee through a monthly report.
<i>Head of Risk Management and Corporate Risk Team to review lines of assurance, controls and future actions of corporate risks.</i>	Two rounds of in-depth scrutiny and review completed by the Risk Scrutiny Group and Executive Team. The updated Corporate Risk Register (CRR) is reviewed by the Executive Team monthly. Feedback to risk leads and individual executives have resulted in changes in score, controls and actions.

Recommendations	Update
<p><i>Consider alternative arrangements for scrutiny of operational and corporate risks.</i></p>	<p>Monthly Risk Scrutiny Group established June. Terms of Reference (TOR), agenda, and cycle of business approved by the Executive Team.</p> <p>The Risk Management Framework was updated to reflect the changes and approved at the Board in July 2024 and subsequently the Risk Management Procedures approved at Audit Committee. Business Continuity Plans have been approved by the Risk Scrutiny Group 8 October 2024.</p>

Next Steps in relation to Risk Governance and Improvements

- Risk Governance Maturity Audits: Conduct all audits to provide the Health Board with a maturity matrix overview and support all departments with lower scores to improve the baseline. Continued support and targeted interventions are necessary to enhance governance structures.
- Consistency in Risk Quality: While quality assurance compliance has improved, further action is required to ensure all risks meet quality standards and are effectively managed by leads.
- Training Uptake: While Independent Board Members have high training completion rates, senior management training remains a priority. The risk team are currently undertaking targeted action plan training with the goal that all actions are SMART. Releasing Level 1 and Level 2 training as targeted and mandatory.

The Audit Committee has received an update on the actions and will continue to receive risk governance arrangements from the Risk Scrutiny Group.

3. CORPORATE RISK REGISTER

3.1 Changes to the Corporate Risk Register

Since the corporate Risk Register was presented to the Board in July 2024 the paper demonstrates a number of changes:

- CRR24-02 'Patient Safety' This score was reduced from 20 to 16 therefore now in line with the Health Board's appetite. The risk has been broadened to patient safety and not only reporting 'Falls', further development is still need to keep this risk clinically focused.
- CRR24-03 'Safeguarding' reduced from 16 to 12, provided that it was reported to committee through other reports it was no longer required to continue to be reported as a corporate risk to the committee and can be monitored through quality reports.
- CRR24-04 'Failure to Embed Learning' reduced from 20 to 15 and with several completed actions.
- CRR24-07 'Fragmented Patient Care Record' score was reduced from 20 to 16 due to review of the number of incidents in relation to records.
- CRR24-08 'Delivering a population health approach to health and wellbeing' score was reduced from 20 to 16 following a review of actions.
- CRR24-18 'Operational Planning for Transmittable Diseases and Outbreaks' is a newly reported risk scored at 20.
- CRR24-12 'Areas of Clinical Concern' - the risk is currently being split into separate risks that will focus on specific services: Oncology Services; Ophthalmology Services; Vascular; Renal; Dermatology and Plastic Surgery Services and Orthodontics.

3.2 Key Highlights

Of the 18 Corporate Risks, 141 actions have been developed to mitigate the risks, 69 actions are progressing and on track, 6 actions are overdue (4 of the 6 overdue actions are related to Areas of Clinical Concern which is being split into six risks in relation to challenged services meaning the actions will have altered and are completed in some services), 48 completed actions since September 2024 demonstrates good progress and active management for 18 of the corporate risks.

Since the last report, the Committee's have continued to review and monitor the risks which there are individually responsible for oversight on behalf of the Board.

4. CONCLUSION

This report has provided the Board with an update on the progress made in relation to risk management arrangements and the Internal Audit report as well as presenting the Corporate Risk Register as November 2024.

5. RECOMMENDATIONS

The Board is asked to:

- **NOTE** the report and progress made in relation to risk management; and
- **RECEIVE** the Corporate Risk Register as of November 2024.

Appendix 1 Corporate Risk Register Dashboard

Ref	Risk	Risk Owner	Domain	Tolerance	Previous Risk Score	Risk Score (Q3)	Trend	Target Risk Score
CRR24-01	People, Culture and Wellbeing	Executive Director of People's Services	Quality	15-19	16	16	↔	8
CRR24-02	Patient Safety	Executive Director of Nursing & Midwifery	Quality	15-19	20	16	↓	12
CRR24-03	Safeguarding	Executive Director of Nursing & Midwifery	Regulatory	20-25	16	12	↓ Reduced to be operationally reported	8
CRR24-04	Failure to Embed Learning	Executive Director of Nursing & Midwifery	Quality	15-19	20	15	↓	5
CRR24-05	Financial Sustainability	Executive Director of Finance	Financial	15-19	20	20	↔	12
CRR24-06	Suitability and Safety of Sites	Executive Director of Finance	Financial	15-19	20	20	↔	12
CRR24-07	Fragmented Patient Care Record	Chief Digital and Information Officer	Quality	15-19	20	16	↓	12
CRR24-08	Delivering a population health approach to health and wellbeing	Executive Director of Public Health	Reputational	20-25	20	16	↓	12
CRR24-09	Primary Care	Chief Operating Officer	Quality	15-19	20	20	↔	12
CRR24-10	Urgent and Emergency Care	Chief Operating Officer	Quality	15-19	20	20	↔	12
CRR24-11	Planned Care	Chief Operating Officer	Quality	15-19	20	20	↔	8
CRR24-12	Areas of Clinical Concern	Chief Operating Officer	Quality	15-19	15	15	↔	12
CRR24-13	Timely Diagnostics	Executive Director of Allied Health Professionals & Therapies	Quality	15-19	20	20	↔	5
CRR24-14	Harm from the Medical Devices/Equipment	Executive Director of Allied Health Professionals & Therapies	Quality	15-19	16	16	↔	8
CRR24-15	Health and Safety	Executive Director of People's Services	Regulatory	20-25	16	16	↔	8
CRR24-16	Leadership	Executive Director of People's Services	Reputational	20-25	16	16	↔	8
CRR24-17	ICT Failure and Cyber (reported in private papers only)	Chief Digital and Information Officer	Reputational	20-25	20	20	↔	15
CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	Executive Director of Public Health	Quality	15-19	NEW	20	★	12

*To access the full Corporate Risk Register: <https://bcuhb.nhs.wales/about-us/governance-and-assurance/corporate-risk-register/>



Reporting Committee:	Audit Committee
Committee Chair:	Karen Balmer, Independent Member
Date of last meeting:	12 September 2024
Paper prepared by:	Laura Jones, Project Support Manager (Corporate Governance)

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Audit Committee held on 12 September 2024 in the Boardroom, Carlton Court.

Board Assurance Framework (BAF) and Risk Governance Arrangements

The Committee received the report noting the five strategic risks that are being progressed. A Risk Scrutiny Group has been established to allow oversight of the corporate risk register along with a cycle of audits based on risk maturity. In June 24 the Internal Audit on risk management noted an improvement in overdue risks from 53% to 35% and it was also noted that staff are engaging well with the work taking place. Going forward the Committee agreed the need to gain a greater understanding of the risks that may prevent the organisation delivering our strategic objectives and having a clear view in terms of the action being taken to avoid those risks.

Review Speaking Up Safely / Whistle Blowing Arrangements

The Committee received the report noting that this links in with the organisational culture workstream. A lead guardian is being appointed to oversee the provision of this services, an action plan is being developed and the team are working to nominate an organisational champion at Board level. It was agreed that further work is required to raise awareness of the process and encourage staff to come forward and feel able to speak up safely. This item was discussed at the Committee to provide assurance that there are effective policies and processes in place.

Internal and External Audit Tracker Report

The Committee received the item noting that work is progressing to provide effective reporting arrangements in relation to outstanding recommendations and actions. A system has been developed with Internal Audit to close off recommendations and the information will be included in the Internal Audit progress report to provide assurance. Going forward Executive Directors will be invited to attend the Audit Committee to provide an update on their recommendations and assurance in terms of progress. The Director of Corporate Governance provided the initial update on Open "Limited" Audit Recommendations for the Directorate.

Update on Health Board Policies and Written Control Documents

The Committee received the report noting that work is taking place across the organisation to reduce the number of policies. The Executive Team have established a Policy Oversight Group to focus on making progress in this area. There was discussion around the high volume of policies and the number of policies overdue for review within the organisation and the need to ensure policies are accessible and being used as required.

Audit Committee Development Plan



The Committee received the report and agreed to develop the proposal to hold bi-monthly development sessions in between Committees as an educational development programme for members.

Internal Audit Progress Report

The Committee received the report noting that the Recruitment of substantive and interim executive and senior posts and the Value Based Healthcare reports have now been issued as final. The Fire Safety report is awaiting response and the Orthopaedic Surgical Hub is awaiting a revised management response. In relation to the Civil Contingencies Act it was noted that this is a significant risk area for the Health Board as a Category One Responder that will require some additional assurance from the Executive on progress. This audit has been deferred to Q1 in 2025-26 along with two further audits; People & OD Strategy: Operational Implementation, and Quality Governance: Concerns and Complaints.

External Audit Progress Report

The Committee received the report noting that the background research for the structured assessment work has commenced and reference was made to the latest update on the published reports. The Committee also received the Welsh Government's response to the Audit Wales Community Pharmacy Data Matching Pilot for information.

ITEMS TO BE ESCALATED TO THE BOARD

- It was reported that the Emergency Preparedness, Resilience & Response would be presented to the Board in September and PPHP Committee in October.

NEXT MEETING

The next meeting of the Committee will be held on 5 November 2024



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	28/11/2024		
Date of Committee	05/11/2024	Report of:	Audit Committee
Quoracy met:	Yes		
1	Agenda	The Audit Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: Audit Committee Agenda	
2a	Alert	The Audit Committee wish to alert members of the Board that: <ol style="list-style-type: none">1. The governance relating to the response to an FOI request regarding the Health Board's partial funding of the Centre for Mental Health and Society (CfMHaS) was considered and reviewed. A full evaluation including next steps will be completed and presented to the Committee in January 2025 to ensure the Committee and the Board are satisfied that all areas have been addressed.2. The penalties incurred via the Welsh Risk Pool highlight a potential financial risk, there is a need to ascertain the contributing factors that result in the value of the penalties and this information will be presented to the Committee in January 2025.3. There has been a lack of assurance in relation to the Llandudno Orthopaedic Surgical Hub regarding the tender evaluation, approval process and management response and recommended that this is noted by the Performance, Finance and Information Governance Committee and comes back to the Committee in February 2025.4. There has been a delay in revising the Counter Fraud policy and this is due to be presented to a future meeting.	
2b	Assurance	The Audit Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. Progress is being made in relation to internal and external recommendations and the Committee approved four proposals relating to historical recommendations, in line with the approval process.2. A process for receiving Welsh Health Circulars and Ministerial Directions in the Health Board was approved and will be reported to the Committee on a bi-annual basis to monitor progress.3. In response to the 'limited' assurance report relating to declarations of interest, work is taking place to address the processes and governance in relation to both declarations of interest and gifts & hospitality.	
2c	Advise	The Audit Committee wish to advise members of the Board that:	



		<ol style="list-style-type: none">1. The Interim Executive Director of Finance provided an update on outstanding audit recommendations highlighting the actions taken in relation to the 'no' and 'limited' assurance audit reports.2. In discussing the Conformance Report it was agreed that further work is required in relation to staff overpayments, the number of PO breaches regarding non pay was noted and the losses and special payments for July to September 2024 were approved.3. The Internal Audit Plan for October 2024 to March 2025 was approved.4. The initial public Local Counter Fraud Service Progress Report was received and noted.
2d	Review of Risks	The penalties being incurred by the Health Board via the Welsh Risk Pool highlight a potential financial risk and a review of the contributing factors that result in the value of the penalties will be completed.
2e	Sharing of learning	In relation to the Welsh Risk Pool penalties it was noted that a new integrated concerns policy was implemented in September 2024 to manage concerns more effectively and this should help the teams to provide evidence of learning when completing and submitting Learning from Events Report forms.
3	Actions to be considered by the	Not applicable



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	28/11/2024		
Date of Committee	22/10/2024	Report of:	Planning, Population Health and Partnerships Committee
Quoracy met:	Yes		
1	Agenda	The Planning, Population Health and Partnerships (PPHP) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: PPHP Agenda	
2a	Alert	The PPHP Committee wish to alert members of the Board that: <ol style="list-style-type: none">1. Reporting on the well-being objectives including fair working and sustainability is being discussed by the Committee as part of the longer term strategic plan.2. Progress on the North Wales Medical School was received, the school will seek to align the curriculum with the Health Board strategy as they move forward and a business case based around the capital and revenue investment arising from the Medical School is in development.3. Concern were raised in relation to the deferment of the Civil Contingencies Internal Audit and it was suggested that the related risks are reviewed.	
2b	Assurance	The PPHP Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. Progress is taking place in terms of building engagement with key partners including the Regional Partnership Board, Public Service Board and growth of the Stakeholder Reference Group.2. Work is taking place to review all current arrangements including plans and policies within the Integrated Healthcare Communities and corporate services across the organisation related to Emergency Preparedness, Resilience and Response.3. An update on the Health & Wellbeing Profile of the North Wales Population will be received by the Committee on a regular basis to enable a stronger focus on preventing ill health and promoting well-being in local communities.	
2c	Advise	The PPHP Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. A discussion took place with Geoff Ryall-Harvey, Chief Officer, Llais North Wales in relation to partnership working and gaining a better understanding of the role of Llais. Recent feedback collated by Llais was shared based around the discomfort of long waiting times for patients in Emergency Departments and the openness of patients being prepared to	



		<p>travel across North Wales to receive treatment in a more timely manner.</p> <ol style="list-style-type: none">2. As at 22nd October 2024 approximately 3000 members of staff had received a flu vaccine and the Committee endorsed the planned approach to improve flu vaccine uptake across the workforce and eligible North Wales population.3. A Risk Strategy Group has been established to provide a more detailed review of risks and the Board Assurance Framework is being developed with input from Internal Audit.4. It was agreed to hold a private session at the December meeting to allow the draft Annual Plan to be considered and ensure collaborative working takes place with members.
2d	Review of Risks	Emergency Preparedness, Resilience and Response Lead to review the Corporate Risk Register relating to civil contingencies with the Head of Risk Management.
2e	Sharing of learning	In relation to civil contingencies, the major incident that took place regarding the train collision in Powys during October had an impact on staff and following a debrief session, the learning from the incident will be collated and shared. On Call training is also taking place to strengthen knowledge in this area which will allow for shared learning.
3	Actions to be considered by the BCUHB Health Board and PFIG Committee	Wider strategic discussions around the North Wales Medical School to take place at a Board Development session ahead of going to the Performance, Finance and Information Governance Committee in January 2025 and Board in March 2025.



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		29/11/2024
Date of Committee		07/11/2024
Report of:		Mental Health Legislation Committee
Quoracy met:		Yes
1	Agenda	The Mental Health Legislation Committee (MHLc) continues to meet quarterly. The Committee considered an agenda which is attached: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/mental-health-legislation-capacity-and-compliance-committee/311024-mhlc-bundle-v10pdf/
2a	Alert	The MHL Committee wish to alert members of the Board that: <ol style="list-style-type: none"> 1. Because of significant capacity pressures in the MHA Team, some data within the Mental Health Act (MHA) Assurance Report in this report could not be produced for this quarter. The quarterly audit report also cannot be provided. Subject to capacity being restored to the team, the aim would be to include this in the next report.
2b	Assurance	The MHL Committee wish to assure members of the Board that: <ol style="list-style-type: none"> 1. Compliance with the Mental Health Act continues to be monitored and reported 2. Compliance with the Mental Capacity Act continues to be monitored and reported
2c	Advise	The MHL Committee wish to advise members of the Board that: <ol style="list-style-type: none"> 1. Importance of good police liaison was appreciated and the police were being invited to discuss this relationship at a future meeting 2. There are ongoing issues at national level in terms of Deprivation of Liberties and what is able to be done whilst waiting for the new legislation 3. The Associate Hospital Managers work is valued and very important by reviewing detention or Community Treatment Orders for possible discharge 4. The Committee will receive a report at a future meeting on issues concerning the Court of Protection. It recognises that these issues go wider than the Committee's remit but does not believe there is current oversight from any other Committee.
2d	Review of Risks	<ol style="list-style-type: none"> 1. The Committee noted Risk CRR 24-03. "There is a risk that the increased level of Deprivation of Liberty Safeguards activity may result in the unlawful detention of patients" 2as scored at



		12 was but was being reported into the Executive Group at the request of the Chief Executive.
2e	Sharing of learning	No specific areas of learning were asked to be shared.
3	Actions to be considered by the Board	Nothing to note.



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Reporting Committee:	Remuneration Committee
Committee Chair:	Dyfed Edwards, BCUHB Chair
Date of meetings since the last Board meeting:	23 rd September 2024 16 th October 2024 28 th October 2024
Paper prepared by:	Llinos Roberts

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to **note** that the following matters were discussed at the Committee meetings held in private session on 23rd September, 16th October and 28th October 2024, and **ratify** the appointments below:

- Tehmeena Ajmal, Chief Operating Officer
- Stuart Keen, Director of Environment and Estates
- Executive and senior management updates were reported, approving actions to progress where required.
- Update on senior agency and interim appointments and extensions.
- Appointments Advisory Committee (AAC) Panel Decision Report confirming appointments of Consultant staff.
- Appointment of a Special Advisor – Engagement.
- Request to Negotiate Settlement in Employment Tribunal.
- Final Internal Audit Report – Recruitment of Substantive and Interim Executive and Senior Posts (September 2024).
- The recent Internal Audit report around the recruitment of substantive and interim executive and senior posts (September 2024), noted that the Board had not ratified the appointment of the following posts, therefore in accordance with the recommendations from the report, the Board is asked to retrospectively ratify the following Board appointments in accordance with the Health Board Governance Framework:
 - Imran Devji, Interim Chief Operating Officer
 - Pam Wenger, Director of Corporate Governance
 - Teresa Owen, Executive Director of Allied Health Professionals and Health Science



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University Health Board

ITEMS TO BE ESCALATED TO THE BOARD

Recommendation:

To seek ratification from the Board on the following appointments:

- Tehmeena Ajmal, Chief Operating Officer
- Stuart Keen, Director of Environment and Estates
- Imran Devji, Interim Chief Operating Officer
- Pam Wenger, Director of Corporate Governance
- Teresa Owen, Executive Director of Allied Health Professionals and Health Science

NEXT MEETING

10th December 2024

V2.0

Reporting Committee:	Charitable Funds Committee
Committee Chair:	Dyfed Jones
Date of last meeting:	12/11/24
Paper prepared by:	Kirsty Thomson, Charitable Support Team

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

At the 12/11/24 meeting the Charitable Funds Committee (CFC):

Received the Quarter 2 Investment and Finance reports and the Charitable Support Team Update. Key points raised:

- Total income (donations, fundraising, legacies and investment income) for the period April to September 2024 is £746,000, an increase of £38,000 on the same period last year due to an increase in investment income.
- Total expenditure in the period was £1,136,000 compared to £766,000 in the same period last year.
- Long term investments were valued at £11,353,000 at 30 September 2024 compared to £11,133,000 at 30 June 2024. Unrealised gains on the market value of investments year to date are £209,000.
- Cash balances were £2,224,000 at 30 September 2024. Creditors and committed grants expenditure totalled £1,121,000 at 30 September 2024 and therefore there was sufficient cash held to meet these liabilities.

The Charity Operational Plan was approved by the Charitable Funds Committee. This Operational Plan will be presented for information at the Trustee meeting on January 30th 2025.

The following decisions on charitable activity expenditure, taken in the Charitable Funds Grant Decision meetings on 12/08/24 and 23/09/24, were ratified by the Charitable Funds Committee:

Application Reference	Fund	Amount requested (£)	Service / Location	Description	Outcome
CA24/07	8T52	£78,661.00	Pan-North Wales, Mental Health and Learning Disabilities	I CAN Farming: NHS Charities Together	Approved
CA24/04	7F11	£10,963.30	Wrexham Maelor, Neonatal services	Phototherapy Equipment	Approved
CA24/01	9B47	£10,500.00	Ysbyty Gwynedd, Respiratory Medicine	Respiratory Polygraphy diagnostic equipment	Approved (with noted caveat)
CA24/44	7Q07	£10,000	Wrexham Maelor,	Star Box Ball, planned net	Deferred, then approved



			Cancer Services	profit of £20,000	
CA24/09	9F20	£79,977.68	Ysbyty Gwynedd, Paediatrics	Ty Enfys: Enhancement of the existing parental accommodation	Approved
CA24/13	8T55	£13,459.00	Ysbyty Gwynedd, Anesthetics	Sierra Leone: Wales and Africa Grant Scheme 2024/25 link funding	Deffered then approved
CA24/34	8T48	£18,000.00	Pan-North Wales, Robins Volunteers	Volunteer Expenses	Approved
CA24/35	9M17	£6,700.00	Ysbyty Gwynedd, Obstetrics & Gynaecology	Additional Bladder Scanner	Approved
CA24/36	7E01	£1,500.00	Wrexham Maelor, Pharmacy	Overseas Conference: International Network on Health and Hepatitis in Substance Use	Approved (with caveat)
CA24/45	8B05	£19,077.12	Ward 14 - Stroke ward, Ysbyty Glan Clwyd	Furniture	Approved
CA24/39	7Q02	£5,500.00	Wrexham Maelor, Shooting Star Unit	Conversion of office to clinical space	Approved
CA24/08	8T53	£243,000	All BCUHB staff	Staff Wellbeing Grant Scheme	Approved
CA24/33	8T11	£45,000	Ysbyty Glan Clwyd	Ultrasound Renal	Further information requested
CA24/38	8B23	£6,250	Colwyn Bay Hospital	Bladder Scanner	Approved
CA24/40	8N04	£58,142	Central IHC	Biometry Machine	Approved
CA24/42	8B42	£5,855	Central IHC	Minor Works, Cath Lab	Approved
CA24/46	8Q02	£18,602	Cancer Services	De-Ionised Water System	Approved

CA24/49	8Q02	£10,331	Cancer Services	Compression Belts	Approved
CA24/50	8B42	£11,958	Central IHC	Starsystem Arm Board	Approved
CA24/51	8B42	£3,240	Central IHC	ECG Analysis Software	Approved

ITEMS TO BE ESCALATED TO THE BOARD

The Charitable Funds Committee Terms of Reference has been revised, and the following changes have been proposed:

- All higher award and academic studies for which significant benefit to the Health Board can be quantified through training and development objectives must be approved by the Charitable Funds Committee. It is proposed this is changed to any award that exceeds £1,500 is approved by CF Committee.
- Formal membership' of the Charitable Funds Committee comprises the three Trustee Independent Members only (Executive team members 'In attendance'). Quorum 'no fewer than three members of the Committee to include the Chair'. It is proposed the Executive are also moved to members.
- The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Executive Director of Finance) four weeks in advance of meetings (as opposed to two weeks).
- The proposal is for Committee to meet approximately every six weeks to review and take a decision on grant applications over £5,000 at a separate Grants decision meeting. The Committee quorum applies for these meetings and these meetings will be minuted. These additional meetings do not need to take place in public. The minutes of these meetings will be ratified in the quarterly formal meeting of Charitable Funds Committee

The proposed amendments were approved by the Committee.

The Board is asked to ratify the revised Terms of Reference (see Appendix 1).

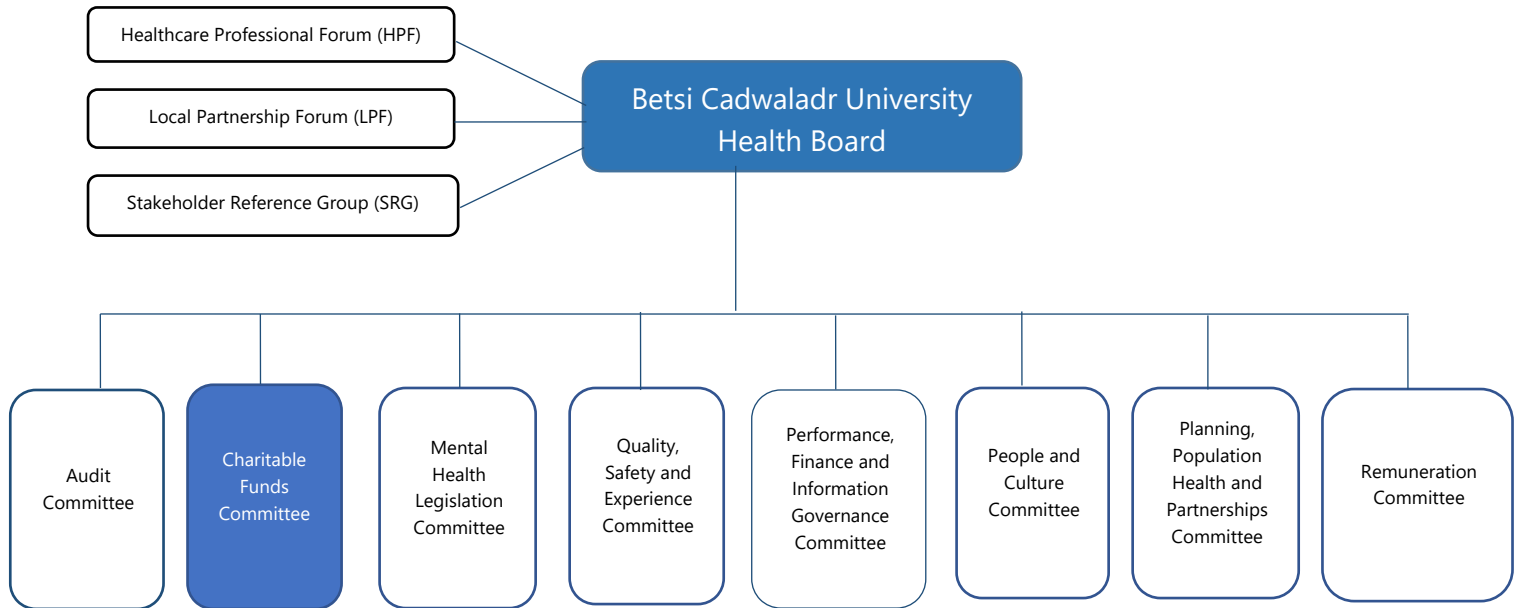
NEXT MEETING

The next Charitable Funds Committee will take place on Tuesday, 28th January, 2025.



CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE



Version	Issued to	Date	Comments
V0.01 Draft	Executive Team	23/10/24	Recommended for approval
V0.02 Draft	Charitable Funds Committee	12/11/24	Approved
V0.02 Draft	Health Board	28/11/24	

1) Introduction

1.1 The Betsi Cadwaladr University Health Board (BCUHB) shall establish a Committee to be known as the Charitable Funds Committee. The Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The detailed operating arrangements in respect of this Committee are set out below.

2) Purpose

The purpose of the Charitable Funds Committee is to:

- 2.1 make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework and that these decisions are made with the interest of the Charity in conjunction with the overarching strategy deployed by the Health Board;
- 2.2 provide assurance to the Board in its role as corporate trustee of the charitable funds held and administered by the Health Board. This includes an engagement and liaison role with charitable partnerships which operate with the Health Board;
- 2.3 receive an assurance on delivery against relevant Planning Objectives aligned to the Committee, in accordance with Board approved timescales, as set out in the Health Board's Annual Plan;
- 2.4 agree issues to be escalated to the Board with recommendations for action;
- 2.5 recommend endorsement to the Trustees with regards to the annual report, annual account and strategy and to monitor this through the Charitable Funds Committee; and
- 2.6 ensure that, before charitable funds are applied towards service delivery, there has been a clear and open decision-making process which is independent of the Health Board's decisions concerning the use of its exchequer funds.

3) Responsibilities of the Committee and Delegated Powers

The Charitable Funds Committee is required by the Board to:

- 3.1 apply the charitable funds in accordance with its governing documents within the budget, priorities and spending criteria determined by the Health Board as corporate trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts);
- 3.2 devise, implement and approve appropriate procedures and policies to ensure that fundraising, accounting systems and grant making are robust, donations are received and coded as instructed and that all expenditure is reasonable, clinically and ethically appropriate;
- 3.3 ensure that the Health Board policies and procedures for charitable funds investments are followed;
- 3.4 make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
 - 3.4.1 Trustee Act 2000

- 3.4.2 The Charities Act 2011
- 3.4.3 The Charities Act 2022
- 3.4.4 Terms of the fund's governing documents;
- 3.5 receive at least twice a year reports for ratification from the Executive Director of Finance, and investment decisions and action taken through delegated powers upon the advice of the Health Board's investment adviser;
- 3.6 oversee and monitor the functions performed by the Executive Director of Finance as defined in the Health Board's Standing Financial Instructions;
- 3.7 monitor the progress of fundraising appeals where these are in place and considered to be material;
- 3.8 seek assurance on delivery against Planning Objectives aligned to the Committee, considering and scrutinising the programmes and processes that are developed and implemented, supporting and endorsing these as appropriate;
- 3.9 monitor and review the Health Board's scheme of delegation for charitable funds expenditure and to set and reflect in financial procedures the approved delegated limits for expenditure from charitable funds;
- 3.10 oversee the day-to-day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the Corporate Trustees, and in accordance with the requirements of the Health Board's Standing Financial Instructions. This will include engagement, liaison and co-ordination with charitable partnerships so that the Committee is informed on relevant arrangements. The Committee is not constituted to make decisions on commercial arrangements with those charitable partnerships; and
- 3.11 appoint an investment manager (where appropriate) to advise it on investment matters and the delegation of day-to-day management of some or all of the investments to that investment manager. The investment manager, if appointed, must actively manage the charitable fund on behalf of the Corporate Trustee. In exercising this power, the Committee must ensure that:
- the scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
 - there are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
 - the performance of the person or persons exercising the delegated power is regularly reviewed;
 - where an investment manager is appointed, that person is regulated under the Financial Services Act 1986; and
 - acquisitions or disposal of a material nature outside the terms of agreement must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance.

- 3.12 ensure that the banking arrangements for the charitable funds should be kept entirely distinct from the Health Board's NHS funds;
- 3.13 ensure that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;
- 3.14 ensure the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;
- 3.15 ensure the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the Health Board for applying accrued income to individual funds in line with charity law and Charity Commission guidance;
- 3.16 obtain appropriate professional advice to support its investment, fundraising and grant making activities;
- 3.17 regularly review investments to see if other opportunities or investment services offer a better return;
- 3.18 review alternative sources of funding to donations and legacies which could provide the Committee with additional leverage and access to additional funds;
- 3.19 monitor and review BCUHB's scheme of delegation for charitable funds expenditure and set and reflect in financial procedures the approved delegated limits for expenditure from charitable funds. The following thresholds are approved in the Charitable Funds Procedure: "Expenditure less than £5,000 shall only need approval by the nominated fund manager. All expenditure in excess of £5,000 will require the approval of the Charitable Funds Committee. All expenditure relating to contracts and in excess of £1,000,000 will require the approval of the Health Board in line with Welsh Government requirements";
- 3.20 ensure that the following expenditure types regardless of value require Charitable Funds Committee consideration and approval:
- Research & development expenditure
 - Pay expenditure
 - Requests of any nature resulting in ongoing charitable funds/grants commitment;
- 3.21 ensure that the following expenditure types also receive Charitable Funds Committee consideration and approval:
- Unusual or novel expenditure requests under £5,000
 - Overseas training requests including conferences and seminars requiring the attendance of participants outside the UK
 - Higher award and academic studies over £1,500 for which significant benefit to the Health Board can be quantified through training and development objectives;

- 3.22 ensure that Chair's Actions are by strict exception only. The Chair's decision on which items can be approved outside the Committee will be final and all items approved outside the full Committee will be reported to the next Committee meeting for ratification;
- 3.23 ensure that before applying charitable funds towards service delivery there has been a clear and open decision-making process which is independent of the Health Board's decisions concerning the use of its exchequer funds;
- 3.24 seek assurance on the management of principal risks within the Board Assurance Framework and Corporate Risk Register allocated to the Committee and provide assurance to the Health Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action, etc;
- 3.25 recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report; and
- 3.26 assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions from a quality perspective.

4) Membership

4.1 Formal membership of the Committee shall comprise of the following:

MEMBERSHIP
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)
Executive Director of Finance (Executive Lead)
2 x Executive Members

4.2 The following should attend Committee meetings:

IN ATTENDANCE
In Attendance
Head of Fundraising
Director of Finance
Other Attendees
Other Executive Directors as required by the Chair
Other Senior Managers as required by the Chair

4.3 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government and the Charity Commission. There must be no fewer than 2 Independent Members.

- 4.4 Membership of the Committee will be reviewed on an annual basis.
- 4.5 In the event of a vote, the Chair will have the casting vote.

5) Quorum and Attendance

- 5.1 A quorum shall consist of no fewer than three members of the Committee to include the Chair of the Committee.
- 5.2 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.3 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.4 Should someone listed as "in attendance" be unavailable to attend, he or she may nominate a deputy to attend in his or her place, subject to the agreement of the Chair.
- 5.5 The Committee may ask any or all of those who normally attend but who are not members to withdraw in order to facilitate open and frank discussion of particular matters.

6) Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Executive Director of Finance) at least four weeks before the meeting date.
- 6.2 The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Executive Lead.
- 6.4 The agenda and papers will be distributed/published seven days in advance of the meeting.
- 6.5 A draft table of actions will be issued within -five days of the meeting. The minutes and table of actions will be circulated to the Committee Chair and Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 6.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the Committee Chair for final review.

7) In Committee

- 7.1 The Committee can operate with an In-Committee function to receive updates on the management of sensitive and/or confidential information.

8) Meetings

- 8.1 The Committee will meet formally on a quarterly basis, and an annual schedule of meetings will be determined by the corporate calendar.
- 8.2 The Committee will meet approximately every six weeks to review and take a decision on grant applications over £5,000. The Committee quorum applies for these meetings and these meetings will be minuted. These additional meetings are not required to be held in public. The minutes of these meetings will be ratified in the quarterly formal meetings.
- 8.3 The Committee may be convened at short notice if requested by the Chair.
- 8.4 Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.
- 8.5 The Committee may, subject to the approval of the Health Board, establish Groups to carry out on its behalf specific aspects of Committee business.
- 8.6 Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.
- 8.7 The Committee Secretary shall be determined by the Director of Corporate Governance.

9) Reporting

- 9.1 The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.
- 9.2 The Committee Chair, supported by the Committee Secretary, shall:
- report formally, regularly and on a timely basis to the Board on the Committees activities;
 - bring to the Board's specific attention any significant matter under consideration by the Committee; and
 - ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.3 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

10) Accountability, Responsibility and Authority

- 10.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 10.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 10.3 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.
- 10.4 The Committee shall embed the corporate goals and priorities, e.g. equality and human rights through the conduct of its business and, in doing and transacting its business, shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the well-being of Future Generations (Wales) Act.

11) Review Date

- 11.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Reporting Committee:	Healthcare Professionals Forum (HPF)
Committee Chair:	Jane Wild
Date of last meetings:	13 th September 2024
Paper prepared by:	Secretariat HPF

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Healthcare Professionals Forum on 13th September 2024:

Clinical Strategy – Planned Care

The HPF were pleased to welcome Rhys Blake, Associate Director of Planned Care. Rhys outlined the approach to planned care delivery and noted the need to develop a systematic approach and meaningful engagement. HPF members discussed the challenges associated with working across three IHC structures, the current lack of cold care sites to protect planned care activity and the lack of a clear clinical strategy. The Forum was encouraged to hear that there were plans to ensure that the clinical voice and clinical leadership, from across the professions, were being sought, to inform both the development and implementation of planned care.

Special Measures update

Paolo Tardivel, Director of Transformation and Improvement attended to present an update on Special Measures. The Forum discussed the importance of continuing to engage with clinical teams in both the delivery of change and in the planning and management of that change. Forum members were pleased to hear that there was drive to better involve teams in the planning process and highlighted the importance of ensuring engagement with public and key partners early on in any process rather than at the end.

Membership update

The Forum noted the end of tenure of Gareth Evans and wished to acknowledge and thank him for his significant contribution to the Forum over the last 8 years.

Gareth joined the HPF as the Therapies representative in March 2016, starting a second term in March 2020 during which time he served as both Vice Chair and Chair of the Forum. Gareth went on to fulfil the duties of the Executive Lead of HPF on behalf of the Health Board in his role as Acting Executive Director of Therapies and Health Science from 1 March 2022 to 31 July 2024.

There are current vacancies in representation for both the Allied Health Professionals and Specialist and Tertiary Care Medical. Appointment efforts are underway, and it is hoped that representation will be confirmed soon.

ITEMS TO BE ESCALATED TO THE BOARD
None
NEXT MEETING
The next meeting of the Healthcare Professionals Forum will be held on 6th December 2024.