

## **Bundle Health Board 30 November 2023**

- 0 Agenda
  - HB Agenda 30 November 2023 v1.0 Final
- 1.0 PRELIMINARY MATTERS
- 1.1 09:30 – 23/247 Welcome, introductions and apologies for absence
  - Chair*
  - Angela Woods, Executive Director Nursing & Midwifery – Mandy Jones, Deputy Nurse Director to deputise*
- 1.2 09:32 – 23/248 Declarations of interest relating to agenda
  - Chair*
- 1.3 09:33 – 23/249 Minutes of the previous meeting held on 28.9.23 and Annual General Meeting held on 27.9.23
  - Chair*
  - 23.249a Draft Health Board Minutes 28.09.23 Public v0.3
  - 23.249b AGM Minutes 27.09.23 Public v.03 draft
- 1.4 09:34 – 23/250 Matters arising from the minutes and Action Log
  - Chair*
  - 23.250 Action Tracker
- 1.5 09:39 – 23/251 Patient Story – Inflammatory Bowel Disease (IBD) Service
  - Matt Joyes in attendance*
  - 23.251 Patient Story – IBDS November 2023
- 1.6 09:54 – 23/252 Chair's Report
  - Chair*
  - 23.252 Chair report v1.0
- 1.7 10:04 – 23/253 Chief Executive's Report
  - Interim Chief Executive*
  - 23.253 Board CEO report Nov 2023 v1.0
- 2 Items for approval / ratification / decision
- 2.1 10:14 – 23/254 Special Measures Report
  - Executive Director of Transformation & Planning*
  - Independent Review and Management responses :*
  - 23/254.1 Safety Review BCUHB Mental Health and Learning Disabilities In patient units (Quality, Safety and Experience Committee)*
  - 23/254.2 Review of concerns raised around BCUHB affiliated patient safety (Quality, Safety and Experience Committee)*
  - 23/254.3 Rapid review of interim executive posts at BCUHB (Remuneration Committee)*
  - 23/254.4 Rapid review of the Office of the Board Secretary, BCUHB (Audit Committee)*
  - 23.254 Special Measures Updater v5
  - 23.254b Special Measures Cycle 3 milestones 2023-11-24 PDF
- 2.3 10:39 – 23/255 Presentation : "Collective Action for a Healthier North Wales – Taking a Whole System Approach"; Annual Report of the Director of Public Health 2023
  - Executive Director Public Health*
  - 23.255a DPH Annual Report
  - 23.255b BCUHB DPH report
  - 23.255c BCUHB DPH Annual Report Board Presentation\_bilingual
- 2.4 10:54 – 23/256 Financial Performance 2023/24 Month 7
  - Interim Executive Director of Finance*
  - 23.256a Finance report Month 7
  - 23.256b Appendix A – Finance Report Month 7 incl Capital v2 pdf
  - 23.256c Appendix B – Savings Report Month 7
- 2.5 11:09 – 23/257 Review of Health Board Scheme of Reserved Delegation
  - Interim Executive Director Finance*
  - 23.257a SoRD Nov 23 Final (004)
  - 23.257b SORD Appendix 1 Table A – November 2023 Final Draft
  - 23.257c SoRD Appendix 2 Table B – November 2023 Final Draft v4
- 2.6 11:14 – 23/258 Review of Health Board Standing Financial Instructions
  - Interim Executive Director Finance*
  - 23.258a SFI Nov 23 v1.0

- 23.258b SFI Appendix 1 – SFI Schedule 2.1 BCUHB V5 November 2023 FINAL  
23.258c SFI Appendix 2 – Table of Amendments for SFIs
- 2.7 11:19 – 23/259 Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales  
*Executive Medical Director*  
23.259a AC and S12 report  
23.259b Appendix 1 – Approved Clinicians Data – for All Wales AC and S12 November 2023 board report  
23.259c Appendix 2 – Section 12(2) Doctors Data – for All Wales AC and S12 November 2023 board report
- 3 11:21 – Comfort break
- 4 Items for discussion / assurance
- 4.1.0 11:31 – 23/260 BCUHB Winter Resilience Planning 2023–2024  
*Interim Executive Director Operations*  
23.260a BCUHB Winter Resilience Planning Approach 2023.24  
23.260b Winter resilience Board November 23 final\_PDF
- 4.1.1 11:51 – 23/261 Chair's Assurance report : Performance, Finance and Information Governance Committee  
*Chair PFIG Committee*  
23.261 Committee Chair Report PFIGC 2.11.23 v1.0
- 4.1.2 11:53 – 23/262 Chair's Assurance report : Audit Committee  
*Acting Board Secretary*  
23.262 AC Committee Chairs Report 16.11.23 Final
- 4.2 11:55 – 23/263 Integrated Performance Report  
*Interim Executive Director of Finance*  
23.263a Integrated Performance Report  
23.263b IPR Health Board 30.11.23 v1.0 RC PDF
- 4.2.1 12:10 – 23/264 Annual Plan Monitoring 2023/24  
*Executive Director of Transformation & Planning*  
23.264 Annual Plan Monitoring Q2 – 2023-10-20 – Board Final
- 4.3 12:20 – 23/265 Integrated Quality Report  
*Executive Medical Director and Acting Executive Director of Therapies and Health Science*  
23.265a Quality Report – November 2023  
23.265b App1 Quality Report November 2023
- 4.3.1 12:35 – 23/266 Chair's Assurance report : Quality, Safety and Experience Committee  
*Chair QSE Committee*  
23.266 QSE Committee Chairs Report 27.10.23 v1.1 Eng
- 4.4 12:37 – 23/267 Nurse Staffing Act update  
*Mandy Jones, Deputy Nurse Director in attendance*  
23.267a Nurse Staffing Levels V2  
23.267b Appendix 1 – Annual Presentation of Nurse Staffing Levels to the Board (Autumn 2023 V3)  
23.267c Appendix 2 – Summary of Nurse Staffing Levels for wards where 25B applies Autumn 2023Final
- 4.5 12:47 – 23/268 Equality Annual Report 2022/23  
*Deputy Director People Services*  
23.268a Annual Equality Report 2022.23 v1.0  
23.268b Equality Annual Report 2022–23 v1.0
- 4.6 12:57 – 23/269 Chair's Assurance report : Remuneration Committee  
*Chair*  
23.269 Committee Chair report Rem Com 14.11.23 1.0
- 4.7 12:59 – 23/270 Chair report : Stakeholder Reference Group  
*Chair SRG*  
23.270 Stakeholder Reference Group Chairs Report 4.9.23 v2
- 4.8 13:01 – 23/271 Corporate Governance Report  
*Acting Board Secretary*  
23.271 Corporate Governance Report Board November 2023 V3
- 5 For information

- 5.1 13:08 – 23/272 Summary of private Board business to be reported in public  
23.272 Summary of private board business wef May 2023
- 6 Other matters
- 6.1 13:08 – 23/273 Any other urgent business  
*Chair*
- 6.2 13:10 – 23/274 Date of next meeting 25.1.24 Venue Cymru, Llandudno and available on livestream  
*Chair*
- 6.3 13:10 – Resolution to Exclude the Press and Public  
*"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*

**BETSI CADWALADR UNIVERSITY HEALTH BOARD****BOARD MEETING****THURSDAY 30 NOVEMBER 2023****9.30 – 13.10****CONFERENCE ROOM, OPTIC CENTRE, ST ASAPH**
**GIG**  
 CYMRU  
**NHS**  
 WALES

 Bwrdd Iechyd Prifysgol  
 Betsi Cadwaladr  
 University Health Board
**AGENDA BOARD****1. PRELIMINARY MATTERS**

9:30	1.1	Welcome, introductions and apologies for absence	Verbal	Chair
9:32	1.2	Declarations of interest relating to agenda	Verbal	Chair
9:33	1.3	Minutes of the previous meeting held on 28.9.23 and the Annual General Meeting held on 27.9.23	Attached	Chair
9:34	1.4	Matters arising from the minutes and Action Log	Attached	Chair
9:39	1.5	Patient Story – Inflammatory Bowel Disease (IBD) Service	Presentation	Mandy Jones Deputy Nurse Director
9:54	1.6	Chair's Report	Attached	Chair
10:04	1.7	Chief Executive's Report	Attached	Interim Chief Executive

**2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

10:14	2.1	Special Measures Report Independent Review and Management responses : .1 Safety Review BCUHB Mental Health and Learning Disabilities In patient units (Quality, Safety and Experience Committee) .2 Review of concerns raised around BCUHB affiliated patient safety (Quality, Safety and Experience Committee) 3 Rapid review of interim executive posts at BCUHB (Remuneration Committee) .4 Rapid review of the Office of the Board Secretary, BCUHB (Audit Committee)	Attached	Interim Chief Executive
10:39	2.3	Executive Director of Public Health Annual Report 2022/23	Attached	Executive Director of Public Health
10:54	2.4	Financial Performance 2023/24 Month 7	Attached	Interim Executive Director of Finance
11:09	2.5	Review of Health Board Scheme of Reserved Delegation	Attached	Interim Executive Director Finance
11:14	2.6	Review of Health Board Standing Financial Instructions	Attached	Interim Executive Director Finance
11:19	2.7	Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.	Attached	Executive Medical Director
11:21	Comfort break			



<b>3. ITEMS FOR DISCUSSION/ASSURANCE</b>				
11:31	4.1.0	BCUHB Winter Resilience Planning 2023-2024	Attached	Interim Executive Director of Operations
11:51	4.1.1	Chair's Assurance report : Performance, Finance and Information Governance Committee	Attached	Chair PFIG Committee
11:53	4.1.2	Chair's Assurance report : Audit Committee	Attached	Acting Board Secretary
11:55	4.2	Integrated Performance Report	Attached	Interim Executive Director of Finance
12:10	4.2.1	Annual Plan Monitoring 2023/24	Attached	Executive Director of Transformation & Planning
12:35	4.3	Integrated Quality Report	Attached	Executive Medical Director and Acting Director of Therapies and Health Science
12:35	4.3.1	Chair's Assurance report : Quality, Safety and Experience Committee	Attached	Chair QSE Committee
12:37	4.4	Nurse Staffing Act Report	Attached	Mandy Jones Deputy Director of Nursing
12:47	4.5	Equality Annual Report 2022/23	Attached	Deputy Director of People
12:57	4.6	Report of Remuneration Committee	Attached	Chair
12:59	4.7	Chair report : Stakeholder Reference Group	Attached	Chair SRG
13:01	4.8	Corporate Governance Report	Attached	Acting Board Secretary
<b>5.0 FOR INFORMATION</b>				
13:08	5.1	Summary of private Board business to be reported in public	Attached	Acting Board Secretary
<b>6.OTHER MATTERS</b>				
13:08	6.1	Any other business	Verbal	Chair
13:10	6.2	Date of Next Meeting 25.1.24 Venue Cymru, Llandudno and available on livestream	Verbal	Chair
Resolution to Exclude the Press and Public - "Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."				
<b>BOARD MEMBERS</b>		<b>POSITION</b>		
Dyfed Edwards		Chair		
Karen Balmer		Independent Member		
Jason Brannan		Deputy Director of People		
Clare Budden		Independent Member		
Russell Caldicott		Interim Executive Director of Finance		
Gareth Evans		Acting Executive Director of Therapies and Health Services		
Urtha Felda		Independent Member		

Adele Gittoes	Interim Executive Director of Operations
Cllr Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Dr Nick Lyons	Executive Medical Director
Teresa Owen	Executive Director of Public Health
Mike Parry	Associate Member
Fôn Roberts	Associate Member
Carol Shillabeer	Interim Chief Executive
Dr Chris Stockport	Executive Director of Transformation and Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
Jane Wild	Associate Member
Angela Wood	Executive Director of Nursing and Midwifery
<b>IN ATTENDANCE</b>	
Phil Meakin	Acting Board Secretary
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital Information Officer

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Draft minutes of the Health Board meeting held in public**  
**on 28 September 2023 at Venue Cymru, Llandudno**  
**and via zoom livestream**

<b>Board Members Present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Edwards (DE)	Chair
Karen Balmer	Independent Member
Jason Brannan (JB)	Deputy Director of People
Clare Budden	Independent Member
Russell Caldicott (RC)	Interim Executive Director of Finance
Gareth Evans (GE)	Acting Executive Director of Therapies & Health Science
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Phil Meakin	Acting Board Secretary
Dylan Roberts	Chief Digital and Information Officer
Fôn Roberts	Associate Member
Carol Shillabeer (CEO)	Interim Chief Executive Officer
Helen Stevens-Jones (HSJ)	Director of Partnerships, Engagement & Communications
Dr Chris Stockport	Executive Director of Transformation and Planning
Rhian Watcyn Jones	Independent Member
Jane Wild	Associate Member
Gareth Williams	Independent Member
Angela Wood	Executive Director of Nursing and Midwifery
<b>In Attendance</b>	
Rob Atenstaedt	Consultant in Public Health Medicine/Deputy Director Public Health
Dave Beard	For IT and livestream support
Luke Parry	
John Bowden	For audio visual support
Jody Evans	For livestream support
Lowri Gwyn Sioned Jones	For simultaneous translation
Dave Harries	Head of Internal Audit to observe
Eleri Hughes-Jones	Head of Welsh Language Services (item HB23.226 only)
Diane Davies	Corporate Governance Manager (minutes)

Agenda Item	Action
<b>OPENING BUSINESS</b>	
<p><b>HB23/206 Welcome, introductions and apologies for absence</b></p> <p>The Chair welcomed everyone to the bilingual meeting and encouraged full participation. Apologies were noted from Teresa Owen, Executive Director of Public Health for whom Robert Atenstaedt deputised and Adele Gittoes, Interim Executive Director of Operations.</p>	
<p><b>HB23/207 Declarations of Interest on current agenda</b></p> <p>There were no declarations of interest made.</p>	
<p><b>HB23/208 Draft minutes of the previous meetings held on 31 July 2023 and 24 August 2023</b></p> <p>The draft minutes of the meetings held on 31.7.23 and 24.8.23 were approved as an accurate record.</p>	
<p><b>HB23/209 Table of actions</b></p> <p>The document was agreed and further verbal updates were recorded to the table of actions.</p>	
<p><b>HB23/210 Patient Experience/Story</b></p> <p><b>HB23/210.1</b> The Board watched a detailed account of a patient whom had undergone breast cancer treatment and had encountered a number of issues during this time. She had requested, given her family history, the opportunity to have total removal of her breasts instead of the lumpectomy she received following consultation with her consultant surgeon. Very sadly, the cancer returned and had progressed significantly before being detected once more.</p> <p><b>HB23/210.2</b> The Board heard how the deeply sad experience of not feeling listened to had affected her. She felt that “She had treatment, but she did not receive care”.</p> <p><b>HB23/210.3</b> The Board was extremely grateful that this patient had been willing to share this experience and welcomed hearing from the Executive Director of Nursing and Midwifery how BCU had addressed the patient’s experience with the services concerned and be provided with assurance that learning had been embedded within them to avoid the risk of any similar experience for patients within their care. The importance of listening to patients and engaging with them on their treatment plans was emphasised.</p>	



**HB23/210.4** A discussion ensued in which the Board also concurred on the importance of supporting clinicians with effective digital patient records, which was being moved forward, along with other supportive measures such as the introduction of the care navigator role. Other suggested areas for development included enhancing this learning within Fundamentals of Care staff training, and introducing patient experience stories to BCU orientation sessions. In terms of assurance, the Executive Director of Nursing and Midwifery clarified the governance route of patient experiences to Board. The Interim CEO advised that learning and engagement were key areas of Special Measures and would address the systemic need to draw out and deal with themes of concern.

**It was resolved that** the Board

- **noted** the patient's experience and
- **received** assurance that learning had been embedded within the service to avoid a similar experience for any future patient

#### **HB23/211 Chair's Report**

**HB23/211.1** The Chair was pleased to report on the many visits he had undertaken since the previous Health Board meeting. He emphasised the importance of connection with staff, patients and services within the community and was particularly pleased to report on the positively received AGM and Health Fair event held the previous day in Llandudno.

**HB23/211.2** He stated the Minister's intention to focus on early prevention to help the population live more healthily which BCU would need to move forward.

**HB23/211.3** The Chair was keen to emphasise the ambition needed within BCU to provide North Wales' population with the best care and best services, along with the ability to access them. These opportunities were what the population within in our communities deserved to receive.

**It was resolved that** the Board  
**noted** the report

#### **HB23/212 Chief Executive Officer's Report**

**HB23/212.1** The Interim CEO highlighted within the report the importance of the service visits she had undertaken, recognition of commitment at recent Long Service Award ceremonies, importance of receiving the flu vaccination to protect patients, colleagues and others in their families and communities. In addition there were environmental challenges within the Board to address. She outlined how the recent adverse NHS-wide report on inappropriate sexual behaviour was

<p>addressed through safeguarding systems established within BCU, emphasising that such behaviour would not be tolerated within the organisation.</p> <p><b>HB23/212.2</b> The Interim CEO stated that the Winter Plan, usually presented to the Board at this time would be presented to the November Board meeting in order to include more robust planning that would also incorporate partnership discussion which was scheduled to take place shortly.</p> <p><b>HB23/212.3</b> In a wider discussion on accommodation availability and affordability, it was agreed that the Director of Partnerships, Engagement and Communications would liaise with the Independent Member whom had suggested sharing potential staff opportunities to seek assistance. The Interim CEO would also be exploring this area further.</p> <p><b>HB23/212.4</b> The Board was pleased to hear that 6 BCU nominations were to be considered at the Advancing Healthcare Awards, the Acting Executive Director of Therapies and Health Science agreed to circulate further information on progress to Board members. In regard to the Executive Director of Nursing and Midwifery's reporting of improvements in monitoring action tracking of recent Healthcare Inspectorate Wales reports, the Chair emphasised that these, and other reports, were very important opportunities to ensure that learning was effectively embedded within the organisation.</p> <p><b>It was resolved that</b> the Board <b>noted</b> the report</p>	<p>HSJ</p> <p>GE</p>
<p><b>HB23/213 Questions from the Public</b></p> <p><b>HB23/213.1</b> The Chair advised that some questions had been submitted from two sources however, not within the agreed timeline to enable responses to be prepared. He stated these would be published on the website at the earliest opportunity following the meeting. It was also noted that a meeting had been arranged to respond to detailed questions received by the Board from a member of the public.</p> <p><b>HB23/213.2</b> The Chair invited feedback from the public on how the Board could more effectively respond to their questions through this forum. It was his intention to also seek feedback on a more effective process with Llais and other partner organisations. He welcomed correspondence to be forwarded at anytime between meetings to himself, or the Interim CEO, on any issues of concern.</p> <p><b>It was resolved that</b> the Board <b>noted</b> the verbal report</p>	



## HB23/214 ITEMS FOR APPROVAL/RATIFICATION/DECISION

### HB23/215 Special Measures – Full 90-day cycle Report

**HB23/215.1** The Executive Director of Transformation and Strategic Planning presented the report. He welcomed the constructive feedback provided by Committees and was keen to work towards improved scheduling of reporting to improve timeliness moving forward. Assurance was provided that any outstanding 90 day actions had been carried forward into the second 90 day cycle action plan and these would also include slippage arising from the more complex Independent Reviews.

**HB23/215.2** The Board raised a number of questions. In response to querying the realism of Savings targets outlines, the Interim Executive Director of Finance advised that escalation meetings were taking place to address the slippage of the current £18.5m performance against the £25.2m target. He shared the concern however focus continued on delivery in year and benefits would not be lost in continuing to move these forward. In regard to slippage of the Procurement Review, work was progressing to receive a draft within 2 to 3 weeks that would be considered by the Performance, Finance and Information Governance Committee (PFIGC). It was noted that progress was moving forward in relation to senior HR cases which was affecting progression on some actions and an executive portfolio review remained to be explored.

**HB23/215.3** Discussion ensued on slippage in a number of areas and concerns with capacity to address the number of 'Red' actions accumulating. The Interim CEO advised that BCU was currently in a stabilisation/discovery phase which was required to establish a firm foundation on which effective assessment of impacts and outcomes could be built on and long lasting sustainable change be embedded. The Chair emphasised the need to ensure that the actions to be undertaken effectively addressed "Getting it right for *this* Board".

**HB23/215.4** A brief discussion took place on the level of detail provided within the report. The Board also reflected on the need for an improved Integrated Performance report format to provide greater understanding of the Board's services, it was understood that this was currently being developed.

**It was resolved that** the Board **received** assurance on the progress made in cycle 1, acknowledging the areas of challenge, along with which elements of the plan would be required to continue in to the second 90-day cycle

**approved** the proposed areas of work for the second 90 day cycle





## **HB23/216 The Development of an Elective Orthopaedic Surgical Hub at Llandudno Hospital - Single Stage Business Case**

**HB23/216.1** The Executive Director of Transformation and Strategic Planning presented the item. He highlighted the benefits of developing the hub for high volume, low complexity orthopaedic cases which included protecting planned activity and improved specialist support services at the site eg radiology. The development of the Centre for Excellence would also improve recruitment prospects and potential to contribute to the Board's University status in terms of education and innovation. In addition there was potential to develop a second phase, following discussion with clinicians and the public that could strengthen the future of the Llandudno hospital site.

**HB23/216.2** Discussion ensued. It was strongly emphasised that the development had been clinician led with an extremely engaged collaborative approach undertaken. In regard to the future of the Abergele site, the Board listened to the accounts of significant staff engagement, enthusiasm and support for the Llandudno site development and the challenging fabric of the existing Abergele site. The clinical Executive Board members were very excited and supportive of the deeply committed team work which continued to support and move the development forward.

**HB23/216.3** The Board members raised a number of questions in regard to the revenue position which were clarified by the Interim Executive Director of Finance. He also stated that extensive preparatory work needed to be undertaken to ensure a productive and efficient service was enabled.

**HB23/216.4** The Interim CEO extended her thanks to the clinicians involved and looked forward to presenting the business case to the Investment Board shortly.

**It was resolved that** the Board

- **approved** the content of the business case, including the recommended option to develop single site Orthopaedic surgical hub capacity in Llandudno, and the requisite capital (estimated at present) and revenue requirements.
- **noted** and **supported** the intention of the Programme Team to progress the development of a phase two proposal to expand the model further should the business case be approved

## **HB23/217 Framework for approval: Risk Management Framework**

**HB23/217.1** The Acting Board Secretary stated the Framework took into account feedback provided at a recent Board Development session and also the Audit Committee.





<p><b>HB23/217.2</b> Several Board members commented on the Risk Management Framework. There was a need for a less risk averse approach and employees at all levels within the organisation should be comfortable in reporting risks. The PFIGC Chair remarked on the need for prioritisation of resources in regard to capital business cases developments, including consideration of those identified as medium to longer term. The Acting Board Secretary took on board positive suggestions regarding the Welsh Language and undertook to consider potential interpretation of data issues for those whom are colour blind within the report. The Acting Board Secretary acknowledged the supportive feedback that he had received in discussion with Board colleagues in the preparation stage of this framework.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"><li>• <b>approved</b> 2023/24 Board appetite for risk types</li><li>• <b>approved</b> the risk management framework</li></ul>	
<p><b>HB23/218 Framework for approval: Performance Framework</b></p> <p><b>HB23/218.1</b> The Interim Executive Director of Finance presented the item which set out how the Integrated Performance Framework (IPF) would support delivery of the Health Board's plans and articulate how performance would be monitored in year within directorates, divisions and integrated healthcare communities (IHCs). He drew particular attention to the Executive Delivery Group's function within the process.</p> <p><b>HB23/218.2</b> In response to a Board member's question, it was advised that the Quality, Safety and Experience (QSE) Committee would be presented with detail of commissioning services. The Chair was keen to ensure clarity in this area. Following brief discussion it was noted that the role of an effective PADR process would need to be considered further within the IPF. The Interim CEO concurred that further work to strengthen the IPF would need to be undertaken.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"><li>• <b>reviewed</b> the contents of the report and</li><li>• <b>endorsed</b> the Framework for Integrated Performance reporting for the Health Board</li></ul>	
<p><b>HB23/219 Framework for approval: Planning Framework</b></p> <p><b>HB23/219.1</b> The Executive Director of Transformation and Strategic Planning presented the item clarifying that alignment with the NHS's annual framework had also been taken into account. The Board stated the need to ensure capacity and skills were in place to ensure delivery. A discussion ensued on the achievability of the timeline presented and it was agreed that a standard timeline</p>	

<p>would be incorporated which was not swayed with the current slippage issues that caused the timeline to appear tight.</p> <p><b>HB23/219.2</b> The Interim CEO reminded all that the Framework was being developed across the organisation and not only centred around the annual plan to ensure that planning skills were in place across the organisation. It would be key to move the three Frameworks forward together through implementation.</p> <p><b>It was resolved that the Board</b></p> <ul style="list-style-type: none"> <li>• <b>received</b> the report</li> <li>• <b>approved</b> the Framework for adoption within the Health Board subject to the feedback provided to the Executive Director of Transformation and Strategic Planning</li> </ul>	
<p><b>HB23/220 Corporate Governance Report</b></p> <p><b>HB23/220.1</b> The Acting Board Secretary advised that the latest Standing Orders provided by Welsh Government (WG) had included significant amendments and localised tailored changes would be actioned shortly. The Standing Orders document also included updated Governance and Accountability frameworks for the Joint Committees of the Health Board. (Welsh Health Specialised Services Committee and Emergency Ambulance Services Committee)</p> <p><b>HB23/220.2</b> The Acting Board Secretary stated that the Committee structure would be implemented when sufficient Independent Members had been recruited should the Board approve the proposal outlined. A Board Member stated that Independent Member role adverts did not honestly reflect the time commitment necessary to undertake the full extent of the duties required. The advertised 4 days per month was not an accurate reflection of the time required to attend Board development, workshops, Board meetings, interview panels, Committee meetings and other activities such as preparatory work, and visiting staff and services across the organisation. There was a strong case that this could preclude some candidates coming forward and thereby reflect inequality in the WG recruitment process.</p> <p><b>HB23/220.3</b> The Chair agreed to raise these concerns directly with the Minister for Health and Social Care and emphasised the need to ensure capacity within BCU to service the Committee structure outlined.</p> <p><b>HB23/220.4</b> It was noted that the Audit Chair welcomed the addition of a further Committee due to the size of the organisation. The Interim CEO advised that the Executive Team had been in receipt of Mental Health Act reports whilst the Mental Health Capacity and Compliance Committee had been stood down due</p>	DE



to lack of IM capacity however, it was a high priority to establish the appropriate Committee when sufficient IMs were recruited.

**It was resolved that the Board**

- **received assurance** that the Chair's Action and Common Seals enacted since the previous Health Board meeting were noted in the report.
- **approved** the incorporation and adoption of the model Standing Orders.
- **received assurance** that work was being progressed on the BCUHB specific Schedules of the Standing Orders.
- **approved** the establishment of Committees set out in the Outline Committee Framework.
- **received assurance** that the Outline Committee Framework and the identified next steps would be developed to meet the requirements of the Health Board.

#### **HB23/220.5 Report of Audit Committee**

**It was resolved that the Board noted** the report

#### **HB23/220.6 Report of Remuneration Committee**

**It was resolved that the Board noted** the report

### **HB23/221 ITEMS FOR DISCUSSION/ASSURANCE**

#### **HB23/222 Financial Performance 2023/24**

**HB23/221.1** The Interim Executive Director of Finance set out the current financial position, highlighting the similar level of deterioration (£5m (cumulatively £20m) on the previous month's forecast. He advised that meetings were taking place to deal with this and how to address the £134m deficit position and gave examples of some of the actions that had been brought in to improve grip e.g. Establishment control group, weekly meetings addressing temporary workforce usage, performance escalation meetings prioritisation. The Interim Executive Director of Finance also set out key savings performance actions being undertaken and the work being undertaken by the Executive Delivery Group to tackle the sizeable challenges ahead. He gave assurance that Audit Wales would be appropriately informed.

**HB23/221.2** The Board requested comparative data on when, during the previous years, it was understood that financial balance could be achieved.

**HB23/221.3** A number of questions were raised by Board members. The Board was keen to understand how it could support the team with its challenges and why some divisions were able to deliver on savings. It was noted that the Executive Team and Executive Delivery Group were looking into how the

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<p>challenged Integrated Healthcare Communities (IHCs) could be supported to improve their financial performance. The Interim Executive Director of Finance highlighted the challenges associated with delivering immediate emergency care and the consequent effects on other services, an improved model of how patients were seen needed to be implemented to assist in addressing performance. It was noted that PFIGC had incorporated IHC performance deep dives into its Cycle of Business.</p> <p><b>HB23/221.4</b> The Interim CEO reported that long term work was required to address the significant financial challenges, however a ‘together’ approach was being undertaken. Difficult choices would need to be made and there was a need to address the longer term cultural change required to address spending discipline.</p> <p><b>HB23/221.5</b> The Chair stated that this was a time for leadership. He emphasised the need for BCU staff to receive assurance that these challenges would be met in a collaborative partnership approach. Overspending needed to stop and cash savings needed to be made to address the deficit.</p> <p><b>It was resolved that the Board</b></p> <ul style="list-style-type: none"> <li>• <b>received</b> and scrutinise the report and</li> <li>• <b>supported</b> the proposed adjustments to the capital programme.</li> </ul>	
<p><b>HB23/223 Integrated Performance Report</b></p> <p><b>HB23/223.1</b> The Interim Executive Director of Finance presented the report advising that the format was being revamped and would take into account feedback provided by colleagues. He drew attention to areas of concern highlighted within the report including urgent care, ambulance handovers, orthodontics, increasing outpatient appointments and dermatology risks.</p> <p><b>HB23/223.2</b> A discussion ensued. In response to questions raised, the Interim CEO advised the improved booking system would be monitored via PFIG Committee moving forward and undertook to arrange for greater detail of Ophthalmology performance to be shared with Board members. She was pleased to note that there had been a significant reduction in ambulance waits at Emergency Departments. The Executive Director of Nursing and Midwifery shared positive news of joint working undertaken by the Interim Executive Director of Operations to address conveyancing from Care Homes to BCU’s front doors.</p> <p><b>HB23/223.3</b> Following concerns raised regarding Estates and Facilities absence rates, the PFIGC Chair undertook to consider this and further detail of all</p>	<p>CEO</p> <p>JB</p>

<p>absence rates at the next PFIG Committee meeting with the Deputy Director of People.</p> <p><b>HB23/223.4</b> The Interim Chief Executive advised that the approved Integrated Performance Framework would provide a greater foundation in improving the Board's understanding of service performance. The Chair sought assurance that the developing IP report would provide clarity on "What worked and What didn't work" in future reports to the PFIG Committee.</p> <p><b>It was resolved that the Board noted the report</b></p>	RC
<p><b>HB23/224 Integrated Quality Report</b></p> <p><b>HB23/224.1</b> The Executive Director of Therapies and Health Sciences presented the report on behalf of the clinical executives. He highlighted the levels of patient safety incidents reported, never events, notable reductions in patient experience concerns, challenging overdue investigations rates and increasing patient feedback reporting which was benefitting learning within BCU services.</p> <p><b>HB23/224.2</b> An update was also provided on the recent Health &amp; Safety Executive prosecution and it was noted that a contravention order had also been served.</p> <p><b>HB23/224.3</b> In the discussion which followed concerns were particularly raised in relation to long investigation times which were detrimental in ensuring learning was disseminated quickly to avoid similar risks being raised for other patients. It was understood that this, and other areas of deep dives suggested, would be explored further through the QSE Committee.</p> <p><b>It was resolved that the Board noted the report</b></p> <p><b>HB23/224.4 Report of the Quality, Safety and Experience Committee</b> The Committee Chair advised that the Committee would be considering Falls at the next meeting and had also considered two special reviews at a recent development session. Work was ongoing to refine the Committee's agenda.</p> <p><b>It was resolved that the Board noted the report</b></p>	
<p><b>HB23/225 Culture, Leadership and Engagement Report</b></p>	



**HB23/225.1** The Deputy Director of People presented the item. The report set out proposals for work to be undertaken within BCU in partnership to understand and improve upon the organisation's culture, leadership and engagement through the Board's active participation as part of addressing WG's special measures. The systemic approach would need to tie in with provision of safe and reliable services to the people of North Wales and be measureable to demonstrate improvement in this critical area.

**HB23/225.2** The Board was extremely pleased to receive the proposals and keen to welcome the strengthening of cultural links with multilingual and Welsh language provision as well as being an organisation that actively demonstrated the importance of learning being implemented and sustained. A discussion ensued which included the effect of the many different forms of prevalent culture on an organisation e.g. compassionate, supportive etc. The Board recognised that it would take patience and resource to ensure long term improved cultural change at all levels.

**It was resolved that** the Board **approved** the proposal

#### **HB23/226 Welsh Language Annual Monitoring Report 2022/23**

**HB23/226.1** The Head of Welsh Language Services presented the annual monitoring report which provided detail of the wide scope of activity undertaken by the Welsh Language Team and also an assessment of compliance against Welsh language standards for submission to the Welsh Language Commissioner in the 'More than just words' update report.

**HB23/226.2** In response to the Board's questions, the Head of Welsh Language Services clarified that the number of new learners were for the current year only and did not include previous years. In regard to the discussion on the importance of promoting confidence in speaking the Welsh language at all levels of competency, she was pleased to advise of plans to introduce a role to address this within BCU, through a pilot of the National Welsh Language at Work Plan.

**HB23/226.3** The Board was passionately supportive of all opportunities to encourage staff to be able to speak in Welsh, and other languages, to enable them to provide services to patients and colleagues in their first language. Many examples were discussed, especially patients with dementia. The Chair and Board stated their ambition to be the best in Wales in Welsh language provision for the benefit of the North Wales population.

**It was resolved that** the Board

<ul style="list-style-type: none"> <li>• <b>approved</b> the Annual Report for publication and submission to the Welsh Language Commissioner's Office.</li> <li>• <b>approved</b> the <i>More than just words</i> update report for submission to the Welsh Language Policy Unit at the Welsh Government's Health and Social Services Department.</li> </ul>	
<p><b>HB23/227 Partnerships Report</b></p> <p><b>HB23/227.1</b> The Director of Partnerships, Engagement and Communication presented this item. The report highlighted the discussions and work programmes in the Regional Partnership Board (RPB), Public Service Boards (PSBs) and Shared Services Partnership Committee being key forums where the Health Board meets with partners across North Wales, including the six local authorities, North Wales Fire and Rescue Authority and Natural Resources Wales.</p> <p><b>HB23/227.2</b> Recent areas of focus in the RPB included the Dementia Friendly Communities Scheme, the draft North Wales Together for Mental Health interim strategy and Annual Delivery Plan. In the PSBs, work had recently centred on the Wellbeing Plans and discussions around the inverse care law.</p> <p><b>It was resolved that</b> the Board <b>noted</b> the reports</p>	
<p><b>HB23/228 Joint Committees Report</b></p> <p><b>HB23/228.1</b> The following reports were provided for information: Quality Patient Safety Committee (QPSC) of the Welsh Health Specialised Services Committee (WHSCC), and accompanying WHSCC Services in escalation reports i.e. Burns, Ty Lliard, Paediatric surgery and Wales fertility institute.</p> <p><b>HB23/228.2</b> The Interim CEO drew attention to the second consultation phase of the Emergency Medical Retrieval and Transfer Services (EMRTS) taking place in the Autumn of the Emergency Ambulance Services Committee (EASC). She advised that the Board would be preparing a response in due course.</p> <p><b>It was resolved that</b> the Board <b>noted</b> the reports</p>	
<p><b>HB23/229 Advisory Fora Reports</b></p> <p>Reports of the activity undertaken at the latest Health Professions Forum (HPF), Stakeholder Reference Group (SRG) and Local Partnership Forum (LPF) were received. The Associate Member (HPF Chair) drew particular attention to the Digital Strategy discussion that had taken place and the potential positive effect on future recruitment.</p> <p><b>It was resolved that</b> the Board <b>noted</b> the reports</p>	



<b>HB23/230 OTHER MATTERS</b>	
<b>HB23/231 Any other urgent business</b>  There was no other business for discussion.	
<b>HB23/232 Date of next meeting</b>  30 November 2023, venue to be confirmed.	
<b>Resolution to exclude the Press and Public</b>  <b>It was resolved that</b> 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	

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**Betsi Cadwaladr University Health Board (BCUHB)**  
**Draft** minutes of the Annual General Meeting held  
on 27 September 2023 at Trinity Community Centre, Llandudno

<b>Board Members Present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Edwards	Chair
Karen Balmer	Independent Member
Jason Brannan	Deputy Director of People Services
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Gareth Evans	Acting Executive Director of Therapies & Health Science
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Phil Meakin	Acting Board Secretary
Dylan Roberts	Chief Digital and Information Officer
Carol Shillabeer	Interim Chief Executive Officer
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Dr Chris Stockport	Executive Director of Transformation and Strategic Planning
Rhian Watcyn Jones	Independent Member
Gareth Williams	Independent Member
Angela Wood	Executive Director of Nursing and Midwifery

<b>In Attendance</b>	
Muthu Ganapathi	Consultant Orthopaedic Surgeon
Eira Parry	For translation
Rachael Page	Assistant Director Primary Care
Alberto Salmoiraghi	Consultant Psychiatrist/ Medical Director Mental Health and Learning Disability Services (MHLDS)
	Communications Team
Diane Davies	Corporate Governance Manager (minutes)

<b>Observers and services presented at the Health Fair session</b>	
Dave Harries	Head of Internal Audit
Members of the Public	
Services	Stroke services Smoking cessation service Child and Adolescent Mental Health services

	<p>Mental Health and Learning Disability services</p> <p>Transformation and Improvement service</p> <p>Sign, sight and sound</p> <p>Patient Advice and Liaison service (PALS)</p> <p>Equalities</p> <p>Digital, Data and Technology services</p> <p>Dementia services</p> <p>Community Pharmacy</p> <p>Orthopaedic and Musculoskeletal Network</p>
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Agenda Item	Action
<b>AGM23/1 OPENING BUSINESS</b>	
<p><b>AGM23/1.1</b> The Chair welcomed everyone and noted apologies from:</p> <ul style="list-style-type: none"> <li>• Adele Gittoes, Interim Executive Director of Operations</li> <li>• Teresa Owen, Executive Director of Public Health</li> <li>• Fôn Roberts, Associate Member</li> <li>• Jane Wild, Associate Member</li> </ul> <p><b>AGM23/1.2</b> The Chair was pleased that the alternative approach in holding its AGM was well attended and that many different services were present to share their positive contributions with the public and Board members in a 'health fair' setting. The Board was keen to emphasise its message that it wished to maximise opportunities to reach out and listen within BCU's communities. Whilst BCU's current journey was challenging, the Chair welcomed the very positive improvements being developed and showcased at the meeting.</p> <p><b>AGM23/1.3</b> The Chair thanked Carol Marubbi and the Trinity Community Centre Team for hosting the event and the important role they play in the Llandudno community.</p>	
<p><b>AGM23/2 An overview of the year 2022/23, including presentation of the Annual Report and including the Annual Governance Statement.</b></p> <p><b>AGM23/2.1</b> The Interim Chief Executive Officer (CEO) presented this item. She strongly echoed the Board's commitment to listen to different communities across North Wales and centre itself at their heart. The enthusiasm of the services present and opportunity to share this positivity with Board members and members of the public was very welcomed.</p> <p><b>AGM23/2.2</b> The Interim CEO presented the Annual report 2022/23, drawing attention to the concise hard copy version provided for members of the public present. In briefly outlining the diversity and huge volume of health care related</p>	

services to the population of North Wales she emphasised the integrated nature of the system and the high level of partnership working being undertaken. She acknowledged the key challenges in year which had culminated in Welsh Government (WG) placing the Health Board in Special Measures highlighting the areas of greatest concern.

**AGM23/2.3** It was important to acknowledge that financial accounting was a key challenge in BCU's improvement journey and BCU was well aware of its duty as a custodian of public money. She thanked staff whom she had met during the past five months for the pride they had demonstrated within their services. The Board was very grateful to staff members for their commitment. Ambitious plans would be developed to deliver sustainable services going forward.

**AGM23/2.4** It was noted that full copies of the Annual Report in both Welsh and English were available online and in the venue.

**AGM23/3 Presentations from colleagues from orthopaedic services, mental health services and community services.**

**AGM23/3.1** Mr Muthu Ganapathi, Consultant in Trauma and Orthopaedics (T&O) provided an extremely positive presentation on developments which had resulted in patients receiving knee and hip replacements resulting in same day discharges or much shorter hospital admissions. He emphasised that these improvements had been implemented safely and supported by great team work. The approach was to undertake everything better, faster and with co-ordination. Many positive patient examples were shared with those present.

**AGM23/3.2** The Chair sincerely thanked Mr Ganapathi and supporting teams on being creative and doing things differently to make significant improvements for patients and also positive efficiencies within a high demand service.

**AGM23/3.3** Dr Alberto Salmoiraghi, Consultant Psychiatrist/ Medical Director Mental Health and Learning Disability Services (MHLDS) stated his pride in working with BCU colleagues in a very challenging service that had been subject to greater demand due to the covid epidemic and the increase in financial pressures that people were dealing with. He described the emergence of neurodiversity and BCU's plans to address them. Several other developments and positive improvements were highlighted within the presentation.

**AGM23/3.4** The Chair thanked him for sharing the positive progress made and future developments being progressed in MHLDS.

**AGM23/3.5** Rachael Page, Assistant Director Primary Care, provided a presentation on Health Board managed practices and the positive improvements implemented which had benefitted patients and staff. Very positive feedback from Health Inspectorate Wales visits were shared with those present. Community Occupational Therapy improvements aligning with primary care settings were highlighted which had resulted in significant reduced waiting times for patients in the East area. Two Advanced Nurse Practitioners within District Nursing presented the Red Bag Scheme which they had developed and was proving very successful for Care Home patients accessing and being discharged from acute services providing all necessary patient's records for individuals. They reported that other services were also exploring adopting a similar scheme for their patients.

**AGM23/3.6** The Chair thanked those present for their insightful presentations and sharing with members of the public, colleagues and Board members many great examples of improvements taking place for BCU patients.

#### **AGM23/4 Annual Financial Accounts and Auditor Opinion**

**AGM23/4.1** The Interim Executive Director of Finance presented this item. He advised that the Auditor General for Wales had issued an adverse qualified "true and fair" audit opinion. The qualification being in two parts i.e. part 1 - the opening balances of accruals and payables from the 2021-22 financial year and part 2 – a regulatory qualification in regards to an interim Executive appointment requiring Welsh Government approval. It was noted that Audit Wales stated the balance sheet closing position for 2022/23 represented a true and fair view (clean bill of health) with the Health Board also achieving the 1st key financial duty of being in surplus over the three financial years.

**AGM23/4.2** The Interim Executive Director of Finance highlighted how expenditure was divided between BCU's services & resources and contextualised the enormous volume of invoices processed whilst meeting its statutory targets. He advised that estate maintenance costs would need to be considered going forward. Whilst the 2023/24 deficit forecasts across Wales' Health Boards were indicated at £648m, BCU accounted for £134m of this sum. It was also noted that, along with many other Health Boards in Wales facing financial challenges, BCU did not have in place an Integrated Medium Term Plan, though an Annual Plan had been approved.

**AGM23/4.3** In conclusion, the Interim Executive Director of Finance advised that the Health Board would seek to deliver a clean set of accounts for 2023/24 (an unqualified opinion) noting the plan articulating a deficit of £134.1m for the financial year



## **AGM23/5 Questions and answers to the Health Board**

**AGM23/5.1** The Chair welcomed questions from the public in general or in regard to the presentations provided. He also outlined that the Health Board would be keen to receive questions throughout the year, not just at Board meetings or AGMs.

**AGM23/5.2** A member of the public questioned Mental Health nurse staffing levels, given that BCUHB had received adverse reports on this same area over 10 years before. He referenced the Holden report along with recent Health Inspectorate Wales (HIW) reports. In response the Chair stated that nurse staffing was a huge matter which the Board was actively engaged in addressing. The Interim CEO concurred that workforce was the biggest of the NHS's challenges, she had not encountered such difficult recruitment issues throughout her career. She also advised that BCU was encouraging local engagement in the service and, whilst there was more work to do, it was her hope that more would consider the joys and challenges of working in this area in the development of their careers within health care in North Wales. The Chair also commented that, following the impact of the Covid pandemic, more people were seeking careers in Mental Health services. Work was also underway with the local University to develop this further.

**AGM23/5.3** A member of the public questioned the Health Board's progress in regard to the 35 recommendations put forward in a HASCAS report undertaken in 2018. The Interim CEO advised that a review was currently being undertaken of the report, and learning would be reported on with transparency when concluded.

**AGM23/5.4** A member of the public sought greater detail on the future of Llandudno Hospital. The Chair and Interim CEO were pleased to advise that the Health Board would be considering a business case the following day to invest in Orthopaedic Services on the site, members of the public were encouraged to attend the discussion.

**AGM23/5.5** A member of the public commended the potential development of Llandudno Hospital, having lamented previous decisions to reduce community beds which she felt to be a factor in current 'bed blocking' at acute sites. She was encouraged by the new Board and wished it success moving forward into the future.

**AGM23/5.6** The Chair acknowledged the many challenges ahead but reiterated the Board's commitment to reach out and work with many of BCU's communities. He emphasised that working in partnership was very important to him and the



Board and that this event would be the first of many which would enable the Health Board to go out into the Community to listen.

**AGM23/6 Round table discussions**

Round table discussions took place with members of the public and Board members and that output of these would be collated by the Communications and Engagement team at the Health Board.

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## Health Board

### Table of actions log – arising from meetings held in public updated 23.11.23

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
HB23/137.16	Executive Director of Public Health	<b>Partnership working</b> The Executive Director of Public Health to discuss with Bangor University (and other universities) and report back to the Board on the use/training of Health Advocates.	Sept 2023	<b>Updated 20.09.23</b> The Executive Director of Public Health has reached out to colleagues at Bangor Uni (Sept 2023) and will report back as conversations progress. <b>21.11.23</b> The Executive Director of Public Health advised that conversations regarding Public Health opportunities are underway with the University.	Proposed for closure	
HB23/155	Executive Director of Nursing & Midwifery	<b>Board site visits</b> The Executive Director of Nursing and Midwifery to circulate proposed programme of visits to the Board	Sept 2023	<b>28.9.23</b> The Executive Director of Nursing & Midwifery advised at the Board meeting that some visits had taken place. A programme was being developed which would be provided to QSEC to agree a co-ordinated approach.	Completed. Proposed for closure	
HB23/159.5	Executive Director of Transformation and Planning Action transferred to Interim Executive Director Operations	<b>Orthodontics Data</b> The Executive Director of Transformation and Planning to review the data on Orthodontics which was excluded from the national	Oct 2023	<b>Updated 19.09.23</b> There are significant capacity issues within Orthodontics in BCU and whilst the UHB has met it's 156-week target this excludes orthodontics (106 patients). A short-term plan to treat this backlog is being discussed with clinical leads and	Proposed for closure	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
		matrix, he undertook to explore the data further and report back		will be considered by the Executive Team in early October. Further discussions are taking place across the system to develop a sustainable integrated service model for the delivery of orthodontics. <b>21.11.23</b> Work is ongoing to secure extra capacity and a meeting with Countess of Chester has been arranged to explore the potential for additional short term capacity. The position will remain challenged, also due forthcoming period of maternity leave which will leave the Health Board with just 1.3 WTE consultant orthodontists. There is the possibility of attracting a newly qualified consultant in April and current vacancies continue to be advertised. All long waiting patients are being routinely clinically and clerically validated.		
HB23/161	Acting Board Secretary	<b>Section 3 Audit Updates</b> Further updates needed to be incorporated and that Audit Wales would review and discuss BCU's response further as part of their	Oct 2023	<b>Updated 20.09.23</b> The structured assessment has been updated and was received at Executive Team prior to sending to Audit Wales	Proposed for closure	



Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
		routine structure assessment work. The Interim Board Secretary would provide the final version of the response to Audit Wales on completion of section 3 updates.				
HB23/168	Executive Medical Director	<b>Transfer of stroke patients</b> In response to an IM's query relating to transfers of stroke patients to specialist care which could be critical to their recovery, the Executive Medical Director undertook to provide feedback on the procedure required. The Executive Medical Director would provide a full response regarding transfer of stroke patients	Oct 2023	<b>28.9.23</b> The Executive Medical Director provided a brief outline in the Board meeting of the work being undertaken by WAST with high priority transfers which was also being considered for stroke patients.	Proposed for closure	
HB23/212.3	Director of Partnerships, Engagement and Communications	<b>Accommodation</b> Liaise with Independent Member to share potential opportunities for staff	13.10.23	<b>16.11.23</b> The PEC Director advises that she has liaised with colleagues at Clwyd Alyn and we are sharing the information with our staff via the intranet and also with	Proposed for closure	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
		in regard to accommodation as discussed		appropriate groups in BCUHB for wide distribution.		
HB23/212.4	Acting Executive Director of Therapies and Health Science	<b>Advancing Healthcare Awards</b> Share with the Board progress and further information on the 6 BCU nominations being considered	31.10.23	<b>10.10.23</b> - details of the event and nominations have been provided to the Communications team, who will ensure the outcome of the awards are communicated on, or after, the event on the 20th October. <b>23.11.23</b> Details circulated to Board members via email 23.11.23	Proposed for closure	
HB23/220.3	Chair	<b>IM Capacity</b> Share with the Minister for Health and Social Care the concerns raised.	31.10.23	The Chair has sent a letter to the Minister.	Proposed for closure	
HB23/221.2	Interim Executive Director of Finance	<b>Financial Balance</b> Provide comparative data on when, during the previous years, it was understood that financial balance could be achieved.	20.10.23	<b>21.11.23</b> The Interim Executive Director Finance advises: In 2022/23 a balanced budget was agreed, at month 6 a £3.2m deficit was reported and a deficit of £10m forecast as the outturn for the financial year. The Health Board achieved a £0.4m surplus.	Proposed for closure	
HB23/223.2	Interim Chief Executive	<b>Ophthalmology</b> Arrange for greater detail of Ophthalmology performance to be shared with Board members	23.10.23	<b>21.11.23</b> The Interim CEO advises: Further detailed iterations of the integrated performance reporting for specific specialties is currently under development. These will be shared initially through the PFIG	Proposed for closure	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
				Committee and then into other Board Committees, e.g. Quality, Safety and Experience Committee. Integrated performance Report - this is under development and narrative on impact/evaluation of action will be included in future report iterations.		
HB23/223.3	Deputy Director of People.	<b>Staff Absence</b> Provide further detail of all absence rates at the next PFIG Committee with especial focus on Estates and Facilities.	23.10.23	<b>21.11.23</b> The data is regularly captured and is accessible through our workforce dashboards for board members and senior managers across the organisation. The detailed position will be presented at the next PFIG meeting on 18.1.24.	Propose remain open until next presented at PFIGC	
HB23/223.4	Interim Chief Executive	<b>Integrated Performance Report</b> Provide assurance that the developing IP report would provide clarity on “What worked and What didn’t work” in future reports to the PFIG Committee.	23.10.23	<b>21.11.23</b> The Interim CEO advises: This is under development and narrative on impact/evaluation of action will be included in future report iterations.	Propose remain open until next presented at PFIGC	

<b>RAG</b>	
Action Closed	
Action ongoing	
Action Outstanding	

<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Patient Story – Inflammatory Bowel Disease (IBD) Service</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	30 November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	A patient or carer story is presented to the 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.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to note this report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Mandy Jones, Deputy Executive Director of Nursing Leon Marsh, Head of Patient and Carer Experience Rachel Wright, Patient and Carer Experience Lead Manager			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>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:</b> <b><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></b>				
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.				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Quality			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	N/A			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A			

<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <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
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	N/A
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	N/A
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	N/A
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF21-10 - Listening and Learning
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
<b>Camau Nesaf: Gweithredu argymhellion</b> <b>Next Steps: Implementation of recommendations</b> N/A	
<b>Rhestr o Atodiadau:</b>  <a href="#">FINAL IBD Service Patient Story.mov</a>  <b>List of Appendices:</b> Appendix A- Patient Story Summary	

## **Betsi Cadwaladr University Health Board**

### ***The Inflammatory Bowel Disease (IBD) Service and the benefits of Non-Medical Prescribing (NMP)***

*A video story will be played at the meeting.*

#### **Overview of Patient Story:**

The storyteller describes his experience of Crohn's Disease. Starting with symptoms in 2016, the storyteller describes a 6-month journey with their GP, having various symptoms, treatments and diagnoses, ultimately ending with a diagnosis of Crohn's Disease. He describes feeling 'elated' at having a diagnosis, where his condition now had a name; he was attached to specialists and was able to start treatment.

The story describes an experience of 'joined up healthcare in both Primary and Secondary Care', with a Crohn's aware GP, Pharmacist, Gastroenterologist, IBD Nurse Specialists and Haematologist at Wrexham Maelor Hospital, Orthopaedics at Gobowen and Podiatry at Llandudno Hospital and is 'grateful for that joined up support I get from my healthcare professionals'.

The gentleman describes the excellent support he receives from the IBD Nurse Specialists that enables him to manage his condition alongside multiple other underlying conditions to prevent 'flares' and to support remission in his conditions.

The storyteller describes his link to the Crohn's and Colitis UK charity, accessing information and knowledge, patient education workshops and meeting other people with the same condition. The storyteller now works with Crohn's and Colitis UK as a volunteer patient advisor on various projects and uses his 'real life' experience to benefit others.

The IBD Service cares for patients with Crohn's Disease and Ulcerative Colitis. The Lead IBD Nurse Specialist at Wrexham Maelor Hospital is also the Crohn's and Colitis UK Specialist Nurse in North Wales. There are currently two IBD Nurse Specialists in the team at Wrexham and they manage a caseload of over 2000 patients.

The IBD Service includes IBD Clinics and an IBD Advice Line. Patients can call the dedicated Advice Line for help and support, preventing patients attending A&E and Primary Care. The IBD Nurse Specialists support patients with the medications that they need through Non-Medical Prescribing 'providing the patient with rapid access to treatment and also continuity of care'. Recently, an IBD Nurse Specialist within the team has completed their Masters in Advanced Clinical Practice and NMP Qualification to support patients and the team are looking at ways to adapt their service to support the needs of the increasing number of patients being diagnosed with Crohn's and Colitis.

#### **Summary of Learning and Improvement**

The story has been shared back to appropriate BCUHB services for learning and development, including the IBD Nurse Specialists at Wrexham Maelor Hospital, the Head of Nursing (Medical Directorate) at Wrexham Maelor Hospital and the IHC Associate Director of Nursing and associated teams.

The story will be shared widely across BCUHB as part of #MedSafetyWeek (6<sup>th</sup> – 12<sup>th</sup> November 2023). This is an annual social media campaign. This year's focus is on 'who can report' and promotes how patients, Doctors, Pharmacists, Nurses and other Healthcare Professionals can contribute to pharmacovigilance. The story focuses on promoting the work of the IBD Nurse Specialists and their vital role as Non-Medical Prescribers, supporting medicines safety.

**The storyteller describes his experience of Crohn's Disease and the importance of the Crohn's and Colitis UK charity for accessing information, knowledge, education and meeting people with the same condition.**

Crohn's Disease and Ulcerative Colitis are the two main forms of Inflammatory Bowel Disease. Crohn's and Colitis UK (CCUK) are the UK's leading charity for Crohn's and Colitis. CCUK provide support to patients through providing a variety of information and resources that help patients to better understand their conditions and to make informed decisions about their health. CCUK also support Healthcare Professionals involved in the treatment of people with Crohn's and Colitis, including GP's, Pharmacists, Nurses and other Healthcare Professionals. They provide access to quality resources based on research and evidence, as well as providing a community of support for professionals. CCUK resources are widely used by the IBD Service at Wrexham Maelor Hospital.

**The storyteller describes feeling 'elated' at having a diagnosis and being attached to specialists. The storyteller describes the excellent support he receives from the IBD Nurse Specialists that enables him to manage his condition alongside multiple other underlying conditions.**

There are currently two IBD Nurse Specialists in the team at Wrexham. The Lead IBD Nurse Specialist is also a Clinical Endoscopist as well as the Crohn's and Colitis UK Specialist Nurse in North Wales. The effective management and treatment of Crohn's and Colitis requires an expert level of knowledge and experience. The IBD Nurse Specialists provide dedicated expert support and advice for people living with Crohn's and Colitis that are under the care of their specialist IBD service. The CCUK Specialist IBD Nurse Specialist Training Programme provides training and guidance on how to build a specialist IBD Team in line with the IBD Standards.

**Patients are supported via IBD Clinics and a dedicated IBD Advice Line to ensure rapid treatment management, preventing patients attending A&E and Primary Care.**

The IBD Advice Line is a telephone answering service where a patient can leave a message requesting help, advice and support. It is run by the IBD Nurse Specialists who have advanced knowledge of IBD and can assess and advise patients over the phone. They are for IBD patients who are having a 'flare-up' or are worried about adverse symptoms, are unwell in-between appointments or need advice direct from an IBD Nurse Specialist. Advice Lines are not for use in an emergency, for re-arranging appointments or for general information about Crohn's and Colitis. The IBD Advice Line at Wrexham Maelor Hospital is contactable on 03000 858355, 8am – 5pm, Monday – Friday. The team aims to respond to all calls within 48 hours, but the majority are dealt with on the same day. On average, the team takes 23 calls to this line per day.



## **The IBD Service cares for patients with Crohn's Disease and Ulcerative Colitis and manage a caseload of over 2000 patients.**

The two IBD Nurse Specialists in Wrexham manage a caseload of over 2000 patients. According to CCUK, there are currently 15,000 patients in Wales diagnosed with Crohn's and Colitis, but that new research indicates that there are a hidden group of patients and advise that there are up to 24,000 patients that will be diagnosed with Crohn's and Colitis. This will impact significantly on the IBD Service in Wrexham and the team is looking at ways to adapt their current service and to recruit into their workforce to meet the needs and demands of the increased number of patients diagnosed into the future.

The IBD Service have completed a significant piece of cost-saving work. With increased research, there is now more choice of drugs available for patients with Crohn's and Colitis. In 2018, several expensive Biologic drugs came off patency. This enabled drug companies to produce Biosimilar drugs. The team have been able to switch patients receiving Biologic treatments to Biosimilar. This has resulted in a cost saving for the Health Board of £417,000. The IBD Service are hoping that some cost-savings will be re-invested into the workforce within the team to support the increasing patents accessing the IBD Service.

## **The IBD Nurse Specialists support patients with the medications that they need through Non-Medical Prescribing (NMP), supporting patients with rapid access to treatment, safe prescribing and continuity of care.**

BCUHB have recently refreshed the Health Board's Non-Medical Prescribing Policy. The new Independent Prescribing Procedure (MM03) refers to prescribing by Healthcare Professionals, in addition to Doctors and Dentists. The Procedure provides a clear governance framework to enable the provision of faster and more efficient access to medicines for patients. It also includes steps to make it easier for prescribers to be added to the BCU prescriber database, as well as revised and simplified paperwork. The responsibilities of Line Managers and Supervisors have also been clarified and a BCU annual audit will now check these arrangements are in place. The Policy applies to existing prescribers as it describes their annual requirements to maintain their prescribing status as well as extending or changing their scope of practice or formulary. It also provides step-by-step guidance to anyone considering starting or currently undertaking a prescribing course.

In North Wales, we have around 900 BCU-employed prescribers, as well as our Doctors and Dentists. Amy Cowell (IBD Nurse Specialist) within the team has recently completed her Masters in Advanced Clinical Practice and the NMP Qualification to support IBD patients accessing the service, ensuring they receive timely treatment and safe effective care. Every day, NMP's make a real difference and improve the experience and care provided to patients across BCUHB.

## **The storyteller describes how he now works with Crohn's and Colitis UK as a volunteer patient advisor and uses his 'real life' experience to benefit others.**

The storyteller is involved in various projects and has used his 'real life' experience to drive forward developments and improvements in patient care.



The storyteller is involved with the AWARE-IBD project with local partners in Sheffield under a new Health Foundation programme called Common Ambition. Bringing together people with Crohn's and Colitis, healthcare professionals and decision makers to create and guide improvements to the IBD Service in Sheffield. The goal is to empower people with Crohn's and Colitis to improve their care based on what matters to them. This has included the development of a patient App to support and signpost newly-diagnosed patients. Whilst delivered in Sheffield, the learning from the initiative will ultimately lead to better outcomes and support for people who live with Crohn's and Colitis across the UK.

The storyteller is involved in the development of the NHS Wales App, a simple and secure way for patients to access a range of services via a mobile device or a web browser. The aim is to increase people's involvement in and management of their health and wellbeing, including those with chronic / long-term conditions, including Crohn's and Colitis, via a core platform of digital services to enable more positive health and social care outcomes for the people of Wales. The App is run and managed by Digital Health and Care Wales (DHCW).

The storyteller is involved with the Value in Health Programme, which aims to embed value-based healthcare across healthcare delivery in NHS Wales to achieve World leading health outcomes for the people of Wales. The storyteller has supported the education of professionals across Wales to drive better outcomes for patients with Crohn's and Colitis.

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

<b>Teitl yr adroddiad:</b> <i>Report title:</i>	Chair's Report		
<b>Adrodd i:</b> <i>Report to:</i>	Health Board		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	30 November 2023		
<b>Crynodeb Gweithredol:</b> <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"> <li>• Meetings with Elected Representatives</li> <li>• Appointments</li> <li>• Details of visits and meetings</li> </ul>		
<b>Argymhellion:</b> <i>Recommendations:</i>	That the Board notes the content of the report and raises any questions		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Chair		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Chair		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Ar gyfer sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p><b>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:</b></p> <p><b>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:</b></p>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>		Meetings cover a range of strategic priorities.	
<b>Link to Strategic Objective(s):</b>			

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

## **Report of Chair to Betsi Cadwaladr University Health Board**

### **30 November 2023**

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

#### **Recent appointments**

As all are aware, Carol Shillabeer has recently been confirmed as the substantive Chief Executive Officer of Betsi Cadwaladr University Health Board. There was a comprehensive recruitment process with interest from a broad range of candidates. The interview process was both thorough and competitive. This appointment is highly significant for us as an organisation, not least given the recent history of the Health Board.

The Minister for Health and Social Services has recently announced the appointment of Gareth Williams as Vice Chair together with Caroline Turner and Urtha Felda as additional Independent Members (IM). Gareth has already served as an Independent Member and is well placed to fulfil the role of Vice Chair. Both Caroline and Urtha have a wealth of knowledge and experience and will play a positive part as Board members. Recruitment for each of the roles attracted a variety of candidates and interviews led the panels to recognise that there were a number of appointable candidates. These appointments provide some stability for us as a Health Board and opportunity to plan for the future.

#### **Meetings with Welsh Government Ministers and others**

Meetings with Welsh Government take various forms: I have monthly meetings with the Minister for Health and Social Services together with meetings with the Deputy Minister for Mental Health and Well Being. The Board have regular Special Measures Forums with the Health Minister and both Ministers undertake arrange visits to the area in order to see the progress made with specific services. The First Minister, Mark Drakeford, also often arranges to meet when he is visiting North Wales on Government business. We have a good relationship with Government – Ministers challenge, when appropriate, but also support our progress as a Health Board in Special Measures.

The Senedd also takes an interest in our work: Both Carol and I have previously appeared before the Public Accounts and Public Administration Committee and have been invited to attend the Health and Social Care Committee, on 23 November. We also report to various meetings of our 6 local authorities and hold regular briefings for the region's MSs and MPs.

#### **Governance**

The role of Director of Corporate Governance has been advertised and interviews will take place in early December. This will be another key appointment for the Health Board and confirm our intent to ensure excellent governance and organisational development. Recruitment of additional IMs will allow us to ensure a full complement of committees and support some key work in our development as an organisation. Welsh Government intend to undertake a further IM recruitment campaign over the next months.

Our Board Development programme will allow us to focus on specific key areas such as culture and will be an opportunity to learn and grow as a team. It is important that we have time and space to consider the future direction of the Health Board as well as delivering on the Special Measures programme

## Finance

The challenge on meeting our savings target is considerable, as is the significance. We have put various meetings in place to ensure we have sufficient process and governance as well as the appropriate support and challenge for any plans. There is a need for us to strike the correct balance in short term and long term financial planning and give every opportunity for staff to contribute to this agenda, wherever they sit in the organisation. The shortage of both capital and revenue funding will also encourage us to embrace different and more efficient ways of working.

## Where are we?

As we progress from one phase of the Special Measures programme to another, there is an opportunity for us to pause and consider our progress. It is important that we capture the learning from this period and ensure that change and improvement are both continual and sustainable. My sense is that we are making progress but there is much to do. We are seeing a renewed focus on quality and standards – and not just in clinical services. It is essential that we embrace an ambition to be the best we can in order to provide health and well-being services the people of North Wales will be proud of. Ultimately, it is the people of these communities that will judge our progress as a Health Board.

Below is a summary of some of my meetings and visits for the period up to 18 November 2023

Date	Meeting / Visit
20 September	Meeting with Leader of Wrexham Council
20 September	East Community Heart Failure Team, Wrexham
21 September	Meeting with partners re Royal Alexandra, Rhyl
21 September	Meeting with Mayor of Bangor, Councillor Elin Walker Jones
25 September	2025 Conference, Llandudno Junction
25 September	Strategic meeting with Flintshire Council
27 September	Abergele Hospital for BBC interview
27 September	Monthly meeting with Minister for Health and Social Services
27 September	Board Annual General Meeting, Trinity Community Centre, Llandudno
27 September	Meet with families, Vascular Support Group, St. Asaph
28 September	Health Board, Llandudno
28 September	Remuneration Committee and Development Session
2 October	Meeting with Darren Millar MS, Abergele
2 October	Meeting with Coleg Llandrillo-Menai
3 October	Vice Chair interviews
4 October	Independent Member interviews
5 October	Welsh Government North Wales Cabinet Sub Committee, Llandudno Junction
5 October	Meeting Re Thirlwall Inquiry
9 October	Visit to Ysbyty Penrhos Stanley
9 October	Visit to Community Resource Hub, Holyhead
9 October	Visit to Hwb Iechyd Caergybi
10 October	Quarterly Meeting with Deputy Minister for Mental Health and Wellbeing
10 October	Inverse Care Law Event, Denbigh
10 October	Meeting with Chwarel TV, S4C
11 October	Inverse Care Law Event in Flintshire

11 October	Financial Oversight Group
11 October	Meeting with Audit Wales
12 October	Inverse Care Law Event, Anglesey
12 October	Black History Month Event, Abergele
13 October	Regional Partnership Board
13 October	Meeting with cross party regional MSs
16 October	Dental Site Visits Penygroes and Pwllheli
17 October	Meeting with partners re Royal Alexandra
18 October	Team Wales Event, Cardiff
19 October	Visit to Wrexham Emergency Department
19 October	Blood donor awards, Wrexham
20 October	Health Board Achievement Awards
23 October	Meeting with Welsh Language Team
24 October	Local Partnership Forum
24 October	Wellbeing Hub Wrexham
25 October	Meeting with Ros Alstead, Independent Adviser, Mental Health
25 October	Monthly Meeting with Minister for Health and Social Services
25 October	Meeting with Health Inspectorate Wales
25 October	Meeting with Audit Wales re Board Effectiveness Review
26 October	Board Development Session
30 Oct – 3 Nov	Leave
7 November	Chief Executive Interviews
9 November	Meeting with Canllaw, (Care and Repair), Penygroes
10 November	Wrexham Maelor Hospital Remembrance Event
11 November	Organ Donation Memorial Service St Asaph Cathedral
13 November	Ty Gobaith Hospice, Conwy
13 November	Anglesey County Council Partnership and Regeneration Scrutiny Committee, Llangefni
13 November	Audit Wales
14 November	Meeting with St David's Hospice Chair and Chief Executive
14 November	Remuneration Committee
16 November	Audit Committee
16 November	Special Measures Forum with Minister for Health and Social Services
16 November	Visit to Abergele Site and Orthopaedics Service with Minister
17 November	Leaving Event for Tommy Stone, Ysbyty Glan Clwyd
17 November	North Wales Regional Leadership Board
17 November	Meeting with North Wales Conservative MPs
18 November	Diwali Celebrations, Neuadd Ogwen Bangor



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Teitl adroddiad:</b> <b>Report title:</b>	Chief Executive Report			
<b>Adrodd i:</b> <b>Report to:</b>	BCUHB Board			
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 30 November 2023			
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of September to 20<sup>th</sup> November 2023. Some of the content is further expanded in other reports on the Board agenda.</p> <p>The report outlines some of the key engagement activities undertaken both within the health board and more broadly with partners and the public.</p> <p>There is an overview of the work relating to Special Measures including the interaction with Welsh Government. A separate report is also provided as part of the agenda.</p> <p>The report also draws out service, quality and financial matters that are particularly key and where specific and escalated action is taking place.</p>			
<b>Argymhellion:</b> <b>Recommendations:</b>	The Board is asked to <b>DISCUSS</b> and <b>NOTE</b> the report.			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Chief Executive			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Chief Executive			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>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:</b></p> <p><b>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:</b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>				
<b>Link to Strategic Objective(s):</b>		Relates to all objectives		



<b>Goblygiadau rheoleiddio a lleol:</b>	
<b><i>Regulatory and legal implications:</i></b>	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	N/A
<b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A
<b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	
<b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	No recommendation results in a financial decision or implication
<b><i>Financial implications as a result of implementing the recommendations</i></b>	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	No recommendation results in a workforce decision or implication
<b><i>Workforce implications as a result of implementing the recommendations</i></b>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	N/A
<b><i>Feedback, response, and follow up summary following consultation</i></b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	
<b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	N/A
<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b>  There are a range of actions continue relating to the content of the report, most of which are included in the 5 outcome areas relating to Special Measures.  <b>Implementation of recommendations</b>  Recommendations are to discuss and note.	

## Introduction

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of September to 20<sup>th</sup> November 2023. Some of the content is further expanded in other reports on the Board agenda.

On a personal note, I am delighted to have been offered the opportunity to join the health board as the substantive Chief Executive following the recruitment and selection process. Over the last six months as Interim Chief Executive I have seen the commitment of colleagues across the health board and the support from partners and stakeholders to work with the health board as we move forward. There is clearly much to do and as we continue to work through the stabilisation phase of the health board we start looking ahead to building an effective organisation that actively engages and supports staff and communities across North Wales in improving health and wellbeing and providing excellent healthcare services. I would like to thank people for their warm messages over the last week or so and look forward to working together over the coming years.

## Service Visits

A number of key service visits have continued to be undertaken as part of engaging with colleagues across the organisation to learn about their work, successes and challenges. Further scheduled visits are planned for the coming weeks and months.

- **Community Visits Ynys Môn:** Visits and a range of discussions with teams and services, including voluntary/3rd sector and Local Authority has taken place to learn of the work taking place in the heart of communities. A visit to Canolfan Glanhwfa, Llangefni saw the valuable work colleagues in the 3<sup>rd</sup> sector offer in relation to a positive community environment where people can meet for classes (including a comedy class), luncheon club and health and wellbeing support. An outline of the work of the Community Resource Team was presented and demonstrated the essential elements required to support more people successfully in their own home, both preventing hospital admissions and supporting early discharge. The Inverse Care Law Workshop held in the M-Space Centre brought together colleagues and stakeholders across a range of sector, services and functions. The work focuses on ways on which working across partners with communities can help reduce inequalities. This set the scene for a positive meeting with the CEO and Director of Social Services at Ynys Môn Local Authority exploring ways in which working more closely together could enable greater benefit to those communities with the greatest need.
- A visit to **Wrexham Maelor Hospital** Emergency Department has taken place, with the Chair to meet staff and to understand the challenges of the service. Meeting with senior clinicians, it was clear that the service demand and pressure at the 'front door' of the hospital is a key concern. Enabling different ways of working, supporting clinicians and other staff with enabling digital solutions and supporting the whole pathway of care were key themes emerging from the discussion. The visit also took in a tour of the renal dialysis unit and a meeting with the lead Consultant, hearing of the challenges and developments with service and operational approaches in the organisation. A follow-up visit was undertaken enabling the shadowing of the 'post-take medical ward round' in the ED, and the joining of a ward round on Acton Ward, a service that provides Non-Invasive Ventilation care for patients across the region and from England.
- A visit to **Ysbyty Gwynedd** has also taken place with Board Members as part of the Board Development Programme. This enabled consideration of the Winter Resilience planning approach and enabled an opportunity to meet colleagues working through the urgent and emergency care pathways including Emergency Department, Same Day Emergency Care service where detailed information was shared regarding the development of this enhanced service and the positive impact being achieved for patients and staff alike. The Site Management Team shared helpful information regarding how patients flow through the

hospital system and the Discharge/Complex care Team enabled positive discussion to take place regarding the opportunities of further joint working particularly with Local Authority colleagues.

- A visit to the **Heddfan Unit** in Wrexham took place visiting the ward areas and seeing at first hand the contrast in the environment of care with the current Ablett Unit. The Section 136 suite, the acute care suite, the Psychiatric Intensive care area and one of the wards were all visited. Discussion took place with staff regarding workforce challenges and pleasingly some reports that recruitment was starting to improve, the quick thinking and action of the team when an incident occurred damaging the physical environment, along with the speed of colleagues to restore that area back to patient use. Environmental issues, along with workforce, are significant for mental health services and the positive further news regarding planning permission for a new mental health unit at Ysbyty Glan Clwyd signals the strong intent the health board has to developing new environments of care. Further steps will be taken to improve the current environment whilst the business case for the new building and respective service is developed for Board consideration.

## Service matters

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

- The commitment to improve access, outcomes and experience of people in relation to planned care (mostly outpatient and surgical intervention) has been underpinned by the establishment of Planned Care Board. GIRFT (Getting It Right First Time) is a significantly positive way of working, that is evidence based with the express endorsement of Royal Colleges and professional bodies. A **GIRFT Summit** was held on 5<sup>th</sup> October 2023, with clinical and managerial leads delivering a range of presentations demonstrating the progress and learning of each specialty undertaking GIRFT ways of working, as well as some of the challenges in making progress. Data systems and specifically the development of dashboards relating to GIRFT are supporting a data-led approach to improvement.
- **Quality of care** continues to a key priority for development across the health board in line with the new legislation which underpins the Duty of Quality. Clinical Executives held a Quality Roundtable with Welsh Government and NHS Executive colleagues and Independent Advisers and as part of the development work in this area specific assessment/review work on quality governance systems is now underway. Furthermore, the insights, feedback and contributions of other colleagues including HM Coroners continue to be considered in helping to shape the next stage of work.
- A visit to the **Royal Alex Hospital in Rhyl** has taken place prior to the multi-organisation Round Table to consider the approach to supporting the developments previously put forward. The positive discussion included Local Authority colleagues, Welsh Government and the health board and a further work is now underway to scope the potential for a Phase 1 development. This is a key, integrated care development which has already been identified by the Regional Partnership Board as a priority. Further updates on progress in this area will be provided in due course.
- The **financial position** of the health board is presented within another agenda item at the Board. It is however important to stress the clarity that has now been gained regarding the extent of the financial pressure. Welsh Government published a statement on the budget position and the requirement for government departments to reduce significant levels of expenditure. Whilst some of the position is shared in the finance report elsewhere on the agenda, the budget allocation for 2024/25 is not yet clear. It is anticipated however that the financial constraints experience during this year and likely to continue into next year, requiring a significant endeavour to enable financial requirements being met.

## Working with Partners

- A meeting has been held with the Thirlwall Inquiry which will examine the issue regarding the crimes of Lucy Letby at the Countess of Chester Hospital. The Health Board has previously made public comments regarding the commitment to fully engage with the Inquiry and internal mechanisms have been established in order to facilitate this.
- A meeting with Grŵp Llandrillo Menai, a key provider of Further Education to the population of North Wales, has taken place to explore the potential that closer strategic relationships and working could bring. The organisation as a 'University' health board is committed to supporting the education and training of colleagues in a wide variety of settings and as the organisation moves forward this will become a more prominent feature of the development work.
- Meetings have been held with North Wales Members of Senedd and Members of Parliament in relation to the work of the health board and in particular the progress being made regarding areas within the Special Measures Response Plan. The Chair and CEO are expected to give evidence at the Health and Social care Committee of the Welsh Parliament on 23<sup>rd</sup> November.
- Executive Directors from NHS organisations and colleagues from Welsh Government participated in a Team Wales event examining the challenges and opportunities to improve the approach to improving health and wellbeing of the population and the provision of excellent services. It was noted that the Welsh Government 'A Healthier Wales' Strategy will be reviewed with an intent to update for the coming years.
- Finally in this section, the Speak Out Safely Service has been recruiting Guardians. It was a pleasure to meet several colleagues who applied for the part time roles with a successful outcome. This is a key mechanism in the organisation to enable speaking up and will continue to form a core part of the culture, leadership and engagement work endorsed by the Board in September.

## Staff recognition and leadership development

- Colleagues within the BCUHB Public Health Team were recently invited to present at a national conference *'How can Planning and Health reunite? Working together for a whole systems approach to Wellbeing'*. The team were invited to present on their work taking a whole system approach to healthy weight through influencing the spatial planning system. The work involves a newly introduced process of providing a public health response to all spatial planning applications within North Wales that are of public health interest, such as hot food takeaways. The work which started in January 2023 has resulted in a number of conditions being placed on premises following public health advice, and is part of a wider programme of work to improve access to affordable healthy food in North Wales by tackling the density of unhealthy food offered within communities. Working in partnership with Local Authority planning colleagues has offered the Health Board the opportunity to influence the health and wellbeing of the population through tackling the wider determinants of health, such as the environment we live in. The work has been held up as an example of best practice and is now being considered for adoption across the other Health Boards in Wales.
- The health board has been working with colleagues from Sri Lanka under the guidance of the Executive Medical Director, and Dr Karthi spent 12 months with the organisation on a leadership fellow programme. Dr Karthi has now been appointed to a senior position on Sri Lanka and shares his very positive experience here in BCU as part of his development. A further colleague from Sri Lanka is due to join the health board from early next year. This provides a great opportunity to learn together in developing leadership, enabling strong relationships to be built with the Sri Lankan healthcare system.
- Colleagues have been awarded an NHS Wales Award in the recent recognition ceremony. Research in 2018 found that 23% of disabled adults and 47% of disabled children participate in physical activity three or more times a week. This indicates a positive engagement picture, but also means that a large proportion of disabled adults and children are NOT doing enough physical activity to positively impact their health. A pilot was established by Health Disability Activity Partnership (HDAP) to explore how Disability 'sport' and Health could work together to better support disabled people to improve their levels of physical activity. The pilot ran for three years, leading to a co-produced Pathway and the design of an up-skilling session. 1190

health professionals were up-skilled, and 560 disabled people signposted. A Social Return on Investment Analysis identified that for every £1 investment, £124 of social return was realised. Alongside the wider results, four talented athletes were identified who then went on to compete for Wales.

- The final aspect under this section relates to the fantastic BCU Staff Awards. These were held recently, in the midst of Storm Babet, with several hundred colleagues able to attend. Generous Sponsorship enabled the event to be a very special one for so many colleagues, recognising tremendous effort and achievement across a range of areas. Whilst the NHS continues to respond to the very many challenges it faces, the strength of commitment and innovation was clearly evident. Congratulations to everyone involved, and a special thanks to the organisers, predominantly from the Public Engagement and Communication Team that led the highly successful event.

## **Conclusion**

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



<b>Teitl adroddiad:</b> <i>Report title:</i>	Special Measures Update		
<b>Adrodd i:</b> <i>Report to:</i>	Health Board		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this paper is to:</p> <ol style="list-style-type: none"> <li>1) Provide an update on progress against the second 90-day cycle (September - November 2023)</li> <li>2) Clarify the approach for the second 90-day cycle closure and third 90-day cycle (December 2023 to February 2024) commencement</li> </ol>		
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1) <b>RECEIVE ASSURANCE</b> on the progress made in the second 90-day cycle, acknowledging the areas of challenge</li> <li>2) <b>APPROVE</b> the approach for the second 90-day cycle closure and third 90-day cycle commencement</li> <li>3) <b>APPROVE</b> the items of change control listed in the paper</li> <li>4) <b>NOTE</b> the Welsh Government Independent reviews and management responses that have been considered at BCUHB's Committees as indicated below <ul style="list-style-type: none"> <li>• 23/254.1 Safety Review BCUHB Mental Health and Learning Disabilities In patient units (Quality, Safety and Experience Committee)</li> <li>• 23/254.2 Review of concerns raised around BCUHB affiliated patient safety (Quality, Safety and Experience Committee)</li> <li>• 23/254.3 Rapid review of interim executive posts at BCUHB (Remuneration Committee)</li> <li>• 23/254.4 Rapid review of the Office of the Board Secretary, BCUHB (Audit Committee)</li> </ul> </li> </ol>		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	<p>Carol Shillabeer, Chief Executive (Accountable Officer)</p> <p>Dr Chris Stockport, Executive Director of Transformation &amp; Strategic Planning (Lead Executive)</p>		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	<p>Paolo Tardivel, Director of Transformation and Improvement</p> <p>Geraint Parry, Special Measures Programme</p>		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>

<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>	<b>Dim Sicrwydd</b> <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>

**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:***

<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	To support Special Measures
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	Not applicable
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></b>	Not applicable
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	Not applicable
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	Not applicable
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	Not applicable



<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Not applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> Gweithredu argymhellion  <b>Next Steps:</b> Implementation of recommendations	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>  Appendix 1: Data points demonstrating progress in Cycle 2 Appendix 2: Summary of Cycle 2 Deliverables Appendix 3: Change Control Requests  Link to following appendices (available from 24.11.23) : <a href="#">Health Board Meetings - Betsi Cadwaladr University Health Board (nhs.wales)</a>  Welsh Government Independent reviews and management responses <ul style="list-style-type: none"> <li>23/254.1 Safety Review BCUHB Mental Health and Learning Disabilities In patient units (Quality, Safety and Experience Committee)</li> <li>23/254.2 Review of concerns raised around BCUHB affiliated patient safety (Quality, Safety and Experience Committee)</li> <li>23/254.3 Rapid review of interim executive posts at BCUHB (Remuneration Committee)</li> <li>23/254.4 Rapid review of the Office of the Board Secretary, BCUHB (Audit Committee)</li> </ul>	

## HEALTH BOARD 30<sup>th</sup> November 2023

### Special Measures Update

This report presents a summary of the progress in relation to the second Special Measures 90-day cycle (September to November 2023), as of 10<sup>th</sup> November 2023. It also provides an overview of the approach being taken for the closure of the second 90-day cycle and the commencement of the third 90-day cycle (December 2023 to February 2024).

#### ▪ Status Update

The table below provides a summary of progress of the milestones across the five outcome areas at day 76 of the 90 day cycle. As is typical in 90-day planning, many milestones are scheduled to complete on the last day of the cycle and so the final position for this cycle will not be known until then.

Outcome	Completed milestones	In Progress – milestone on track but end date not yet reached	In Progress – milestone at risk of missing end date	In Progress – milestone planned end date passed	Total
<b>Outcome 1:</b> A well-functioning Board	7	8	3	1	19
<b>Outcome 2:</b> A clear, deliverable plan for 2023/24	10	11	0	3	24
<b>Outcome 3:</b> Stronger leadership and engagement	6	12	1	3	22
<b>Outcome 4:</b> Improved access, outcomes and experience for citizens	21	21	0	3	45
<b>Outcome 5:</b> A learning and self-improving organisation	7	6	0	4	17
<b>Overall</b>	<b>51</b>	<b>58</b>	<b>4</b>	<b>14</b>	<b>127</b>

## Cycle 2 Closure and Cycle 3 Commencement Approach

The second 90-day cycle concludes on the 30th of November 2023, at which point the Special Measures PMO will finalise which milestones have not been completed and review evidence against those that are marked as complete, to ensure that the actions that have been taken are outcome-focused, as expected. The final position will be reported at the first Board meeting following the end of the cycle.

In order to prevent delay in finalising Cycle 3 milestones, the approach being taken is to create that content during the final weeks of Cycle 2 in November. This will enable the Board to be presented with a set of proposed Cycle 3 milestones at the November Board meeting. Any overdue Cycle 2 milestones will be tracked alongside the Cycle 3 milestones.

## Independent Advisors

Part of the support offered by Welsh Government was the appointment of several Independent Advisors to key areas of concern. As we progress through the 'Stabilisation' phase and as the independent review work nears completion, the number of independent advisors is reducing. Conversations with Welsh Government officials continue in relation to the type of support the organisation needs in this space, with the main direction being towards moving support from discovery to design and through to delivery.

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### ■ Cycle 2 Progress to Date

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The table below provides an overview of the cycle 2 achievements and progress to date, as at the 10<sup>th</sup> November 2023. Appendix 1 provides further detail.

Outcome	Achievements and progress
1) A well-functioning Board	<ul style="list-style-type: none"><li>▪ Recruitment of a permanent Vice Chair and two permanent Independent Members</li><li>▪ Interviewing for permanent Chair in November</li><li>▪ Substantive CEO appointed</li><li>▪ Recruitment process for further Independent Members being managed in conjunction with Public Appointment Unit, Welsh Government</li><li>▪ Risk Management Framework agreed at the September Board, with implementation underway reporting to the Audit Committee</li><li>▪ Board Development Programme being implemented, including focus-on areas such as Winter Resilience Planning including clinical/service visits</li><li>▪ Received Reviews considered in Board Committee Development Sessions, prior to Management Responses being developed</li><li>▪ Revised Board Committee Structure agreed</li></ul>
2) A clear, deliverable plan for 2023/24	<ul style="list-style-type: none"><li>▪ Integrated Planning Framework developed, approved by Board and implementation commenced</li><li>▪ Integrated Performance Framework developed, approved at the September Board, with implementation commenced</li><li>▪ Planning Review fieldwork completed; awaiting draft report</li><li>▪ Draft Contract Procurement Management independent Review received by management</li></ul>

	<ul style="list-style-type: none"> <li>Financial Control Action Plan progressing well, with Standing Financial Instructions (SFIs), Scheme of Reservation and Delegation (SORDs) and Standing Orders (SOs) all being reviewed, refreshed and socialised ahead of presentation to Board and relevant sub committees.</li> <li>Procurement training delivered to over 400 BCU staff</li> </ul>
<b>3) Stronger leadership and engagement</b>	<ul style="list-style-type: none"> <li>Board approved Strategic Intent and immediate actions regarding Culture, Leadership and Engagement.</li> <li>Annual General Meeting (AGM) and Health Fayre held in September, enabling conversations between our Board, Executives and Local Communities</li> <li>Three community engagement events scheduled, working with the Board on agreeing dates and locations from April onwards</li> <li>New Leadership Development Programme being developed</li> <li>Significant reductions in the usage of agency interim staff from 41 in December to seven in September</li> <li>Actions against all recommendations in the Interims review are underway and on track, with an important recommendation around how the Remuneration Committee operates already completed</li> <li>Draft 'Listening to Patients, Families and Communities' Report received by management</li> <li>Clinical Engagement Rapid Review report received and considered by Executive Team. To be considered at the People and Culture Committee.</li> </ul>
<b>4) Improved access, outcomes and experience for citizens</b>	<ul style="list-style-type: none"> <li>Planned care: Improvement in the longest waits achieved, with work continuing to improve the position for all long waits. Detailed Demand and Capacity Analysis commenced. Full Capacity Protocol agreed.</li> <li>Vascular: Vascular Review report received by management.</li> <li>Dermatology: Plan to resolve immediate issues approved, and service modelling for a sustainable solution commenced</li> <li>Mental Health: Royal College of Psychiatry Review well advanced. Management Response for Mental Health Inpatient Safety Review agreed.</li> <li>Orthopaedic Business Case: approved by Board and submitted to Welsh Government</li> <li>Urgent and Emergency care: Improvement in 4hr ambulance handover delays noting further improvement is still required. Winter Resilience Plan being presented at Nov Board</li> </ul>
<b>5) A learning and self-improving organisation</b>	<ul style="list-style-type: none"> <li>Healthcare Public Health Programme proposal developed, core element agreed by Executive Team</li> <li>Quality governance round table took place 16th November. Quality Systems work commenced (NHS Executive)</li> <li>Draft Learning Organisation Framework created and being discussed by the Executive Team</li> <li>Proactive identification and action relating to urgent issues outside of Special Measures</li> </ul>

## Independent Reviews

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

Independent Review	Review complete	BCU received report	Report presented to Committee Development session	Management response presented to Formal Committee	Report and management response published via Board
1) Mental Health Inpatient Safety					30 <sup>th</sup> Nov
2) Patient Safety					30 <sup>th</sup> Nov
3) Interims					30 <sup>th</sup> Nov
4) Office of Board Secretary				16 <sup>th</sup> Nov	30 <sup>th</sup> Nov
5) Exec Portfolio			N/A*		
6) Vascular (part 1)			Nov		
7) Contract Procurement Management			Dec		
8) Planning		Nov			
9) Stocktake Review of previous Mental Health reviews	30 <sup>th</sup> Nov				
10) Quality governance systems	Roundtable 16 <sup>th</sup> Nov				

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

## ▪ 'Stabilisation' Cycle 3 and 'Standardisation'

### Cycle 3 (December 2023 to February 2024)

The focus for this final 90-day cycle is to be clear on and achieve sufficient 'stabilisation' in each of the five outcome areas upon which a focus on 'standardisation' can then occur. A very high-level summary view of this can be found in the table below but will be informed by input from Welsh Government later this month. In parallel we are working to ensure that there is close alignment with next year's annual planning.

Outcome	'Stabilisation' should have been achieved based on
1) A well-functioning Board	Permanent Board in place, inducted well and all sub committees operational
2) A clear, deliverable plan for 2023/24	Build upon the good feedback in relation to the FY23/24 annual plan and deliver a good quality and fiscally responsible FY24/25 annual plan, taking on board the learning from the planning review

<b>3) Stronger leadership and engagement</b>	Clear direction and plan to develop the culture, leadership and engagement that the organisation needs
<b>4) Improved access, outcomes and experience for citizens</b>	Robust improvement plans progressing that improve clinical areas of concern.
<b>5) A learning and self-improving organisation</b>	Having built the right foundations to ensure that data and learning from a broad range of sources are moving us towards becoming a learning and self-improving organisation

### **‘Standardisation’ Phase (2024/25)**

Ensuring that Special Measures is incorporated into business-as-usual annual planning cycles is critical to moving to a single, consistent and standardised method of planning. Planning for 2024/25 is currently underway as part of the Integrated Medium-Term Plan (IMTP) for 2024 to 2027 and as such the Special Measures ‘Standardisation’ thinking is being incorporated into that process. Some key areas are being considered as part of the ‘Standardisation’ phase in order to underpin long term and sustainable improvements for patients:

- Strategy review and refresh
- Clinical Services Strategy and Delivery Plan
- Consistency and clarity in autonomy of decision making across different levels and parts of the Operating Model
- Strategic and operational resource planning
- Portfolio, Programme and Project Management capabilities
- Consistency in patient experience as a key barometer of areas of focus

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## **▪ Change Control**

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As part of the Special Measures governance arrangements any proposed changes require approval through a change control process. This is approved through the Special Measures Senior Responsible Officer (SRO) before submission to the Board for final approval. See Appendix 3.

The following Change Control Requests can be found in Appendix 3.

- Ref 018: Transition of milestones from Cycle 1 to Cycle 2 – For approval by the Board
- Ref 019: Changes to Orthopaedic milestones under deliverable 4.3 - For approval by the Board
- Ref 016: Milestone 1.5 Board Committees – For information only regarding a change in Vice Chairs.

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## **▪ Conclusion**

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There has been a lot of progress and learning from the first two Special Measures 90-day cycles. The ‘Stabilisation’ phase has been extremely useful in ensuring a focus upon establishing the right foundations for the organisation to build upon going forward. The ten independent reviews nearing

completion signals the end of the main discovery work, with the organisation ensuring the right focus is placed on design and ultimately delivery of the right sustainable actions.

As planning for the 'Standardisation' phase progresses, the organisation is incorporating the right fundamentals into business-as-usual activity, such as proactive identification and management of issues. This type of proactive management is important for the organisation to demonstrate its learning and maturity in key areas.

Having a stable Board in place is critical to rebuilding effective leadership, culture and engagement across the organisation. The progress being made in this area is important, as it is one of the key fundamentals to the organisation's future success.

The Board is asked to:

- 1) **RECEIVE ASSURANCE** on the progress made in the second 90-day cycle, acknowledging the areas of challenge
- 2) **APPROVE** the approach for the second 90-day cycle closure and third 90-day cycle commencement
- 3) **APPROVE** the items of change control listed in the paper



## Appendix 1: Data points highlighting progress to date

(As at October 2023)

### Planned Care:

- Extreme waits reduced by circa 700 patients between end of May and end of July (the largest reduction in Wales)
- Compared to summer 2022:
  - Number of patients >52 weeks for new outpatient – 13,329 (52%) reduction
  - Number of patients waiting >104 weeks referral to treatment – 6,429 (42.8%) reduction
  - Number of patients >52 weeks referral to treatment – 8,622 (19.7%) reduction

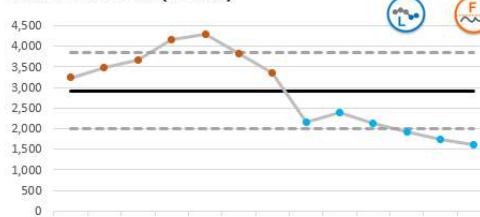
Specialty	4-5yrs	5-6yrs	6yrs+
General Surgery	42		
Maxillo Facial Surgery	76	2	
Orthopaedics	35	1	
ENT	13		
Vascular Surgery	43	23	
Urology	5		
Orthodontics	15		
Gynaecology	22	1	
Ophthalmology	11		
Pain Management	0		
<b>Total</b>	<b>262</b>	<b>27</b>	<b>0</b>

End of Sept 2023 – validated position

Stage One 156 week waiters without a booked a date (excluding Orthodontics)



Extreme Waiters - All (3+ Years)

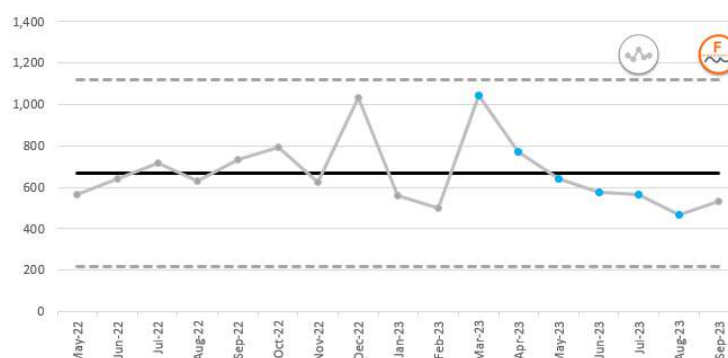


Up to end of Sept: Validated. Oct position; unvalidated

### Urgent & Emergency Care

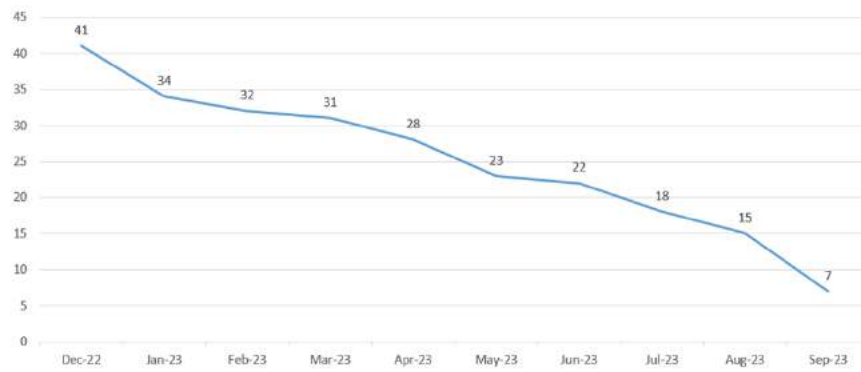
Since the launch of the 4-hour ambulance handover programme and escalation policy (beginning August 2023) there has been significant improvement with some weeks reported below (better than) trajectory and delays halved compared to the week before and the same period the previous year. However, maintaining this improvement is proving to be a challenge.

4 hour ambulance handover - BCUHB



### Usage of High-Cost Agency Interim Staff

- This covers management consultants, interim directors, managers, corporate specialists
- 83% reduction in these roles in under a year



## Appendix 2: Summary of Cycle 2 Milestones

<b>Key:</b>	Completed Milestones	In Progress – Milestone date not yet reached	In Progress – Milestone at risk of missing date	In Progress – milestone planned end date passed
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### 1. A well-functioning Board

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-1.3: Implement phase 1 induction for all Board members	1.3.3 Induction completed for all current IMs (as at 01/09/23) using existing induction process	Board Sec		01/11/2023
	1.3.4 New Board induction programme for IMs agreed by Board Members	Board Sec		30/11/2023
	<b>PMO Assurance Comments:</b> Current IMs have received an induction using existing induction processes, with feedback provided on the areas required for improvement. Since then, a new Induction Programme including a Handbook and SharePoint site have been developed and are currently being finalised with a view to being agreed by the Board in November.			
C1-1.4: Develop phase 1 Board development programme	1.4.4 Phase 1 of the New Board development programme agreed by Board Members	Board Sec		30/11/2023
	<b>PMO Assurance Comments:</b> A new Board Development Programme has been developed and shared with the CEO and the Chair to ensure it aligns with requirements. This work did roll forward from cycle 1 therefore the proposed approval at November Board is a critical juncture.			
C1-1.5: All committees with assigned IMs operational	1.5.5 Findings from the Independent Review reports available received by each of the relevant Board Committees	Board Sec		01/10/2023
	1.5.6 The following findings from the OBS review implemented: 1) ToR for all Committees, 2) Confirmed membership for each Committee, 3) Cycle of Business (CoB) for each Committee, 4) Corporate calendar to reflect CoB	Board Sec		30/11/2023
	<b>PMO Assurance Comments:</b> A proposal for Board Committees was successfully adopted by the September Board. The Terms of Reference, Cycle of Business, and Corporate Calendar will be taken to the Audit Committee and then to the Board on the 30 <sup>th</sup> November.			
C1-1.6: Design Risk management framework and commence implementation	1.6.3 Board approval of Risk management framework at Sep Board	Board Sec		30/09/2023
	1.6.4 Commence implementation of risk management framework implementation plan (developed during this cycle)	Board Sec		30/11/2023
	<b>PMO Assurance Comments:</b> There is clear evidence of progress made and formal confirmation received that the Risk Management Framework was approved at the September Board meeting. The Policy document that underpins the Framework is being developed for review by the Audit Committee on 16 <sup>th</sup> November and Risk Management Training for teams will be tested in January 2024 ready for full implementation in February 2024.			

C1-1.7: Permanent Chair / IM / CEO / Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	1.7.6 Permanent Vice Chair and 2x permanent IMs recruitment: "Phase 2" appointments made by WG	Board Sec		30/10/2023
	1.7.7 Permanent Chair recruitment: Interview dates set	Board Sec		30/11/2023
	1.7.8 Permanent CEO recruitment: Interview dates set	Board Sec		30/11/2023
	1.7.9 3x Permanent IMs recruitment: "Phase 3" job adverts closed	Board Sec		30/11/2023
	1.7.10 Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)	Board Sec		30/11/2023
<b>PMO Assurance Comments:</b> It is evident that plans across all areas have commenced, with good progress being made. The Minister has now appointed the Vice Chair and two additional IMs and made a written statement to this effect, along with confirmation that recruitment is underway for 3 further IM's. An appointment to Chief Executive has been made and confirmed at the November Remuneration Committee and the recruitment process for a permanent Chair is progressing with interviews scheduled on 29 <sup>th</sup> November.				
C2-1.8: OBS team – implement interim and design permanent structure	1.8.1 Assessment of current capabilities in the OBS team, matched against requirements set out in OBS Review and subsequent follow up work	Board Sec		30/11/2023
	1.8.3 Proposal on permanent OBS structure	Board Sec		31/10/2023
	1.8.4 Risk Management function moved into OBS	Board Sec		31/10/2023
	1.8.5 Met necessary governance and achieved necessary sign offs to enable full implementation of OBS structure by start of January	Board Sec		30/11/2023
	<b>PMO Assurance Comments:</b> Progress has been made during Cycle 2 with an interim approach to improving the OBS service to the Health Board agreed with the Chair and the CEO, which will be in effect from mid-November 2023. Discussions around a permanent OBS structure have commenced, however concluding this work is dependent upon the recruitment of a Director of Corporate Governance and will need to carry forward.			
C2-1.9: Policy management and implementation / audit approach	1.9.1 Present outline approach for Policy Management to Audit Committee on 15/09/2023	Board Sec		15/09/2023
	1.9.2 Present final "policy on policies management and implementation approach" to Audit Committee on 09/11/2023	Board Sec		09/11/2023
	1.9.3 First tranche of new or revised priority policies presented to Executive Team for approval (This is an extensive programme of policy reviews that will need an 18-month programme)	Board Sec		30/11/2023
<b>PMO Assurance Comments:</b> There has been good early traction evident, and the first 2 milestones have been completed. Whilst the Policy on Policies approach has been approved it is likely that the first tranche of actual policies will carry forward into December.				

## 2. A clear, deliverable plan for 2023/24

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-2.2: Implement escalated financial savings approach for 23/24	2.2.6 All plans to meet the £25.2m savings target to be 100% RAG score Green/Amber	EDoF		31/10/2023
	2.2.7 Recurrent Investment Group Assurance (RIGA) review completed on all budgeted cost overruns resourced in 2023/24 plans	EDoF		31/10/2023
	2.2.8 Recurrent Investment Group Assurance (RIGA) review completed on new investments budgeted in 2023/24 plans	EDoF		30/11/2023
	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	EDoF		30/11/2023
	<b>PMO Assurance Comments:</b> 3 of the 4 milestones are either complete or on track with the exception being the milestone related to financial savings plans. The issue has been escalated at the Executive Team and PFIG and will be subject of scrutiny at the Executive led Integrated Performance Group, chaired by the CEO. RIGA (Recurrent Investment Group Assurance) has concluded its findings on the cost pressure resourcing made available within the 2023/24 budget setting, findings and recommendations presented to Executive for review in early November 2023.			
C1-2.3: Financial & value opportunities for 24/25 & 25/26	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning	EDoF		30/11/2023
	<b>PMO Assurance Comments:</b> Work in this area is progressing as planned and building towards the milestone date at the end of the cycle. The first two RIGA (Recurrent Investment Group Assurance) sessions took place in October and the final session was on the 1st of November. This concluded the review of the £100m previous year investments and the results of this review have been presented to the Executive Team.			
C1-2.4: Deliver local plans	2.4.5 Directorate level plans agreed for direct reports to CEO for FY23/24	ED P&T		30/11/2023
	<b>PMO Assurance Comments:</b> There is evidence that work is well underway and leading towards the conclusion of the work by the end of this cycle. This includes CEO and Executive Director of Finance review of all budgets with Executive Directors. Planning guidance has also been issued to colleagues and it is expected that this work will be absorbed into the Planning and Performance Frameworks in future cycles.			
C1-2.5: Continue supporting and enabling a review of Planning	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	ED P&T		14/10/2023
	2.5.4 Receive the final report on the independent review of integrated planning	ED P&T		31/10/2023
	2.5.5 Planning independent review report submitted to Executive Team and dates agreed for when will be taken to relevant Board sub-committees	ED P&T		30/11/2023
	<b>PMO Assurance Comments:</b> The Planning Review is now complete and Welsh Government have a draft of the report. However, it is understood that there may need to be further revisions to the report prior to sharing with BCU which has caused early milestone dates to be missed.			
C1-2.6: Contract and procurement management review	2.6.4 Receive the first draft report on the outcome of the independent review of contract procurement management	EDoF		31/10/2023
	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management	EDoF		30/11/2023

	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	EDoF		30/11/2023
	<b>PMO Assurance Comments:</b> Work is progressing in line with milestone dates, with the first draft of the report received in October 2023 and shared with Welsh Government to comment. It will be shared with the Audit Committee at a development session over the next few weeks.			
C1-2.7: Stabilise Finance team and develop capacity	2.7.4 CEO decision reached on proposed supplementary interim resourcing for Finance Department	EDoF		30/10/2023
	2.7.5 Completed Benchmarking exercise of finance staffing	EDoF		30/10/2023
	2.7.6 First draft of recurrent Finance staffing requirements	EDoF		30/11/2023
	<b>PMO Assurance Comments:</b> It is evident that key strands of work are progressing. The interim financial structure has been reviewed and resources have been identified which have strengthened the team. Discussions continue with the CEO on the supplementary resourcing requirements.			
C1-2.8: Financial Control Environment Action Plan	2.8.7 Signed off Local level SORDs	EDoF		31/10/2023
	2.8.8 Signed off Health Board SORD	EDoF		30/11/2023
	2.8.9 Development programme for Finance staff and all other staff exercising financial responsibilities on behalf of the HB agreed, linking in with the Finance Academy partners	EDoF		30/11/2023
	<b>PMO Assurance Comments:</b> Local schemes of delegation (SORDs) have been signed off by the areas with the Executive having reviewed the final documentation prior to oversight through the Audit committee in November and endorsement by the Board. Procurement Training Sessions have been delivered to over 400 BCU staff in October.			
C2-2.9: Design Integrated Planning Framework and commence implementation	2.9.1 Draft integrated planning framework submitted to executive team	ED P&T		13/09/2023
	2.9.2 Integrated planning framework submitted to Board	ED P&T		28/09/2023
	2.9.3 Implementation of the integrated planning framework commenced	ED P&T		30/11/2023
	<b>PMO Assurance Comments:</b> There is clear evidence that the framework was discussed and approved at Executive Team and approved by the Board in September. Implementation of the Integrated Planning Framework has commenced.			
C2-2.10: Design Integrated Performance framework and commence implementation	2.10.1 Draft integrated performance framework submitted to executive team	EDoF		13/09/2023
	2.10.2 Integrated performance framework submitted to Board	EDoF		28/09/2023
	2.10.3 Implementation of the integrated performance framework commenced	EDoF		30/11/2023
	<b>PMO Assurance Comments:</b> The draft Integrated Performance Framework (IPF) was submitted to the Executive Team and was endorsed by the Board in September. Meetings have been held between the CEO, EDoF and Director of Performance to establish a working plan for the IPF.			

### 3. Stronger leadership and engagement

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-3.1: Exec Portfolios review recommendations	3.1.4 Receive final Exec Portfolios review report	ED WOD		20/10/2023
	3.1.5 Individual and collective discussions on the Exec Portfolio report and wider insights completed	ED WOD		10/11/2023
	3.1.6 Agreement of how to progress Exec Portfolio review recommendations reached with Remuneration Committee	ED WOD		30/11/2023
	<b>PMO Assurance Comments:</b> The final version of the Executive Portfolio Review Report has been formally received by the Health Board. Executive team discussions are underway, insights being collated, and arrangements are being made to progress this through the Health Board governance.			
C1-3.2: Senior leadership engagement in initial Operating Model restructure stocktake findings	3.2.4 Insights gathered, key themes and next steps for operating model structure stock take reviewed by Executive team	ED WOD		30/11/2023
	<b>PMO Assurance Comments:</b> The final report following the review of the Operating Model Structure has been completed and shared with the CEO. Meetings have been arranged to discuss the next steps and cross check recommendations against other reviews.			
C1-3.5: Leadership development	3.5.5 Executive Team development: work outlined and agreed by Board at September Board	ED WOD		30/11/2023
	3.5.6 Leadership development approach agreed at November Board	ED WOD		30/11/2023
	<b>PMO Assurance Comments:</b> The Executive Team have reviewed the draft programme in September and agreement to prioritise team development for the first workshop. A further training needs analysis is to be developed to share with each Executive for discussion and review with the CEO.			
	Work is progressing well in relation to the leadership development approach with engagement conversations commencing with stakeholder groups and support gained from HEIW for a North Wales cohort.			
C1-3.8: Consider outcome of clinical engagement field work	3.8.5 Outcome of clinical engagement field work considered by Executive Team and aligned to the organisational development plan	ED WOD		30/11/2023
	<b>PMO Assurance Comments:</b> Organisational Development plans are progressing well with opportunities established for co-development aligned to recommendations of the clinical engagement field work. All evidence has been submitted in line with agreed milestone dates.			
C1-3.9: Patient, family and carer involvement	3.9.13 A draft annual schedule for conversations with communities agreed with the Board	Dir P,C&E		30/11/2023
	3.9.14 The Independent Advisor report on Engagement received	Dir P,C&E		06/10/2023
	3.9.15 The Partnerships, Engagement and Communication function team engaged in a review of the team's purpose	Dir P,C&E		30/11/2023
	<b>PMO Assurance Comments:</b> Work is on track for an engagement plan to be shared with the Board within the deadline. The final draft report has been received by the CEO's office with an anticipated final report receipt by w/c 13 <sup>th</sup> November 2023. The team are awaiting the Independent Advisor's input relating to the review of the team's purpose.			



C1-3.10: Implement plans for integrated electronic patient record	3.10.5 Outline case for Tactical ED service blueprint (that can be delivered in 6-12 months) completed	CDIO		30/11/2023
	3.10.6 Prioritised list of tactical interventions from ED service blueprint evaluated	CDIO		30/11/2023
	<b>PMO Assurance Comments:</b> A full set of reports for the tactical work have been received. It is evident that procurement delays have been overcome as partners are now in place. Critical success factors for an Electronic Patient Record (EPR) have been identified and validated with stakeholders and technical assessments being undertaken to understand the current architecture and identify the gaps in relation to an EPR.			
C2-3.11: Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure	3.11.1 Draft Integrated Organisational Development Plan reviewed and discussed at Executive Team	ED WOD		31/10/2023
	3.11.2 Proposed Integrated Organisational Development Plan presented to November Board	ED WOD		30/11/2023
	<b>PMO Assurance Comments:</b> The Integrated Organisational Development Plan is still in development and being collated, shared and reviewed with key stakeholders for feedback and input. Therefore the first milestone is overdue and the second will not be met and will need to roll over into Cycle 3.			
C2-3.12: Design Culture definition and improvement – taking inputs from all independent reviews	3.12.1 Board Workshop to agree our approach to culture change incorporating multiple sources of insight, including all relevant independent reviews	ED WOD		31/10/2023
	3.12.2 Culture Improvement Scoping Phase Project Plan to include identification of resource required and creation of the “case for change”	ED WOD		30/11/2023
	<b>PMO Assurance Comments:</b> The Board Workshop on compassionate cultures due to take place in October did not go ahead and this has been rearranged to take place on 1 <sup>st</sup> December 2023. Work is progressing well to explore approaches and resources required, along with a desktop review of the annual plan to identify alignments to culture change initiatives.			
C2-3.13: Create and commence implementation of plan for replacement of all Interim roles	3.13.1 Paper presented to Remuneration Committee in September containing recommendations from Interims Review	ED WOD		30/09/2023
	3.13.2 Interims review actions due by end of November completed	ED WOD		30/11/2023
	<b>PMO Assurance Comments:</b> The plan to replace interim roles was presented to the Remuneration Committee in September with recommendations from the Interims review. The Interim Reduction Plan is in place and implementation has commenced. Workforce & Organisational Development (WOD) is working with all areas to monitor interim usage and all requests for new and extensions to interim contracts are going through the newly established Executive led Enhanced Establishment Control Group.			

C2-3.14: Introduce the NHS Wales Staff Survey	3.14.1 Communications and Engagement Plan developed to gain maximum engagement with the NHS Wales staff survey	ED WOD		08/09/2023
	3.14.2 Health Communities and Pan Services NHS Wales Staff Survey communications and engagement plans developed	ED WOD		08/09/2023
	3.14.3 NHS Wales Staff Survey open	ED WOD		15/10/2023
	3.14.4 Agreement with Executive Team on how the information and insights coming from the initial NHS Wales staff survey responses will be utilised for learning and improvement	ED WOD		30/11/2023
<b>PMO Assurance Comments:</b> A Communications and Engagement Plan was developed to maximise the engagement with the NHS Wales Staff Survey which went live on the 16 <sup>th</sup> of October 2023. The closing date for the survey has been extended to the 27 <sup>th</sup> of November 2023.				

## 4. Improved access, outcomes and experience for citizens

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-4.2: Planned Care	4.2.5 Progress and further develop the Planned Care Elective Care Recovery and Sustainability Plan	EDoOps		30/11/2023
	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	EDoOps		30/11/2023
	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	EDoOps		30/11/2023
	4.2.8 Implement clerical validation of open pathways	EDoOps		30/11/2023
	4.2.9 Full Capacity protocol agreed and in place and which guides decisions on elective cancellations	EDoOps		30/09/2023
	4.2.10 Development of a plan to commission additional orthodontic capacity	EDoOps		31/10/2023
<b>PMO Assurance Comments:</b> Many of the milestones have an end date of 30 <sup>th</sup> of November and at this stage appear to be on track. The Full Capacity protocol has been agreed at Executive Team and is now in place. There is progress in the development of a plan for Orthodontics including risk assessing follow ups and slotting in new patients where possible, collaboration with the Royal College on recruitment of an additional Orthodontist and engagement with Countess of Chester around their potential to support. However, the milestone date of 31 <sup>st</sup> of October was not achieved.				

C1-4.3: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case	4.3.3 Orthopaedic Business Case presented to September board	ED P&T		28/09/2023
	4.3.4 Orthopaedic Business Case agreed by Board	ED P&T		30/09/2023
<b>PMO Assurance Comments:</b> There is clear evidence of Board approval of the case provided and all milestones for this cycle completed.				
<b>Note:</b> A change control request to add a milestone to include Welsh Government approval has been received and is pending final sign off at November Board prior to inclusion (but that milestone has been achieved)				

C1-4.5a: Vascular improvement plan	4.5a.6 Vascular review reports and recommendations (parts 1 and 2) received	EMD		30/11/2023
	4.5a.7 Actions to address Vascular Review recommendations incorporated into the Vascular improvement plan and implementation commenced	EMD		30/11/2023
	4.5a.8 Continued Executive Team review of Vascular Steering Group progress and priorities	EMD		30/11/2023
	<b>PMO Assurance Comments:</b> Part 1 of the Vascular Review has been received and recommendations have been incorporated into the Vascular Improvement Plan. Strong progress is being made in multiple pathway developments. Scheduled into Executive Team meetings for on-going review.			
C1-4.5b: Urology improvement plan	4.5b.5 Royal College of Surgeons Urology review and recommendations received	EMD		31/10/2023
	4.5b.6 Actions to address Urology review recommendations incorporated into the Urology improvement plan	EMD		16/11/2023
	4.5b.7 Updated Urology Improvement Plan, including both the GIRFT and RCS recommendations, presented to Executive Team for agreement on priorities of the service.	EMD		30/11/2023
	<b>PMO Assurance Comments:</b> The Royal College of Surgeons review has been received and circulated for feedback. The majority of the recommendations have been incorporated into the Urology Improvement Plan. Initial scoping of actions as part of GIRFT review is complete but requires further streamlining in order to incorporate into the improvement plan.			
1-4.5c: Ophthalmology improvement plan	4.5c.5 Integrated Eye Care Group established to oversee development and delivery of eye care service model	EDoOps		30/11/2023
	4.5c.6 Integrated Eye Care service model and associated delivery plan development progressed	EDoOps		30/11/2023
	4.5c.7 Ophthalmology Train and Treat implemented	EDoOps		14/11/2023
	4.5c.8 Ophthalmology Pan BCU Clinical Lead appointed	EDoOps		30/11/2023
	4.5c.9 Ophthalmology R1 Clinical validation (Longest-Waiting R1s) completed	EDoOps		30/11/2023
	<b>PMO Assurance Comments:</b> The Integrated Eye Care Group has been established with the first meeting held on 13 <sup>th</sup> of October. Development of the Service Model with associated Delivery Plan was discussed at the inaugural meeting with a draft plan being developed and then discussed at a planned away day before the end of November. Train and Treat initiated with clinical validation of highest risk waiters underway.			
C1-4.5d: Oncology improvement plan	4.5d.4 Establish long term Clinical Oncologist on-call cover for Saturdays as part of job planning	EMD		30/11/2023
	4.5d.5 Appoint Clinical Radiotherapy Lead, with a key responsibility being to support liaison and working with other welsh cancer centres	EMD		30/11/2023
	4.5d.6 Explore joint appointment opportunities with Bangor University	EMD		30/11/2023
	<b>PMO Assurance Comments:</b> Interim on-call arrangements agreed until January 2024 and further discussions planned. Clinical Radiotherapy Lead appointed and commenced role on the 1st of October. Contact made with Bangor University to explore joint appointment opportunities and a BCU Doctor (Dr Scrace) has been appointed as Clinical Senior Lecturer in Medical Education, which will further strengthen opportunities in this space.			

C1-4.5e: Dermatology improvement plan	4.5e.4 Agreed plan in place for Dermatology in the West, whilst wider Dermatology model is worked through	EDoOps		30/10/2023
	4.5e.5 Complete a clinically led options appraisal to address medium term risk pan BCUHB in relation to Dermatology Cancer	EDoOps		31/10/2023
	4.5e.6 Teledermoscopy model implementation commenced (subject to outcome of WG bid)	EDoOps		30/11/2023
	4.5e.7 Dermatology improvement plan and delivery framework further strengthened	EDoOps		30/11/2023
	4.5e.8 Pan BCU Dermatology Clinical Lead appointed	EDoOps		30/11/2023
<b>PMO Assurance Comments:</b> Progress is being made in this challenging area, with a plan in place for Dermatology in the West. Discussions on a clinically led options appraisal to address medium term risk have commenced and there is a further clinical session scheduled for 29 <sup>th</sup> of November with the GIRFT clinical lead, the Network clinical lead and consultants to design the future service model.				
C1-4.5f: Plastics improvement plan	4.5f.4 Contract with St Helens & Knowsley in place, with a consistent partnership clinical model and data sharing model operating across BCUHB	EDoOps		30/10/2023
	4.5f.5 Initial review of dermatology patients completed, as agreed with WHSSC and St Helens & Knowsley	EDoOps		30/11/2023
<b>PMO Assurance Comments:</b> It is evident that work continues with WHSSC and St Helens & Knowsley around demand and capacity modelling, Service Level Agreements (SLAs) and general contracting issues. The patient waiting list review is near completion.				
C1-4.6: Mental Health review of previous reviews – phase 2	4.6.5 Royal College of Psychiatry interview schedule developed and interviews undertaken	ED PH		04/10/2023
	4.6.6 Royal College of Psychiatry visit schedule developed and undertaken	ED PH		10/11/2023
<b>PMO Assurance Comments:</b> There is strong evidence that both milestones are complete with interviews being held on 25 <sup>th</sup> and 26 <sup>th</sup> of September and 2 <sup>nd</sup> and 3 <sup>rd</sup> of October and over 50 staff, service users and stakeholders / partners taking part. Site visits occurred on 19 <sup>th</sup> and 20 <sup>th</sup> of October with “drop-in sessions” for any staff, service users, families or carers to meet directly with the Royal College of Psychiatry reviewing team.				
C1-4.7: Mental Health Inpatients Safety review - phase 2	4.7.4 Action plan agreed by MHLD SLT to fully address the recommendations of the NCCU/NHSE Mental Health Inpatient Safety review	ED PH		31/10/2023
<b>PMO Assurance Comments:</b> It is evident that this milestone has been completed, with a comprehensive action plan developed. This was included as part of the management response for the Mental Health Inpatients Safety Review that was submitted to QSE.				
C1-4.8a: CAMHS improvement plan	4.8a.5 Executive Team review held on CAHMS improvement progress and priorities	EDoOps		30/11/2023
	4.8a.6 Test, and then refine, the CAMHS Recovery plan	EDoOps		30/11/2023
<b>PMO Assurance Comments:</b> It is evident that a lot of work has been done within Cycle 2 in this space, with good engagement on the plans and refreshes of trajectories. A review with the Executive Team has been scheduled.				

C1-4.8b: Neurodiversity improvement plan	4.8b.4 Executive Team review held on ND improvement progress and priorities	EDoOps		30/11/2023
	4.8b.5 Continuous review and update of the ND Programme Plan	EDoOps		30/11/2023
	4.8b.6 ND tender for private provision of assessments awarded	EDoOps		30/11/2023
	<b>PMO Assurance Comments:</b> Good progress has been made in the continuous development and review of the Neurodiversity (ND) Improvement Plan. The final milestone does not look feasible by the end of Cycle 2 due to issues associated with the approval of the ND private provider contract. Further review by the Executive Team is required in terms of wider ND capacity and the financial element of the proposed Tender.			
C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers	4.9a.6 Urgent Primary Care Review completed to assess effectiveness of UPCCs and learning from across BCUHB and Wales	EDoOps		30/11/2023
	4.9a.7 UEC live dashboard developed for use by operational and clinical staff to inform key risk and harm i.e., ED triage and assessment times, handover waits etc	EDoOps		30/10/2023
	4.9a.8 Revised UEC protocols, including the Full Capacity Protocol and 4-hour ambulance delay escalation to Executive Director of Operations Protocol, approved by Executive Team and being enacted	EDoOps		30/09/2023
	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	EDoOps		30/11/2023
<b>PMO Assurance Comments:</b> There is evidence of progress made against milestones in this challenging area, with an Urgent and Emergency Care (UEC) Dashboard in place and revised UEC protocols approved by the Executive Team in place.				
C1-4.9b: UEC Winter Planning	4.9b.5 Stakeholder round table discussion held to finalise winter resilience plan (including Social Care partners)	EDoOps		22/09/2023
	4.9b.6 UEC Winter resilience plan signed off by Executive Team	EDoOps		30/10/202
	<b>PMO Assurance Comments:</b> All milestones have been completed and the plan is being actioned.			
C2-4.10: Orthopaedic improvement plan	4.10.1 Abergele orthopaedic model commenced with increased focus on throughput and increased utilisation (at Abergele and DGH sites following transfer of activity)	EDoOps		11/09/2023
	4.10.2 Overarching Orthopaedics plan developed, including Orthopaedic GIRFT recommendations	EDoOps		30/11/2023
	<b>PMO Assurance Comments:</b> It is evident that Abergele Orthopaedic model has been successful since it commenced on 11 <sup>th</sup> September. It is being monitored weekly with reporting internally via the Planned Care Board and externally to Welsh Government. Development of overarching Orthopaedics plan on track.			

## 5. A learning and self-improving organisation

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-5.1: Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning	5.1.4 Draft Learning Organisation framework updated based on feedback from stakeholders/critical friends	ED WOD		31/10/2023
	5.1.5 An engagement event held with clinical colleagues to explore what clinicians would need from a 'staff-facing' version of the Learning Organisation Framework	ED WOD		31/10/2023
	5.1.6 A Learning Organisation Readiness and Capability Assessment (LORCA) developed to test current organisational readiness for becoming a Learning Organisation	ED WOD		09/11/2023
	5.1.7 An initial 'organisational learning repository' platform developed with colleagues from Informatics and Comms	ED WOD		30/11/2023
	5.1.8 MHLd safety related learning is one of the early adopters of the Learning Organisation process and approach	ED WOD		30/11/2023
	<b>PMO Assurance Comments:</b> 3 of the 5 milestones are complete or on track. The engagement event did not meet the due date but is scheduled for 28 <sup>th</sup> November. The Learning Organisation Readiness and Capability Assessment (LORCA) will need to be rolled over to Cycle 3 as the task is more complex than initially expected. Work underway and progressing, aiming to complete by end of January 2024 and to be tested in use as part of work with colleagues in MHLd around safety-related learning.			
C1-5.2: Effective procedures for learning from incidents and preparing for inquests and HSE	5.2.5 Fully engaged with pilot of National Learning Framework alongside NHS Executive Wales	EDN		10/11/2023
	5.2.6 Revised SOP for inquests (incl monitoring system) agreed by Executive Team	EDN		20/10/2023
	5.2.7 Refined SOP for escalating coronial matters regarding concerns/breaches/progress to the Executive Medical Director implemented, enabling proactive management prior to Coroner intervention	EDN		30/11/2023
	<b>PMO Assurance Comments:</b> The Executive team have now approved the SOP and this is being enacted, and a copy has been supplied as evidence. The Terms of Reference for the National Learning work are still being finalised and will therefore roll forward into cycle 3.			
C1-5.4: Transformation & Improvement support	5.4.4 Transformation & Improvement resource allocation proposal agreed at HBLT implemented (including consideration of hand over of previous work)	ED P&T		30/09/2023
	<b>PMO Assurance Comments:</b> Evidence has been supplied regarding a range of senior level discussions and agreements with the Executive Director of Operations and the Executive Director of Public Health (for Mental Health) and their teams which has brought this carried over activity to a conclusion during cycle 2.			
C1-5.5: Implement an enhanced Healthcare Public Health programme	5.5.4 Proposed Enhanced Healthcare Public Health programme reviewed at Executive Team	ED PH		31/10/2023
	5.5.5 Enhanced Healthcare public health programme commenced	ED PH		30/11/2023
	<b>PMO Assurance Comments:</b> The programme was agreed by the Executive Team and is now progressing towards implementation.			

C1-5.6: Embed Special Measures assurance approach	5.6.5 Final SoP (s) for Special Measures Assurance signed off by SRO	ED P&T		10/11/2023
	<b>PMO Assurance Comments:</b> The Standard Operating Procedure (SOP) has now been approved by the Senior Responsible Officer (SRO).			
C1-5.7: Implement proposal to become an intelligence led organisation	5.7.7 Actions taken to increase clinical engagement with data in relation to planned care	CDIO		31/10/2023
	5.7.8 Training and guidance provided in the use of Information products through an established schedule of awareness / drop-in sessions	CDIO		31/10/2023
	5.7.9 IRIS structure and content reviewed – to standardise and make information products more readily available across a wider audience – one report, many purposes	CDIO		30/11/2023
	5.7.10 A measurement framework / data catalogue developed for core measures managed by the Data, Intelligence & Insight Team. This will include sources, reporting criteria and publication details	CDIO		30/11/2023
	5.7.11 Scope a data strategy aligned with the development of the Health Board's Digital Strategy	CDIO		30/11/2023
	<b>PMO Assurance Comments:</b> Action to deliver increased clinical engagement with planned care data has completed and is being taken forward through a workstream led by medical and nursing information officers. Training around information products has had to be deferred into Cycle 3 due to availability of key staff. Work is progressing as planned across all other areas.			



## ▪ Appendix 3: Change Control

### Summary of Changes

#### Introduction

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

Each Board sub-committee also receives a summary of any changes relating to deliverables that they have agreed to have oversight of. Further detail can be provided if required.

#### Change Log

The following table summarises the changes that have been approved by the SRO since any changes were last presented to Board.

Ref No.	Change Description	Rationale for Change
016	Reduction in scope of <b>Deliverable 1.5 Board Committees</b> in Cycle 1 to remove the requirement for vice chairs for all committees.	The initial scope included appointing vice chairs for all committees. Due to the number of IMs in post and a decision not to recruit any further interim IM's it was deemed that it would not be feasible to conclude in its entirety and therefore a reduction in scope was agreed with the Chair.
018	Transition of Cycle 1 milestones to future cycles	Not all of the milestones planned for cycle 1 were completed within original timescales as outlined in the closure assessment to September Board. It is important to ensure that no commitments are overlooked and that an audit trail exists that maps these original milestones to future work.
019	Retirement of a milestone, and addition of a new milestone under deliverable <b>4.3 Orthopaedics Business Case</b>	The 2 existing milestones relating to September Board were very similar in nature and the step for WG approval had not been included. It was therefore proposed to retire one of the existing milestones and add a further milestone for Welsh Government approval

## Special Measures Cycle 3 Milestone Summary

### 1. A well-functioning Board

Exec Lead	Milestone	Due Date	Why is it important to track
C1-1.5: All committees with assigned IMs operational			
Phil Meakin	1.5.7 Phase 2 - Approval at January Board of full and finalised Corporate Governance arrangements outlined in the OBS Review and highlighted below: 1. ToR for all Committees 2. Confirmed membership for each Committee 3. Cycle of Business for each Committee 4. Corporate Calendar for 2024/25	31/01/2024	Effective Corporate Governance of the Health Board
Phil Meakin	1.5.8 Findings from the Independent Review reports available received by each of the relevant Board Sub Committees.	29/02/2024	This is an agreed process with WG and also enables transparent publication in the public domain
Phil Meakin	1.5.9 Committee Business Management Group (CBMG) re-introduced and scheduled to take place on a quarterly basis	29/02/2024	The Health Board's new governance arrangements will require effective coordination between Committees
C2-1.8: OBS team – implement interim and design permanent structure			
Phil Meakin	1.8.6 Director of Corporate Governance recruitment: Interviews held (this appointment will enable the design and implementation of the permanent structure)	31/12/2023	To strengthen the governance of the Health Board to become a well led organisation
Phil Meakin	1.8.7 Interim OBS structure agreed by CEO and Chair, and implementation has completed	31/01/2024	Improvements to Corporate Governance are required immediately to support the implementation of the Health Board's governance arrangements
C2-1.9: Policy management and implementation/audit approach			
Phil Meakin	1.9.4 The final "Policy on Policies" document approved at Audit Committee in January 2024	31/01/2024	It is important for the Health Board to have an overarching policy on policies that has received consideration by staff and Audit Committee
C3-1.10: Progress implementation of the risk management framework			
Phil Meakin	1.10.1 Risk Management Training reflecting the new Risk Management Framework design and tested	29/02/2024	Ensuring that our staff understand risk and their roles in relation to managing and mitigating risk is key to successful delivery of the framework.
Phil Meakin	1.10.2 Final format for the Board Assurance Framework agreed by Board Members (updated to include strategic objectives if available during Cycle 3)	29/02/2024	Strategic objectives are key to enable the BAF to be optimal
C3-1.11: Permanent IM/Exec recruitment – dependent Senior HR Cases			
Phil Meakin	1.11.1 3x Permanent IMs recruitment: Interview dates set (WG lead this activity – Board Secretary will link in for feedback on progress)	31/01/2024	Recruitment of a permanent Board is important to organisational stability and achieving the outcome of a well functioning Board.
Carol Shillabeer	1.11.2 Progress design of the revisions to the Executive Portfolio through discussion and implementation/recruitment commenced	29/02/2024	Having clearly defined roles and responsibilities and recruiting to a full complement of executive team members is key to achieving our aim of a well functioning Board.

C3-1.12: Implement phase 2 induction for all Board members			
Phil Meakin	1.12.1 Induction for Vice chair and x2 IMs recruited in November 2023 completed, using new Board Induction Programme	31/12/2023	Ensuring that new independent board members have a strong understanding of how the Organisational governance works is key to ensuring a well functioning board and enabling IMs to discharge their responsibilities effectively
C3-1.13: Develop phase 2 Board development programme			
Phil Meakin	1.13.1 Phase 2 Board Development programme for 2024/25 reviewed at Executive Team	31/01/2024	During February 2024 new Board Members will be appointed. This may influence the precise nature of the Board Development Programme that is agreed.
Phil Meakin	1.13.2 Phase 2 Board Development programme for 2024/25 agreed with the chair through engagement with board members	29/02/2024	It's important that all Board Members with their varying backgrounds and experience have a common understanding of the BCU culture and leadership model, their role within it and the capabilities required to deliver it. They will then be able to fully discharge their responsibilities in ensuring the organisation delivers against its strategic priorities

## 2. A clear, deliverable plan for 2023/24

Exec Lead	Milestone	Due Date	Why is it important to track
C1-2.1: Annual Plan			
Chris Stockport	2.1.4 Draft 3 year / annual plan developed	29/02/2024	A 3 year Integrated Medium Term Plan (IMTP) or a 1 year Annual Plan is vital in ensuring everyone within and outside the organisation is clear on how the organisation intends to deliver against its strategic objectives and for the people of North Wales
C1-2.2: Implement escalated financial savings approach for 23/24			
Russell Caldicott	2.2.10 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.	29/02/2024	We need to reduce spend and prioritise the use of the investment funding, to assist with the delivery of the forecast outturn.
C1-2.3: Financial & value opportunities for 24/25 & 25/26			
Russell Caldicott	2.3.4 Proposed Financial strategic approach based on Value Based Healthcare principles, to support the delivery of the 24/25 Annual Plan, presented to Execs	29/02/2024	The Health Board needs to seek all opportunities to deliver value for money whilst improving patient outcomes and delivering on quality of care.
C1-2.5: Continue supporting and enabling a review of Planning			
Chris Stockport	2.5.6 Agreed recommendations have been incorporated into a Planning Review Action Plan	08/01/2024	This report will inform potential future changes to the way the organisation does planning, with a view to improve the quality of planning activity across the organisation. Developing an action plan in response to the review will be key in ensuring we can track success.
Chris Stockport	2.5.7 Planning Review and associated action plan have been presented at PFIG	18/01/2024	This report will inform potential future changes to the way the organisation does planning, with a view to improve the quality of planning activity across the organisation. Having Board oversight of the plan, via PFIG, is key to ensuring appropriate ownership of the changes.
Chris Stockport	2.5.8 Delivery of the Planning Review Action Plan commenced	29/02/2024	This report will inform potential future changes to the way the organisation does planning, with a view to improve the quality of planning activity across the organisation. Delivering the action plan will be key in ensuring we implement the necessary changes.

C1-2.8: Financial Control Environment Action Plan			
Russell Caldicott	2.8.10 Senior Leadership Team in the Finance Department to have completed a self-evaluation checklist in relation to grip and control and to have shared it with WG	31/01/2024	Understanding the maturity of the organisation identifies areas of strength and weakness, so that resources can be directed to where improvements need to be made.
C3-2.11: Special Measures to be incorporated into IMTP and Annual Planning processes			
Chris Stockport	2.11.1 Special Measures deliverables and milestones beyond Cycle 3 have been incorporated into the IMTP/Annual Plan	30/01/2024	During the stabilisation phase, 90 day cycles undertaken at pace have been critical to ensuring early traction. As we head into standardisation it is important that we start to align our planning processes in readiness for future success and build the required changes into our annual cycle so that we can deliver the longer term changes required.
Chris Stockport	2.11.2 Special Measures and IMTP/Annual Plan governance and reporting have been combined into a single process in preparation for the standardisation phase	29/02/2024	During the stabilisation phase, 90 day cycles undertaken at pace have been critical to ensuring early traction. As we head into standardisation it is important that we start to align our planning processes in readiness for future success and build the required changes into our annual cycle so that we can deliver the longer term changes required.

### 3. Stronger leadership and engagement

Exec Lead	Milestone	Due Date	Why is it important to track
C1-3.10: Implement plans for integrated electronic healthcare record			
Dylan Roberts	3.10.7 - Finalise, review and agree prioritised service and digital tactical interventions for ED, quantify benefits and develop costed plan for delivery.	31/12/2023	Identifying the full list of problems and prioritised list of actions will ensure systems and processes work as consistently and effectively as possible across all BCU EDs, which is a core enabler for delivery of high quality, timely and safe urgent and emergency care.
Dylan Roberts	3.10.8 - Draft Strategic Outline Case for Electronic Healthcare Record Systems (EHR) presented to Exec Team, including plan to take forward with wider stakeholders	31/01/2024	A single integrated electronic patient record system will improve the coordination of care, enhance patient experience and safety through improved clinical outcomes, enable faster access to care, improve communications between clinicians and provide the foundations for remote monitoring and telehealth in the future. Having the same data accessible to clinicians across all care settings is core to the transformation and improvement of practice over what will be a 5 – 10 year programme of work.
Dylan Roberts	3.10.9 Case developed for best of breed Mental Health system in conjunction with DHCW and WG to help address the lack of electronic health care records.	29/02/2024	There are significant record keeping issues in Mental Health which have repeatedly featured in Regulation 28 notices from the Coroner.
C1-3.2: Senior leadership engagement in initial Operating Model restructure stocktake findings			
Jason Brannan	3.2.5 Scoping and methodology proposal for the wider review of the 2022 Operating Model restructure agreed at Executive team following appropriate engagement	31/12/2023	To ensure that the brief is fit for purpose and that it sets out the plan for the next 60 days to enable work to be completed.
Jason Brannan	3.2.6 Findings from the wider review of the 2022 Operating Model restructure presented to Execs Team and next steps agreed	29/02/2024	To ensure that the outputs of the operating model review: Wider engagement brief are discussed and next steps agreed.

C1-3.5: Leadership development			
Jason Brannan	3.5.7 Integrated Leadership Development Framework socialised across the organisation for feedback	31/01/2024	Socialising the Integrated Leadership Development Framework (ILDF) is critical to ensure it is fit for purpose from the users perspective and that staff are aware of the framework to maximise the benefits
Jason Brannan	3.5.8 Integrated Leadership Development Framework implementation plan presented to Executive Team	29/02/2024	Planning resources will be key to ensure the smooth implementation of the framework ensuring particular areas of the framework are prioritised
Jason Brannan	3.5.9 Exploration of approach to leadership: Draft proposal of the approach and how to adopt it, aligned with the work on values and behaviours, presented to Executive Team prior to scheduling for review at Board	29/02/2024	Developing organisational values starts at the top and having executive oversight of this work is important to ensuring it is fit for purpose.
C1-3.9: Patient, family and carer involvement			
Helen Stevens-Jones	3.9.16 Workshop held as part of the co-design of the approach to engagement at an individual, service and organisational level	31/01/2024	This will help us to develop an organisational approach to engagement and in time this will become embedded and a routine way of how we do things.
Helen Stevens-Jones	3.9.17 Principles and objectives associated to the engagement work agreed at Exec Team	29/02/2024	Public engagement is a key priority for the Board, and members of the Board will play an active role in this work. Having executive team ownership of the engagement plan is therefore crucial to ensuring that it meets requirements.
Helen Stevens-Jones	3.9.18 Draft proposal on approach to engagement commenced in Cycle 3, for completion by end of March 2024	29/02/2024	Patient, family and carer involvement has been a key theme drawn out of the independent reviews the organisation has received so far. Agreeing and then implementing a comprehensive organisational approach in this area will be a key enabler for the organisation.
Chris Stockport	3.9.19 A plan to expand patient experience feedback, presented to Executive Team - this will be a key enabler in using patient experience feedback to support improvements in our services	29/02/2024	Patient experience is a vital source of insight for improving the services we offer patients and the public
C2-3.11: Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure			
Jason Brannan	3.11.3 OD Steering Group established	30/12/2023	Having a steering group will be key to agreeing the scope of the work and ensuring regular tracking of progress.
Jason Brannan	3.11.4 Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles	29/02/2024	Embedding clinical engagement into our OD plan is critical to its overall success, and getting engagement right with clinicians is directly linked to our overall improvement efforts.
Jason Brannan	3.11.5 Measure employee engagement: Proposal on a broad range of mechanisms to do this other than just the staff survey presented to Executive Team	29/02/2024	Employee engagement is key to our overall success and tracking progress in this area will be a key barometer of whether our culture change programme is succeeding.
Jason Brannan	3.11.6 Line manager's impact on employee engagement: Proposal on the behaviours required from this group to support high employee engagement, along with a plan to deliver them, presented to Executive Team	29/02/2024	Leadership behaviours are directly linked to the level of engagement from our people and work in this area will be key to rectifying some of our historical challenges in this area.

#### C2-3.12: Design Culture definition and improvement – taking inputs from all independent reviews

Jason Brannan	3.12.5 Formal Culture Change Plan and accompanying Comms and Engagement plan presented to Exec Team prior to scheduling for review at Board	29/02/2024	A formal business case will highlight the resources required for the successful implementation of the Culture Change Programme
Jason Brannan	3.12.6 Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan	29/02/2024	The NHS Wales Staff Survey has not run for the past 3 years, the last being held in 2020. The outcomes from this survey will be crucial as a baseline starting point, to enable the organisation to establish a continuous process to ensure staff are listened to, feel valued and feel that their voice has been heard. Key themes and actions will need to be shared widely to ensure that actions are implemented and feedback to staff provides assurance that they have been listened to and that the organisation is taking their feedback on board.
Jason Brannan	3.12.7 Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board	29/02/2024	Having clearly defined values that are known and practised by all staff is a well recognised feature of successful organisations.
Jason Brannan	3.12.8 Develop a behaviours framework: Draft behaviours framework presented to Exec Team prior to scheduling for review at Board	29/02/2024	Having an agreed behaviours framework agreed by the executive team and then signed up to by the Board will be key to outlining to our staff what kind of organisation we want and intend to be.

## 4. Improved access, outcomes and experience for citizens

Exec Lead	Milestone	Due Date	Why is it important to track
C1-4.2: Planned Care			
Adele Gittoes	4.2.11 Approach to demand and capacity planning and data developed, working with NHS Executive colleagues. Part of this will be to maximise the use of core clinical capacity.	31/01/2024	Developing an independently verified process for demand and capacity, supported by experts, will build confidence in our use of data for decision making.
Adele Gittoes	4.2.12 Undertake a baseline assessment/review of oral health services across BCUHB to include SC, CDS and GDS to inform the future service model required to meet demand	29/02/2024	Considering our oral health services collectively will bring a more joined up approach and support longer term requirements.
Adele Gittoes	4.2.13 Development commenced of a 5-year oral health plan for North Wales, outlining the future service model.	29/02/2024	As we move towards standardisation it is important that we outline a longer term vision to transform our services.
Adele Gittoes	4.2.14 Continue to deliver the Planned Care Recovery and Sustainability Plan to a) eradicate > 5 and 6 year waits b) significantly reduce > 4 year waits	29/02/2024	Patients may be coming to harm on our waiting lists.
Adele Gittoes	4.2.15 Deliver an interim plan of >30 new Orthodontic patients to be seen within existing sessions (displacing follow up activity)	29/02/2024	It is important that we are able to treat our Children and Young People before it becomes too late.
C1-4.3: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case			
Chris Stockport	4.3.5 Phase 1 - Orthopaedic Surgical Hub Delivery - Formal award of the contract for the main package of works, following ministerial approval of the business case	31/12/2023	This will enable more Orthopaedic capacity which will reduce backlogs and improve waiting times



Chris Stockport	4.3.6 Phase 1 - Orthopaedic Surgical Hub Delivery - Construction commenced on site in relation to the main package tender award.	29/02/2024	This will enable more Orthopaedic capacity which will reduce backlogs and improve waiting times
Chris Stockport	4.3.7 Phase 2 - Further Surgical Hub Design - Scoping document approved by Programme Board to support commencement of Phase 2 Business Case (dependant on outcome of clinical engagement and requires further Capacity & Demand modelling)	29/02/2024	This will enable more Orthopaedic capacity which will reduce backlogs and improve waiting times
C1-4.5a: Vascular improvement plan			
Nick Lyons	4.5a.10 Welsh Government Phase 2 audit of anonymised case files completed	29/02/2024	The Network, Clinical Lead and Office of the Medical Director will have an understanding of any ongoing areas of concerns, or areas of significant progress. This will support the ongoing development of the Vascular Network Improvement Plan/ and improvement programme
Nick Lyons	4.5a.11 Updated Vascular Integrated Improvement Plan, which incorporates all outstanding, and new improvement recommendations, and service level priorities developed and approved by Vascular Steering Group	29/02/2024	It is important that the Network is able to articulate a clear vision for the ongoing improvement of Vascular services across North Wales, and the steps necessary to get there, including any actions that need to be carried forward from the existing Improvement Plan, as well as new and emergent priorities
Nick Lyons	4.5a.12 17 vascular related pathways approved by Strategic Clinical Effectiveness Group for implementation including audit and evaluation cycles	29/02/2024	To ensure the implementation of key programmes of work, and that Health Board governance protocols have been adhered to throughout
Nick Lyons	4.5a.13 Emergency Diabetic Foot Pathway implemented and clinical audit cycle in place to monitor improvements in access, outcomes and experience	29/02/2024	To ensure this key strategic pathway is implemented and embedded within everyday practice across the Network, thereby assuring the Health Board that positive outcomes are being achieved for citizens
Nick Lyons	4.5a.9 Integrated Vascular hub and spoke: North Wales Vascular Service Specification, outlining roles and responsibilities of Hub and Spoke sites, to be revised in light of other improvements made and presented to Vascular Steering Group	31/01/2024	Agreeing the model across North Wales is a key step in the ongoing improvements of vascular services.
C1-4.5b: Urology improvement plan			
Nick Lyons	4.5b.10 Plan agreed with the national robotic programme to ensure effective and sustainable use of the north wales robot, to enable improved access for our population	31/01/2024	Realising the benefits of cutting edge, modern tools will improve the quality of care we provide for our patients.
Nick Lyons	4.5b.8 Recruitment completed of dedicated expert clinical support to advise, support and implement the Urology Improvement Plan	31/12/2023	Having the right clinical expertise is important to ensure evidence based improvements in line with best practice.
Nick Lyons	4.5b.9 Delivery commenced of the Urology Improvement Plan and improvements in consistency of delivery in quality standards and access to urgent and elective pathways across North Wales starting to be realised	19/01/2024	Delivery of standardised care and reducing variation in the quality of services is important in ensuring equity for our population.
C1-4.5c: Ophthalmology improvement plan			
Adele Gittoes	4.5c.10 Development commenced of an outline 5-year eye care plan based on an integrated sustainable model.	29/02/2024	As we move towards standardisation it is important that we outline a longer term vision to transform our services.



C1-4.5d: Oncology improvement plan			
Nick Lyons	4.5d.7 Review of Oncology completed at Exec Team with respect to readiness for transitioning towards standardisation	29/02/2024	This is an important step in preparing for the potential de-escalation of a service of concern and how we track on an ongoing basis.
C1-4.5e: Dermatology improvement plan			
Adele Gittoes	4.5e.8 Delivery commenced of an immediate plan to reduce the backlog with a maximum scope of an additional c.2000 patient appointments, dependent on WLIs.	29/02/2024	There is a significant backlog of patients with skin cancer not being treated in a timely manner.
C1-4.6: Mental Health review of previous reviews – phase 2			
Teresa Owen	4.6.7 Copy of Royal College of Psychiatry MH&LD report received.	31/01/2024	Receiving this overarching report will be a key point in summarising historic concerns and providing a clear path for future improvements.
Teresa Owen	4.6.8 MH&LD/RCPsych Action Plan developed and scheduled for sign off via appropriate governance routes.	29/02/2024	Ensuring a timely response to issues raised in the reports will key to building confidence in our future plans.
C1-4.7: Mental Health Inpatients Safety review - phase 2			
Teresa Owen	4.7.5 NCCU Action Plan Delivery Group fortnightly meetings held.	31/12/2023	Regular review of the plan and progress against patient outcomes will ensure improvements are made and any challenges can be resolved in a timely manner.
Teresa Owen	4.7.6 MH&LD evidence log and repository developed.	31/12/2023	Having a central repository will ensure good governance and oversight and ensure actions committed to are delivered upon.
Teresa Owen	4.7.7 MH&LD NCCU update report submitted through appropriate governance routes to provide an overview of progress made with implementation of action plan.	29/02/2024	Having strong governance and sign off ensures that appropriate challenge can be made and that progress is tested by senior stakeholders.
C1-4.8a: CAMHS improvement plan			
Adele Gittoes	4.8a.7 Delivery of the agreed BCU performance trajectories for the Mental Health Measure for December, January, February.	29/02/2024	It is important children get access to timely treatment before their condition worsens.
Adele Gittoes	4.8a.8 Focused review of CAMHS service model across BCU undertaken	29/02/2024	It is important that we are able to provide equitable care across each of our geographical areas.
C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers			
Adele Gittoes	4.9a.10 Decisions taken relating to the outcome of the Urgent Primary Care Review and implementation plan commenced	29/02/2024	It is important that we can provide suitable alternatives to secondary care for our patients, in their local communities.
Adele Gittoes	4.9a.11 Evidence received of increasing usage of the new UEC live dashboard, developed for use by operational and clinical staff to inform key risk and harm i.e., ED triage and assessment times, handover waits etc	29/02/2024	This will ensure that our teams can respond to emerging risk in real time and make decisions to reduce the risk of harm.
Adele Gittoes	4.9a.12 Continued implementation and refinement of the Integrated Urgent and Emergency Care Plan	29/02/2024	Ensuring the successful ongoing delivery of this plan is key to improving outcomes for patients and reducing the clinical risks linked to long delays.
C1-4.9b: UEC Winter Planning			
Adele Gittoes	4.9b.7 Winter plan implemented, taking a dynamic approach to inclusion of new developments	29/02/2024	Revise and implement urgent and emergency care plans (6 goals) and commence planning for winter preparedness for urgent and emergency care with partners

Adele Gittoes	4.9b.8 Winter plan "lessons learned" review scheduled	29/02/2024	Revise and implement urgent and emergency care plans (6 goals) and commence planning for winter preparedness for urgent and emergency care with partners
C2-4.10: Orthopaedic improvement plan			
Adele Gittoes	4.10.3 To meet the agreed Planned Care activity levels for Abergele Hospital for December, January, February.	29/02/2024	1. As a working model in development in the run up to Llandudno orthopaedic hub. 2. To maximise utilisation as a cold site orthopaedic arthroplasty hub. 3. To ensure stage 4 activity is moving toward a High volume, low complexity approach.
Adele Gittoes	65% of all elective orthopaedic activity to be daycase by February 2024.	23/11/2023	It is a GiRFT and British Association of Daycase Surgery recommendation and will improve bed provision for the longest waiting in-patient procedures.
Adele Gittoes	Overarching orthopaedic plan developed, including orthopaedic GiRFT recommendations. Carried over from Cycle 2.	24/11/2023	To work toward a sustainable orthopaedic model of care which is data driven and intelligent.

## 5. A learning and self-improving organisation

Exec Lead	Milestone	Due Date	Why is it important to track
C1-5.1: Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning			
Jason Brannan	5.1.09 Board presentation on progress of Learning Organisation Framework work to date delivered.	31/01/2024	This is important so that the Board are fully appraised of what we are doing to learn when things go wrong and how we will implement changes to ensure the same issues do not recur.
Jason Brannan	5.1.10 Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts. This will enable improvements in a wide range of organisational outcomes, such as quality, access, experience etc	29/02/2024	This will enable our staff to translate the high level aims into a version that can be applied in a variety of settings and ensure a breadth of success.
C1-5.2: Effective procedures for learning from incidents and preparing for inquests and HSE			
Angela Wood	5.2.10 As part of the integrated performance framework, the first part of the Quality Dashboard will be live	29/02/2024	To ensure dashboard is fit for purpose and that quality performance is visible in key meetings, with a single version of the data, and is visible to both the Executives and Board members
Angela Wood	5.2.8 A central and digital learning repository and cascade system prototype developed, based on Office 365	29/02/2024	To ensure actions are delivered within agreed timescales and that consistent datasets are in use across operational areas to facilitate shared learning, benchmarking and measurement of progress.
Angela Wood	5.2.9 Comprehensive review completed of current PTR processes including incidents, claims, inquests (to include PFDs), complaints and subsequent learning. The process will support the implementation of the Duty of Quality utilising the Health and Care Quality Standards to drive continual improvement to meet the needs of the population	29/02/2024	To ensure all stakeholders are engaged and that the review is comprehensive and represents a system wide position

### C1-5.3: Clinical Governance review

Angela Wood	5.3.2 To have fully supported and engaged with the review process as directed by the reviewing team, ensuring all key staff are available as required once ToRs agreed and review commenced. It is unknown at this time what format the review will take. Ensure the learning and actions from the Patient Safety Review are covered by this work	29/02/2024	To ensure that the format of the review is fully supported and facilitated to ensure a comprehensive approach and delivery of actions and / or recommendations.
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### C1-5.5: Implement an enhanced Healthcare Public Health programme

Teresa Owen	5.5.6 High level plan developed for the enhanced work with an initial focus on a Diabetes project.	31/01/2024	A high level plan will outline the steps required to meet the overarching aims associated with Health Care Public Health.
Teresa Owen	5.5.7 HCPH steering group established to focus on the Diabetes project to improve outcomes.	29/02/2024	The steering group will provide governance, direction and monitor progress of the Diabetes project. It will be representative of the necessary staff groups and services required to develop and implement a successful project.
Teresa Owen	5.5.8 Identify internal stakeholders to support the HCPH Diabetes pathway project, inform development of the Steering Group and have commenced implementation	29/02/2024	Stakeholder engagement is an integral part of any project in order to provide support, rigour and challenge.

### C1-5.7: Implement proposal to become an intelligence led organisation

Dylan Roberts	5.7.12 Review completed of the current use of benchmarking data across the Health Board and proposal presented to Executive Team on how to incorporate into existing governance and reporting.	31/01/2024	This will enable the health board to understand variation in practice across the organisation and its position within a national peer group.
Dylan Roberts	5.7.13 Data Quality Forum established covering areas such as: data literacy training, data auditing processes, assigning data stewards, automation, and prioritisation of work plan etc	29/02/2024	This will ensure that the data we collect is to the right standards and can be trusted in our decision making processes.
Dylan Roberts	5.7.14 Roadmap developed to becoming an intelligence led organisation, including proposals for data governance, literacy for key staff and technological developments, along with how the National Data Resource Platform will be utilised.	29/02/2024	This will ensure our decisions are made based on evidence, underpinned by a high quality system and a skilled workforce.

<b>Teitl adroddiad:</b>	"Collective Action for a Healthier North Wales – Taking a Whole System Approach"; Annual Report of the Director of Public Health 2023
<b>Report title:</b>	
<b>Adrodd i:</b>	Health Board
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 30 November 2023
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	Director of Public Health Annual Reports are a historical tradition which date back to 1856, when Medical Officers of Health (established under the 1848 Public Health Act) first started to publish yearly reports "On the State of the Public Health" in an attempt to generate interest and action towards improving the health of the population, and in particular of those with the worst health.
<b>Executive Summary:</b>	<p>The Directors of Public Health continue to publish independent reports on the health and wellbeing of their populations and on action being taken to improve and protect their population's health.</p> <p>The 2023 Annual Report of the Executive Director of Public Health focuses on a whole system approach. A relatively new approach to tackling multifactorial, complex problems, a whole system approach recognises that many of the challenges facing society today, also known as 'wicked issues' cannot be solved by one organisation alone.</p> <p>The report provides an overview of what a whole system approach is, key methods used when taking a whole system approach, examples of whole system working across North Wales, the opportunities and challenges of taking a whole system approach and approaches to evaluating a whole system approach.</p> <p>The content of the report includes:</p> <ul style="list-style-type: none"> <li>• An introduction to a whole system approach</li> <li>• The opportunities of taking a whole system approach</li> <li>• Examples of national and regional whole system approaches</li> <li>• Local whole system approaches</li> <li>• The challenges of taking a whole system approach</li> <li>• Evaluating whole system approaches</li> </ul>

	<ul style="list-style-type: none"> <li>Conclusions</li> </ul> <p>The report begins by introducing the concept of a whole system approach and providing key definitions of commonly used approaches, methods and tools used when taking a whole system approach.</p> <p>The report also includes a number of case studies taking a whole system approach including the Whole System Approach to Healthy Weight led by BCUHB as well as examples of work by partners operating across Local Authorities.</p> <p>The report has a number of conclusions that are aimed at organisations operating in the public, private and third sector across North Wales. This year's report is not being printed in hard copy but will be available as a downloadable document via an online platform.</p>			
<b>Argymhellion:</b> <b>Recommendations:</b>	The Health Board is asked to discuss and note the content of the 2023 Annual Report and support the conclusions.			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Teresa Owen, Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Ceriann Tunnah, Consultant in Public Health BCUHB Public Health Team			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>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:</b> <b>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:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>		Improving health and reducing inequalities Mental Health and Wellbeing		

<b>Goblygiadau rheoleiddio a lleol:</b>  <i>Regulatory and legal implications:</i>	There are no specific implications to note.
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i>	Not Applicable – The report does not contain specific proposals which could be assessed for impact.
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <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
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <i>Financial implications as a result of implementing the recommendations</i>	The report does not generate any explicit financial implications.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i>	The report does not generate any explicit workforce implications.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	The report is not linked to any specific BAF risk.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> <b>Next Steps:</b> The full report will be shared at the November 2023 Board meeting. The report will also be shared with partners across the region and it is hoped that the report will raise awareness of taking a whole system approach, the opportunities and challenges and examples of how this approach is being used to tackle some of the 'wicked issues' in public health.	
<b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b>  App 1 : DPH report 2023	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Betsi Cadwaladr University Health Board  
Director Of Public Health  
**Annual Report 2023**



# Collective Action For A Healthier North Wales

Taking A Whole System Approach

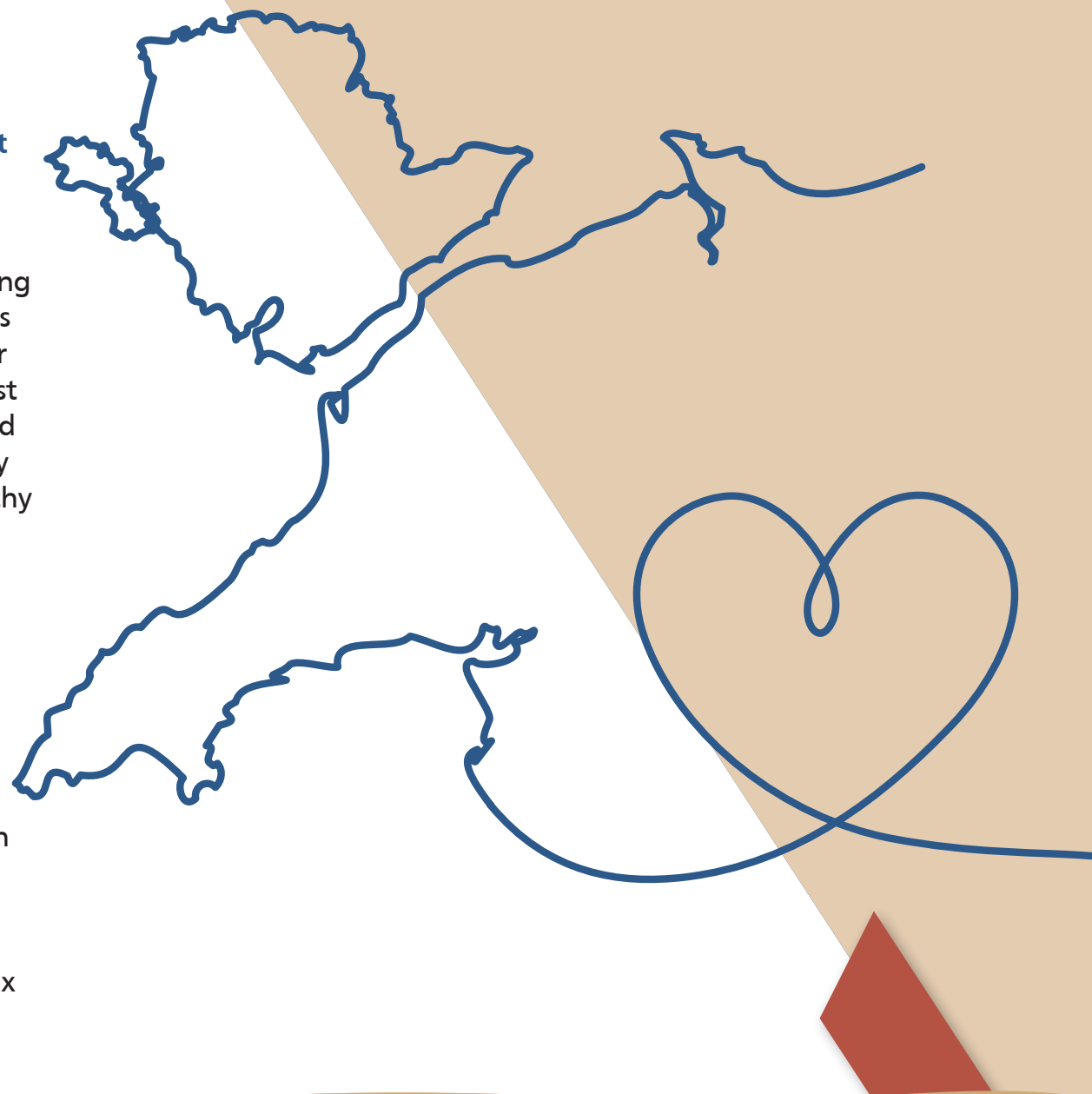


# Foreword

As we have moved through the COVID-19 pandemic recovery and back into business as usual, the Public Health community has reflected on the challenges that we now face.

Last year my annual report recognised the significant impact COVID-19 had on the mental health and wellbeing of the population of North Wales and how professionals and communities were working together to support our population through a journey of recovery. Over the past 12 months we have recognised that many of the 'wicked issues' we faced pre-pandemic have become increasingly more complex due to the greater prevalence of unhealthy behaviours and associated health conditions, alongside the negative impacts of economic pressures bearing down on communities, in particular those already most vulnerable.

The system successfully adapted to a range of needs during national pandemic lockdowns, but many of the successes, such as working from home and food delivery, have had negative unintended consequences on our health and wellbeing. In Wales the Public Health system has recognised that in order to address some of these 'wicked issues' there needs to be a move away from addressing individual level behaviours and a move towards taking a whole system approach to the complex problems we are facing as a society.



Historically Public Health have always taken a strong partnership approach to tackling the health and wellbeing needs of the communities they serve. Over the past 12 months in North Wales, we have started a journey of using whole system thinking and whole system methodology to enhance this partnership working and support the wider system to recognise that we all have a part to play in addressing the current challenges we face such as healthy weight, active and sustainable travel and the cost-of-living crisis. This annual report will reflect on our understanding and experience of taking a whole system approach in North Wales and offer examples of work that is taking place nationally, regionally and locally.

This is my first public health annual report since local public health teams were transferred from Public Health Wales to Local Health Boards, a move that I anticipate will continue to strengthen the local public health system for our citizens. I am hopeful the transfer will support the Health Board to further embed prevention, early intervention and reducing health inequalities as the core approach to population health in North Wales.

The Public Health Team in North Wales have shown great commitment and resilience during this process and have continued to deliver on the public health priorities for the population of North Wales. I would like to thank my Public Health Team and wider partners for their hard work and dedication over the past 12 months – Diolch yn fawr.

## **Teresa Owen**

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



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# Executive Summary

**There is increasing recognition that the public health challenges today are multifactorial, complex and cannot be solved by one organisation alone.**

Taking a whole system approach can often mean different things to different people but underpinning the approach is ensuring everyone has a shared understanding of the problem.

The data in North Wales continues to show inequalities in health outcomes for those living in our poorest communities with a range of factors responsible for this including the accessibility and quality of health and social care services, individual behaviours and the wider determinants of health (such as housing, income and the physical environment).

The Welsh Government have demonstrated their commitment to taking a whole system approach across their programmes of work. One area that is applying this approach systematically across Wales is the national Healthy Weight Healthy Wales strategy. In North Wales this work is being led by the BCUHB Healthy Weight Healthy Wales Whole System Approach team.

Whole system approaches are also being used to address a number of other complex problems across Wales, including the national educational attainment gap and mental health and wellbeing in North Wales.

Locally across North Wales partners are making a significant contribution to the system through a range of place-based approaches. These approaches are tackling the underlying causes of ill-health within our communities, by identifying opportunities for leverage in the system.

Taking a whole system approach can offer both opportunities and challenges. One of the key opportunities is the engagement of parts of the system that often struggle to recognise their role in a complex problem.

When taking a whole system approach it is crucial that we consider potential unintended consequences, these can be positive or negative and occur due to the interconnected factors within a system. When taking a whole system approach it is vital that we consider the bigger picture and how causal factors are interlinked.

It is also important that we evaluate whole system approaches. Drawing conclusions on cause and effect in a whole system approach can be difficult, but using techniques that include social network analysis and ripple effect mapping can enable us to demonstrate what change has occurred and how change has occurred.

The report is written in four main sections: The first covers the context and opportunities of systems working. The second section provides examples of good work. The third section reflects on the challenges, opportunities and evaluation approach, while the penultimate and final sections provide further reading links and references.





# 1. An Introduction To A Whole System Approach

Many of the challenges facing us as a society have been called 'wicked problems', including climate change, inequality, poverty and obesity. These are issues that are highly complex, in that they are made up of a wide range of interconnected factors. There is no one right way to solve them, and no one organisation or agency are responsible for solving them alone. A diverse range of sectors and organisations must play a role, influencing where they can achieve change in the system. Whole system approaches are an increasingly popular way to tackle public health issues with examples of the approach being used with obesity prevention, youth offending, physical activity, and mental health and wellbeing.

Although there is no one agreed definition for a whole system approach (WSA), some people have defined the approach as:

**'those that consider the multi-factorial 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'<sup>1</sup>**

**'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'<sup>2</sup>**



Men from the least deprived areas live an extra 13 years in good health compared to those from the most deprived. The difference is 17 years for women



Many other definitions include reference to:

- **recognition of working in a complex, adaptive system**
- **the use of system thinking to help illuminate the problem**

In practice, this means working across communities and stakeholders to develop a shared understanding of a complex problem, considering how the local system is operating, and where there are the greatest opportunities for change. Working in collaboration, stakeholders can then test a range of solutions and work to implement changes that are long-term, sustainable and focus on the root-cause of the problem. Changes need to work at all levels of the system, from an individual event-level action, through to changes in policy and processes which reflect what is valued in the system.

A whole system approach involves applying systems thinking, systems leadership and a range of methods and tools to better understand the problem, identify solutions and align priorities to define collective action.

Data: Life expectancy at birth:

	Wales	BCUHB
<b>Female</b>	<b>82.1</b>	<b>82.3</b>
<b>Male</b>	<b>78.3</b>	<b>78.8</b>

Healthy life expectancy

	Wales	BCUHB
<b>Female</b>	<b>62.4</b>	<b>65.2</b>
<b>Male</b>	<b>61.5</b>	<b>63.9</b>

Source: Health expectancies in Wales with inequality gap - Public Health Wales

Data: Life expectancy at birth:

## Key Definitions

### System

A set of tangible and intangible components (people, services, relationships, values) working together in an interconnected way and functioning as a whole. Systems are often described when talking about societal problems and about the way organisations can behave together.

### Systems Change

Relationships between different components in the system are altered towards new outcomes and goals.

### Complexity

Characterised by having multiple, interacting parts, being unpredictable and therefore having no straight line between cause and effect.

### Systems Thinking

A way of making sense of complexity by considering things as part of a whole rather than a series of individual events.

### System Leadership

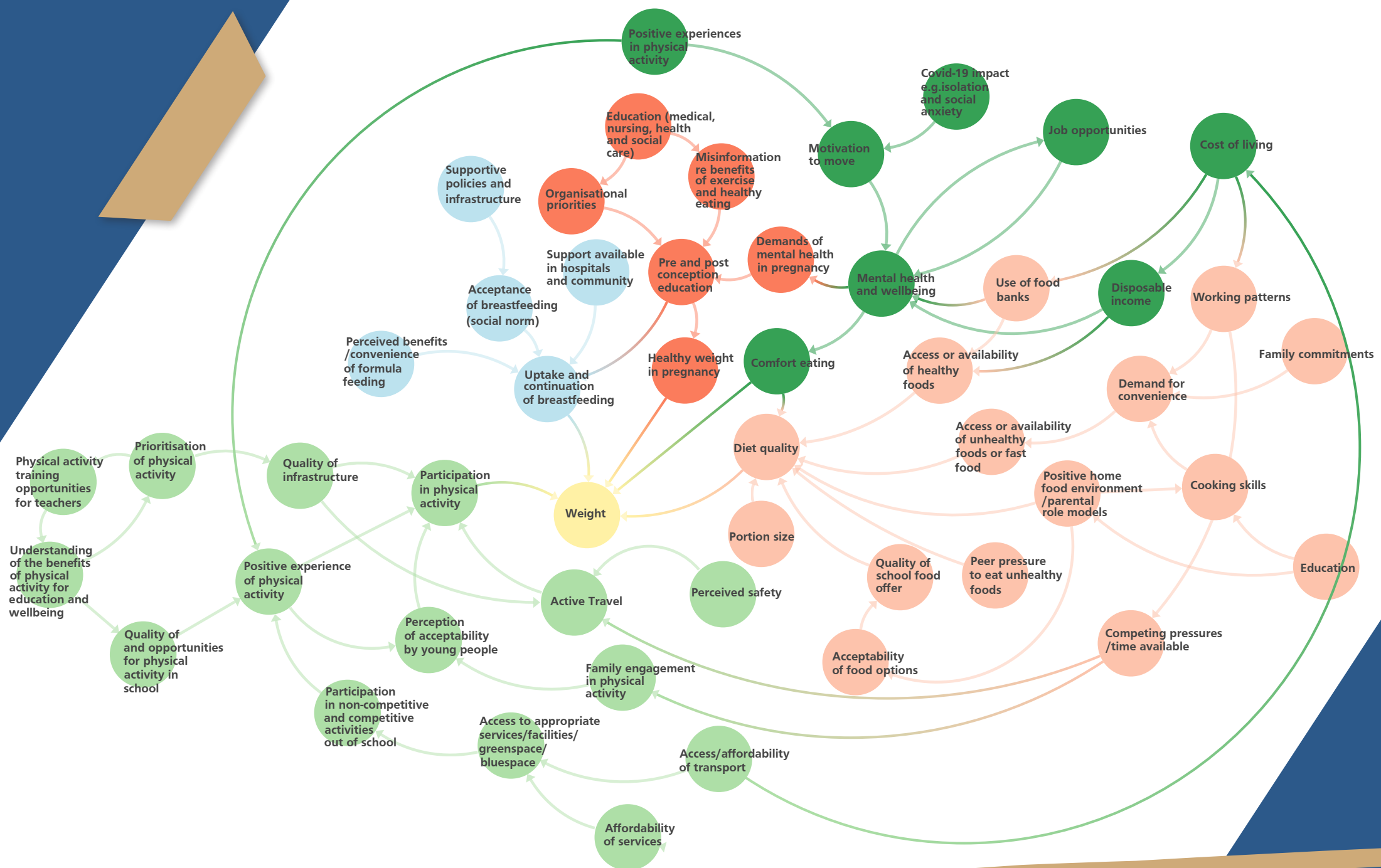
A set of skills and capacities that any individual or organisation can use to catalyze, enable, and support the process of systems-level change. System leadership is about how you can lead and influence when you're not in charge, particularly when working across organisations or sectors. Central to systems leadership is having good relationships so that we can work together towards a shared ambition.

### System Mapping

A commonly used tool in whole system approaches. System mapping exercises seek to:

- Visualise elements of the system, including relationships and feedback loops
- Simplify complexity and allows stakeholders to see the whole picture and to have a shared understanding
- Identify leverage, or intervention, points from the maps
- Illuminate the causes of the public health issue – including interdependent elements, the relationships between elements and any feedback loops
- Provide a shared understanding of the problem between stakeholders
- Identify action points or levers to intervene and change the existing system
- Help stakeholders see their place within the system
- Consider potential unintended consequences of actions





## 2. The Opportunities Of Taking A Whole System Approach

Taking a whole system approach presents opportunities for the system and the organisations working within the system. Complex problems require a whole system approach with multiple stakeholders and sectors involved. There is a need to disrupt the system to change how it functions to address the problem.

A whole system approach evidences the journey through a complex problem and enables outcomes to be demonstrated. This approach allows for engagement with wider partners and stakeholders, many of whom wouldn't have recognised their role within the wider complex problem. Within a whole system approach no one organisation is held to account for a complex problem and no one organisation is leading.



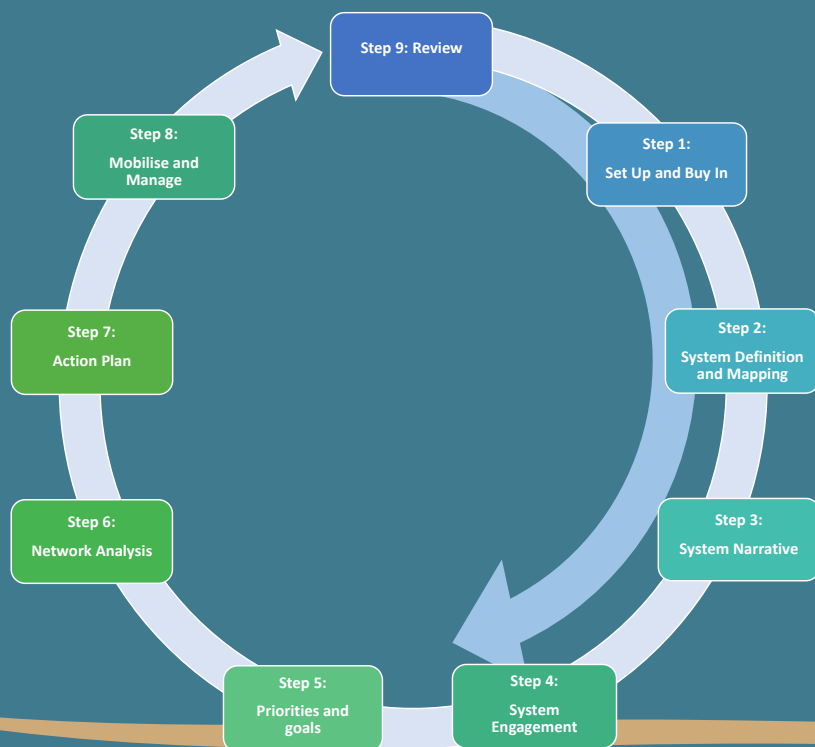
A whole system approach requires:

- Strong leadership across the system through actively engaged partners
- Consistent language to promote a unified approach
- A shared understanding of the problem / issue
- Meaningful engagement with local communities
- Recognition that outcomes are influenced by a complex and adaptive system of interacting components
- Robust governance structures and shared values
- Continued learning, reflection and refinement
- Initiatives embedded within the broader policy

## National And Regional Whole System Approaches

Public health in Wales works at different levels to promote and protect the health and wellbeing of the population.

National level public health programmes of work are those being undertaken on an all Wales basis. Regional working in public health usually follows the geographical footprint of a Health Board. In the case of this report regional programmes of work are operating on a North Wales footprint. Some regional work can be informed by national work and there will always need to be local implementation, often at a local authority level or smaller community levels such as an electoral ward.



## Healthy Weight: A Whole System Approach In North Wales

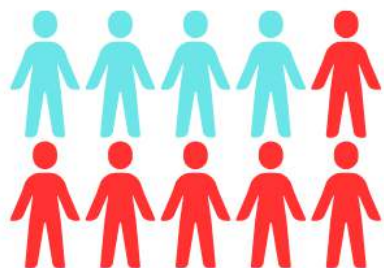
Healthy Weight: Healthy Wales (HWHW) is the Welsh Government's long-term strategy to prevent and reduce obesity in Wales through a whole system approach. Launched in 2019, this 10-year strategy recognises the importance of leadership and enabling change through a systems-based approach that focuses on **local leadership, collaboration and involvement and enabling local action.**

In North Wales we are taking a whole system approach by working with everyone who has an influence on the food we eat and how active we are. In North Wales we are following the 'Nine Step Approach to Whole System Working in Wales'. The BCUHB Whole System Approach to Healthy Weight Team are leading this approach and are working with partners from across North Wales.



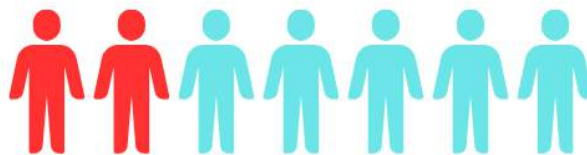
## Mapping The Causes Of Obesity

In North Wales we have used a tool called '**system mapping**' to work with partners to map the causes of unhealthy weight. This approach has ensured we have a range of experts with different backgrounds, experience and engagement with communities in North Wales to help us identify the causes of unhealthy weight and how these causes influence each other. This process allowed partners to identify the real challenges that the people of North Wales face when trying to eat healthily and move more, including the cost of food, public transport, time to cook and move more. This process identified how the cost of living crisis is having a significant impact on the choices available to families in North Wales when trying to eat well and be active. The map on page nine outlines the 94 causes of unhealthy weight in North Wales that were identified during the system mapping workshops.



Only four in ten adults are at a healthy body weight

Source: CMP 2021/2022



2 out of every 7 children aged 4-5 is living with being overweight or obesity

## Setting The Priorities

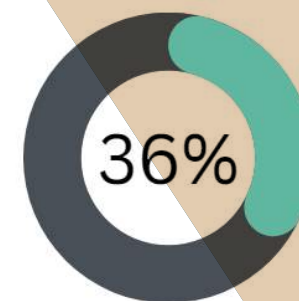
Following on from the system mapping, partners from across the system were then brought back together to agree the priorities for the Whole System Approach to Healthy Weight in North Wales

**North Wales priority sub-systems:**

- **Access to affordable and healthy food**
- **Eating well and being active in schools**
- **Eating well and being active in workplaces**

Mental health and wellbeing, health inequalities and climate change will run as golden threads through the three priority sub-systems.

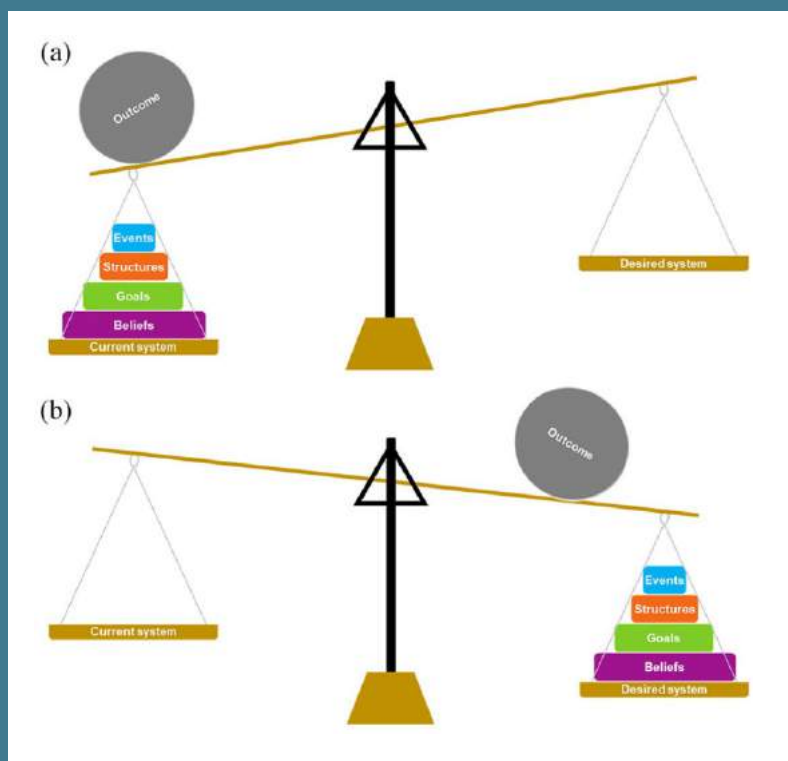
Source: CMP 2018/2019



The overweight and obesity rate is 36% higher in the most deprived areas compared to the least deprived

## Agreeing Actions

At the priority-setting workshop, partners were also asked to complete a Systems Action Register using the Action Scales Model<sup>3</sup> for each of the three themes. The Action Scales Model helped participants think how they can tip the balance from a system which promotes unhealthy weight (obesogenic, diagram a) to one that is health promoting (diagram b). They were asked to identify places to intervene in the system to ensure they were considering long-term, sustainable system change. The actions explored at the workshop have been used to create the sub-system actions.



## Sub-system Actions

### Access to affordable and healthy food

- Ensuring there are affordable, healthy, sustainable food and drink options within public sector organisations
- Reducing access to hot food takeaways
- Improving access to affordable and healthy food

### Eating well and being active in schools

- Supporting the provision of healthy and locally sourced food in schools
- Embedding physical activity throughout the school day
- Supporting the implementation of the new school curriculum around eating well and being active within the school day

### Eating well and being active in workplaces

- Supporting the provision of healthy and locally sourced food in workplaces
- Embedding physical activity throughout the workday
- Supporting the implementation of the Healthy Travel Charter

These sub-system actions will be the priorities for change within our healthy weight whole system approach programme of work in North Wales.



## Mental Health And Wellbeing: A Whole System Approach In North Wales

As we recognised in our last public health annual report, our mental health and wellbeing is the result of a wide range of factors. This includes our genes, our lifestyles, our family and community relationships and networks. It is also influenced by broader determinants such as our work, education, access to services, and our built and natural environment.

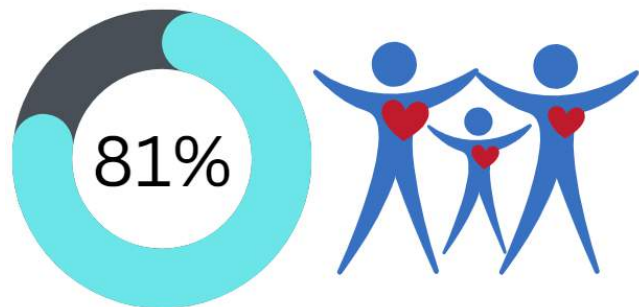
- **identify and address inequalities in mental health and wellbeing outcomes**
- **develop a different approach, culture, and shared narrative to build trust between different parts of the system, including delegated leadership**

The refresh of the T4MH Strategy presented an opportunity to:

- **rebalance the focus to address mental health and wellbeing outcomes across the life-course considering risk and protective factors from the early years through to school aged children, working age adults, and older people**
- **prioritise action around primary and secondary prevention, earlier intervention, and use of community assets to build resilience**

In order to facilitate a shift in both the 'what' and the 'how' of developing the new Strategy, four partnership workshops were hosted in 2022/23. Each building on the output from the previous one, the workshops provided the time and space for cross-sector partner organisations, including Mental Health Advocacy Groups, to develop a shared understanding of the key challenges and opportunities in improving population mental health and wellbeing. This included identifying where the greatest impacts could be realised by working together.

Source: 2021 Census



81% of people living in North Wales report their health to be good, or very good

Five Ways to Wellbeing



Over the next 12 months there will be a shift in how the people of North Wales are supported to maintain their mental health and wellbeing. Partners will be shifting the focus towards:

- **Giving every child the best start in life**
- **Prevention and early intervention**
- **Ensuring that the people of North Wales get the right support the first time they ask for help**

This will be achieved through working together with wider partners to identify their role within the system and how they can achieve change to ensure the population of North Wales live healthy fulfilling lives.





## Educational Attainment: A Whole System Approach Across Wales (Led By Public Health Wales)

Educational attainment is a key determinant of health, well-being and health equity and contributes to other well-being goals, such as A Prosperous Wales. The Wider Determinants of Health Unit in Public Health Wales (PHW) is using a whole system approach to explore opportunities to contribute to reducing the educational achievement socio-economic disadvantage gap.

To understand the relationships between the causes and consequences of factors which influence educational achievement in Wales, PHW have undertaken a Participatory Systems Mapping exercise through a series of workshops with participants from education and health sectors. With support from youth workers, separate workshops were also undertaken with young people to validate the factors identified during the mapping exercise.

Through this method PHW have gained multiple perspectives, visualised the complexity of the situation and can better understand and describe how child and family factors, the home learning environment, school environment and broader community, social and economic factors interrelate and influence educational outcomes.



The percentage of pupils in Wales who achieve five or more good GCSE grades is 33 percentage points lower for students who receive free school meals

The next steps will be to work with others, including Attainment Champions (head teachers working to tackle the impact of poverty), to use the systems map to consider how the Community Focused Schools policy can influence the attainment gap. They will also use the map to engage other public health colleagues to explore how existing programmes relate to each other, the educational attainment gap and consider points of leverage for our future efforts.

Partners in North Wales have been identifying a range of causes of poor educational attainment based on insight and experience from families in North Wales. This includes:

- Access to high quality childcare services
- Support for parenting
- Speech and language needs

BCUHB will continue to be a key partner in this work and will support the Public Service Boards across North Wales with implementing the actions identified nationally to ensure all children in North Wales reach their full potential. This work will also be closely linked with the recently launched [BCUHB Children's Charter](#) which was developed with the support of 2,400 children and young people across North Wales.

Source: Inequalities in GCSE results across England and Wales, Education Policy Institute and Nuffield Foundation.

	Free school meals	Other pupils
Percentage of pupils achieving 5 or more good GCSEs	28	61



# 3. Local Whole System Approaches


## A Whole System Approach In Wrexham – HMP Berwyn Health And Wellbeing Strategy

HMP Berwyn is a male training and resettlement prison in Wrexham, North Wales, with around 1,900 prisoners. It is the largest prison in the UK.

People in the criminal justice system (including people in prison, those on probation and people in other places of detention) are more likely to experience a higher burden of chronic illness, mental ill health and substance misuse (drugs and alcohol) problems than the general public. Offenders often come from already marginalised populations in the wider community. By improving the health and wellbeing of people in prison, there is an opportunity to improve the lives of the individual, their family and the wider community. It also offers an opportunity to reduce re-offending by tackling the underlying causes of offending behaviour.

To maximise this opportunity, HMP Berwyn has taken a whole prison system approach to improving health and wellbeing. In 2022, a Health and Wellbeing Strategy was launched to create an environment in which not only is it easier for the men living in HMP Berwyn to make healthier choices but also considers how we can support staff and prisoner's families to also make healthy choices.





The ambitious strategy covers:

- Mental health and wellbeing
- Eating well and being active
- Smoke-free
- Drug and alcohol use
- Oral health
- Sexual health
- Screening and immunisation

Taking a whole prison system approach requires everyone within the prison to work together to create a healthier place for people to live, work and visit.

The strategy is overseen by a multi-disciplinary group including representatives from HMP Berwyn, BCUHB Public Health, BCUHB Healthcare, Prison Officers' Association (POA), Novus Cambria, Barnardo's, Wrexham County Borough Council Health & Social Care and prisoner representation.

One key success from the strategy has been a recent suicide prevention train the trainer programme where both prisoners and staff attended training alongside each other. This approach recognised everyone's role in suicide prevention both within the prison and the wider community. Prisoners have been extremely complimentary of the approach, as it has improved the relationships between staff and prisoners and enabled the two groups to identify shared life experiences relating to mental health and wellbeing.

**"I thought it was good to attend the training alongside prison officers. It gave me an understanding of things from their perspective and also helped them to see things from our perspective".**

**HMP Berwyn Prisoner**



## A Whole System Approach In Flintshire - Place Making Plans

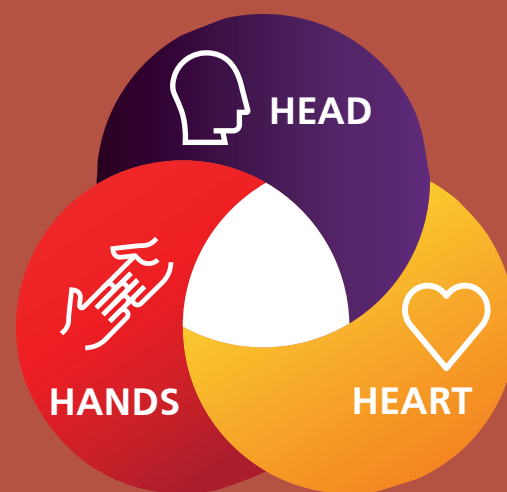
Place Making is an approach that considers how people use, live, work, socialise and move within their local area, with the aim of creating inclusive, connected, vibrant and healthy communities. Place Making aims to improve and transform local spaces through collaboration to understand the needs and aspirations of local people, businesses and wider stakeholders.

Flintshire County Council is co-ordinating the development of Place Making Plans on behalf of a range of partners over the next two years in seven-town centres across Flintshire (Holywell, Shotton, Buckley, Connah's Quay, Mold, Flint and Queensferry). The first three towns to go live with this work are Holywell, Shotton and Buckley.

The Place Making journey so far:

- **Place Making requires a 'whole-system approach' involving a wide range of professional and community stakeholders working together to understand how communities think (head), feel (heart), and what they want from their local area (hands).**

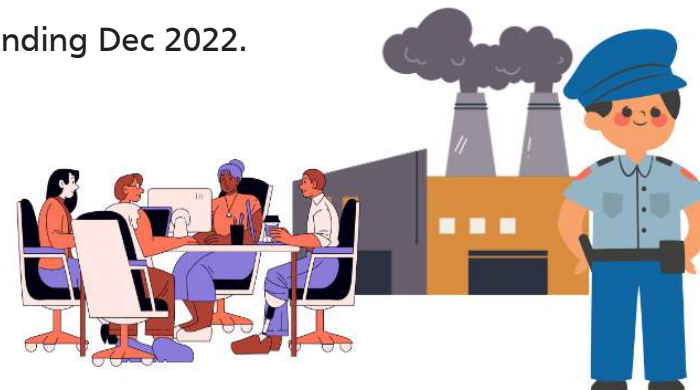
Underpinned by the Design Commission for Wales Place Making Guidance (2020), Flintshire is following an eight-step process to inform the development and implementation of local plans.



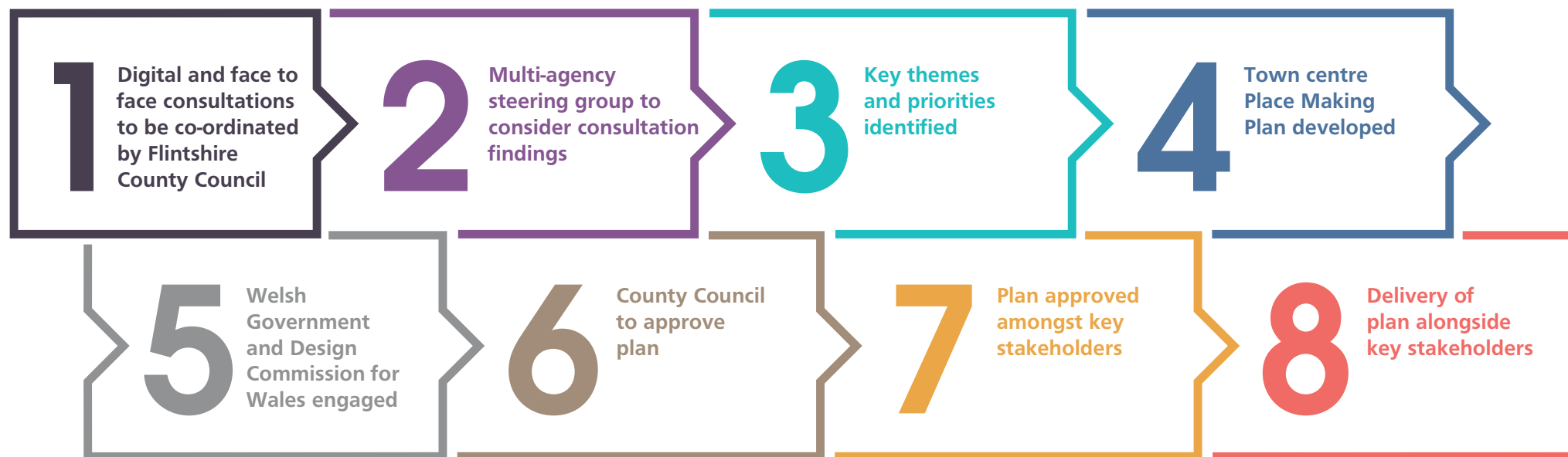
Flintshire have completed stage one and two of the process over the past 12 months. This has involved collection and interpretation of health and wellbeing, economic, cultural, regeneration and movement data. In addition to the data analysis, local insights were gathered via an on-line digital survey and a series of face-to-face consultation events, which resulted in over 5000 responses. System leaders have then been engaged through a 'Place Group' to consider the consultation findings.

By working with leaders from across the system it is hoped that the solutions to the challenges identified through community consultation will ensure that consideration is given to the complexity of the issue and offers long-term sustainable solutions to make the towns in Flintshire a place where people are supported to make healthy choices.

Source: StatsWales, data for year ending Dec 2022.



75.3% of adults in North Wales are employed.  
The unemployment rate is 2.0%



## A Whole System Approach In Denbighshire - Denbighshire Social Supermarket

Taking a whole system approach to reducing food poverty requires approaches that make food affordable, reduce the length of the supply chain and tackle food waste. In 2021, Denbighshire's **Cogog** Social Supermarket initiative was established to collaboratively implement sustainable food projects across the county. Cogog aims to increase and improve the accessibility of local, healthy and affordable food while minimising food waste and adding value to existing services and local assets around food. By offering an alternative and sustainable food option based on redistributing surplus food, it aims to support a community-centred approach to improving health and wellbeing and reducing inequalities in food accessibility.

Led by Denbighshire County Council, the 2022-23 pilot project was funded by BCUHB and involved partners from the public, private and voluntary sector. The pilot focused on a ready-meal food delivery service in the rural areas of South Denbighshire. The South Denbighshire Community Partnership (SDCP) delivered the service in collaboration with Well-Fed, and between September 2022 and March 2023, 273 South Denbighshire customers used the service to purchase 350 ready-made meals.


In addition to the food delivery service, community fridges providing nutritious and affordable ready-made meals were set up at five rural locations in South and Mid Denbighshire, including Canolfan Ni, Corwen and the Market Hall in Ruthin.

**"It's great to have  
tasty, healthy and  
affordable meals so  
easily available and  
delivered to my door".**

**Georgina, Corwen  
resident**





A white van is parked in a lot. The back of the van features the 'CANG' logo in large, stylized orange letters, with 'COMMUNITY ACTION NETWORK' written above it and 'LOCAL AFFORDABLE FOOD FROM ALL' below it. Below the logo is a small graphic of a fork and knife. On the side of the van, the word 'FOUNDATION' is visible in blue letters, preceded by a small green leaf icon. The van is parked on a paved surface with yellow parking lines. In the background, there are trees and a building under a clear sky.

The delivery service and retail customers reported improved accessibility to affordable food, and some improvement in accessibility of nutritious food resulting from the ready-made meals. A total of 455kg of surplus food was saved from landfill wastage as a result of the pilot project. While the service was available to all, the majority of customers were from an older demographic aged 60 and over, and individuals experiencing transport issues and reduced accessibility to services were perceived to benefit the most.

**“Glad the meals are there. They are really helpful to the community....has helped due to the rising cost of electric, especially when cooking for one person”.**

**Corwen resident**

## A Whole System Approach In Conwy - Food Matters / Bwyd O Bwys

A whole-system approach to addressing obesity includes the availability of healthy school meals and school food programmes providing nutrition education and food skills and literacy. The provision of school meals has several benefits, including supporting children's health and development, reducing health inequalities and supporting learning and attainment<sup>4</sup>. In response to the cost of living challenge and food poverty, in 2022 the Welsh Government announced that all primary school children in Wales would get free school meals by 2024. The policy aims to eliminate child hunger, as well as promote healthy eating and improve child behaviour and attainment at school.

In response to the new policy, Conwy County Borough Council Education Services developed an innovative digital resource called Food Matters to promote and support the whole system approach to healthy weight. Food Matters aims to promote the nutritional value of school meals and encourage pupils and parents to take advantage of the offer, as well as developing children's knowledge and skills in cooking and preparing healthy nutritious meals in a fun, safe, and engaging way. The knowledge and skills gained through Food Matters raises the profile and importance of a healthy diet and provides a foundation for a positive journey with healthy and nutritious food throughout the life course.

Using funding from BCUHB schools have been supported to purchase food production and cooking utensils and equipment to support the delivery of the programme. Educational resources have been prepared to encourage children to develop healthy food skills and choices, the aim is to bring together pupils, school caterers and teachers to promote healthy eating in the school environment. The programme empowers pupils to become Food Matters ambassadors to promote the value of school meals and encourage all pupils within their schools to benefit from and enjoy school meals.



The bilingual digital resource contained a package of videos, lesson plans and resources to support teachers to coordinate and facilitate practical sessions with their pupils. Topics covered within the Food Matters resource included an introduction to basic food groups and The Eatwell Guide, a focus on identifying hidden fats and sugars within foods, and food hygiene including food storage and preparation. Pupils were also supported to investigate their school lunch menu and supported in promoting school meals within their school. In line with the new curriculum in Wales, Food Matters promoted pupils' entrepreneurial skills around food by working collaboratively to organise events and activities to promote school meals within their school.

**“Feedback from schools has been incredibly positive, with teachers reporting that the resources are of high quality and are in alignment with the Curriculum for Wales... they are looking forward to embedding the programme into the school curriculum”.**

**Nia Williams,  
Education Health and  
Wellbeing Officer,  
Conwy County  
Borough Council**



45% of those aged 11-16 in Conwy are eating one or more portions of fruit or veg per day.

Source: School Health Research Network Data for 2021 Children's Health & Wellbeing Dashboard



## A Whole System Approach In Gwynedd - Skyline Project In Blaenau Ffestiniog

Y Dref Werdd is a social prescribing service that is taking a whole system approach to tackling health and wellbeing through green initiatives. Projects help families reduce their energy usage, guide and train individuals to get qualifications in conservation, as well as improving people's mental health and wellbeing by spending more time outdoors. It is a great example of how green social prescribing not only improves your mental health and wellbeing but educates you on the environment and area where you live and the importance of protecting it.

Skyline is a project in Blaenau Ffestiniog which will further enhance the offering of Y Dref Werdd. It is about re-connecting communities to public land so that communities can manage the land for environmental, health, social and economic benefits. The aim of the project is to bring food, fuel and knowledge back to the communities in which it is used to enable them to thrive. Together with the local community they are setting up a functional and efficient market garden, a sustainable and affordable firewood business and a traditional skills centre to teach old skills to new generations.

The funding from Skyline has enabled the Dref Werdd to develop large areas of derelict land. One area in particular was of concern due to various reports of anti-social behaviour and crime on the site. This area of land is surrounded by houses and developing this site has meant that people feel safer within their community and can take part in developing the area together for the benefit of their community. The site aims to be self-sufficient in the longer term with solar panels and a small wind turbine on site.





The funding has enabled the erection of a large potting shed on site for the community to use to build their knowledge and skills around growing food as well as doubling as a warm space during colder months. A large Polytunnel will be installed in the coming weeks for growing vegetables and salads. The aim is to sell to local businesses but also to be able to provide to local schools in the longer term. The site also hosts an outside kitchen area for the community where everyone will be welcomed to cook, eat and socialise together.



9% of people in Gwynedd report feeling lonely

Source: PHOF



## A Whole System Approach In Anglesey - PIPYN Project

Anglesey is one of three areas in Wales identified as having high rates of children who are overweight. With a focus on prevention and early intervention, the PIPYN pilot project is seeking to test effective whole system working approaches in collaboration with a wide range of professional stakeholders across the statutory and voluntary sector as well as families themselves to tackle unhealthy weight in children.

A new partnership group has been established to enable collective system action focusing on healthy weight preventative actions across the county. The partnership key objectives are:

- Raising awareness of a whole system approach amongst key partners
- Utilising and maximising current assets in Anglesey through system mapping and alignment
- Creating a common voice to enable creation of local opportunities and initiatives for families

Key outcomes include:

- Engagement and communication with wider stakeholders and public to identify issues, challenges and gaps
- System mapping workshop to better understand the complex issue of high prevalence rates of overweight in children
- Opportunities and resource mapping to better understand what is available and offered on Anglesey in terms of healthy assets
- Family Support Intervention Team set up to provide 1-1 support to families



## Engagement With Families

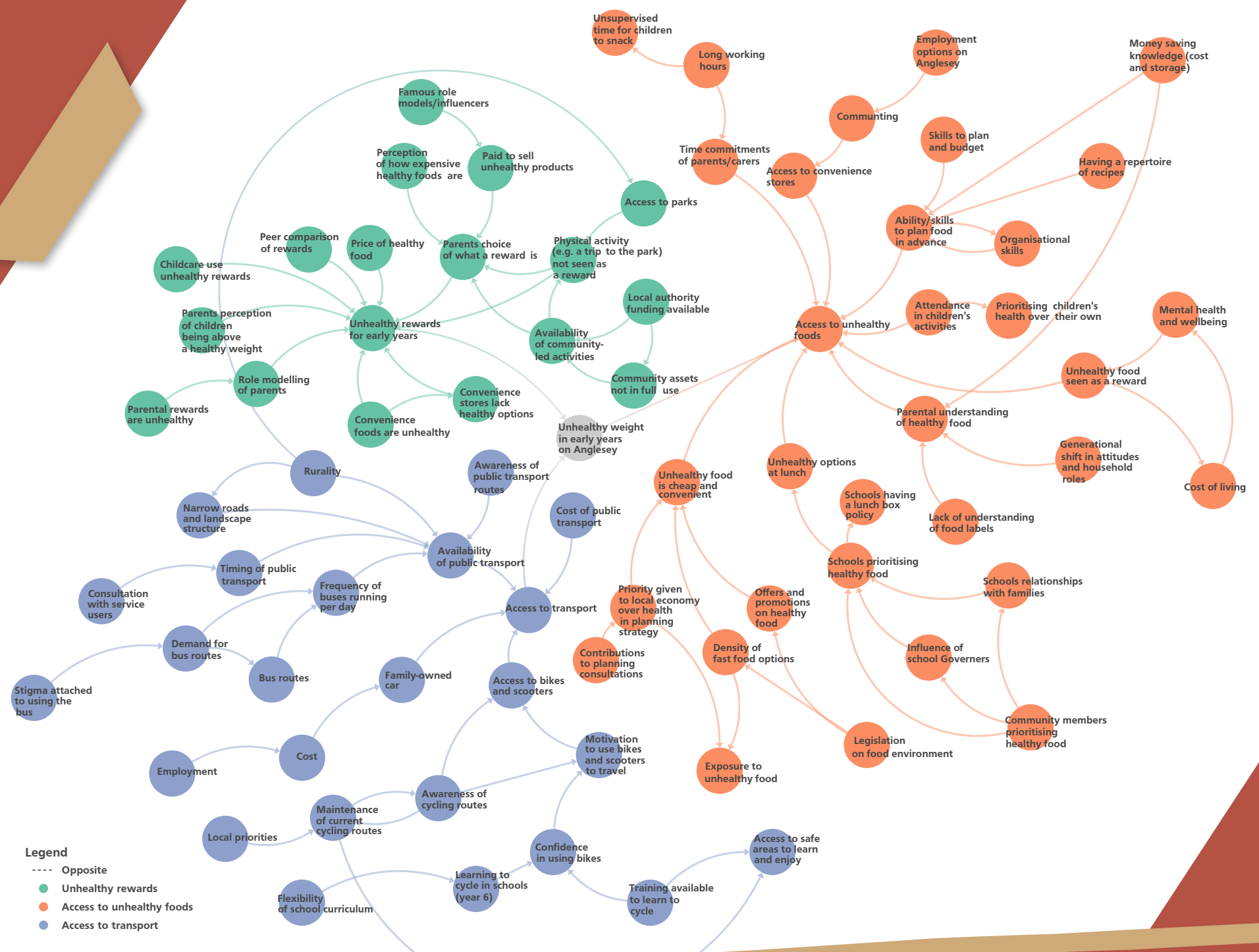
Parents were asked:

What do you think could / needs to be done to address children being above a healthy weight?

**“Free activities in the local areas, encouraging children to become more active and having more PE sessions in school and free after school activities especially now that all the bills are going up some may not be able to afford to pay for activities”.**

A key element of the project has been engagement with local families to understand what parents think are the causes of unhealthy weight.

Discussions with 85 parents identified a lack of free opportunities to be active and in response to this feedback 40 free active play sessions are being delivered across Anglesey by Môn Actif and the Urdd.





## The Challenges Of Taking A Whole System Approach – Unintended Consequences

Due to the range of interconnected factors influencing a problem, a key consideration when taking a whole system approach is that of unintended consequences – an outcome of an action that was not intended or foreseen. Unintended consequences can be positive or negative but it's important to have an awareness of them when taking a whole system approach. Understanding the big picture and how causal factors are inter-related may help us think through what might be influenced by any changes we make. An effective way to do this might be through a system mapping exercise.

An understanding of unintended consequences also highlights the importance of 'test and learn' pilot initiatives to ensure there are no negative unintended consequences occurring because of an intervention.

It is also important to ensure that, as part of any monitoring and evaluation plan, short-term proxy measures are in place to test whether the change is having any unintended consequences. For example, if a workplace were to ban unhealthy food in the canteen, an unintended consequence might be that staff leave the workplace and buy unhealthy food from nearby local takeaways. It would therefore be important to consider monitoring sales or footfall to local fast-food takeaways when implementing a change to workplace food policy.



Pupils from Ysgol Llanllyfni attending school wearing their PE kits

Conversely, a positive unintended consequence may occur when making changes to school uniforms. Asking pupils to wear active wear clothing at all times in school means that as well as pupils being more comfortable throughout the school day, they don't need to change when participating in physical activity which saves time in the school day and allows more time to be spent on being active.





## Evaluating A Whole System Approach

System approaches to a complex problem often work in non-linear and unpredictable ways. As such, it can be hard to draw conclusions about cause and effect, as multiple factors within an intervention may affect the outcome, with the context in which the change occurred also potentially contributing to the outcome. Unintended consequences (both positive and negative) are common, and it can be difficult to capture these impacts using traditional evaluation methods.

Furthermore, it may be many years before population-level change is realised; there is therefore a need to ensure other 'indicator' measures are in place to ensure the intervention, however complex, is achieving what it set out to. Evaluation of systems approaches focus on how change has occurred, as well as seeking to understanding what change has occurred. This helps us better understand which parts of our intervention are working, and which are not.

It is also important to note that evaluation of systems approaches is a rapidly evolving field, with no one agreed methodology for evaluating complex interventions or whole system approaches. Where whole system approaches have been used, a range of mixed-method evaluation tools have been adopted, from qualitative methods such as storytelling and case studies, to theories of change, frameworks and maturity matrices alongside more traditional pre - and post-intervention studies. Other novel approaches for evaluating whole system approaches include ripple effect mapping and social network analysis.

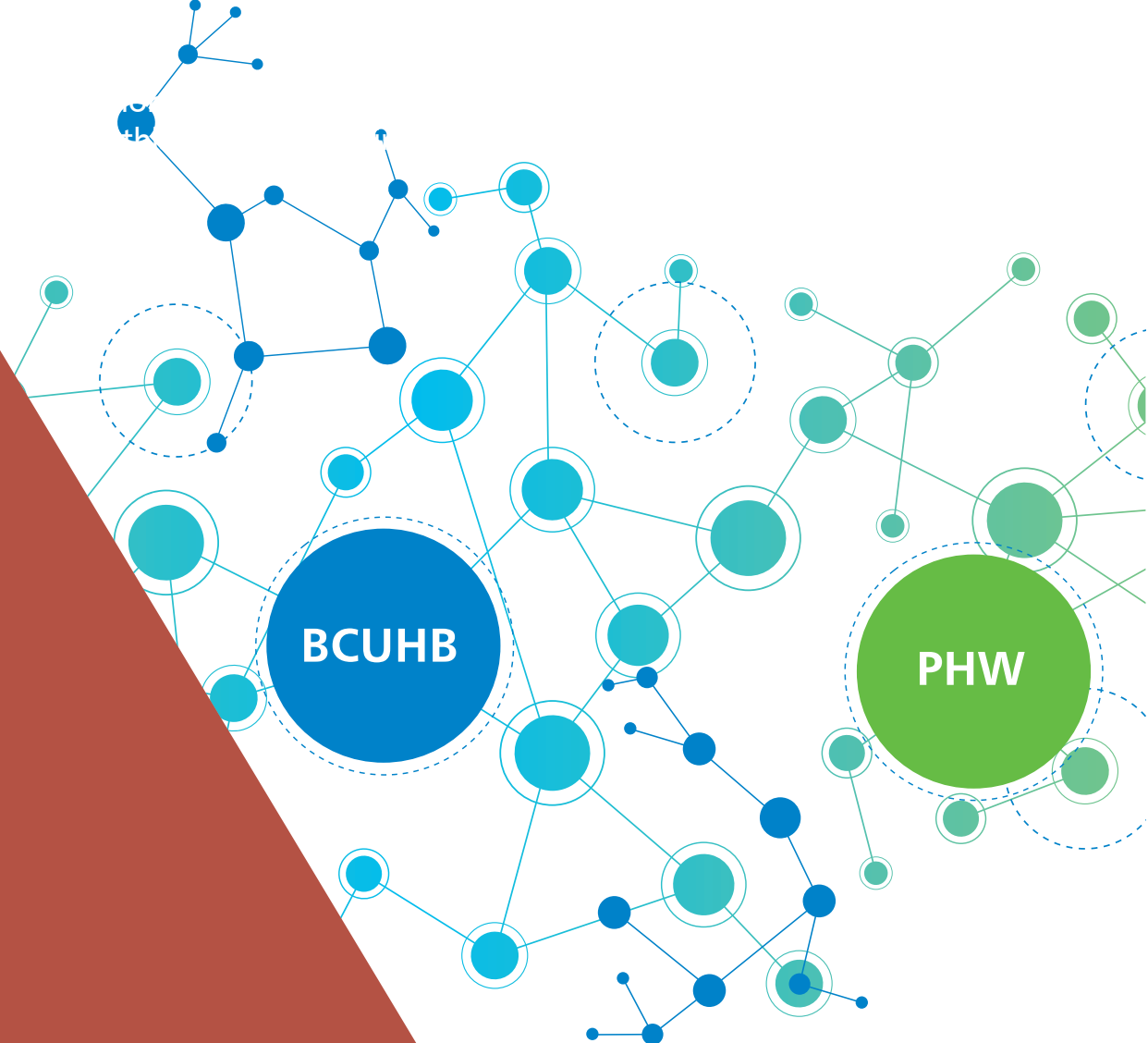


## Ripple Effect Mapping (REM)

Ripple Effect Mapping (REM) is a way of mapping and understanding the intended and unintended consequences over time. It is therefore capable of capturing some of the wider impacts of a systems approach. In North Wales an example of this has been the ripple effects from the initial system mapping workshops. At these workshops one cause of adults being inactive was identified as being parents spending time watching their children being active, which means they don't have time to be active themselves. In response to this, Freedom Leisure in Wrexham agreed to provide free gym passes to all parents bringing their children to after school activities in their facilities.

## Social Network Analysis

Social Network Analysis (SNA) is an established technique that identifies and analyses the inter-connections and influences between different people or organisations within a system. This helps us to learn how information and resources are shared across the network and who might be more influential in creating change. In North Wales the initial social network analysis conducted by Leeds Beckett University identified the most connected individuals were part of BCUHB and PHW. The ambition of the system working is to start growing the role and influence of other individuals and



## Conclusions

- As many of us are now working to tackle complex issues, organisations would benefit from developing a greater understanding of how to take a whole system approach to a problem
- Staff working across the public, private and third sector would benefit from accessing training in whole system approach methodologies and evaluation techniques to ensure they are confident in implementing a whole system approach and partners can take shared ownership in applying the approach
- Partner organisations need to ensure they engage in whole system approaches to tackling complex problems. Strong engagement in the process will ensure that there is a shared understanding of the problem and one cause or action does not over dominate the approach
- Relationships are crucial to taking a whole system approach, meeting partners, spending time understanding each other's priorities and building connections through face to face meetings, walking meetings and catch-ups are key ways of facilitating system change





Partners from across North Wales receiving training in whole system approaches



# 4. Further Reading

## Whole System Approaches To Obesity

Whole systems approaches to obesity and other complex public health challenges: a systematic review

Bagnall, AM., Radley, D., Jones, R. et al.

Guidance: Whole systems approach to obesity: Whole systems approach to obesity - GOV.UK ([www.gov.uk](http://www.gov.uk))

Public Health England Whole System Approach to Obesity Resources: Public library - UKHSA national - Knowledge Hub ([khub.net](http://khub.net))

## System Mapping

Systems Mapping: How to build and use causal models of systems | SpringerLink

## Social Network Analysis

Valente\_2012+Science.pdf ([fsu.edu](http://fsu.edu))

## Ripple Effect Mapping

Ripple Effect Mapping: Ripple effects mapping: capturing the wider impacts of systems change efforts in public health

Nobles, J., Wheeler, J., Dunleavy-Harris, K. et al.

## System Change

Systems Change ([lankellychase.org.uk](http://lankellychase.org.uk))

## Systems Thinking Toolkit

Systems Thinking Toolkit - FSG

# References

1. A.-M. Bagnall, D. Radley, R. Jones, P. Gately, J. Nobles, M. Van Dijk, J. Blackshaw, S. Montel and P. Sahota, "Whole systems approaches to obesity and other complex public health challenges: a systematic review," BMC Public Health, 2019.
2. D. Buck, A. Baylis, D. Dougall and R. Robertson, "A Vision for Population Health: Towards a Healthier Future," The Kings Fund, 2018. [Online].  
Available: <https://www.kingsfund.org.uk/>.  
[Accessed November 2022].
3. The Action Scales Model: A conceptual tool to identify key points for action within complex adaptive systems - James D Nobles, Duncan Radley, Oliver T Mytton, , The Whole Systems Obesity programme team, The Whole Systems Obesity programme team, 2022 (sagepub.com)
4. Child Poverty Action Group. (2020). Expanding Eligibility for Free School Meals in England.  
<https://cpag.org.uk/sites/default/files/files/policypost/CPAG-FSM-briefing-2020.pdf>

# Acknowledgements

Once again, our Public Health Annual Report is a joint effort. We have been delighted with everyone's enthusiasm to contribute. This report is the work of not only the Public Health Team, but also of our local communities in North Wales, colleagues from across the Health Board, Local Authorities and the Voluntary Sector. Your insights and experience have been invaluable, and we hope we have done your contribution justice.

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CYMRU  
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WALES

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Betsi Cadwaladr  
University Health Board

**Betsi Cadwaladr University Health Board**  
**Director Of Public Health**  
**Annual Report 2023**

# Bwrdd Iechyd Prifysgol Betsi Cadwaladr Adroddiad Blynyddol Cyfarwyddwr Iechyd Cyhoeddus 2023

## Betsi Cadwaladr University Health Board Director of Public Health Annual Report 2023

**Tîm Iechyd y Cyhoedd, Bwrdd Iechyd Prifysgol Betsi  
Cadwaladr**  
Public Health Team, Betsi Cadwaladr University Health  
Board



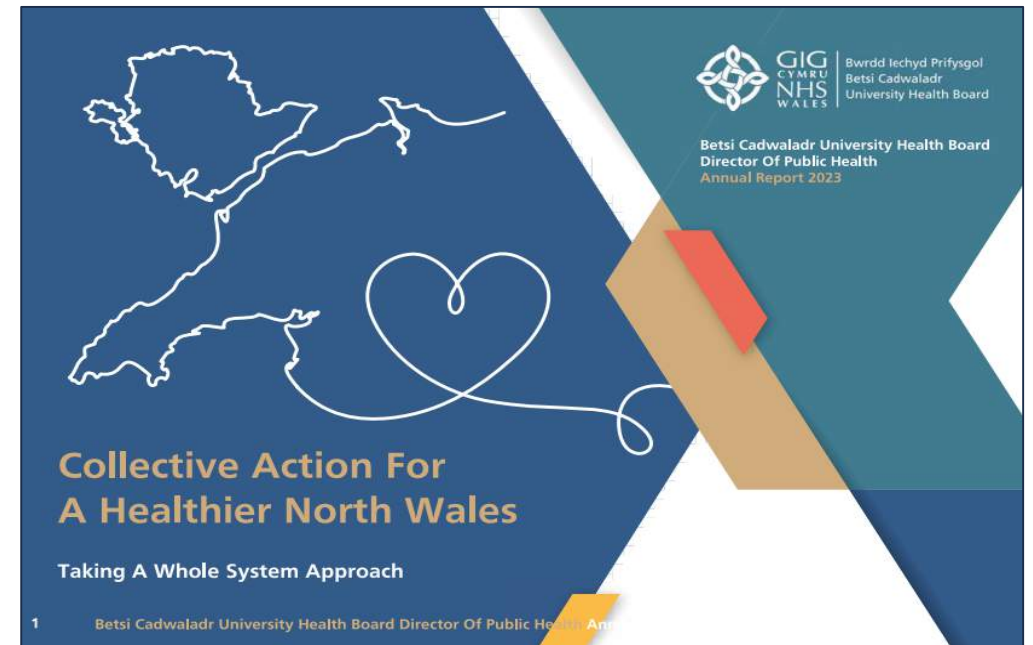
GIG  
CYMRU  
NHS

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Gweithredu ar y Cyd Ar Gyfer Gogledd Cymru Iachach Gweithredu Dull System Gyfan



# Collective Action For A Healthier North Wales Taking A Whole System Approach



# Cyflwyniad i Ddull Gweithredu System Gyfan

- Dull cynyddol boblogaidd o fynd i'r afael â'r hyn a elwir yn 'broblemau drwg', sef problemau cymhleth iawn
- Does dim un ffordd iawn o'u datrys ac ni all unrhyw asiantaeth unigol fod yn gyfrifol am eu datrys
- Mae llawer o faterion iechyd y cyhoedd yn 'broblemau drwg' cymhleth
  - Gordewdra
  - Troseddwy'r Ifanc
  - Gweithgaredd corfforol
  - Iechyd meddwl a llesiant

*'Ffordd ddeinamig o weithio sy'n dod â rhanddeiliaid at ei gilydd i ddatblygu cyd-ddealltwriaeth o'r her, ac integreiddio camau gweithredu i sicrhau newid systemau cynaliadwy a thymor hir'*

# An Introduction to a Whole System Approach

- An increasingly popular approach to tackling what are known as 'wicked issues', issues that are highly complex
- No one right way to solve them and no-one agency can be responsible for solving them alone
- Many public health issues are complex 'wicked issues'
  - Obesity
  - Youth Offending
  - Physical activity
  - Mental health and wellbeing

*'A dynamic way of thinking, that brings together stakeholders to develop a shared understanding of the challenge, and integrate action to bring about sustainable, long-term system change'*

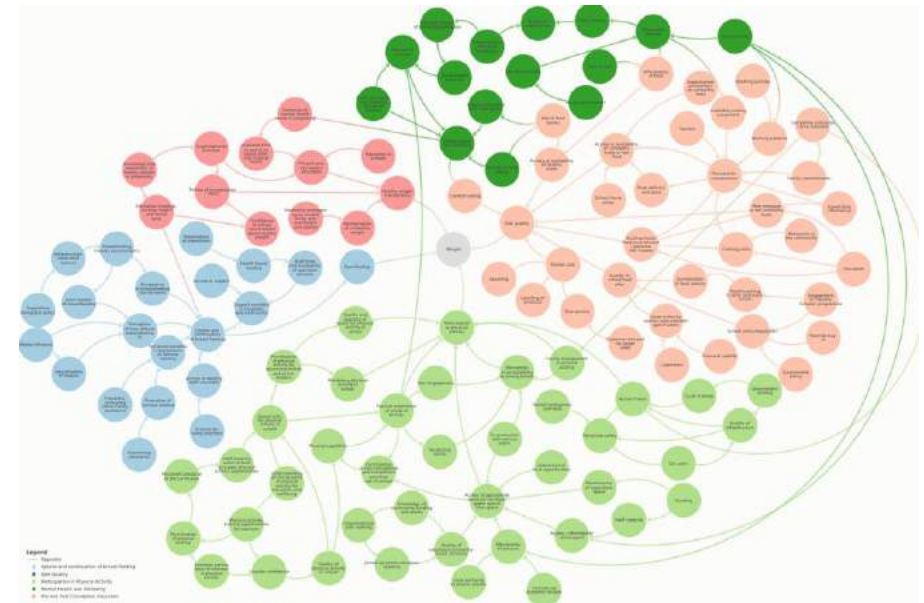


# Dulliau ac Offer System Gyfan

- Meddwl trwy Systemau
- Arweinyddiaeth Systemau
- Mapio systemau

# Whole System Methods and Tools

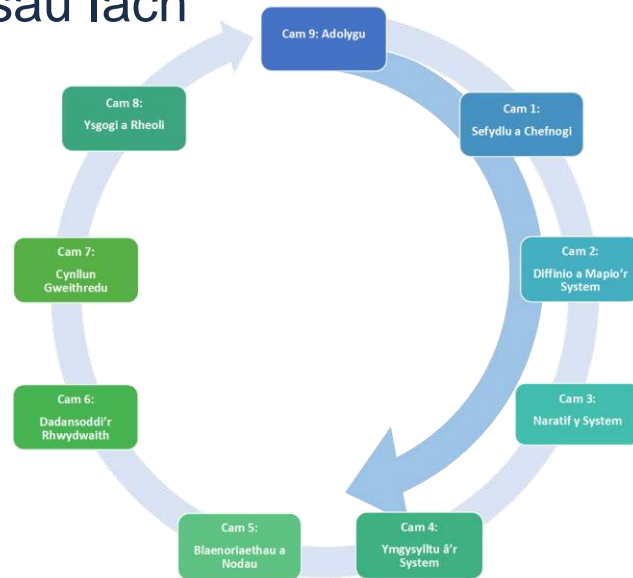
- Systems Thinking
- System Leadership
- System Mapping





# Enghreifftiau o Ddulliau Gweithredu System Gyfan

- Dull Gweithredu System Gyfan Bwrdd Iechyd Prifysgol Betsi Cadwaladr o Ymdrin â Phwysau Iach



- Strategaeth Law yn Llaw at Iechyd Meddwl BIPBC

# Examples of Whole System Approaches

- BCUHB Whole System Approach to Healthy Weight

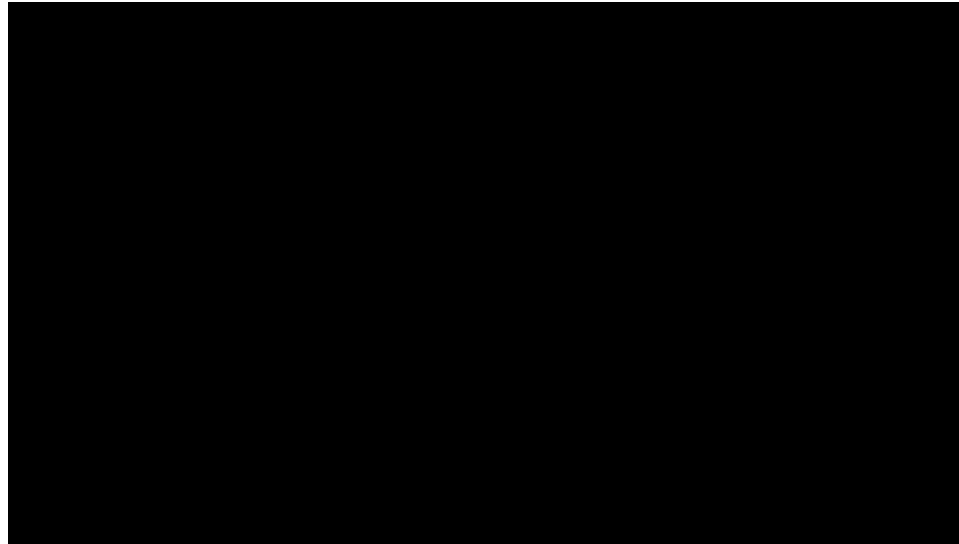


- BCUHB Together for Mental Health Strategy



# Canlyniadau Anfwriadol

# Unintended Consequences



## Beth nesaf?

- Gan fod llawer ohonom bellach yn gweithio ar fynd i'r afael â materion cymhleth, byddai sefydliadau'n elwa o ddatblygu gwell dealltwriaeth o sut i fabwysiadu dull gweithredu system gyfan
- Byddai staff mewn sefydliadau'r sector cyhoeddus, y sector preifat a'r trydydd sector yn elwa o hyfforddiant mewn methodolegau a thechnegau gwerthuso system gyfan
- Mae angen i sefydliadau sicrhau eu bod yn defnyddio dulliau gweithredu system gyfan o fynd i'r afael â phroblemau cymhleth
- Mae perthnasoedd yn hanfodol wrth fabwysiadu dull gweithredu system gyfan. Mae'n bwysig treulio amser yn meithrin perthnasoedd i sicrhau ein bod yn deall blaenoriaethau ein gilydd.

## Conclusions

- As many of us are now working on tackling complex issues organisations would benefit from developing a greater understanding of how to take a whole system approach
- Staff are public, private and third sector organisations would benefit from training in whole system methodologies and evaluation techniques
- Organisations need to ensure they engage in whole system approaches to tackling complex problems
- Relationships are crucial when taking a whole system approach it is important to spend time building relationships to ensure we understand each others priorities.



Diolch yn fawr

Thank you





<b>Teitl adroddiad:</b>	2023–24 Month 7 Health Board Finance Report																					
<b>Report title:</b>																						
<b>Adrodd i:</b>	Health Board																					
<b>Report to:</b>																						
<b>Dyddiad y Cyfarfod:</b>	Thursday, 30 November 2023																					
<b>Date of Meeting:</b>																						
<b>Crynodeb Gweithredol:</b>	The purpose of this report is to provide a briefing on the financial performance of the Health Board for the year to date as at end of October 2023, to update on forecast outturn for the Financial year to 31st March 2024 to include risks to delivery/mitigations in place and to brief the Board on the delivery of the approved capital programme.																					
<b>Executive Summary:</b>	<p><u>Finance Report</u></p> <p>The Health Board's original financial plan has been revised due to additional funding allocations received in month totalling £101.1m as a result of the Welsh Government Budgetary Review. This has reduced the planned deficit from £134.1m to £33.0m.</p> <p>However, the Health Board also received notification from Welsh Government it is to improve the deficit plan from the original £134.1m by 10%, the result being an outturn control total of a £20m deficit for the financial year (£134m, add back the allocation of £101m and the £13m improvement ask of Welsh Government) articulated within the below table;</p> <table><tr><th>DESCRIPTION</th><th>£m's</th><th>£m's</th></tr><tr><td><b>Deficit Plan</b></td><td></td><td><b>134.10</b></td></tr><tr><td>Health Board 10% improvement</td><td></td><td>(13.41)</td></tr><tr><td>Deficit Plan</td><td></td><td>120.69</td></tr><tr><td><u>Conditionally Recurrent</u> Underlying deficit contribution Inflationary uplift</td><td>(33.30) (41.30)</td><td>(74.60)</td></tr><tr><td><u>Non-Recurrent</u> Inflationary uplift Energy Other</td><td>(16.70) ( 9.80) 0.41</td><td>(26.09)</td></tr><tr><td><b>REVISED CONTROL TOTAL</b></td><td></td><td><b>20.00</b></td></tr></table> <p>The Health Board forecast outturn for 2023/24 has been adjusted down to £33.0m (the £134.1m add back the additional income of £101.1m). This does not achieve the £20m control total as a consequence of the risks evident in attainment of the additional 10% ask.</p>	DESCRIPTION	£m's	£m's	<b>Deficit Plan</b>		<b>134.10</b>	Health Board 10% improvement		(13.41)	Deficit Plan		120.69	<u>Conditionally Recurrent</u> Underlying deficit contribution Inflationary uplift	(33.30) (41.30)	(74.60)	<u>Non-Recurrent</u> Inflationary uplift Energy Other	(16.70) ( 9.80) 0.41	(26.09)	<b>REVISED CONTROL TOTAL</b>		<b>20.00</b>
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The Health Board has received substantial resources non-recurrently, funding conditionally recurrent on meeting the control total. As the forecast does not at this time achieve the control total, additional allocations are reflected non-recurrently within Health Board's position and reflect the following allocations;

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

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

In relation to in year financial performance, the year to date overspend compared to plan has decreased from c£5m adverse per month to £1.2m in October, as demonstrated within the below table;

Description	April £m's	May £m's	June £m's	July £m's	Aug £m's	Sept £m's	Oct £m's	Total £m's
Deficit (month & YTD)	1.0*	2.9*	5.4	5.6	5.5**	3.3	1.2	24.9

The year-to-date position is £24.9m deficit over the revised planned year to date position of £19.3m, with key drivers of the deficit being temporary workforce costs (continued use of additional emergency capacity beds), drug costs (prescribing & secondary) and continuing healthcare.

The October 2023 in month position is a £1.2m deficit reflecting an improvement on the previous month's deficit following additional controls and oversight placed within the Health Board, examples being enhanced oversight of temporary workforce and formation of an Establishment Control Group. It is of note that whilst these recent initiatives are starting to reduce expenditure, they also have clinical backing and are assessed to ensure they do not impact upon patient safety.

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

- £24.9m year to date deficit
- £ 6.0m current run rate exposure to close of the financial year
- £13.4m Welsh Government additional ask

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

The Executive have initiated expenditure control totals for Directorates and Areas in order to support delivery of the deficit outturn, with additional measures under consideration should expenditure control totals not be attained in future months (noting we are fast approaching close of the financial year).

Key risks centre on the Health Board not attaining the £20m deficit control total and as a consequence not securing recurrently allocations made

non-recurrently (impacting on the 2024/25 available baseline funding adversely) and further the cash availability risk to servicing debts with suppliers of goods and services, leading to reputational impacts.

Strategic Cash Support will be requested from the Welsh Government to ensure that essential payments can continue through to March 2024. The request is for £52.0m, consisting of £33m in relation to the forecast deficit, £25m in relation to the risk that the year to date deficit will not be recovered (this element will be reviewed monthly and adjusted down if the risk does not crystallise), less £6m that the Health Board will cash manage at year end due to timing of payments. The Board is requested to approve the cash request being made to WG.

### Savings Report

In the Health Board's Financial Plan for 2023/24, savings of £25.2m were required to be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m.

To date savings plans of £20.1m have been identified as Green schemes, up £1.1m from last month, and these are forecast to over achieve by £1.8m. Additional Accountancy gains of £0.4m have been identified bringing the total up to £0.8m.

Some Red Schemes have been converted to green schemes, with a remaining balance of £2.4m to be converted, and potential pipeline savings of £1.0m remain, both of which need work prior to delivery and conversion to Green Schemes. Year to date, the savings target is £14.7m, with schemes delivering £12.8m, giving the shortfall of £1.9m.

Whilst a significant improvement from July of 2023, the position remains below targeted levels of savings and contributing to non-achievement of financial plans. However, drug cost reductions have been identified to occur in the next few months that would support a further £2m of savings. The targeted actions being to convert the higher risk schemes and include the drug provision bio-similar savings for the next reporting period.

Table 1: Cash Savings Scheme Pipeline

							Variance Green (Rec) vs Target
£'000's	Pipeline	Red	Amber	Green	Total	Target	
Centre	189	1,303		1,648	3,140	7,950	20%
East	388	552		3,513	4,452	8,070	39%
West	0	283		3,674	3,957	6,046	51%
MHLD		0		3,368	3,368	3,267	103%
Womens				925	925	915	101%
Cancer		0		1,548	1,548	755	204%
Diagnostics		82		482	564	1,015	44%
Corporate	0	137		4,790	4,927	2,495	20%
Primary Care	0	0		133	133	154	84%
Provider Income				0	0	267	0%
Procurement (VAT)	454			0	454	-5,734	
<b>Budget Reducing Savings</b>	<b>1,031</b>	<b>2,357</b>	<b>0</b>	<b>20,080</b>	<b>23,467</b>	<b>25,200</b>	<b>58%</b>

### Capital Programme

The finance report articulates performance within the capital programme to enable appropriate monitoring and scrutiny. The dashboard, provides an update, on the status and progress of the major capital projects and

	<p>the agreed capital programmes and highlights the key issues and mitigations, together with areas which need further escalation.</p> <p>Capital expenditure has been re-aligned to reflect slippage located within the IM&amp;T initial plans to support essential Health &amp; Safety work (c£0.5m). Whilst the program remains over committed in total by c£0.45m, the Health Board continues to seek additional capital resource to make good the over-commitment and secure additional funds to procure IT hardware from Welsh Government.</p>			
<b>Argymhellion:</b>  <b>Recommendations:</b>	<p>The Board is asked to</p> <ul style="list-style-type: none"> <li>• <b>receive</b> and scrutinise this report</li> <li>• <b>support</b> the proposed adjustments to the capital programme</li> <li>• <b>approve</b> the request for Strategic Cash Support to Welsh Government</li> </ul>			
<b>Arweinydd Gweithredol:</b>  <b>Executive Lead:</b>	Russell Caldicott, Interim Executive Director of Finance.			
<b>Awdur yr Adroddiad:</b>  <b>Report Author:</b>	<p>Michelle Jones, Head of Financial Reporting</p> <p>Paula Dixon, Head of Financial Improvement</p> <p>Daniel Eyre, Head of Capital Development</p>			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<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 checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<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><b>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:</b></p> <p><b><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></b></p>				
<p>The programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects</p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		<p>This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of</p>		

	targeting our resources to those with the greatest need as per the financial plan.
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i>	<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>
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <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>There is a risk that the Health Board does not meet its statutory financial duty for 2023-24. BAF 2.3.</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>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	Not applicable.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	Not applicable

<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p><b>Appendix A &amp; B</b> <b>BAF risks</b> BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.</p> <p><b>Corporate Risk Register:</b> CRR23-49, Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget CRR23-51, Risk of failure to achieve the initial financial plan for 2023/24 (£134.2m deficit), because of failure to achieve the level of financial improvement included in the plan. This risk is currently in the process of being updated to reflect the new funding. CRR23-52, WG cash funding for 2023/24</p> <p><b>Appendix C</b> <b>BAF risks</b> BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets</p> <p><b>Corporate Risk Register:</b> 20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security</p>
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<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Amherthnasol
<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b><i>Next Steps:</i></b> <b><i>Implementation of recommendations</i></b>	
<b>Rhestr o Atodiadau:</b>  <b><i>List of Appendices:</i></b> A - 2023/24 Finance (Revenue and Capital) Report - Month 7 B - 2023/24 Savings Report - Month 7	

# Finance Report October 2023 – M07

**Russell Caldicott**  
**Interim Executive Finance Director**



**GIG**  
CYMRU  
**NHS**  
WALES


Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Executive Summary

<u>Objective</u> <p>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.</p>	
<u>Positives &amp; Key Assurances</u> <ul style="list-style-type: none"><li>➤ Approved Capital Resource Limit (CRL) for 2023/24 is £20.190m and is forecast to be spent in full.</li><li>➤ Following the Welsh Government NHS Budget review and the Health Board receiving an additional funding allocation of £101.1m in Month 7, the 2023/24 forecast outturn has been reduced to £33.0m.</li></ul>	<u>Issues &amp; Actions</u> <ul style="list-style-type: none"><li>➤ The £24.9m year-to-date deficit position over the revised year to date planned deficit of £19.3m will need to be recovered over the remainder of the financial year.</li><li>➤ The Health Board remains committed to taking action to mitigate any risks to delivery of the financial plan. In addition, the plan will also require £52.0m of strategic cash support to maintain existing payment terms to staff and suppliers.</li><li>➤ Full Year Savings Plan (FY Plan) totals £23.5m, up £0.4m from September This includes Pipeline £1.0m and Red schemes £2.4m. The FY Plan value of green schemes totals £20.1m, which represents an increase of £1.1m on previous month. The proportion of Green recurring savings totals £14.7m. Therefore, the gap between total Green savings and £25.2m totals £5.1m. However, counting only recurring Green savings, the gap is £10.5m. £2.3m of the £11.1m gap would be addressed by converting recurring Pipeline and Red schemes to Green.</li><li>➤ The Health Board has not achieved the PSPP target to pay 95% of valid invoices within 30 days, for the year to date (up to Quarter 2 2023-24) with NHS and non-NHS invoices by number both being below target at 87.4% and 91.9% respectively.</li></ul>
<u>Key Messages</u> <ul style="list-style-type: none"><li>➤ Following the Welsh Government NHS Budget review and the Health Board receiving an additional funding allocation of £101.1m in Month 7, the 2023/24 forecast outturn has been reduced to £33.0m. The £24.9m year-to-date deficit position over the revised year to date planned deficit of £19.3m will need to be recovered over the remainder of the financial year.</li><li>➤ The Health Board forecast outturn for 2023/24 has been adjusted down to £33.0m (original plan of £134.1m less the £101.1m additional allocation). This does not currently achieve the £20m control total as a consequence of the risks evident in attainment of the additional 10% improvement ask from WG.</li></ul>	

# Summary of Year to Date Key Numbers

<div>Month 7 Position</div> <div>In Month £179.0m against plan of £177.8m. £1.2m adverse position</div> <div>YTD: £1242.7m against plan of £1217.8m £24.9m adverse position</div>	<div>Forecast</div> <div>Projection held at planned deficit but this is subject to significant risk around savings and cost reductions</div> <div>£33.0m deficit</div>	<div>Divisional Performance Month 7</div> <table><tr><td>West IHC</td><td>£9.4m adverse</td></tr><tr><td>Central IHC</td><td>£13.4m adverse</td></tr><tr><td>East IHC</td><td>£7.8m adverse</td></tr><tr><td>Womens</td><td>£0.4m favourable</td></tr><tr><td>MH &amp; LD</td><td>£3.2m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£0.8m favourable</td></tr><tr><td>ICD Primary Care</td><td>£0.3m adverse</td></tr><tr><td>ICD Regional Services</td><td>£2m adverse</td></tr><tr><td>Support Functions</td><td>£2.3m favourable</td></tr><tr><td>Other Budgets</td><td>£7.5m favourable</td></tr></table>	West IHC	£9.4m adverse	Central IHC	£13.4m adverse	East IHC	£7.8m adverse	Womens	£0.4m favourable	MH & LD	£3.2m adverse	Commissioning Contracts	£0.8m favourable	ICD Primary Care	£0.3m adverse	ICD Regional Services	£2m adverse	Support Functions	£2.3m favourable	Other Budgets	£7.5m favourable
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ICD Regional Services	£2m adverse																					
Support Functions	£2.3m favourable																					
Other Budgets	£7.5m favourable																					
<div>Savings</div> <div>In-month: £2.9m against target of £2.1m £0.8m favourable</div> <div>YTD: £12.8m against target of £14.7m £1.9m adverse</div>	<div>Savings Forecast</div> <div>£21.9m (excluding non budget reducing schemes) against target of £25.2m £3.3m adverse. This is the worst case if no further savings delivered beyond current green schemes</div>	<div>COVID-19 Impact</div> <div>£7.4m cost YTD</div> <div>£15.1m forecast cost. Fully funded by Welsh Government £NIL impact</div>																				
<div>Year to Date Income</div> <div>£87.5m against budget of £84.3m £3.2m favourable</div>	<div>Year to Date Pay</div> <div>£631.4m against budget of £615.5m £15.9m adverse</div>	<div>Year to Date Non-Pay</div> <div>£698.8m against budget of £686.6m £12.2m adverse</div> <div></div>																				

# Revenue Position

- The Health Board's forecast outturn for 2023/24 has been adjusted down to £33.0m (original plan of £134.1m less the £101.1m additional allocation). The Health Board has also received notification of a Control Target Total being issued of a £20.0m deficit by Welsh Government. The expected improvement on outturn from initial plan is as set out within the table.
- The Health Board has received substantial resources non-recurrently, funding which is conditionally recurrent on meeting the control total. As the forecast does not at this time achieve the control total, additional allocations are reflected non-recurrently within Health Board's position.
- The Health Board is also in receipt of substantial income currently deemed to be from a non-recurrent source of funds. It is noted these allocations are required to be secured on a recurrent basis to support sustainability of current services moving into the 2024/25 financial year, allocations as notified below:
  - Three-year basis for deficit resourcing, transformation and performance (£82m)
  - Elective recovery funding (£27m & £7m)
  - Additional allocations notified in month 7 (£101.1m)

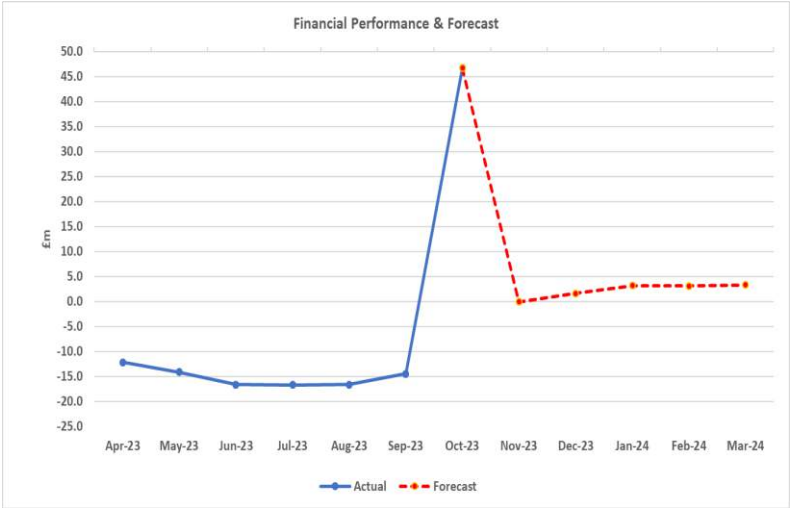
Ref	DESCRIPTION	£m's	£m's
1	Deficit Plan		134.10
2	Health Board 10% improvement		( 13.41)
	Deficit Plan		120.69
3	Conditionally Recurrent Underlying deficit contribution Inflationary uplift	(33.30) (41.30)	(74.60)
4	Non-Recurrent Inflationary uplift Energy Other	(16.70) ( 9.80) 0.41	(26.09)
5	REVISED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

- **To deliver the £33.0m planned deficit a number of actions are being progressed:**
  - The Recurrent Investment Group Assurance (RIGA) work commenced in early October. Phase 1 was the review of the 23/24 funded investments to assess if they are essential (i.e. unavoidable costs and patient safety), and where possible removing or reducing the investment. The outcome of Phase 1 has been presented to the Executive Team. The Health Board is now moving into Phase 2, which is to review the developments from the £42m Performance and Transformation Fund. Phase 3 is to review developments utilising new 2023/24 allocations.
  - Establishment Control Group (ECG) – Following assessment of existing interims these have reduced from 50 to 7. The savings are currently being assessed for inclusion within the Tables at Month 8 acknowledging that previous month's savings will be referred to in the narrative only as these already form part of the year to date position. The EC Group meets weekly and the decisions up until end of October are now reflected in the Savings Tables for the month of October onwards. The outcome of further decisions will be reflected in future submissions. Prior months EC savings already from part of the year to date position and these total £150k.
  - Autocascade parameters have now been adjusted with no off-contract from 1/10/23, and shifts offered to on-contract agency a maximum of 7 days prior to the start of the shift. Additional controls have been put in place for Medical, Nursing & Therapies Temporary Workforce Controls.
  - Develop active use of benchmarking to support improvement in conjunction with FP and D.
  - Balance sheet and reserves are being reviewed to assure all non-recurrent mitigations are known and deployed as required.
  - Noting the substantial financial incentive associated with achievement of 2023/24 control totals of a potential £217m; the Executive has been asked to endorse the issue of control totals to Budget Holders to affect a reduction of expenditure for the remainder of the year.



# Revenue Position

	2023-24							2023/24 Cumulative against Plan				Forecast
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Budget	Actual	Variance	Variance	Actual Expenditure
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(170.9)	(163.0)	(160.6)	(225.6)	(1,198.5)	(1,198.5)	0.0	0.0%	(2,067.2)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(12.3)	(12.2)	(12.3)	(13.3)	(84.3)	(87.5)	-3.2	3.8%	(150.1)
Health Board Pay Expenditure	81.1	85.3	102.7	96.2	88.0	86.8	91.3	615.5	631.4	15.9	2.6%	1,072.1
Non-Pay Expenditure	92.0	100.5	97.0	103.8	103.9	100.6	101.0	667.4	698.8	31.4	4.7%	1,178.2
Total Deficit / (Surplus)	12.2	14.1	16.6	16.7	16.7	14.5	(46.6)	(0.0)	44.1	44.1		33.0
Planned Deficit	11.2	11.2	11.2	11.2	11.2	11.2	(47.8)	19.3	0.0	19.3	100%	0.0
Total Deficit / (Surplus) above Plan	1.0	2.9	5.4	5.6	5.5	3.3	1.2	19.3	44.1	24.9		33.0

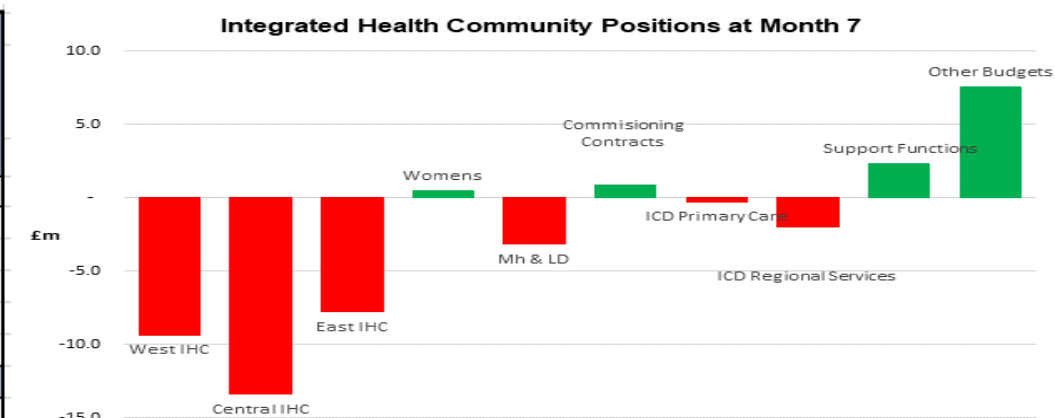


- The 2023/24 financial plan allocated substantial investments for cost pressures (c£97m), included resourcing non-delivered of savings from prior years and made further recurrent investments within establishment (Nurse Care Act an example). The delivery of the plan reliant upon attainment of savings plans, expenditure remaining within budgets in year, and further underspends historically accruing within the Health Board would remain.
- An Establishment Control Group (ECG), Revenue Investments Group for Assurance (RIGA) and Medical & Nursing enhanced temporary workforce controls / escalations has resulted in the adverse variance reducing. However, the year-to-date deficit is £44.1m which is £24.9m over the revised year to date plan of £19.3m (7/12ths full year deficit of £33.0m).
- The £24.9m year-to-date deficit position over the revised year to date planned deficit of £19.3m will need to be recovered over the remainder of the financial year.
- The risks to delivery are highlighted on Slide 14. In addition, the plan will also require £52.0m strategic cash support to maintain existing payment terms to staff and suppliers noting this includes a contingency for non-delivery of mitigations.

Description		Unmitigated £m's	Mitigated in full £m's	Risks / Mitigations
WELSH GOVERNMENT CONTROL TOTAL		20.0	20.0	
1	Current deficit (YTD month 7) Balance sheet (BS) & RIGA	24.9	24.9 (24.9)	Audit Wales to agree judgments for B/S & RIGA.
2	Run rate risk (was £5.6m per month) now at £1.2m	6.0	6.0 (6.0)	Costs move to prior month levels (area control targets).
3	Emergency Care & Elective Recovery within exiting run rate (use of £27m & £42m funds)	8.0	Nil	Additional Elective & Emergency performance costs are incurred.
4	Welsh Government 10% ask	13.4	13.4 (13.4)	Targeted actions to remove costs required.
DEFICIT (UNMITIGATED & MITIGATED)		72.3	20.0	Delivery/re-forecast outturn

# Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget	Actual	Variance	%	Budget	Actual	Variance	%	
	£000	£000	to Plan £000	Variance to Plan £000	£000	£000	to Plan £000	Variance to Plan £000	
WG RESOURCE ALLOCATION	(225,594)	(225,594)	0	0%	(1,198,540)	(1,198,540)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	(42)	104	(147)	-346%	(523)	733	(1,256)	-240%	(2,195)
West Area	18,815	18,841	(26)	0%	114,254	117,040	(2,786)	-2%	(3,738)
Ysbyty Gwynedd	11,526	12,091	(564)	-5%	76,486	81,327	(4,841)	-6%	(8,100)
Facilities	1,122	1,181	(60)	-5%	8,189	8,657	(468)	-6%	(921)
Total West	31,421	32,217	(796)	-3%	198,405	207,757	(9,352)	-5%	(14,954)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	105	96	10	-9%	692	692	(0)	0%	39
Central Area	26,371	26,166	205	1%	150,079	154,077	(3,997)	-3%	(7,778)
Ysbyty Glan Clwyd	14,131	15,764	(1,633)	-12%	94,409	103,551	(9,143)	-10%	(13,898)
Facilities	1,338	1,350	(12)	-1%	9,706	9,963	(257)	-3%	(407)
Total Central	41,945	43,375	(1,430)	-3%	254,886	268,283	(13,397)	-5%	(22,044)
EAST INTEGRATED HEALTH COMMUNITY									
Management	27	83	(56)	205%	195	629	(434)	222%	(713)
East Area	27,709	27,818	(109)	0%	167,491	170,668	(3,177)	-2%	(4,500)
Ysbyty Wrexham Maelor	12,244	12,902	(658)	-5%	80,777	84,285	(3,508)	-4%	(6,428)
Facilities	1,180	1,253	(74)	-6%	8,589	9,246	(657)	-8%	(1,070)
Total East	41,160	42,057	(897)	-2%	257,053	264,829	(7,776)	-3%	(12,711)
Total Midwifery and Women's Services	4,100	4,078	21	1%	27,779	27,342	437	2%	269
Total Mental Health and LDS	14,513	14,743	(229)	-2%	99,953	103,111	(3,158)	-3%	(5,000)
Total Commissioning Contracts	22,130	21,824	306	1%	156,861	156,040	821	1%	630
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	896	906	(10)	-1%	6,014	5,926	87	1%	87
Dental North Wales	2,632	2,580	52	2%	18,404	17,967	436	2%	640
Community Dental Services	529	595	(67)	-13%	3,312	3,764	(451)	-14%	(740)
Other Primary Care	(10,267)	(10,213)	(54)	1%	792	1,131	(339)	-43%	(550)
Total Integrated Clinical Delivery Primary care	(6,209)	(6,131)	(78)	1%	28,521	28,788	(266)	-1%	(563)
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,852)	(1,833)	(19)	1%	(12,964)	(12,927)	(37)	0%	(37)
Diagnostic and Specialist Clinical Support	6,772	6,787	(15)	0%	46,657	48,628	(1,971)	-4%	(3,557)
Cancer Services	5,776	5,550	226	4%	37,392	37,373	18	0%	(324)
Total Integrated Clinical Delivery	10,696	10,504	193	2%	71,085	73,075	(1,990)	-3%	(3,918)
Total Service Support Functions	13,552	12,513	1,038	8%	95,942	93,647	2,295	2%	(4,675)
Total Other Budgets	4,490	3,781	709	16%	27,324	19,789	7,536	28%	62,965
Total	(47,797)	(46,634)	(1,163)	2%	19,269	44,121	(24,852)	-129%	(0)



- Key reasons for the overspend above plan of £1.2m in month and £24.9m year to date adverse variance above plan compared to 7/12<sup>ths</sup> of the £33.0m core planned deficit is due to the following year to date cost pressures:

	In-month Cost Pressure £m	Year to Date Cost Pressures @ M7 £'m
Pay Pressures above planned assumptions	1.1	10.5
Commissioning Services incl NHS & Private Providers	0.3	6.2
CHC	0.9	5.3
Primary Care & Secondary Care Drugs	0.9	5.4
Other Non-Pay underspends	(0.3)	(3.1)
Savings	(0.8)	1.8
Other incl. Run Rate Savings & Accountancy Gains	(0.9)	(1.2)
<b>Total</b>	<b>1.2</b>	<b>24.9</b>

Expenditure – Pay & Non-Pay

Pay Costs	2023-24							Cumulative			Forecast Expenditure
	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.7	12.2	16.1	13.9	12.5	12.4	12.3	94.6	91.2	3.4	154.9
Medical & Dental	18.8	19.5	19.8	19.7	19.5	19.3	24.1	132.3	140.8	(8.4)	239.1
Nursing & Midwifery Registered	24.6	26.3	32.0	30.3	27.7	27.2	27.0	188.6	195.1	(6.5)	331.3
Additional Clinical Services	12.0	12.9	16.7	15.2	13.3	13.3	13.1	91.8	96.6	(4.8)	164.0
Add Prof Scientific & Technical	3.2	3.3	4.1	4.0	3.4	3.4	3.4	27.1	24.7	2.5	41.9
Allied Health Professionals	5.6	5.6	6.9	6.7	5.8	5.7	5.6	40.1	41.9	(1.8)	71.1
Healthcare Scientists	1.3	1.4	1.7	1.7	1.5	1.5	1.5	10.5	10.5	0.0	17.8
Estates & Ancillary	3.8	4.0	5.3	4.6	4.2	4.1	4.1	29.9	30.1	(0.3)	51.2
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.6	0.6	(0.0)	1.0
Health Board Total	81.1	85.3	102.7	96.2	88.0	87.0	91.1	615.5	631.4	(15.9)	1,072.1
Other Services (Incl. Primary Care)	2.1	2.8	3.2	3.0	2.5	2.5	2.8	15.2	19.0	(3.8)	32.6
Total Pay	83.2	88.1	105.9	99.2	90.5	89.5	94.0	630.7	650.3	(19.7)	1,104.7

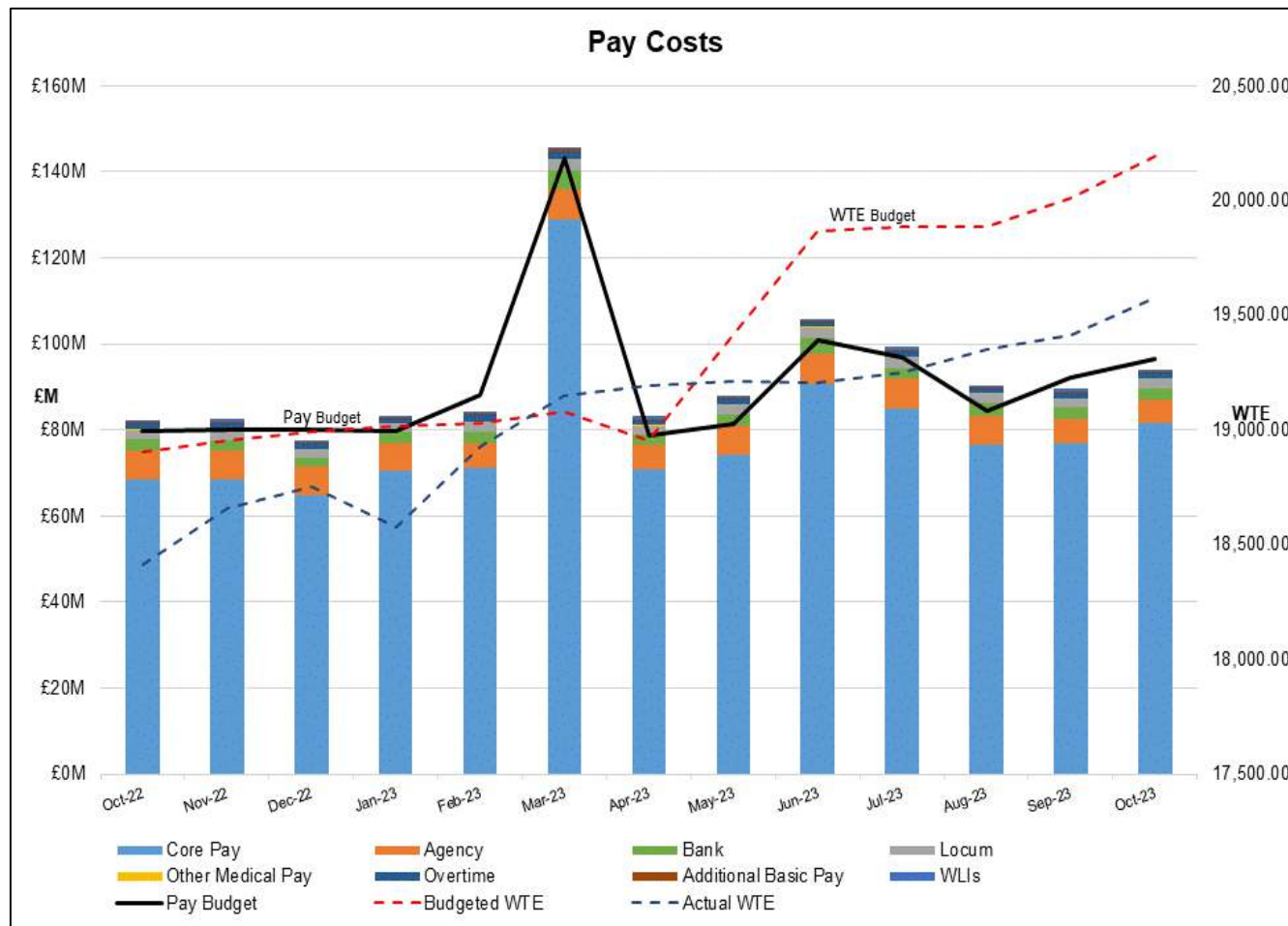
Non-Pay Costs as per Monitoring Return Table	2023-24							Cumulative			Full Year Forecast Expenditure
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	18.7	18.3	18.9	19.1	18.2	19.0	18.4	132.4	130.5	1.9	223.5
Primary Care - Drugs & Appliances	9.3	10.4	11.4	11.0	12.2	10.8	10.4	72.6	75.4	(2.8)	128.5
Provider Services - Non Pay (excluding drugs & depreciation)	16.0	18.4	18.4	17.1	18.8	18.7	18.9	126.8	126.5	0.3	204.2
Secondary Care - Drugs	6.5	7.6	7.9	8.1	8.4	7.7	8.1	52.0	54.3	(2.4)	94.3
Healthcare Services Provided by Other NHS Bodies	26.2	28.1	27.6	29.1	28.9	27.1	27.8	191.3	194.8	(3.5)	333.7
Continuing Care and Funded Nursing Care	10.1	10.2	10.0	12.3	11.3	10.8	10.9	70.6	75.7	(5.1)	126.0
Other Private & Voluntary Sector	2.1	2.1	2.2	2.4	1.6	2.1	1.5	13.5	14.0	(0.5)	20.3
Joint Financing and Other	0.2	0.1	0.3	0.3	0.3	0.2	0.2	1.6	1.8	(0.2)	3.0
Losses, Special Payments and Irrecoverable Debts	0.3	0.8	(3.6)	0.6	0.5	0.5	0.8	(0.0)	(0.1)	0.1	2.6
Non-pay costs	89.5	96.0	93.1	100.1	100.3	97.0	96.9	660.7	672.9	(12.2)	1,136.1
AME/DEL Depreciation	2.5	4.5	3.9	3.6	3.6	3.6	4.1	25.9	25.9	0.0	42.1
Total non-pay	92.0	100.5	97.0	103.8	103.9	100.6	101.0	686.6	698.8	(12.2)	1,178.2

- **Provided Services Pay:** Expenditure has increased by £4.5m (5.0%) from previous month and is £3.7m higher than forecast for the month.
- £4.9m of the in-month increase is the backdated 23/24 Medical Pay Award paid in October, which is offset by a £0.4m reduction in Agency expenditure.
- Bank expenditure has increased by £0.2m and overtime has also increased by £0.1m from previous month, however WLI payments have decreased by £0.1m.
- Pay Annual Forecast has increased by £5.8m (0.5%), of which the full year 23/24 5% Medical & Dental Pay Award is £8.5m. Offsetting this is a reduction of £0.8m in the Agency forecast outturn. Also, the assumed Balance sheet releases/mitigations have been reviewed and it is estimated that £4.6m of these will be Pay and have therefore been re-categorised from Non Pay.
- Prior month pay costs have been restated following a review of the apportionment methodology of the payawards.
- **Non-Pay Expenditure (excluding Capital Charges):** October total non-pay expenditure is £96.9m, a decrease of £0.1m from Month 6. (Further detail on Non-Pay expenditure movements is referred to in Slide 11)



# Expenditure – Pay

	2022-23			2023-24						
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Budgeted WTE	19,017	19,027	19,082	18,952	19,415	19,869	19,883	19,887	20,009	20,194
Actual WTE	18,576	18,927	19,151	19,193	19,211	19,206	19,248	19,350	19,413	19,575

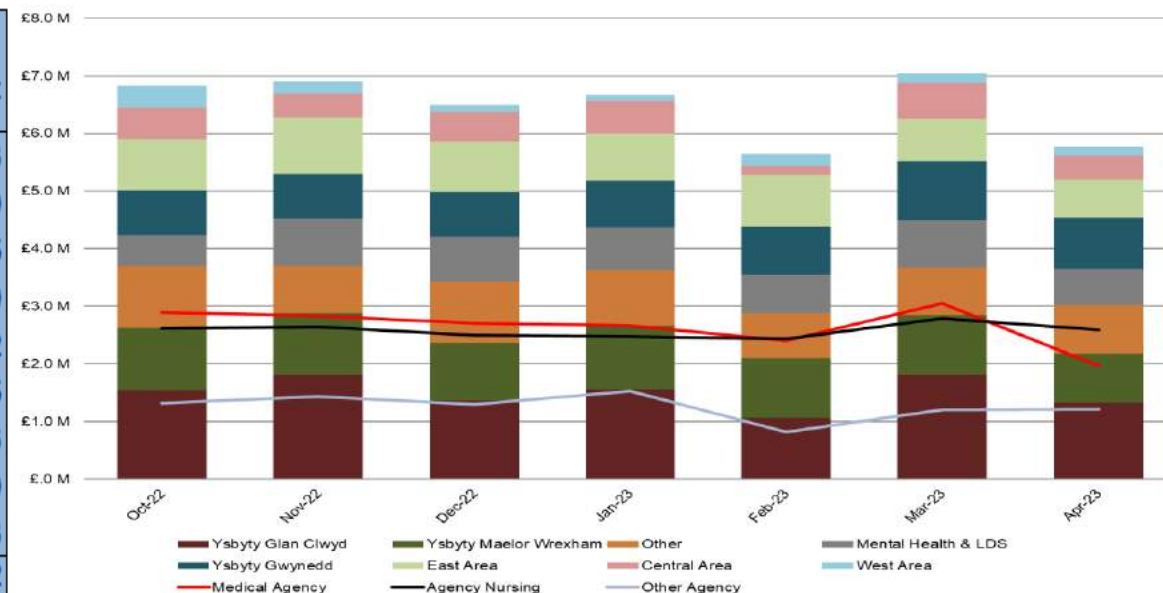


- Actual worked in October is 19,575 WTE, an increase of 162 WTE from September.
- Pay has increased in October due to the provision of the 5% Medical and Dental pay award, estimated to cost £8.5m for the full year, with £4.9m impacting in month due to this being backdated to 1st of April. The 23/24 backdated 5% consolidated A4C Pay Award was paid in July. This cost has been offset by additional anticipated income from Welsh Government as it is indicated that this will be funded in full.
- October Agency expenditure decreased by £0.3m. Both Bank and overtime expenditure increased by £0.1m, however Locum costs remained in line with previous month.

Variable Pay	2023-24 Actual							Total £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	
Agency	5.8	6.7	7.0	6.8	7.0	5.7	5.4	44.4
Overtime	1.1	1.2	1.1	1.3	1.1	1.2	1.3	8.4
Locum	2.2	2.4	2.6	2.6	2.3	2.0	2.0	16.0
WLTs	0.4	0.4	0.5	0.6	0.5	0.5	0.4	3.4
Bank	2.3	2.7	3.6	2.6	2.8	2.8	2.9	19.7
Other Non Core	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5
Additional Hours	0.4	0.4	0.3	0.4	0.3	0.3	0.3	2.4
<b>Total</b>	<b>12.4</b>	<b>13.8</b>	<b>15.2</b>	<b>14.2</b>	<b>14.1</b>	<b>12.6</b>	<b>12.5</b>	<b>94.7</b>

# Pay Costs – Agency

	23-24 Actual							Total Year to Date	Total Forecast
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23		
West Area	148	281	202	206	217	139	190	1,382	2,333
Central Area	416	527	483	718	568	208	314	3,234	5,659
East Area	676	879	1069	899	939	709	637	5,808	10,305
Ysbyty Gwynedd	884	1024	1057	934	921	742	734	6,296	9,850
Ysbyty Glan Clwyd	1323	1757	1677	1736	1,697	1,408	1,441	11,039	17,842
Ysbyty Maelor Wrexham	851	922	1038	973	1,140	926	909	6,759	11,055
Mental Health & LDS	629	602	729	722	851	1,026	583	5,142	8,096
Womens	226	130	126	111	133	127	126	978	1,629
Other	619	600	592	512	549	452	430	3,754	5,863
<b>Total Agency</b>	<b>5,771</b>	<b>6,721</b>	<b>6,972</b>	<b>6,811</b>	<b>7,015</b>	<b>5,737</b>	<b>5,365</b>	<b>44,392</b>	<b>72,632</b>

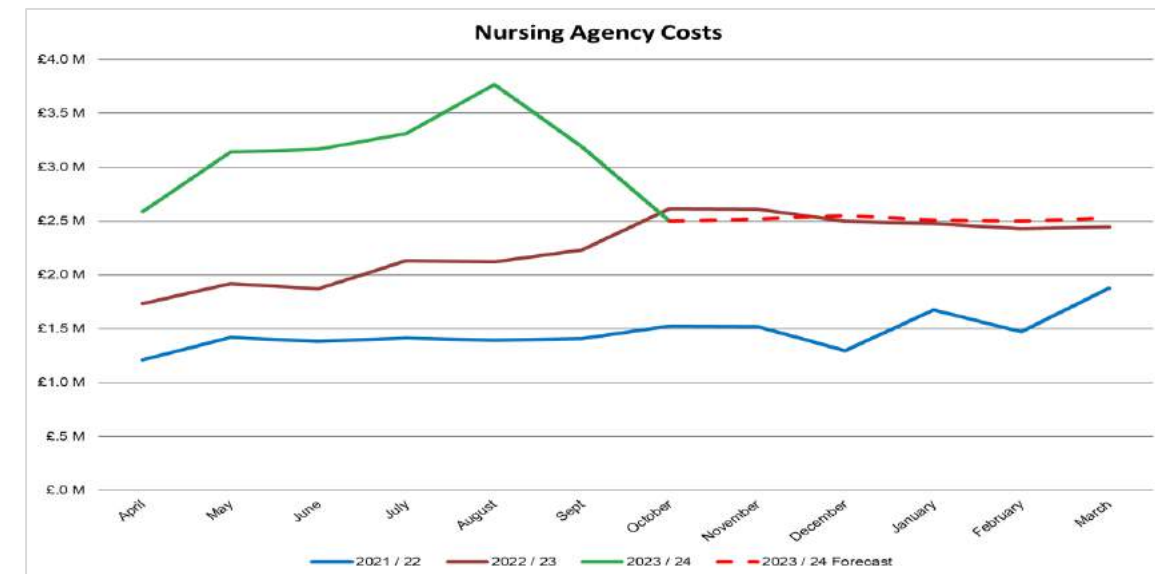
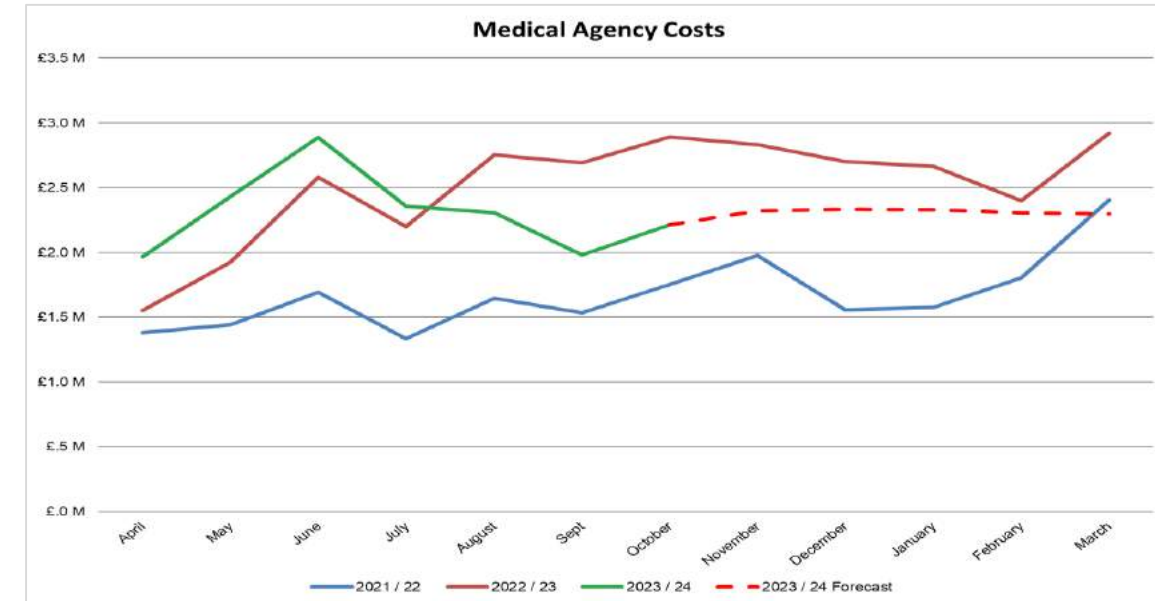
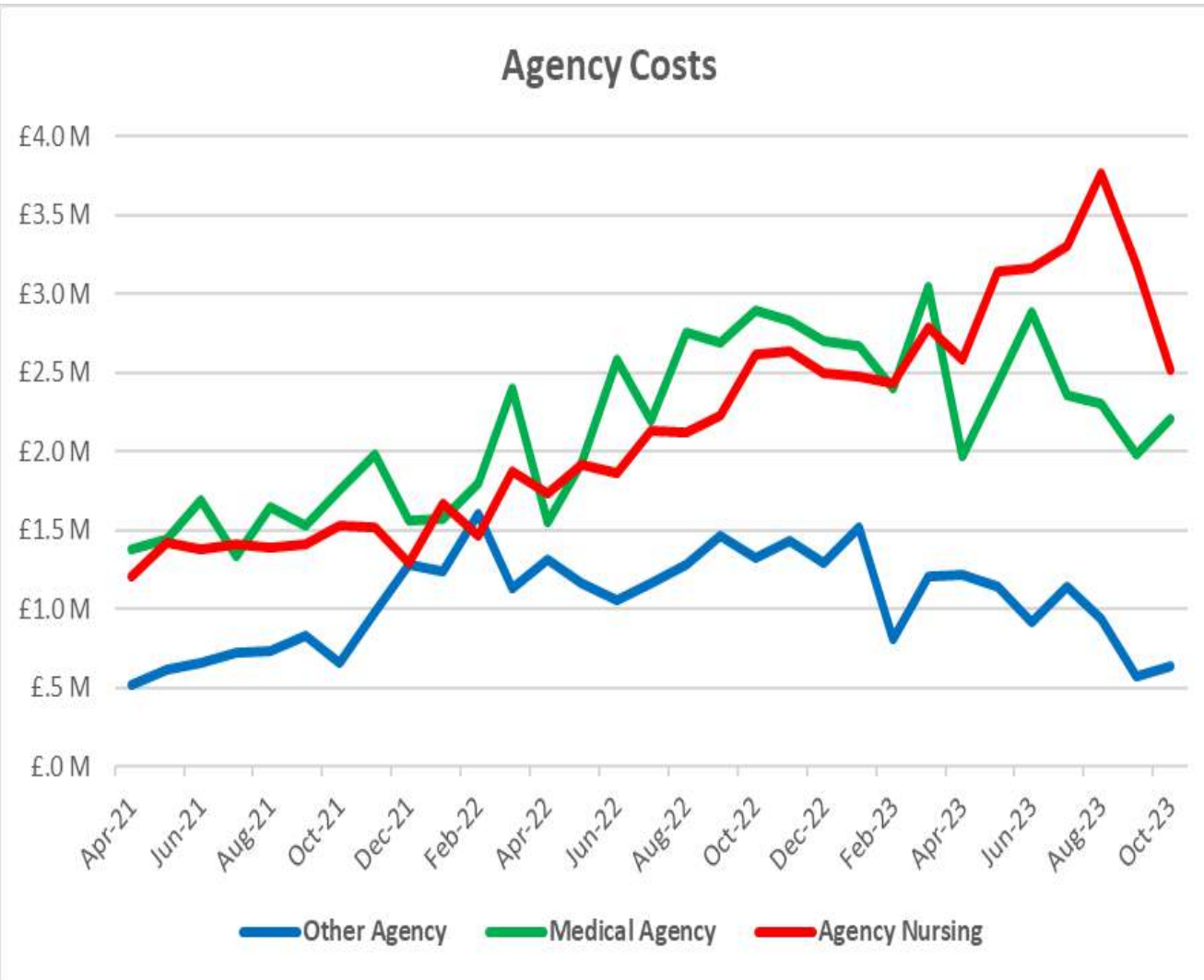


- Agency expenditure for Month 7 is £5.4m, representing 5.7% of total pay, a decrease of £0.3m on last month. The 2022/23 monthly average Agency expenditure was £6.1m. Agency year end forecast outturn has decreased by £1.4m, from £73.4m in Month 6 to £72.0m in Month 7. The impact of the two new innovations which were introduced in June, Wagestream and Auto cascade. The off-contract Agency has been switched off across the HB has had a favourable impact on the Month 6 and Month 7 Agency expenditure.
- Month 7 Medical Agency expenditure is £2.2m, an increase of £0.2m from previous month. The increase is mainly reported against Ysbyty Glan Clwyd. Medical Agency is primarily used to cover vacancies. The main areas of Month 7 Medical Agency spend are East Area (£0.3m), Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.4m), Ysbyty Maelor Wrexham (£0.2m) and Mental Health (£0.3m), together accounting for 80.1% of the in-month cost.
- Nurse agency costs totalled £2.5m for the month, a decrease of £0.7m from previous month, however Month 7 expenditure is £0.3m higher than the Nursing Agency monthly average costs of £2.2m reported in 2022/23. Agency Nurse continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care in maintaining the Nurse Staffing Act Ward staffing levels. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£0.9m in month), Ysbyty Maelor Wrexham (£0.7m), Ysbyty Gwynedd (£0.3m) and Mental Health (£0.3m), which together account for 85.1% of the October expenditure.
- Other agency costs totalled £0.7m in Month 7, same as previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.4m) and Admin and Clerical (£0.2m).



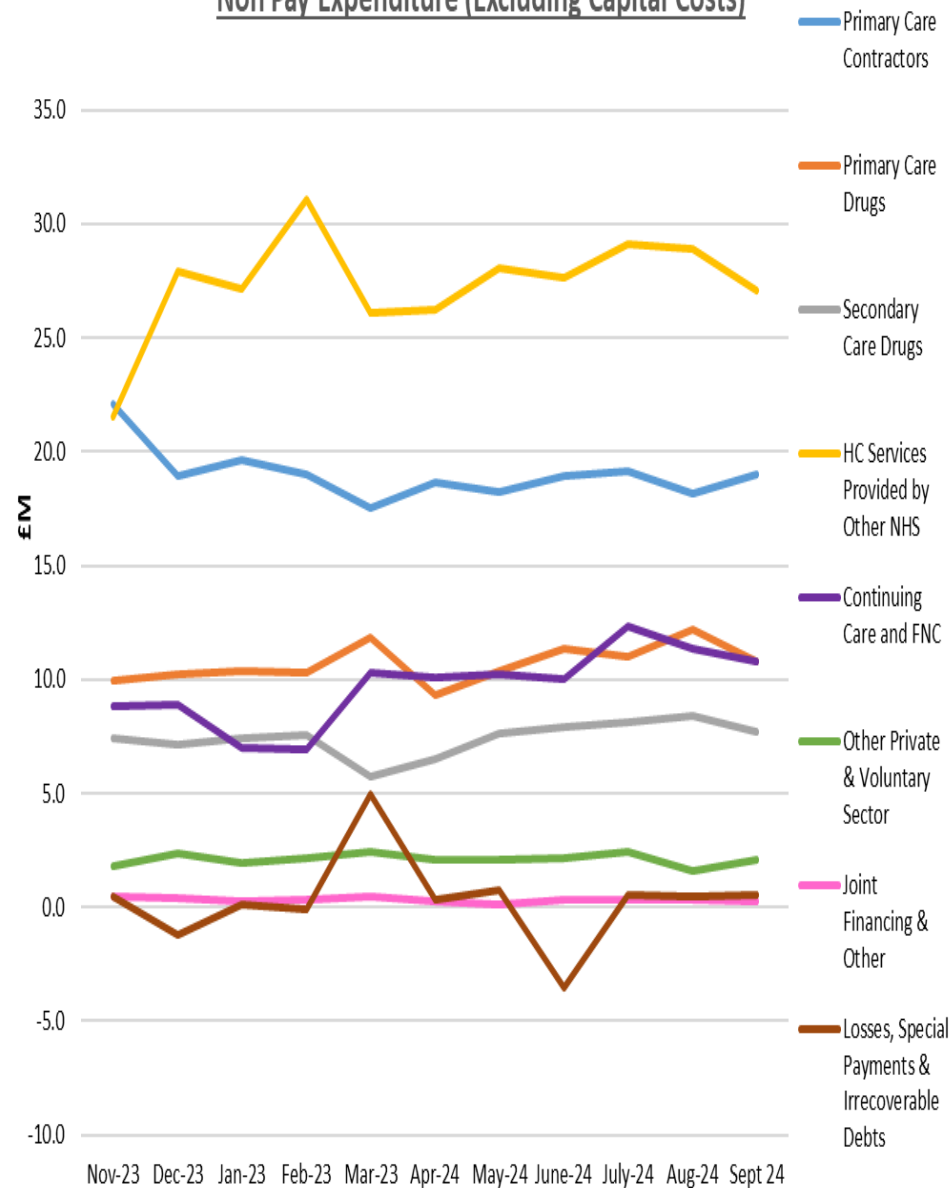
# Pay Costs – Agency

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



# Expenditure - Non Pay

## Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** In-month expenditure is £0.6m (3.4%) less than previous month. Annual forecast outturn has decreased by £1.1m, of which GMS dispensing forecast has reduced by £0.6m full year, (7/12ths £0.3m in-month reduction) due to revised dispensing fees and bandings from October 2023-March 2024 and £0.4m arising from the Prescribing Incentive Scheme LES accountancy gain.
- Primary Care Drugs:** Expenditure is £0.4m (3.8%) less than previous month, which includes £0.3m savings for the drug Apixaban, and a further £0.2m released for the over accrual relating to August. Annual forecast has decreased by £1.3m, being predominantly the full year effect of the Apixaban Drug saving. October estimate is based on 22 prescribing days (September estimate was based upon 21.5 prescribing days). Following receipt of August prescribing data, the Average Cost per Prescribing Day has decreased by -3.2%, August was £0.532m compared to £0.550m for July. The 3-month Average Cost per Prescribing Day in August has also decreased by -0.4%. The Average Cost per Item decreased in August to £7.61 per item compared to £7.64 per item for July (-0.4%). The 3-month Average Cost per Item has however increased from £7.62 to £7.64 (+0.2%). Overall number of Items Prescribed per Prescribing Day has decreased by -2.8%; August had 69,940 items prescribed compared to 71,929 in July. The 3-month Average Items Prescribed per Prescribing Day also decreased from 70,504 to 70,078 (-0.6%).
- Secondary Care Drugs:** Expenditure has increased by £0.4m (4.4%), however annual forecast remains in line with previous month. An in-month increase was reported across all three Secondary Care sites (YG, YGC and YWM) mainly within Medical specialties with AMD, Ophthalmology, Gastro and Hep C reporting the highest increases in Secondary Care Drugs expenditure. In addition, £0.1m of the in-month increase was due to NICE Oncology Drugs.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £0.7m (2.6%) higher than previous month. The in-month increase includes backdated expenditure for the £0.8m additional WAST/EASC allocation. Annual forecast has decreased by £0.7m, of which £1.0m is the reflection of the risk sharing arrangement with WHSCC for the CAMHS out of area patient.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure has increased by £0.1m (0.7%) from previous month and is £0.5m higher than forecast for the month. Annual forecast has decreased by £0.1m. Whilst care package activity numbers have reduced in Month 7, the impact of acuity and make-up of new care packages compared to ceased packages has had a fairly neutral impact on CHC expenditure in-month and forecast outturn.

Description	£m
Allocations Received	1,980.5
<b>Total Allocations Received</b>	<b>1,980.5</b>

Description	£m
<b>Allocations anticipated</b>	
Capital Depreciation - Impairment	1.0
COVID-19	8.9
Removal of IFRS-16 Leases (Revenue)	- 4.5
Real Living Wage (Care Homes)	3.0
IM&T Refresh Programme	1.9
EPMA Income	0.7
Six Goals - Urgent Primary Care Centres	0.6
Six Goals - SDEC	0.9
Dispensing Fees Increasing	1.5
Service Improvement Fund	1.1
WRP Contribution	- 4.9
22/23 payawards not in 23/24 Alloc Paper (to be made re	12.1
23/24 5% A4C Pay Award	38.0
Repayment of the AME Provision Funding	- 4.1
TGS Cohort Doctors	0.9
Additional Planned Care Bids	7.2
5 percent M&D Pay award	8.5
Further Faster funding	1.8
Energy	9.8
Other	2.3
<b>Total Allocations Anticipated</b>	<b>86.7</b>

	£m
Total Allocations Received	1,980.5
Total Allocations Anticipated	86.7
<b>Total Welsh Government Income</b>	<b>2,067.2</b>

- Total Revenue Resource Limit (RRL) for the year is £2,067.2m. £1,198.5m of the RRL has been phased within the year to date position, which is £7.4m less than 7/12<sup>ths</sup> of the RRL (£1,205.9m).
- Confirmed allocations to date is £1,980.5m, with further anticipated allocations in year of £86.7m.
- Total COVID-19 funding allocation required has reduced by £1.5m, down from £16.6m to £15.1m. Total COVID-19 funding received is £6.2m and £8.9m is reported as anticipated income. Total COVID-19 income profiled into the cumulative position to date is £7.4m.
- £37.96m of the anticipated income included in Table E is the 5% 2023/24 A4C pay award impact.
- Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, for which £1.5m anticipated income is reported in Table E. The Health Board is significantly impacted by the increase in this cost due to the high number of Dispensing Practices within rural areas.
- Also, within the WG allocation received includes Performance Fund (£30m) Transformation Fund (£12m), Sustainability Fund (£27.1m), Planned Care Core Funding (£12.0m), Values Based Healthcare (£3.1m) and Six Goals (£2.96m)

COVID -19 Funding	£m
<b>Total 23/24 COVID-19 Forecast Expenditure</b>	<b>15.1</b>
<b>Received</b>	<b>6.2</b>
<b>Anticipated</b>	<b>8.9</b>

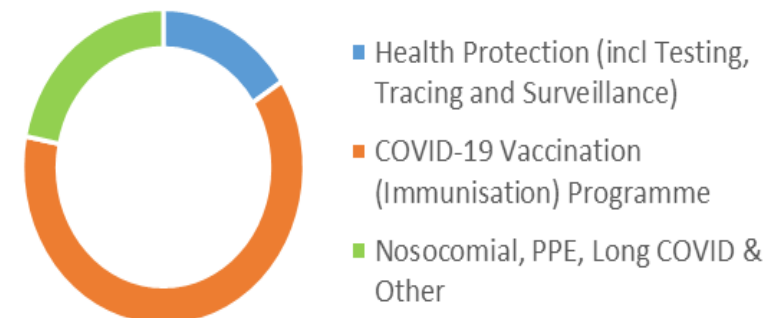


# Impact of COVID-19

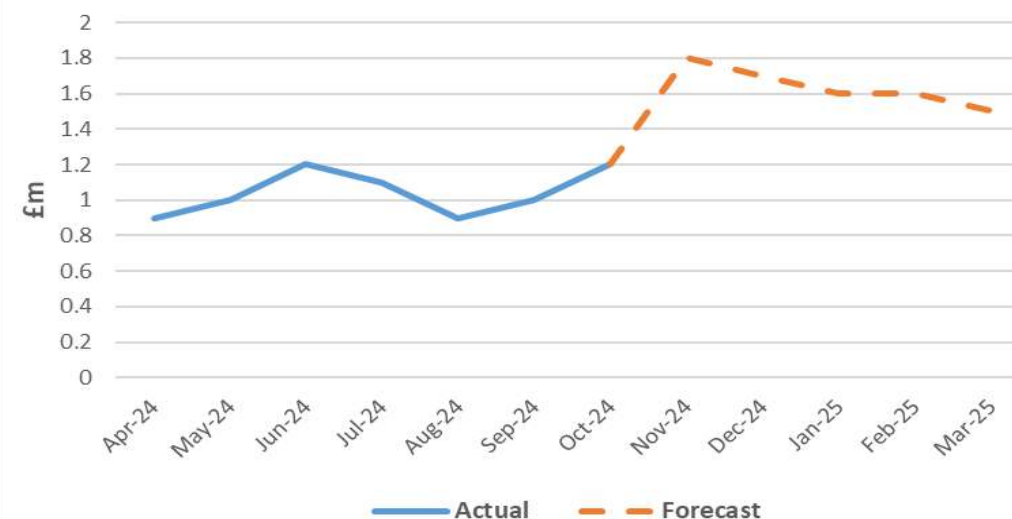
- Month 7 COVID-19 expenditure for WG funded programmes is £1.2m, an increase of £0.2m from previous month. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid.
- Total year to date COVID expenditure is £7.4m and full year forecast spend has reduced by £1.5m, down to £15.1m due to £1.0m reduction against Health Protection Service forecast and £0.5m reduction in Long COVID Forecast.
- Mass Vaccination costs are forecast to remain within the £9.4m funding allocation. The Autumn Booster Programme has commenced, and the aim is to have all vaccinations completed by the end of January.
- See below Table for Summary of COVID-19 year to date expenditure and forecast:

	Month 7 £m	Year to Date Expenditure £m	Forecast at Month 7 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.1	0.9	2.4
COVID-19 Vaccination (Immunisation) Programme	0.8	5.1	9.4
Nosocomial, PPE, Long COVID & Other	0.3	1.4	3.3
<b>Total COVID-19 Expenditure</b>	<b>1.2</b>	<b>7.4</b>	<b>15.1</b>
Welsh Gov COVID-19 Income	1.2	7.4	15.1
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## COVID-19 Cost Distribution Forecast 2023/24



## Total COVID-19 Expenditure Per Month



# Risks and Opportunities (not included in position)

- Risks and opportunities have been further assessed and refined at Month 7. The new legislative requirement around hospital waste revenue risk has been removed, as it's not likely to impact until 2024/25,
- The remaining risks will continue to be monitored and managed throughout the year. The below are current risks to the Health Board's financial position for 2023/24 as at Month 7.

	RISKS	£m	Level
1	Failure to deliver planned savings not yet finalised (50% of Pipeline plus Red £3.387m at 50%)	£1.7m	Medium
2	Failure to mitigate the run rate above plan (operational pressures excluding the impact of the YTD non delivery of savings)	£42.4m	High
3	Emergency pressures above plan (including winter)	£7.0m	High
4	Potential additional excess costs above plan e.g. inflation	£2.0m	Medium
5	Further critical planned care improvement cannot be delivered within the £27m funding.	£1.5m	Medium
	Total Quantifiable Risks	£54.6m	

	OPPORTUNITIES / MITIGATIONS FOR THE IDENTIFIED RISKS	£m	Level
1	Potential cost reduction of Energy costs as per Shared Services forecast	£2.3m	Medium
	Total Opportunities	£2.3m	





# Balance Sheet

	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Oct-23 £'m	Forecast Closing Balance End of Mar-24 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	707.9	691.2	708.7
Intangible assets	1.5	1.3	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	<b>788.3</b>	<b>771.4</b>	<b>789.1</b>
<b>Current Assets</b>			
Inventories	20.3	20.4	20.3
Trade and other receivables	77.4	96.6	98.3
Cash and cash equivalents	2.9	6.5	-24.1
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	<b>100.6</b>	<b>123.6</b>	<b>94.5</b>
<b>TOTAL ASSETS</b>	<b>888.9</b>	<b>894.9</b>	<b>883.6</b>
<b>Current Liabilities</b>			
Trade and other payables	237.8	222.1	201.9
Provisions	34.3	62.5	61.2
Current Liabilities sub total	<b>272.1</b>	<b>284.6</b>	<b>263.1</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>616.8</b>	<b>610.3</b>	<b>620.5</b>
<b>Non-Current Liabilities</b>			
Trade and other payables	28.0	28.0	28.7
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	<b>104.7</b>	<b>104.7</b>	<b>105.4</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>512.1</b>	<b>505.6</b>	<b>515.1</b>
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	304.4	298.0	285.3
Revaluation Reserve	207.7	207.7	229.9
<b>Total Taxpayers' Equity</b>	<b>512.1</b>	<b>505.6</b>	<b>515.2</b>

## Cash Flow Forecast

- The closing cash balance as at 31<sup>st</sup> October was £6.539m, which included £2.727m cash held for revenue expenditure and £3.812m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of (£24.087m) made up of (£25.487m) revenue cash and £1.400m capital cash after managing £6.033m of cash pressures resulting from the forecast deficit internally (Month 6 £8.000m).
- This forecast balance assumes working balance support of £31.472m for revenue payments (Month 6 £23.472m) and £4.467m for capital payments relating to Right of Use Assets.
- The Health Board will need to submit a request to Welsh Government for strategic cash-only support in order to continue making payments to staff and suppliers towards the end of the 2023-24 financial year. The Health Board has been sighted on the cash pressures relating to the forecast deficit and the additional risk of cash requirement for the year to date pressures above plan if not fully mitigated.
- The current forecast is for a strategic cash support request of £52.0m, which is made up the forecast out-turn position, cash to be managed internally and other high risk areas as follows:

Forecast strategic cash support request	£m
Forecast out-turn position (Table B)	33.033
Out-turn position to be managed internally	(6.033)
Recovery of the year to date cost pressures which is currently considered at risk	25.000
<b>Total revenue working balances support request</b>	<b>52.000</b>

## Capital Expenditure Plan

BUDGET 2023/24

1) Capital Resource Limit 2023/24	£m	Brief Overview / Update				
WG Discretionary Capital	11,399	The purpose of this dashboard is to brief the Health Board 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).				
Efab	4,324					
All Wales Scheme	3,819					
	19,542					

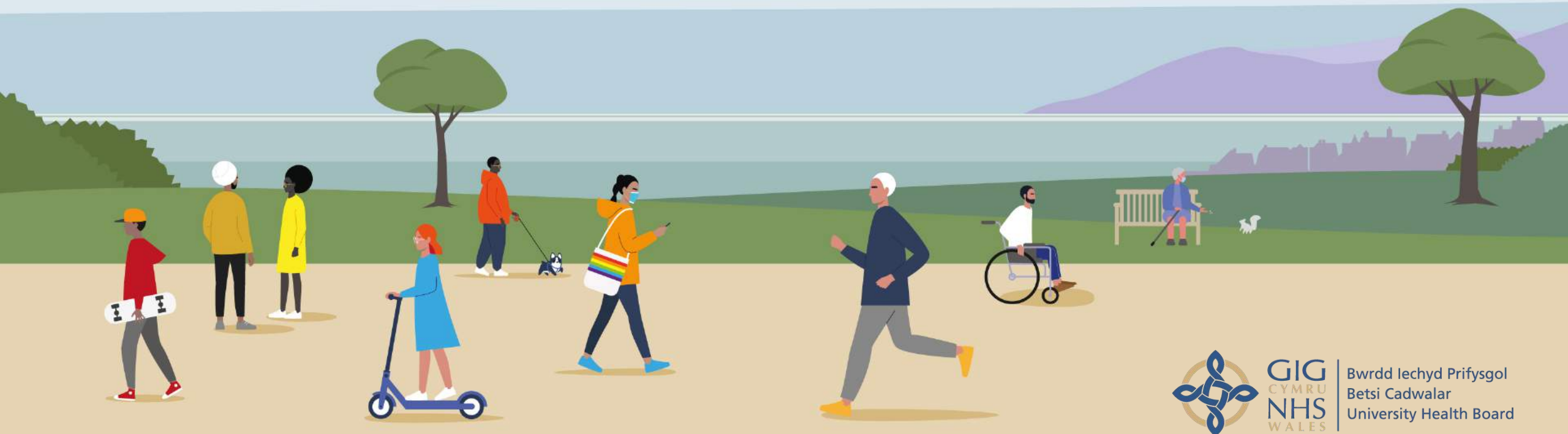
	Initial Programme taking into account 25% reduction (£m)	Spend month 7 (£m)	Forecast Outturn (£m)	Current Over commitment (£m)	Orders still be placed (£m)	Comments
CAPITAL PROGRAMME 23/24						
Divisions	4,687	3,715	5,775	0.877	TBC	Programme adjusted to support key priorities and ensure delivery with in planned funding
Operational Estates	1,765	0,497	1,723	-0.021	TBC	Over commitment to be managed within programme.
Medical Devices	2,306	1,346	2,134	-0.193	TBC	Programme under committed as indicated.
Informatics	2,262	0,282	1,746	-0.516	TBC	Programme adjusted to reflect overall position
All Wales funding brokerage (using discretionary)	0,379	0	0	1,060		Brokerage detailed in Month 7 capital report
	11,399	5,84	11,378	1,207	0	
Estates Fund Advisory Board (EFAB)	4,324	0,270	4,323	-0.001	TBC	

	Programme (£m)	Spend month 7 (£m)	Forecast Outturn (£m)	Current Over commitment (£m)	Comments
MAJOR CAPITAL SCHEMES (with in year spend)					
Wrexham Continuity	0,000	0,423	0,465	-0,210	FBC Submitted to Welsh Government, 23-24 spend managed in brokerage
Adult & Older Person Mental Health - Ysbyty Glan Clywyd	1,688	1,470	2,073	0,000	8 week delay to the programme being reported
Nuclear Medicine	0,373	0,272	0,540	0,000	In dialogue with Welsh Government.
Conwy West - Health & Well Being Hub	0,600	0,000	0,050	-0,550	Required capital for 23/24 reduced due to progression of scheme.
Orthopaedic Hub at Llandudno	0,839	0,481	0,839	0,000	BJC Submitted, in discussion with Welsh Government on progression
Ambulance Shoreline	0,071	0,000	0,071	0,000	Works complete
Radiology Informatics System Programme	0,000	0,000	0,317	0,000	
Substance Misuse Building, Llandudno	0,154	0,000	0,154	0,000	Design stage
Teledermoscopy Project	0,094	0,000	0,094	0,000	Equipment to be procured
	3,819	2,646	4,603	-0,760	
Total CRL	19,542	8,756	20,304	0,446	



# Cash Savings Update at Month 7

14<sup>th</sup> November 2023



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Savings Executive Summary

## Month 7

The Health Board's Financial Plan for 2023-24, requires delivery of recurring, cash-releasing savings of **£25.2m**. An additional £5.7m 'stretch' is included in the full year cash savings target of £30.9m.

The Full Year Savings Plan (FY Plan) now totals **£23.5m**, up **£0.4m** on last month. This includes Green, Red and Pipeline schemes.

The FY Plan value of Green schemes totals **£20.1m**, up £1.1m on last month.

The forecast delivery against Green Savings totals **£21.9m**.

The proportion of recurring Green savings now totals **£14.7m**.

The gap between recurring Green savings and £25.2m is **£10.5m**.

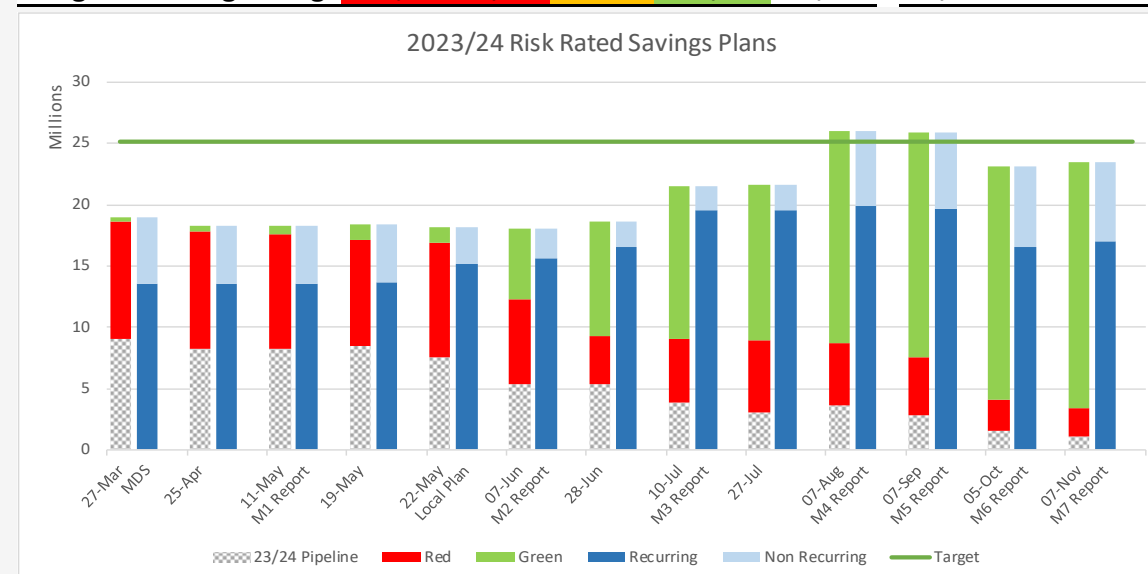
**£2.3m** of that gap would be addressed by converting recurring Pipeline and Red schemes to Green.

As previously reported, Womens, Cancer Services and MHL D delivered plans in line with target. Others remain below target (refer Table 1). IHCs and Services continue to report the same issues, notably the need to focus on rapidly reducing spend, the underlying deficit, ECR and RIGA processes. Ongoing capacity and capability constraints continue to impact the effective mobilisation and delivery of large scale, cross-cutting initiatives.

The Planning process for 2024-25 is underway. MHL D submitted a draft savings plan, equal to the provisional target (£3.2m). Other services reported that delivery of next year's plan is impacted by the issues cited above. The deadline for final plans is 30.11.23. In the absence of resolution to the reported issues, the timely delivery of plans is at risk and it is anticipated that plans will not include 'transformational' savings

Table 1: Cash Savings Scheme Pipeline

£'000's	Pipeline	Red	Amber	Green	Total	Target	Variance Green (Rec) vs Target
Centre	189	1,303		1,648	3,140	7,950	20%
East	388	552		3,513	4,452	8,070	39%
West	0	283		3,674	3,957	6,046	51%
MHL D		0		3,368	3,368	3,267	103%
Womens				925	925	915	101%
Cancer		0		1,548	1,548	755	204%
Diagnostics		82		482	564	1,015	44%
Corporate	0	137		4,790	4,927	2,495	20%
Primary Care	0	0		133	133	154	84%
Provider Income				0	0	267	0%
Procurement (VAT)	454			0	454	-5,734	
<b>Budget Reducing Savings</b>	<b>1,031</b>	<b>2,357</b>	<b>0</b>	<b>20,080</b>	<b>23,467</b>	<b>25,200</b>	<b>58%</b>



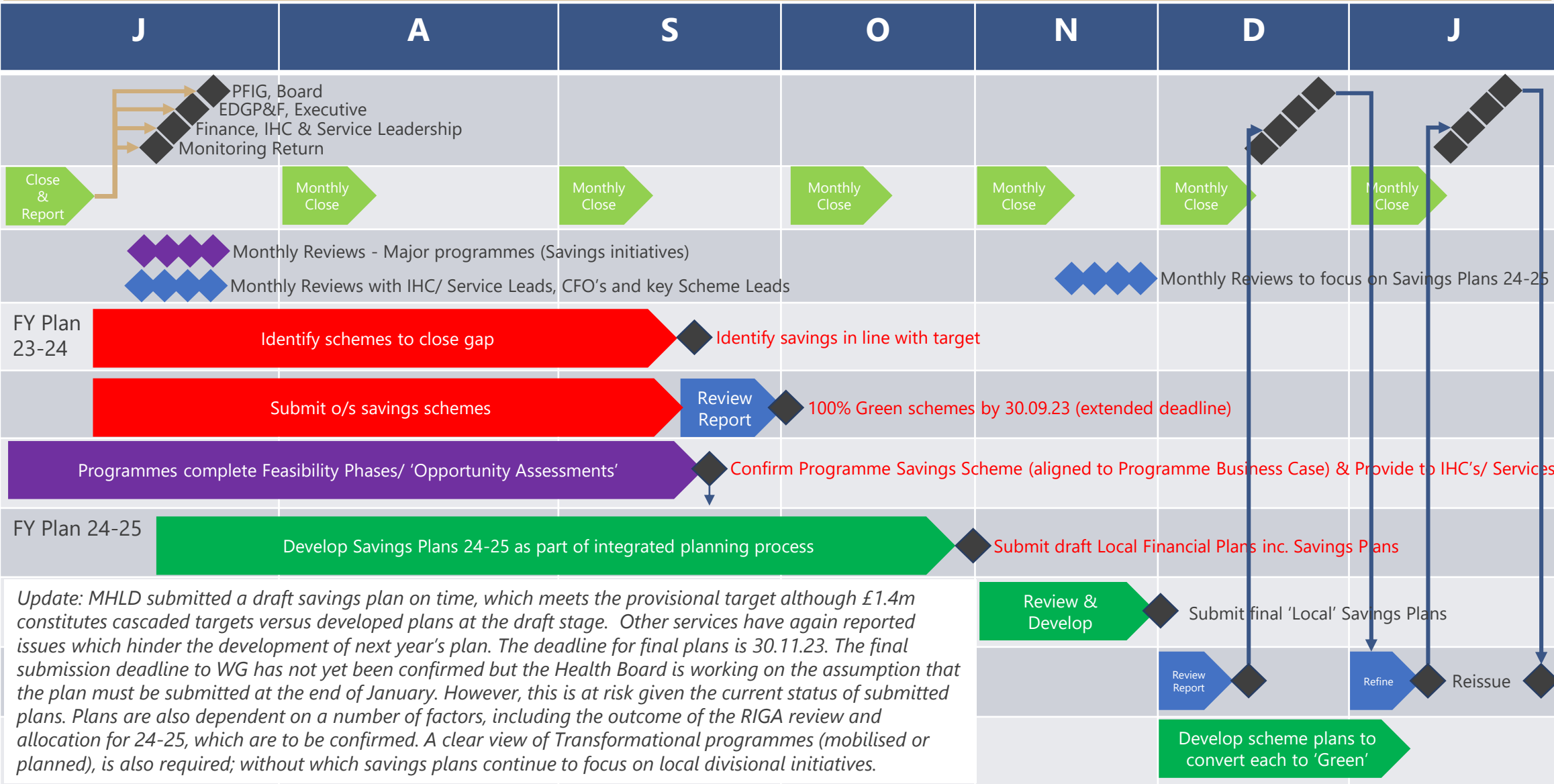
# Next Steps

## Month 7

	Update	Actions Required
<b>Improve Savings Plans</b>	The requirement to submit savings plans to meet the full target on a recurring basis by 30.06.23 was missed. The deadline was extended to 31.08.23 and then 30.09.23. However, plans remain less than target for the IHC's and Services except for Cancer Services, Womens and MHL D. IHC's and Services continue to report that that transformation is required to unlock significant benefit.	Divisions are asked to revisit savings plans for the current year in conjunction with the 'RIGA' reviews and planning for next year. Issues relating to transformational change escalated to Executive level; related actions not included.
<b>Convert all schemes to Green</b>	Convert 50% of savings plans to Amber/Green by 30.06.23. Achieved by Month 4. The deadline for converting 100% of schemes to Green was 31.07.23, extended to 31.08.23, then 30.09.23. Milestone not met. IHC's and Services report that significant effort focused on Employment Control and RIGA reviews and other actions to reduce current spend. Outstanding schemes and actions required reported to Exec level.	Divisions are asked to complete documentation for pipeline/ red schemes in conjunction with the 'RIGA' reviews and planning for next year.
<b>Manage Delivery Risks</b>	IHC's and Services were asked to identify savings delivery risks and mitigating strategies by 05.06.23. Deadline extended to 30.06.23. Summary reports are provided as part of monthly savings report provided to Finance. This is not intended to replace the need for routine programme/ project reporting and control. It is expected that delivery issues and risks are managed by Project/ Scheme Leads and escalated where necessary through the governance arrangement agreed at project/ scheme set-up.	Continue to review savings delivery risks in monthly reviews.
<b>Monthly Reporting</b>	IHC's and Services provide a monthly commentary and analysis, which is aligned to WG reporting requirements. A summary of the consolidated position is delivered to the Executive on a monthly basis.	Continue established internal reporting
<b>Monthly Reviews</b>		Continue monthly reviews
<b>24-25 Plan</b>	Corporate Planning timetable and guidance issued. IHC's and Services asked to submit draft plans by 31.10 and final plans by 30.11.23 MHL D submitted a plan on time. Status reported to Executive level. w/e 03.11.23.	Submit draft Savings plans for 24-25
<b>Cross-cutting programmes</b>	Improvement Groups were established to deliver incremental, transformational savings.	Develop plans for 24-25 Develop documentation to support schemes included in the savings plan. Working assumption is that the schemes need to be rated 'Green' by the time the HB plan is submitted for review to the Board in January prior to



# Savings Planning 24-25 – High Level Timeline



The 24-25 Savings Plan submission dates have been aligned to Corporate Planning deadlines. A savings plan forms part of the local financial plan.

# Cash Savings Summary: FY Plan Versus Target

## Month 7

£'000's	Savings Target	Saving Schemes				Invest to Save Costs	Savings Gap
		Schemes in Delivery Green and Amber FY Plan	Red FY Plan	Pipeline	Total		
<b>West Integrated Health Community</b>							
Area - West		2,373			2,373		
Ysbyty Gwynedd		1,271	283		1,554		
Facilities		29	0		29		
<b>Total West</b>	<b>6,046</b>	<b>3,674</b>	<b>283</b>	<b>0</b>	<b>3,957</b>	<b>0</b>	<b>(2,089)</b>
<b>Central Integrated Health Community</b>							
Area - Centre		1,104	0		1,104		
Ysbyty Glan Clwyd		514	0		514		
Facilities		30	0		30		
<b>Total Centre</b>	<b>7,950</b>	<b>1,648</b>	<b>1,303</b>	<b>189</b>	<b>3,140</b>	<b>0</b>	<b>(4,810)</b>
<b>East Integrated Health Community</b>							
Area - East		2,070	552		2,621		
Ysbyty Wrexham Maelor		1,423			1,423		
Facilities		20	0		20		
<b>Total East</b>	<b>8,070</b>	<b>3,513</b>	<b>552</b>	<b>388</b>	<b>4,452</b>	<b>0</b>	<b>(3,618)</b>
<b>PAN North Wales Services</b>							
MHLD	3,267	3,368			3,368		101
Womens Services	915	925			925		10
Diagnostic and Specialist Clinical Support	1,015	482	82		564		(451)
Cancer Services	755	1,548			1,548	(60)	733
Primary Care	154	133	0		133		(21)
Contracts		0	0		0		0
Provider Income	267	0	0		0		(267)
<b>Total PAN North Wales</b>	<b>6,373</b>	<b>6,456</b>	<b>82</b>	<b>0</b>	<b>6,538</b>	<b>(60)</b>	<b>165</b>
Corporate	2,495	4,790	137	0	4,927		2,432
Reserves / Stretch Target	(5,734)	0			0		5,734
<b>Total for Services</b>	<b>25,200</b>	<b>20,080</b>	<b>2,357</b>	<b>577</b>	<b>23,013</b>	<b>(60)</b>	<b>(2,247)</b>
<b>Other Workstreams</b>							
Procurement - to be allocated				454	454		454
				454	454	0	454
<b>Total Programme</b>	<b>25,200</b>	<b>20,080</b>	<b>2,357</b>	<b>1,031</b>	<b>23,467</b>	<b>(60)</b>	<b>(1,793)</b>
Recurring Savings	25,200	14,711	1,837	427	16,974	(60)	(8,286)
Non Recurring Savings		5,369	519	604	6,492		6,492
	<b>25,200</b>	<b>20,080</b>	<b>2,357</b>	<b>1,031</b>	<b>23,467</b>	<b>(60)</b>	<b>(1,793)</b>

The FY Plan now stands at £23.5m including Green, Amber, Red and Pipeline opportunities, recurring and non-recurring.

This compares to £23.1m last month.

MHLD, Womens and Cancer services have identified savings opportunities that meet or exceed target.

IHC West's savings plan now totals £4m, of which £3.3m relates to recurring savings, against a target of £6.046m.

IHC Centre FY Plan now totals £3.1m, of which £3.1m is recurring, against a target of £7.95m.

IHC East FY Plan totals £4.5m, of which £3.6m is recurring, against a target of £8.07m

Diagnostics have identified a number of schemes. However, some of these schemes will not deliver in the current financial year. Challenges include increased activity levels.

A number of Corporate functions also still need to deliver savings plans in line with target.

# Movements in RAG Status in Month

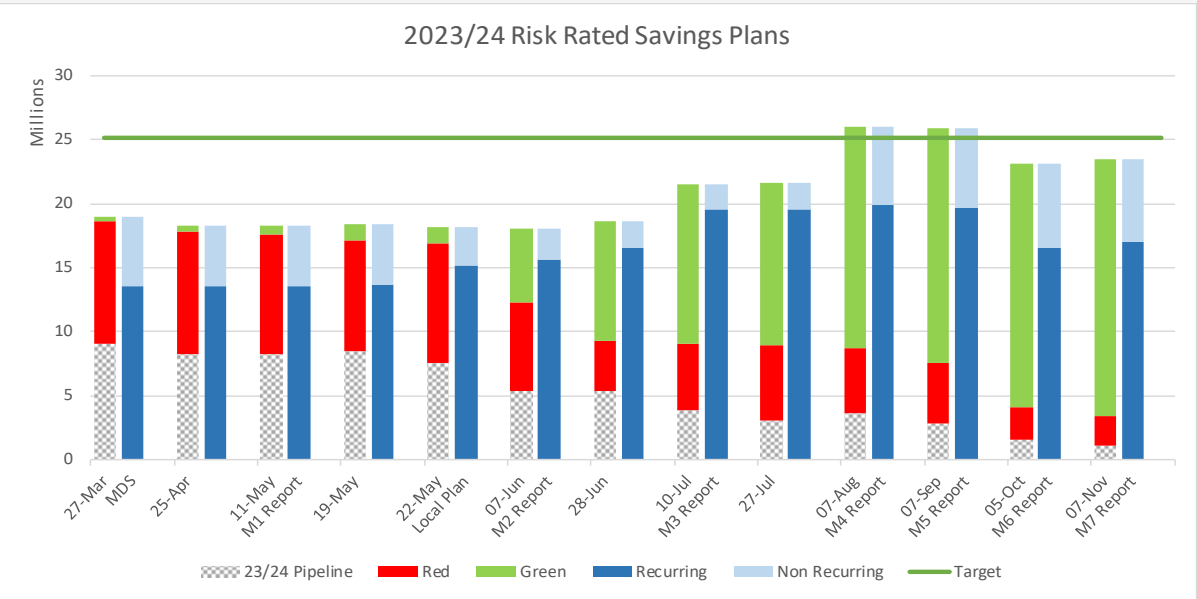
## Month 7

Savings Scheme Pipeline											
				Green		Green (Proc)		Green			
	Pipeline	Red	Amber	R	NR	R	NR	Total	Total	Target	Variance Green (Rec) vs Target
Centre	189	1,303		1,462	0	141	45	1,648	3,140	7,950	20%
East	388	552		2,963	346	154	50	3,513	4,452	8,070	39%
West	0	283		2,986	546	110	31	3,674	3,957	6,046	51%
MHLD		0		3,355	0	5	8	3,368	3,368	3,267	103%
Womens				915	0	5	4	925	925	915	101%
Cancer		0		1,537	0	4	7	1,548	1,548	755	204%
Diagnostics		82		108	8	341	25	482	564	1,015	44%
Corporate	0	137		412	1,646	83	2,648	4,790	4,927	2,495	20%
Primary Care	0	0		114		15	4	133	133	154	84%
Provider Income								0	0	267	0%
Procurement (VAT)	454							0	454	-5,734	
Budget Reducing Savings	1,031	2,357	0	13,853	2,546	858	2,823	20,080	23,467	25,200	58%

At Month 7, the FY Plan value of Green schemes totals **£20.1m**, which represents an increase of £1.1m in month.

The movement in month is summarised below.  
A cost avoidance scheme previously categorised as a 'cash saving' has been removed on the basis that the cost pressure was not included in the financial plan.

At month 7, the 'RIGA' reviews have resulted in budget releasing savings of £247k. Further material savings are expected in the coming months and as part of the 24/25 savings plan.



Figures in £'000s			
FY Plan Value Green schemes previous month			19,022
Change in FY Plan value of existing schemes			
DSCS - Stock management - Cost Avoidance		-43	
NWSSP Drug Contract - IHCs		188	
Sub-total			145
New Green Schemes this month			
Estates - Energy Sell Back		535	
RIGA Savings - Finance		37	
RIGA Savings - Medical Director		63	
Accommodation Rental - YG		17	
RIGA Savings - MHLD		147	
Primary Care - Comm Dental re-design		114	
Sub-total			913
Total increase in FY Plan relating to Green schemes			1,057
FY Plan Value Green schemes - M7 (Budget Reducing only)			
			20,079

# Cash Savings Delivered in the Year to Date

Month 7

## Target

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

£'000's	FY			YTD M7			
IHC / Service Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Recurring	25,200	14,711	15,609	14,700	7,885	9,145	1,260
Non Recurring		5,369	6,339		2,628	3,679	1,050
<b>Total Cash Savings</b>	<b>25,200</b>	<b>20,080</b>	<b>21,948</b>	<b>14,700</b>	<b>10,513</b>	<b>12,823</b>	<b>2,310</b>

## Year To Date (YTD)

- Year to Date actual savings total £12.8m, of which £9.1m is recurring, against a £10.5m plan and £14.7m Target.
- The favourable variance of actual savings to Plan totals £2.3m. This includes:
  - IHC Central Primary Care Reviews (Polypharmacy & switches) £198k
  - IHC Central CHC Programme £528k
  - IHC Central IHC Bio-similar (AMD) £154k
  - IHC West CHC Programme £495k
  - IHC West Primary Care Reviews (Polypharmacy & switches) £120k
  - MHLD Right Care CHC Programme £243k
  - MHLD Agency, Bank, O/T (£171k)
  - MHLD Out of Area Placements (£73k)
  - Womens Birth Choices scheme delayed as previously reported (£149k)
  - Procurement £916k

Figures relate to Green schemes. There are no Amber schemes. A detailed variance analysis is provided in Appendix 1.

## In Month

- Savings delivered in Month totalled **£2.9m**, of which £1.7m recurring, against a £2.0m Plan and £2.1m Target



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# FY Plan vs FY Forecast & Recurring/ Non Recurring

## Month 7

£'000's	IY PLAN				FY OUTTURN (M7)				VARIANCE		
	Recurring	Non Recurring	Total	Recurring FYE Plan	Recurring	Non Recurring	Total	Recurring FYE Forecast	Recurring	Non Recurring	Total
<b>Amber and Green Schemes</b>											
Cash Releasing - Budget	14,679	4,834	19,513	17,710	15,574	5,804	21,378	19,414	895	970	1,865
Income Generation - Budget	32	535	567	65	35	535	570	65	3	0	3
	<b>14,711</b>	<b>5,369</b>	<b>20,080</b>	<b>17,775</b>	<b>15,609</b>	<b>6,339</b>	<b>21,948</b>	<b>19,478</b>	<b>898</b>	<b>970</b>	<b>1,868</b>
<b>Red Schemes</b>											
Cash Releasing	1,724	519	2,243	2,249	1,724	519	2,243	2,249	0	0	0
Income Generation	113		113	198	113	-	113	198	0	0	0
	<b>1,837</b>	<b>519</b>	<b>2,357</b>	<b>2,447</b>	<b>1,837</b>	<b>519</b>	<b>2,357</b>	<b>2,447</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total - Red, Amber and Green Schemes</b>	<b>16,548</b>	<b>5,888</b>	<b>22,436</b>	<b>20,222</b>	<b>17,446</b>	<b>6,859</b>	<b>24,305</b>	<b>21,925</b>	<b>898</b>	<b>970</b>	<b>1,868</b>
Pipeline opportunity	427	604	1,031	352	427	604	1,031	352	0	0	0
<b>Total 'Cash'</b>	<b>16,974</b>	<b>6,492</b>	<b>23,467</b>	<b>20,574</b>	<b>17,873</b>	<b>7,463</b>	<b>25,335</b>	<b>22,277</b>	<b>898</b>	<b>970</b>	<b>1,868</b>

At Month 7 close, the FY Plan value of Green schemes totals £20.1m. The FY Forecast totals £21.9m - £1.8m above Plan. Variances include:

- IHC Central Area Polypharmacy Reviews & Switches £255k
- IHC Central CHC – significant increase £325k
- IHC Central Bio-similar (AMD) – significant increase £327k
- IHC West CHC – significant increase £638k
- IHC West Polypharmacy Reviews & Switches £171k
- IHC West Area's Pay 'Grip and Control'- unchanged (£88k)
- IHC West YG Pay 'Grip and Control'- significant reduction (£302k)
- IHC East Agency (Medicine and Surgery) (£120k)
- MHL D Reduction in Bank, Agency & Overtime – significant reduction (£171k)
- MHL D Out of Area Placements (£73k)
- Womens Birth choices – issue previously reported (£254k)
- NWSSP Procurement – significant increase £834k

A detailed variance analysis is provided in Appendix 1.



# Summary by Category

Month 7

## FY Plan (Green Schemes)

FY Plan by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
<b>Savings '000s</b>										
Agency - Reduced usage of Agency/Locums paid at a premium	630		1,304	147	488					2,569
CHC and Funded Nursing Care	1,146	560	880	1,924						4,510
Commissioned Services				300	255					555
Medicines Management (Primary & Secondary Care)	770	887	848	322			1,537			4,365
Non Pay - Procurement	141	186	204	13	9	366	11	24	2,732	3,686
Non Pay - Other	182	15	226	20	173	116			2,012	2,743
Pay	804		51	642				109	46	1,652
<b>Grand Total</b>	<b>3,674</b>	<b>1,648</b>	<b>3,513</b>	<b>3,368</b>	<b>925</b>	<b>482</b>	<b>1,548</b>	<b>133</b>	<b>4,790</b>	<b>20,080</b>

## FY Forecast (Green Schemes)

FY Forecast by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
<b>Savings '000s</b>										
Agency - Reduced usage of Agency/Locums paid at a premium	415		1,423	147	488					2,473
CHC and Funded Nursing Care	1,778	885	933	1,924						5,520
Commissioned Services				227	0					227
Medicines Management (Primary & Secondary Care)	989	1,455	823	322			1,584			5,173
Non Pay - Procurement	91	132	125	12	14	403	7	12	3,723	4,520
Non Pay - Other	156	15	187	11	173	118			2,012	2,671
Pay	685		51	472				109	46	1,363
<b>Grand Total</b>	<b>4,115</b>	<b>2,488</b>	<b>3,541</b>	<b>3,115</b>	<b>675</b>	<b>521</b>	<b>1,590</b>	<b>121</b>	<b>5,780</b>	<b>21,948</b>



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Run Rate Savings Summary

Month 7

Run rate expenditure reductions are cash releasing savings but where there is no budget removed. These mitigate the additional in year cost pressures reported above the planned deficit and include actions such as the Enhanced Control Review measures.

At Month 7 these total £3.920m (Fy Forecast) and include £1.455m as a result of decisions made up until the end of October from the ECR process. Decision taken in future months, will be reflected in future reports. The total forecast delivery of Planned savings (budget releasing) plus Run Rate savings (non budget releasing) is £25.869m.

	Run Rate Savings						Planned Savings plus Run Rate
	Actual Year to Date			Ful Year Forecast			
	Recurring £'000	Non- Recurring £'000	Total £'000	Recurring £'000	Non- Recurring £'000	Total £'000	Total £'000
ECR related 'Run Rate' savings	-	242	242	-	1,455	1,455	
Other local 'Run Rate' savings	374	-	374	2,423	-	2,423	
Cost Avoidance (non-cash)	-	-	-	-	43	43	
	374	242	616	2,423	1,498	3,921	25,869

In addition, Accountancy Gains totalling £0.4m were also reported at Month 7, bringing the year to date total to **£0.8m**.

The need to submit details of Accountancy Gains on a timely basis has been reiterated to all Divisions to ensure that such gains are reported in the same month that they are posted to the financial ledger in line with WG reporting requirements. Divisions have been asked to check that details of all gains posted in the year to date are submitted in time to confirm at Month 8. The standard monthly savings reporting template provides for this type of reporting.

# Appendix 1: Green Schemes

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# Green Schemes (1/2)

Month 7

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	Accommodation Rental Increase	R	14,833	14,833	-0	2,472	7,000	4,528
HC - Centre	CHC	R	560,000	885,483	325,483	326,667	855,483	528,816
HC - Centre	NWSSP Drug Contract implementation	R	180,208	166,441	-13,767	55,342	62,201	6,859
HC - Centre	Polypharmacy Reviews	R	406,850	661,850	255,000	236,100	434,290	198,190
HC - Centre	Secondary Care Drugs (Biosimilars)	R	300,000	627,090	327,090	210,000	364,000	154,000
HC - East	Agency Medical reduction ED	R	480,000	475,553	-4,447	280,000	265,553	-14,447
HC - East	Agency Medical Reduction Medicine YMW	R	150,000	229,160	79,160	87,500	104,160	16,660
HC - East	Agency Medical Reduction Surgery	NR	166,000	207,447	41,447	96,833	138,281	41,447
HC - East	CHC Cost containment	R	600,000	640,230	40,230	360,000	413,563	53,563
HC - East	CHC Management & Trigger Tool	NR	180,000	180,000	0	30,000	73,101	43,101
HC - East	Childrens	R	100,000	112,500	12,500	53,125	69,955	16,830
HC - East	Dietetics non pay efficiencies	R	21,553	21,553	0	12,573	12,573	0
HC - East	ENT Disposable Scopes	R	200,000	161,003	-38,997	75,000	36,003	-38,997
HC - East	Medical Agency Reduction - Community Services	R	208,000	208,000	0	88,833	89,050	217
HC - East	Medical Agency Reduction - Primary Care - Managed Practices	R	300,000	303,006	3,006	79,166	82,206	3,039
HC - East	NWSSP Drug Contract implementation	R	83,434	57,392	-26,042	32,813	37,415	4,602
HC - East	OT Non Pay efficiencies	R	4,013	4,013	0	2,341	2,341	0
HC - East	OT Pay 0.5wte Band 6	R	26,468	26,468	0	15,440	15,440	0
HC - East	Podiatry Pay 1 wte Band 3	R	24,379	24,379	0	14,221	14,221	0
HC - East	Polypharmacy Review (previously GP Prescribing)	R	489,850	492,850	3,000	284,519	314,481	29,962
HC - East	Secondary Care Drugs (Biosimilars)	R	275,000	272,528	-2,472	111,000	94,632	-16,368
HC - West	Accommodation Rental Increase	R	17,418	20,277	2,859	2,903	5,762	2,859
HC - West	BAU: Grip and control measures - pay	R	607,500	304,944	-302,556	195,000	122,499	-72,501
HC - West	Children Special Cases Review	R	150,000	143,409	-6,591	87,500	80,909	-6,591
HC - West	Continence Products - usage review within community	R	50,000	20,835	-29,165	29,165	0	-29,165
HC - West	Continuing Healthcare	R	996,320	1,634,610	638,290	534,476	1,029,111	494,635
HC - West	Enteral feeding - therapies	NR	40,000	40,150	150	17,776	18,825	1,049
HC - West	Grip and control measures - pay	NR	250,000	162,000	-88,000	145,831	94,507	-51,324
HC - West	IHCW 19 - Pay Grip and Control - SACC Nursing	R	360,000	346,286	-13,714	210,000	202,000	-8,000
HC - West	IHCW 3 - Benefit Realisation of SICAT	R	90,000	160,912	70,912	52,500	90,261	37,761
HC - West	Medicines Management - Primary Care	R	400,000	570,629	170,629	234,993	355,472	120,479
HC - West	Medicines Management - Supply Chain Projects	R	180,000	209,848	29,848	84,164	52,472	-31,692
HC - West	NWSSP Drug Contract implementation	R	59,813	74,597	14,784	20,928	24,542	3,614
HC - West	Primary Care Rebate Schemes	NR	130,000	134,000	4,000	58,000	62,000	4,000
HC - West	Release part vacancy within COTE Medicine - N/R	NR	51,263	51,263	0	51,263	51,263	0
HC - West	Review of GP Bed payments within community hospitals	R	75,000	75,000	0	43,750	43,750	0
HC - West	Urology Robot - VAT Recovery	NR	75,000	75,000	0	43,750	43,750	0

Continued overleaf

# Green Schemes (2/2)

Month 7

			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	I2S - Increasing Cancer Homecare Activity - East	R	177,196	166,305	-10,891	81,796	111,440	29,644
Cancer	Increasing Cancer Homecare Activity - Centre	R	101,280	16,885	-84,395	46,380	11,143	-35,237
Cancer	Increasing Cancer Homecare Activity - West	R	20,871	82,597	61,726	12,173	47,731	35,558
Cancer	Patent/Price Reduction Drugs scheme - New 23-24	R	251,468	324,439	72,971	135,853	144,516	8,663
Cancer	Patent/Price Reduction Drugs scheme -Existing	R	986,402	993,368	6,966	877,903	888,361	10,458
DSCS	EBME covid equipment maintenance	R	60,017	61,644	1,627	35,010	35,619	609
DSCS	EBME covid equipment maintenance	NR	8,076	8,657	581	4,711	5,047	336
DSCS	Pathology Contracts & Batch Efficiencies	R	47,531	47,531	0	27,726	27,726	0
MH&LDS	Bank, Agency & Overtime Reductions	R	642,000	471,882	-170,117	229,070	58,953	-170,117
MH&LDS	Drug Costs	R	322,236	322,236	0	186,500	192,095	5,595
MH&LDS	Patient Transport	R	20,400	11,333	-9,067	9,067	0	-9,067
MH&LDS	Reductions in OOA Placements	R	300,000	226,759	-73,241	73,241	0	-73,241
MH&LDS	RIGA Savings - MHLd	R	147,000	147,000	0	85,750	85,750	0
MH&LDS	Right Care Programme	R	1,923,809	1,923,809	-1	1,122,222	1,365,106	242,884
Midw & Womens	Birth Choices Scheme 23/24	R	254,670	0	-254,670	148,558	0	-148,558
Midw & Womens	I2S - Medical Agency: Recruitment over-establishment (Invest to Save)	R	100,797	100,797	0	58,798	58,798	0
Midw & Womens	Medical Agency: Local increase in Medical Bank rates for fixed period -	R	80,193	80,193	0	46,779	46,779	0
Midw & Womens	Medical Agency: Recruitment to substantive posts	R	307,116	307,116	-0	97,420	97,419	-0
Midw & Womens	Non Pay: Dressing (Leukomed Sorbact)	R	23,047	23,047	0	13,444	13,444	0
Midw & Womens	Non Pay: Local enhanced governance re ad-hoc expenditure	R	149,469	149,469	0	87,190	87,190	0
Corporate and Estates	DDaT-004 McAfee Subscription	R	41,744	41,744	0	41,744	41,744	0
Corporate and Estates	Disposal of Ala Road	R	38,502	38,502	0	6,417	6,417	0
Corporate and Estates	Energy Sell Back	NR	534,709	534,709	0	0	0	0
Corporate and Estates	LINC	NR	1,079,000	1,079,000	0	629,417	629,417	0
Corporate and Estates	Office of CEO	R	14,026	14,026	0	4,008	4,008	0
Corporate and Estates	Office of CEO	NR	21,920	21,920	0	21,920	21,920	0
Corporate and Estates	Pest Control across Health Board	R	66,609	66,609	0	66,609	66,609	0
Corporate and Estates	PH - Review of None Pay budgets	R	20,000	20,000	0	11,667	11,667	0
Corporate and Estates	Review of Non Pay	R	132,000	132,000	0	132,000	132,000	0
Corporate and Estates	Review of pay vacancies	NR	9,909	9,909	0	5,780	5,780	0
Corporate and Estates	RIGA Savings - Finance	R	37,000	37,000	0	21,583	21,583	0
Corporate and Estates	RIGA Savings - Medical Director	R	62,500	62,500	0	36,458	36,458	0
Primary Care	CDS Redesign and modernisation (non pay)	R	5,000	5,000	0	0	0	0
Primary Care	CDS Redesign and modernisation (pay)	R	109,080	109,080	0	63,630	63,630	0
Total excl. NWSSP Procurement Plan			16,398,480	17,432,606	1,034,126	8,686,767	10,081,422	1,394,655
Procurement			3,681,311	4,515,398	834,086	1,826,484	2,741,985	915,501
Total			20,079,792	21,948,004	1,868,213	10,513,251	12,823,408	2,310,156



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Review of Health Board Scheme of Reserved Delegation (SoRD)</b>
<b>Adrodd i:</b> <i>Report to:</i>	<b>Health Board</b>
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 November 2023
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>Following on from the updates that have been made to the Standing Orders (as per Board Meeting on 28 September 2023) and the Standing Financial Instructions (SFIs) for the Health Board, which are also presented at this meeting, a review has also been carried out into the responsibilities of the Board, the Board's Committees, the Executive Team and Directors, and other officers and employees of the Health Board. The changes made, refine the key areas of responsibility and allocate the delegation powers to appropriate levels in the organisation. They have been updated to reflect the changes from the 2023 Standing Financial Instructions.</p> <p>The SoRD has also been scrutinised by the Local Counter Fraud Team and Internal Audit. The Welsh Government has commented that the revisions are very thorough, addressing the main aspects of delegated responsibility and have been developed to improve the effectiveness of the SoRD.</p> <p>The Audit Committee received the draft Tables A, B and B2 of the Scheme of Reserved Delegation (SoRD) on the 16<sup>th</sup> November and have recommended adoption.</p> <p>Following that Committee, further amendments have been made to the delegated limits for External Consultancy Services and the Revenue and Capital Business Cases, which further tighten grip and control and to further incorporate the Executive Team as the initial governance approval route. This updated version is recommended by the Chief Executive, for approval.</p> <p>The important next steps will be to align the delegated limits set out in the SoRD to the e-financials system (Oracle) and explore linking the Single Waiver System. It will be critical to establish training sessions to update the wider organisation on the implementation of the newly endorsed SoRD, SFI &amp; SO's, ensuring compliance.</p> <p>The SoRD will be further reviewed in approximately six months' time, with any amendments to be presented back through Audit Committee and Board.</p>

<b>Argymhellion:</b> <b>Recommendations:</b>	The Health Board is asked to take assurance from the report and recommendation from Audit Committee and the Chief Executive, and approve the incorporation and adoption of the revised Scheme of Reserved Delegation as presented.			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Russell Caldicott, Interim Executive Director of Finance			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Andrea Hughes, Interim Finance Director – Operational Finance and Neil Williams, Senior Finance Manager			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	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"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <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>	<b>Rhannol Partial</b> <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>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>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:</b>  <b>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:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	There are no associated strategy implications			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	The Scheme of Delegation is a key component of financial and operational governance within the Standing Financial Instructions of the Health Board			
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</b>	None identified as necessary			

<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></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 2.3 and 2.7 As per the requirement for the achievement of meeting Statutory Financial Duties in accordance with the adoption of Standing Orders for the Health Board</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Appropriate levels of control and delegation will be implemented over budget management and expenditure</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Relevant staff are obliged to be aware of the delegated responsibilities and limits and to adhere to them in undertaking financial proceedings for the Health Board</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>BAF 2.3 and 2.7 As per the requirement for the achievement of meeting Statutory Financial Duties in accordance with the adoption of Standing Orders for the Health Board</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b> If approved, the revised Scheme of Reserved Delegation will be published and implemented as the new model across the Health Board and financial systems will be updated as appropriate to reflect the delegated limits of individuals within the Health Board.</p>	
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b></p> <p>Appendix 1: Table A - Scheme of Delegated Matters for BCUHB Appendix 2: Tables B and B2 of Delegated Limits</p>	

## **2023 Review of Scheme of Reserved Delegation for BCUHB**

### **1. Introduction and Background**

The Health Board must approve and adopt Standing Orders (SOs) that inform its “ways of working”. The whole suite of Standing Orders include:

- Model Standing Orders
- a set of Standing Financial Instructions (SFIs)
- a Scheme of Decisions reserved to the Board;
- a Scheme of Delegations to officers and others; and
- a range of other framework documents set out the arrangements within which the Board, its Committees, Advisory Groups and staff make decisions and carry out their activities.

The Model Standing Orders were presented to Board on 28 September 2023. The 2023 Standing Financial Instructions are presented to Board at this meeting for review along with the 2023 Scheme of Reserved Delegation setting out the Delegated Matters, Responsible Lead and Delegated Financial Limits.

### **2. Considerations for the Board**

There is a requirement to keep ‘Matters’ delegated to Board, Committees, the Executive Team and other Directors and Service Leads updated and under review to ensure they remain accurate and current. This forms part of the framework that the Health Board must adopt in line with the Standing Orders.

An in-depth review of the Scheme of Reserved Delegation (SoRD) has been undertaken. Proposed changes to delegated responsibilities have been widely consulted with members of the Executive Team, other relevant Directors, Chief Finance Officers (linking in with their Directorates), the Local Counter Fraud Service, Internal Audit and Welsh Government. Integrated Health Communities (IHCs) and Divisions have reviewed their local structures and positions within their service areas for input and consistency with the proposed SoRD.

The Audit Committee received a report on this matter at its meeting on 16 November 2023. It has a role to make sure that there are effective arrangements in place in relation to setting the Scheme of Reserved Delegation (SoRD). The Audit Committee took assurance from the report provided and recommend the Board approve incorporation and adoption of the documents at its meeting on 30 November 2023.

Following that Committee, further amendments have been made to the delegated limits in relation to Consultancy Services and Revenue and Capital Business Cases, which further tighten grip and control and to further incorporate the Executive Team as the initial governance approval route. This updated version is recommended by the Chief Executive, for approval.

The SoRD will be further reviewed in approximately six months’ time, with any amendments to be presented back through Audit Committee and Board.

The Delegated Matters, responsibilities and limits for Charitable Funds will be presented to committee members on 27 November.

All Integrated Health Communities (IHCs) and Divisions should have a local Standard Operating Procedure (SOP) linking activities to the delegated limits set out in Table B2 at a granular level of application within their service area. For example, the Central IHC Ward Manager's £500 general expenditure limit applies to the approval of travel & subsistence, bank staff and staff overtime expenditure.

The important next steps will be to align the delegated limits set out in the SoRD to the e-financials system (Oracle) and explore linking the Single Waiver System. It will be critical to establish training sessions to update the wider organisation on the implementation of the newly endorsed SoRD, SFI & SO's, ensuring compliance.

Appendix 1 – Table A Scheme of Reserved Delegation (SoRD) contains the schedule of Delegated Matters and responsible Leads to be adopted by the Health Board.

Appendix 2 – Tables B and B2 of Delegated Limits details the responsibilities, approval requirements and financial limits of the SoRD to be adopted by the Health Board

### **3. Key changes**

The majority of the 'Delegated Matters' listed in Table A are carried over from the previous version of the SoRD. The delegated responsibilities have undergone a significant review, with consultation with Executive Members and key colleagues, and updated as necessary for each Delegated Matter. The 'Matters' and 'Responsible Leads' have also been cross-referenced to the Standing Orders and Standing Financial Instructions to ensure they are consistent and are delegated accordingly.

Tables B and B2 have been updated to revise the delegated limits for the roles listed. The Healthcare Agreements column has been extended from the one column included in the previous version, to four columns. This is to provide a distinction between the different types of healthcare agreements and the approval limits and reporting requirements applicable to each type. The delegated limits in relation to Consultancy Services and Revenue and Capital Business Cases have been revised, which further tighten grip and control and to further incorporate the Executive Team as the initial governance approval route.

Table B2 has also been extended to include the roles and positions which were previously only included in the Operational SoRDs of each service area and division. Delegated limits for the activities are included for these roles across the various services and divisions within the Health Board. Where possible, job roles have been consolidated into bandings of delegated limits to minimise the number of entries in the table.

### **4. Recommendations**

The Board is asked to take assurance from the report and the recommendation from Audit Committee and the Chief Executive, and approve the adoption and incorporation of the Scheme of Reserved Delegation as part of the Standing Orders and Standing Financial Instructions of the Health Board.

The SoRD will be further reviewed in approximately six months' time, with any amendments to be presented back through Audit Committee and Board.



## SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OPERATIONAL BUDGET MANAGERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers.

The Chief Executive's Job Description, together with their Accountable Officer Memorandum, sets out their specific responsibilities. The individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions, form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
NON PAY EXPENDITURE	5
STORES AND RECEIPT OF GOODS	6
CAPITAL INVESTMENT MANAGEMENT	7
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	8
FIXED ASSETS	9
PERSONNEL & PAY	10
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	11
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# Schedule 1

## SCHEME OF RESERVATION AND DELEGATION OF POWERS

Table A – Scheme of Delegation to Officers

**Board Member Responsible:** in line with the Standing Orders, delegated approval to the relevant Board Member, Board Committee or Executive Director. Where there is more than one Executive Director named the applicable responsibility is in relation to their individual service area.

**Specific Delegation Where Applicable:** The intention within the Operating Model is to delegate to the Operational Divisions wherever possible, however some Matters are either delegated through a Director, Associate or Assistant then to the Operational Division, or they are not delegated beyond this secondary level. This column sets out the delegation flow where relevant. Where there is more than one 'Accountable Lead' named the applicable responsibility is in relation to their individual service area.

**Operational Responsibility:** – where Matters are delegated to the Operational Divisions, the generic term “*Service Director*” has been used to identify the Accountable Lead, for example IHC Director, Director of Mental Health, Cancer, and Support Functions. It is also recognised that these Matters are delegated within Health Board Policy and where relevant are directly supported by Finance, People Services and other Support Functions.

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
<b>1. Standing Orders / Standing Financial Instructions</b>			
a) Final authority in interpretation of Standing Orders	Chair	Not Delegated	Not Delegated
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders (Board Secretary) and Standing Financial Instructions (Executive Director of Finance) and ensuring that they understand the responsibilities	Executive Director of Finance / Board Secretary	Direct to Operational Services	Service Director** (**Generic Title used for the 'Accountable Lead' across IHC, Pan BCU, Regional Directors and Support Functions)
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Direct to Operational Services	Service Director

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Finance	Not Delegated
<b>2. Meetings</b>			
a) Calling meetings of the LHB	Chair	Board Secretary	Not Delegated
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Not Delegated	Not Delegated
<b>3. Financial Planning/Budgetary Responsibility</b>			All Matters locally supported by CFO / FD
a) Setting:  Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Transformation, Strategic Planning & Commissioning	Not Delegated
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	Not Delegated
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Not Delegated
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director: Operational Finance	Service Director
c) Issuing Budgets	Executive Director of Finance	Finance Director: Operational Finance	Service Director
d) Monitoring:  Monitor performance against budget	Executive Director of Finance	Executive and Associate Directors	Service Director
Submit monitoring returns (WHC requires approval by both CEO and EDoF, if not available these are delegated to their deputies)	Chief Executive and Executive Director of Finance	Finance Director: Operational Finance and Deputy Chief Executive	Not Delegated
Effective budgetary control and a balanced budget	Executive Director of Finance	Executive and Associate Directors	Service Director
Preparation of annual accounts and returns	Executive Director of Finance	Finance Director: Operational Finance	Not Delegated

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Executive and Associate Directors	Service Director
<p>e) Authorisation of Virement</p> <p>It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Service Directors) requires the agreement of <u>both</u> parties.</p>	Executive Director of Finance	Please refer to Table B – Delegated Limits	Service Director
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Service Director
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director: Operational Finance	Service Director
<b>4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)</b>			
<p>a) Operation:</p> <p>Managing banking arrangements and operation of bank accounts</p>	Executive Director of Finance	Finance Director: Operational Finance	Not Delegated
Opening bank accounts	Executive Director of Finance	Finance Director: Operational Finance	Not Delegated
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director: Operational Finance	Not Delegated
<p>Authorisation of:</p> <ul style="list-style-type: none"> <li>-PGO/GBS Schedules</li> <li>-BACS Schedules</li> <li>-Automated cheque schedules</li> <li>-Manual cheques</li> </ul>	Executive Director of Finance	Finance Director: Operational Finance	Not Delegated to Service Directors. <u>NOTING</u> that Senior Finance Staff (CFO / FD) authorise contract / SLA / RIF payments
<b>5. Non Pay Expenditure</b>			
For details of Delegated Limits refer to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Chief Executive	Executive and Associate Directors	Service Director

<b>DELEGATED MATTER</b>	<b>BOARD MEMBER RESPONSIBLE</b>	<b>SPECIFIC DELEGATION WHERE APPLICABLE</b>	<b>OPERATIONAL RESPONSIBILITY</b>
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Executive and Associate Directors	Service Director
c) Ensuring expenditure is within budget	Chief Executive	Executive and Associate Directors	Service Director
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	Service Director
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director: Operational Finance	Service Director
f) Prompt payment of accounts	Executive Director of Finance	Direct to Operational Services	Service Director
g) Financial Limits	Executive Director of Finance	Direct to Operational Services → Refer to Table B for Delegated Limits	Service Director Per Table B
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Finance Director: Operational Finance	Service Director
i) Provision of electronic signature / approval within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director: Operational Finance	Service Director
<b>6. Stores and Receipt of Goods</b>			
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Direct to Operational Services	Service Director
b) Responsibility for the control of stores and of goods, issues and returns: (excluding pharmaceutical stock: see below)	Chief Executive	Executive Director of Finance	Service Director
Pharmaceutical Stores	Chief Executive	Chief Pharmacist	Service Director Via Head of Medicines Management
c) Stocktaking arrangements	Executive Director of Finance	Direct to Operational Services	Service Director
<b>7. Capital Investment Management</b>			
For details of Delegated Limits for Delegated Matter 7d), please refer to Table B – Leases.			



DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Transformation, Strategic Planning & Commissioning	Service Director
Completion and signing off of a business case for approval	Chief Executive	Executive Director of Finance	Service Director
Appointment of Project Directors	Chief Executive	Executive Director of Finance with support from relevant Directors	Not Delegated
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Finance	Executive and Associate Directors.	Service Director
Issuing of guidance on management of capital schemes	Executive Director of Transformation, Strategic Planning & Commissioning and Executive Director of Finance	Executive and Associate Directors.	Not Delegated
b) Contracting – Selection of 3 <sup>rd</sup> party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Finance	Not Delegated
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	Not Delegated
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Finance	Not Delegated
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance	Not Delegated
<b>8. Quotations, Tendering &amp; Contract Procedures</b> For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			All Matters locally supported by CFO / FD
a) Services:			

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Direct to Operational Services	Service Director
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Direct to Operational Services	Service Director
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Chief Executive	Executive Director of Finance	Service Director
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive	Executive Director of Finance	Service Director
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EU Procurement Directives and UK Procurement Regulations as appropriate)	Chief Executive	Executive Director of Finance	Service Director
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EU Procurement Directives and UK Procurement Regulations as appropriate)	Chief Executive	Executive Director of Finance	Service Director
Receipt and custody of tenders prior to opening	Executive Director of Finance	Direct to Operational Services	Service Director
Opening Tenders and Quotations	Executive Director of Finance	Direct to Operational Services	Service Director
Decide if late tenders should be considered	Executive Director of Finance	Direct to Operational Services	Service Director
d) Waiving the requirement to request quotes or tenders – subject to Schedule 2.1 Standing Financial Instructions Section 11.133 – Formally reported to the Audit Committee	Chief Executive	Executive Director of Finance or Chief Executive if above £25,000, The Chief Executive and Director of Finance cannot approve their own waiver and must seek approval from one other Executive Director	Service Director  All Single Tender Waivers (STW's) must be approved by NWSSP and by the Executive Director of Finance <b>before</b> any commitment is made.
<b>9. Fixed Assets</b>			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance	Service Director

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
b) Apply accounting policies (including depreciation and revaluations) in accordance with Welsh Government requirements	Executive Director of Finance	Finance Director: Operational Finance	Not Delegated
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Finance	Director of Capital and Estates
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Executive Director of Finance	Director of Capital and Estates, Chief Digital and Information Officer and Deputy CEO with support from relevant Directors.
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Executive Director of Finance, with support from relevant Directors.	Service Director
<b>10. Personnel &amp; Pay</b>			All Matters locally supported by CFO / FD / People
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the “Policy for the Safe Recruitment and Selection Practices” together with accompanying guidance, particularly the need for pre-employment checks.	Executive Director of Workforce & OD	Supported by Executive Team	Service Director
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Associate Director People Services	Service Director
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Deputy Director Workforce & OD / Associate Director of People Services (IHC / PAN BCU / Support Services)	Service Director
d) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Executive Directors with advice from Associate Director of People Services	Service Director
e) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Executive Directors with advice from Associate Director of people Services	Service Director
f) Authority to agree acting up salaries for staff other than Executive Directors, within budget (Approval of acting up salaries for interim Executive Directors to	Chief Executive to agree acting up	Executive Directors lead for acting up salaries up to Band 9 or equivalent.	Service Director  Up to Band 9 or equivalent only.

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
be retained by Remuneration & Terms of Service Committee)	arrangements of Band 9 and above (Excluding Executive Directors)		
g) Establishments:			
Locum/additional staff to the agreed establishment <b>with</b> specifically allocated finance	Executive Director of Workforce & OD / Executive Director of Finance	Direct to Operational Services	Service Director
Locum/additional staff to the agreed establishment <b>without</b> specifically allocated finance.	Chief Executive	Executive Director of Finance and Executive Director of Workforce & OD	Service Director (via ECR & Budget Virement)
Variation to the funded establishment	Chief Executive	Executive Director of Workforce & OD and Executive Director of Finance	Service Director (Via ECR & Budget Virement)
h) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers. Responsibility to ensure forms are processed in timely manner to prevent errors occurring.	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Authority to authorise overtime	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Maintenance of a list of managers authorised to sign payroll and travel expense documentation. (and via e-expense systems)	Executive Director of Workforce & OD	Deputy Director of Workforce & OD	Service Director
Responsibility for the recovery of any overpayments	Executive Director of Finance	Finance Director: Operational Finance	Service Director

<b>DELEGATED MATTER</b>	<b>BOARD MEMBER RESPONSIBLE</b>	<b>SPECIFIC DELEGATION WHERE APPLICABLE</b>	<b>OPERATIONAL RESPONSIBILITY</b>
i) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Carry-over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Compassionate leave	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Leave without pay	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Consultants Special Leave	Executive Medical Director	Direct to Operational Services	Service Director
Time off in lieu	Executive Director of Workforce and OD	Direct to Operational Services	Service Director
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
j) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
k) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Direct to Operational Services in conjunction with Associate Director of People Services	Service Director

<b>DELEGATED MATTER</b>	<b>BOARD MEMBER RESPONSIBLE</b>	<b>SPECIFIC DELEGATION WHERE APPLICABLE</b>	<b>OPERATIONAL RESPONSIBILITY</b>
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Direct to Operational Services in conjunction with Associate Director of People Services	Service Director
Extension of sick leave on full pay	Executive Director of Workforce & OD	Direct to Operational Services in conjunction with Associate Director of People Services	Service Director
<b>l) Study Leave</b>			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Medical staff study leave (UK)	Executive Medical Director / Executive Director of Workforce & OD	Direct to Operational Services	Service Director
Consultant Medical Staff Leave (UK)	Executive Medical Director	Direct to Operational Services	Service Director
All Medical and non-Medical Clinical Staff study leave outside the UK (as per relevant professional lead)	Executive Medical Director / Executive Director of Nursing & Midwifery / Executive Director of Therapies & Health Science / Executive Director of Operations	Direct to Operational Services	Service Director
All other study leave (UK)	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
<b>m) Removal Expenses</b>			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Direct to Operational Services → In accordance with BCUHB policy / approval from the	Service Director



DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
		Executive Director of Workforce & OD	
n) Respect & Resolution Procedure	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
o) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director / Executive Director of Workforce & OD	Deputy Responsible Officer / Deputy Medical Director / Deputy Director of Workforce & OD	Not Delegated
p) Suspension of Doctors employed directly by the LHB	Executive Medical Director	Deputy Responsible Officer / Deputy Medical Director / Deputy Director of Workforce & OD	Not Delegated
q) Formal actions as required under The Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Operations	Not Delegated to Operational Divisions, cover for Executive Medical Director provided through the Deputy Responsible Officer or Deputy Medical Director
r) Requests for new posts to be authorised as car users	Executive Director of Finance	Direct to Operational Services	Service Director
s) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
t) Voluntary Early Release Scheme	Remuneration and Terms of Service Committee (supported by Executive Director of Workforce & OD)	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Not Delegated
u) Settlement on termination of employment	Remuneration and Terms of Service Committee (supported by Executive	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the	Not Delegated.  Service Directors to operate within Policy as set through the

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
	Director of Workforce & OD)	delegated limit of £50,000	Executive Director of Workforce & OD
v) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Associate Director of People Services	Service Director for local implementation:  Ultimate Approval is via NHS Pensions Agency
w) Disciplinary Procedure (excluding Executive Directors)	Executive Director of Workforce & OD	Executive Directors	Service Director
<b>11. Engagement of Staff Not On the Establishment</b>			
<b>For details of Delegated Limits, please refer to Table B</b>			All Matters locally supported by CFO / FD / People
a) Non clinical Consultancy Staff	Executive Director of Finance	Supported by Executive Team	Service Director
b) Medical Locum staff	Executive Medical Director	Direct to Operational Services	Service Director
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Direct to Operational Services	Service Director
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Direct to Operational Services	Service Director
Other	Executive Director of Workforce & OD	Direct to Operational Services	Service Director
<b>12. Charitable Funds Held on Trust</b>	Overall the Health Board Charitable Funds are managed through Awyr Las and through the Charitable Funds Committee and its formal Trustee status		
For details of Delegated Limits, Please refer to Table B			All Matters locally supported by CFO / FD
a) Management:			

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
Funds held on Trust are managed appropriately	Executive Director of Finance	Direct to Operational Services	Service Director
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Direct to Operational Services	Service Director
c) Expenditure	Executive Director of Finance	Direct to Operational Services → Refer to Table B – Delegated limits	Service Director
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Director of Communications and Partnerships	Fundraising manager	Service Director Via Awyr Las
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Not Delegated	Not Delegated
Opening bank accounts	Corporate Trustee	Executive Director of Finance	Not Delegated
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Not Delegated	Not Delegated
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Not Delegated	Via Awyr Las
<b>13. Primary Care Patient Services/ Healthcare Agreements</b>			<b>SEE TABLE B FOR SPECIFIC SENIOR POSTS &amp; £ LIMITS</b>
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Chief Executive	Executive Director of Finance / Executive Director of Operations	System Oversight
b) Reporting actual and forecast contract income	Executive Director of Finance	Finance Director: Operational Finance	System Oversight (supported by Finance)

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director (including Associate Director of Healthcare Contracting)	Not Delegated
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence / Executive Director of Operations for all primary care related agreements	Service Director  (see Table B for specific limits and arrangements)
<b>14. Income Systems, Fees and Charges</b>			All Matters locally supported by CFO / FD
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Associate Director of Healthcare Contracting	Service Director
b) Pricing of NHS agreements	Executive Director of Finance	Associate Director of Healthcare Contracting	Not Delegated
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Direct to Operational Services	Service Director
d) Recovery of debt	Executive Director of Finance	Finance Director: Operational Finance.	Not Delegated
e) Security of cash and other negotiable instruments	Executive Director of Finance	Finance Director: Operational Finance.	Service Director
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Finance Director: Operational Finance	Service Director
g) Non patient care income	Executive Director of Finance	Finance Director: Operational Finance.	Service Director
<b>15. Disposal and Condemnations</b>			
Disposal of all property and land requires formal approval by the Minister for Health and Social Services			

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Not Delegated	Not Delegated
b) Notification to Executive Director of Finance prior to disposal	Executive Director of Finance	Director of Capital and Estates	Service Director
<b>16. Losses, Write-offs &amp; Compensation</b>			
The delegated limits stated below, as specified within Welsh Government's Losses and Special Payments Guidance in Manual for Accounts Chapter 6, relate to the requirement to obtain written approval from the Welsh Government H&SSG Director of Finance for write-off of losses or special payments above these limits. Audit Committee to regularly receive Schedule of Losses and Special Payments.			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing the Board, External Auditor and Counter Fraud Operational Services of frauds.	Executive Director of Finance	Finance Director: Operational Finance.	Service Director For Implementation and compliance with BCU Procedure
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	Not Delegated
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	Not Delegated
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	Not Delegated
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	Not Delegated
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Medical Director supported by the relevant Director after seeking appropriate legal advice, up to a max £500,000	Deputy Director of Quality Governance
g) Compensation payments made under legal obligation:	Chief Executive	Executive Director of Finance or Executive Medical Director	Deputy Director of Quality Governance

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
h) Extra contractual payments to contractors up to £50,000	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	Not Delegated
<b>16.1 Ex-Gratia Payments:</b> The delegated limits stated below, as specified within Welsh Government's Losses and Special Payments Guidance in the Manual for Accounts Chapter 6, relate to the requirement to obtain written approval from the Welsh Government H&SSG Director of Finance for write-off of losses or special payments above these limits. Audit Committee to regularly receive Schedule of Losses and Special Payments.			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	Service Directors to Implement: financial approval remains within Finance Department per Policy
b) For clinical negligence up to £250,000 including plaintiff's costs (negotiated settlements following legal advice)*.	Chief Executive	Executive Director of Finance / Executive Medical Director	Deputy Director of Quality Governance
c) For clinical negligence over £250,000 and up to £1,000,000 including plaintiff's costs (negotiated settlements following legal advice)*.	Chair Board	Chief Executive / Executive Director of Finance / Executive Medical Director	Deputy Director of Quality Governance
d) For personal injury claims involving negligence up to £250,000 including plaintiff's costs (where legal advice obtained and relevant guidance has been applied) *	Board	Chief Executive / Executive Director of Finance / Executive Medical Director	Deputy Director of Quality Governance
e) For personal injury claims involving negligence over £250,000 and up to £1,000,000 (where legal advice obtained and relevant guidance has been applied) *	Board	Chief Executive / Executive Director of Finance / Executive Medical Director	Deputy Director of Quality Governance
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance / Executive Medical Director	Deputy Director of Quality Governance
* For all clinical negligence and personal injury cases (including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – <b>All structured settlements require approval from the Welsh Government H&amp;SSG Director of Finance</b>	Board	Chief Executive / Executive Director of Finance / Executive Medical Director	Deputy Director of Quality Governance



DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
<b>17. Procedure to follow after reporting of incidents to the Police (refer to Standing Operating Process in relation to reporting requirement to Security Advisors)</b>			
a) Where a criminal offence is suspected	Executive Director of Finance and Executive Director of Workforce & OD	Direct to Operational Services	Service Director For Implementation and compliance
b) Criminal offence of a sexual or violent nature	Executive Director of Workforce & OD	Direct to Operational Services	Service Director For implementation and compliance
c) Arson or theft	Executive Director of Finance and Executive Director of Workforce & OD	Direct to Operational Services	Service Director for implementation and compliance
d) Other	Chief Executive and Executive Director of Finance and Executive Director of Workforce & OD	Direct to Operational Services → dependent upon the nature of the suspected offence	Service Director for implementation and compliance
<b>18. Financial Procedures</b>			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Finance Director : Operational Finance	Not Delegated
<b>19. Audit Arrangements</b>			
a) Review, appraise and support in accordance with Public Sector Internal Audit Standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary / Head of Internal Audit	Not Delegated
b) Provide an independent and objective view on internal control and probity	Board Secretary	Head of Internal Audit / Audit Wales	Not Delegated
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	Not Delegated
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	Not Delegated

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
e) Implement recommendations	Board Secretary	Direct to Operational Services	Service Director
<b>20. Legal Proceedings</b>			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters / Executive Director of Workforce & OD for all employment related matters / Executive Director of Finance for all estate related matters / Executive Medical Director, Executive Director of Transformation, Strategic Planning & Commissioning and Executive Director of Operations for all Primary Care related matters. Deputy Director of Quality Governance for claims, inquest, MHA, COP and general healthcare legal matters.	Service Director (Associate Director People Services for employment matters).  Out of Hours approval via Gold On-Call.
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Executive Medical Director or any Executive Director of the Board or an Officer formally nominated by the Chief Executive / Deputy Director of Quality Governance for claims, inquest, MHA, COP and general healthcare legal matters.	Not Delegated
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Executive Director of the Board or an officer formally nominated by the Chief Executive	Not Delegated
<b>21. Insurance Policies (incorporating Risk Management)</b>	Chief Executive	Executive Director of Finance and Executive Medical Director	Not Delegated except for Welsh Risk Pool which is delegated to the Deputy Director of Quality Governance

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
<b>22. Clinical Audit</b>	Chief Executive	Executive Medical Director	Not Delegated
<b>23. Patients' Property (in conjunction with financial advice)</b>			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Chief Executive	Direct to Operational Services	Service Director
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Finance	Direct to Operational Services	Service Director
c) Informing staff of their duties in respect of patients' property	Executive Director of Finance	Direct to Operational Services	Service Director
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Finance Director : Operational Finance	Not Delegated
<b>24. Putting Things Right Regulations (in line with WRP Policy &amp; Guidance)</b>			
a) Overall responsibility for ensuring that all concerns (as defined in PTR Regulations) are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery / Deputy Director of Quality Governance	Service Director Patient Safety Team, and Patient and Carer Experience/Complaints Team for implementation
b) Responsibility for ensuring complaints are investigated thoroughly, and learning is embedded.	Chief Executive	Executive Director of Nursing & Midwifery / Deputy Director of Quality Governance	Service Director and Patient and Carer Experience/Complaints Team for implementation
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery / Deputy Director of Quality Governance	Service Director For implementation
<b>25. Seal</b>			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	Not Delegated

<b>DELEGATED MATTER</b>	<b>BOARD MEMBER RESPONSIBLE</b>	<b>SPECIFIC DELEGATION WHERE APPLICABLE</b>	<b>OPERATIONAL RESPONSIBILITY</b>
b) Attestation of seal in accordance with Standing Orders	Chief Executive and Chair	Board Secretary	Not Delegated
c) Signing and sealing documents in accordance with Standing Orders	Chief Executive and Chair	Board Secretary	Not Delegated
<b>26. Gifts and Hospitality</b>			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	Service Director for implementation and compliance
<b>27. Declaration of Interests</b>			
a) Maintaining a register of interests	Chief Executive	Board Secretary	Service Director for implementation and compliance
<b>28. Informatics and the Data Protection Act</b>			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Chief Digital and Information Officer	Data Protection Officer
b) Responsibility for Informatics policy and strategy	Chief Executive	Chief Digital and Information Officer	Service Director
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Chief Executive	Chief Digital and Information Officer	Service Director
<b>29. Records</b>			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Chief Digital and Information officer / Executive Medical Director	Not Delegated
b) Approval for the destruction of records	Chief Executive	Director of Digital / Executive Medical Director	Service Director / Assistant Director of Compliance and Business Management
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Finance Director: Operational Finance	Service Director
<b>30. Authorisation of New Drugs</b>	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies (Clinical approval via	Not Delegated

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
		NICE Implementation Group and Drugs and Therapy Group for onward financial approval by Senior Leadership Team, see Table B for delegated limits)	
<b>31. Authorisation of Research Projects (individuals responsible for their own declaration of interest to UKPI and BCUHB)</b>	Executive Medical Director	Director of Research & Development	Service Director
<b>32. Authorisation of Clinical Trials</b>	Chief Executive	Executive Medical Director	Service Director
<b>33. Infectious Diseases &amp; Notifiable Outbreaks – outbreak control / public health monitoring and surveillance / provision of public health advice</b>	Chief Executive	Executive Director of Public Health	Not Delegated
<b>34. Review of Fire Precautions</b>	Chief Executive	Executive Director of Finance	Not Delegated
<b>35. Health &amp; Safety</b>			
Review of all statutory compliance legislation and Health and Safety requirements (including associated mandatory staff awareness training).	Chief Executive	Executive Director of Workforce & OD	Not Delegated
<b>36. Medicines Inspectorate Regulations</b>			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	Service Director via Head of Medicines Management
<b>37. Environmental Regulations</b>			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Executive Director of Finance	Director of Capital and Estates	Not Delegated
<b>38. Legal &amp; Risk Payments</b>	Chief Executive	Executive Medical Director / Executive Director of Finance /	Not Delegated <b>See Table B</b>

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
		Deputy Director of Quality Governance	
<b>39. Investigation of Fraud, Bribery and Corruption or Financial Irregularities</b>	Executive Director of Finance	Lead Local Counter Fraud Specialist	Not Delegated
<b>40. Commercial Sponsorship</b>			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Not Delegated
<b>41. Cost/Notional Rent/Third Party Developer/Improvement Grants</b>			All Matters locally supported by CFO / FD
Approval of all schedules of payments	Chief Executive	Executive Director of Operations	Service Director
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Operations	Not Delegated
<b>42. Freedom of Information</b>	Chief Executive	Chief Digital and Information officer	Assistant Director of Compliance and Business Management
<b>43. Compliance Lead Roles:</b>			
a) <b>Caldicott Guardian</b>	Chief Executive	Executive Medical Director	Deputy Medical Director
b) <b>Data Protection Officer</b>	Chief Executive	Data Protection Officer	Head of Information Governance
c) <b>Senior Information Risk Owner</b>	Chief Executive	Chief Digital Information Officer	Not Delegated
<b>44. Emergency Planning &amp; Major Incidents – Civil Contingencies Act (Category 1 Responder)</b>	Chief Executive	Executive Director of Operations	Not Delegated
<b>45. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities</b>	Chief Executive	Executive Director of Finance	Service Director (CFO / FD Supported) <b>See also Table B</b>



DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
<b>46. Statutory compliance with respective Legislation</b>	Chief Executive	Board Secretary	Service Director for implementation
<b>47. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.</b>	Board	Chair of ACC's	Not Delegated
<b>48. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)</b>	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	Not Delegated
<b>* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety &amp; Experience Committee</b>			
<b>49. Human Tissue Act 20014</b>	Chief Executive	Executive Medical Director	Service Director for implementation
<b>50. Ionising Radiation (Medical Exposure) Regulations 2017</b>	Chief Executive	Executive Director of Therapies & Health Sciences / Executive Medical Director	Service Director for implementation
<b>51. Nurse Staffing Levels Act (Wales) 2016</b>	Chief Executive	Executive Director of Nursing & Midwifery	Service Director for implementation
<b>52. Welsh Language Standard Reporting</b>	Chief Executive	Executive Director of Public Health	Service Director for implementation
<b>53. Controlled Drugs Accountable Officer</b>	Chief Executive	Chief Pharmacist	Not Delegated
<b>54. Upholding Professional Standards in Wales (UPSW): Responsible Officer</b>	Executive Medical Director (SRO)	Deputy Medical Director (Deputy Responsible Officer)	Service Director for implementation

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
Appointing a Designated Board Member	Health Board Chair	Remuneration & Terms of Service Committee	Not Delegated

## **Table B – Scheme of Financial Delegation**

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 - Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

The governance section (i.e. Board, Committees, Executive Team, etc.) should be reviewed initially to ascertain the approval route and requirements.

NHS Wales Shared Services Partnership (NWSSP) provide numerous support functions to the Health Board including procurement services as detailed in Section 11 of the Health Board's Standing Financial Instructions (SFIs). NWSSP Procurement Services maintain detailed policies and procedures that comply with the Health Board's SFIs and this Scheme of Reserved Delegation (SoRD).

All Integrated Health Communities (IHCs) and Divisions must have a local Standard Operating Procedure (SOP) linking activities to the delegated limits set out in Table B2 (see below) at a granular level of application within their service area. For example, the Central IHC Ward Manager's £500 general expenditure limit applies to the approval of travel & subsistence, bank staff and staff overtime expenditure.

Within Table B2 there are various job roles which have been consolidated into bandings of delegated limits. If there is uncertainty as to a delegated limit or which banding or level a specific job role relates to or is included within, then refer to the Division's SOP or discuss with the relevant Service Director or CFO.

References within Tables B and B2 of an approval limit "up to" includes the value stated, for example, "Up to £50k" includes expenditure of £50,000. Approval limits where it states "Below" does not include the value stated, for example, "Below £1m" means approval of amounts up to £999,999.

	Budget changes	General expenditure	Healthcare agreements (as per SFI S.12.2) WG Exemptions (see below)				Revenue and Capital (Business Case and Contractual Commitment approvals)				Specialist		Procurement waivers	Staffing			Charitable Funds		
Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors to apply scheme of delegation within their structures.																			
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams (Virements)	Higher of: Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Contracts between NHS Bodies (annual value)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	IPFR / CHC (PPAs and IPAs)	Building and engineering orders; related consultancy support (individual contractual commitment)	Medical devices; plant; machinery; related consultancy support (individual contractual commitment)	IM&T; telecoms systems; software; related consultancy support (individual contractual commitment)	All leases (granting or termination of leases; lifetime value) Includes Revenue Operating and IFRS16 Capital leases	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by ED of W&OD; VERS by RATS Committee)	New drugs (value based on annual costs after approval – see Table A)	All areas	New posts (additional funded establishment)	Agency and Waiting List Initiatives (all areas)		Locally held funds (total funding bid value)	General funds (total funding bid value)
				Framework	Not under any Framework	For IPFRs: See note 3				See note 7	Limits apply Following Executive Team Approval		See note 6	See note 5				See note 4	
Welsh Government (In advance of contract planning).		£1m+			£1m+	IPFR: £1m+	£1m+ For Capital, approval is via IFRS16 and Business Case process – ADL required for above £0.5m but below £1.0m				£1m+	£1m+ Board and WG						£1m+	£1m+
Board	£1m+	£1m+	Initial contract schedule approved via annual budget approval process. New contracts / variations £1m+ to be retrospectively reported with £10m+ approved in advance.	£1m+ for approval. All agreements to be reported periodically for noting	£1m+ for approval (including Primary Care). All agreements to be reported periodically for noting	£1m+ for approval. All agreements to be reported periodically for noting	£1m+	£1m+	£1m +	£1m +	£0.5m+	Terminations £50k+ by WG  See SFI (Section 17) and Table A (Section 16) as special rules apply for certain losses and ex-gratia payments.	£1m+					£1m+	£1m+
Performance, Finance and Information Governance Committee						All Primary Care		Below £1m	Below £1m	Below £1m	£250k+								
Audit Committee												All payments to be reported. Novel/contentious approval in advance		Retrospective reporting					
Executive Team			All for approval.	All for approval.	All for approval.	All for approval.	All for approval.	All for approval.	All for approval.	All for noting. Up to £250k for approval (following advice from CIG)	All for approval		All for noting.						
Charitable Funds Committee																		£5k+	£5k+
Senior Leadership Team													Up to £0.5m (see note 6)						

	Budget changes	General expenditure	Healthcare agreements (as per SFI S.12.2) WG Exemptions (see below)				Revenue and Capital (Business Case and Contractual Commitment approvals)				Specialist		Procurement waivers	Staffing			Charitable Funds		
Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors to apply scheme of delegation within their structures.																			
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams (Virements)	Higher of: Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Contracts between NHS Bodies (annual value)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	IPFR / CHC (PPAs and IPAs)	Building and engineering orders; related consultancy support (individual contractual commitment)	Medical devices; plant; machinery; related consultancy support (individual contractual commitment)	IM&T; telecoms systems; software; related consultancy support (individual contractual commitment)	All leases (granting or termination of leases; lifetime value) Includes Revenue Operating and IFRS16 Capital leases	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by ED of W&OD; VERS by RATS Committee)	New drugs (value based on annual costs after approval – see Table A)	All areas	New posts (additional funded establishment)	Agency and Waiting List Initiatives (all areas)		Locally held funds (total funding bid value)	General funds (total funding bid value)
				Framework	Not under any Framework	For IPFRs: See note 3				See note 7	Limits apply Following Executive Team Approval		See note 6	See note 5				See note 4	
Chief Executive (above these limits only following prior approval by Board)	Above £0.5m, below £1m	Above £0.5m, below £1m	New / contract variation below £10m.	Below £1m	Below £1m	All CHC PPAs.  CHC IPAs: £1m+ (per annum)  IPFR: Below £300k (£300k to £1m: WHSSC IPFR)	Above £0.5m, below £1m	Above £0.5m, below £1m	Above £0.5m, below £1m	Above £0.5m, below £1m	Above £250k, below £0.5m	Above £0.5m, below £1m	Above £0.5m, below £1m	£25k+	Approve new posts across HB			Below £1m	Below £1m
Deputy Chief Executive	Above £0.5m, below £1m	Above £0.5m, below £1m	New / contract variation below £10m.	Below £1m	Below £1m	All CHC PPAs	Above £0.5m, below £1m	Above £0.5m, below £1m	Above £0.5m, below £1m	Above £0.5m, below £1m	Above £250k, below £0.5m	Above £0.5m, below £1m	Above £0.5m, below £1m		Approve new posts across HB			Up to £0.5m	Up to £0.5m
Executive Director of Finance	Above £0.5m, below £1m	Above £0.5m, below £1m	New / contract variation below £10m.	Below £1m	Below £1m	IPAs: Above £0.5m, below £1m (per annum).	Above £0.5m, below £1m	Above £0.5m, below £1m	Above £0.5m, below £1m	Above £250k, below £0.5m	Above £250k, below £0.5m	Above £0.5m, below £1m	Above £0.5m, below £1m	Up to £25k	Approve new posts across HB			Up to £0.5m	Up to £0.5m
An Executive Director and Finance Director (2 to sign)		Up to £0.5m	New / contract variation up to £5m	Up to £0.5m	Up to £0.5m	IPAs: £250k to £0.5m (per annum)					Up to £250k			All Single Waivers (SWs) are created within the Services and approved by the relevant Service Director and Executive Director. Following Procurement review all SW's must be submitted for approval by the Executive Director of Finance (and Chief Executive if above £25k)					
Executive Directors (not listed separately below)	Within own delegated budget	Up to £300k													Approve new posts within own structure.	Approve in advance in own structure.		Up to £5k	
Executive Medical Director	Within own delegated budget	Up to £300k				IPFR (Panel): Up to £125k						Up to £0.5m	Above £0.5m, below £1m		Approve new posts within own structure.	Approve in advance in own structure.		Up to £5k	
Executive Director of Transformation, Strategic Planning and Commissioning	Within own delegated budget	Up to £300k													Approve new posts within own structure.	Approve in advance in own structure.		Up to £5k	
Executive Director of Public Health	Within own delegated budget	Up to £300k													Approve new posts within own structure.	Approve in advance in own structure.		Up to £5k	

	Budget changes	General expenditure	Healthcare agreements (as per SFI S.12.2) WG Exemptions (see below)				Revenue and Capital (Business Case and Contractual Commitment approvals)				Specialist		Procurement waivers	Staffing		Charitable Funds			
Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors to apply scheme of delegation within their structures.																			
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams (Virements)	Higher of: Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Contracts between NHS Bodies (annual value)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	IPFR / CHC (PPAs and IPAs)	Building and engineering orders; related consultancy support (individual contractual commitment)	Medical devices; plant; machinery; related consultancy support (individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	All leases (granting or termination of leases; lifetime value) Includes Revenue Operating and IFRS16 Capital leases	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by ED of W&OD; VERS by RATS Committee)	New drugs (value based on annual costs after approval – see Table A)	All areas	New posts (additional funded establishment)	Agency and Waiting List Initiatives (all areas)		Locally held funds (total funding bid value)	General funds (total funding bid value)
				Framework	Not under any Framework	For IPFRs: See note 3				See note 7	Limits apply Following Executive Team Approval		See note 6	See note 5				See note 4	
Executive Director of Workforce & OD	Within own delegated budget	Up to £300k										Terminations up to £50k (£50k+ for approval by WG)		All Single Waivers (SWs) are created within the Services and approved by the relevant Service Director and Executive Director. Following Procurement review all SW's must be submitted for approval by the Executive Director of Finance (and Chief Executive if above £25k)	Approve new posts across HB	Approve in advance in own structure.		Up to £5k	
Executive Director of Nursing & Midwifery	Within own delegated budget	Up to £300k													Approve new posts within own structure.	Approve in advance in own structure.		Up to £5k	
Executive Director of Therapies & Health Sciences	Within own delegated budget	Up to £300k													Approve new posts within own structure.	Approve in advance in own structure.		Up to £5k	
Executive Director of Operations	Within own delegated budget	Up to £300k													Approve new posts within own structure.	Approve in advance in own structure.		Up to £5k	
Chief Digital and Information Officer	Within own delegated budget	Up to £250k													Approve new posts within own structure.	Approve in advance in own structure			
Director of Partnerships, Engagement & Communications	Within own delegated budget	Up to £250k													Approve new posts within own structure.	Approve in advance in own structure			
Board Secretary	Within own delegated budget	Up to £250k													Approve new posts within own structure.	Approve in advance in own structure.			
Service Directors (See Table B2 for divisional / departmental delegation levels)	Within own delegated budget	Up to £250k	New / contract variation up to £250k			CHC IPA: Up to £250k per annum (following approval at CHC panel)				Up to £250k					Approve new posts within own structure.	Within Delegated Budget		Up to £5k	

The above scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in the Standing Financial Instructions. Each Director is responsible for delegation within their department, in line with Table B2 below.



	Budget changes	General expenditure	Healthcare agreements (as per SFI S.12.2) WG Exemptions (see below)				Revenue and Capital (Business Case and Contractual Commitment approvals)				Specialist		Procurement waivers	Staffing			Charitable Funds		
Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors to apply scheme of delegation within their structures.																			
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams (Virements)	Higher of: Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Contracts between NHS Bodies (annual value)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	IPFR / CHC (PPAs and IPAs)	Building and engineering orders; related consultancy support (individual contractual commitment)	Medical devices; plant; machinery; related consultancy support (individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	All leases (granting or termination of leases; lifetime value) Includes Revenue Operating and IFRS16 Capital leases	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by ED of W&OD; VERS by RATS Committee)	New drugs (value based on annual costs after approval – see Table A)	All areas	New posts (additional funded establishment)	Agency and Waiting List Initiatives (all areas)		Locally held funds (total funding bid value)	General funds (total funding bid value)
				Framework	Not under any Framework	For IPFRs: See note 3				See note 7	Limits apply Following Executive Team Approval		See note 6	See note 5				See note 4	
Table B2 – Scheme of Financial Delegation, Divisional Level Posts																			
Finance Directors	Up to £0.5m	Up to £250k	Up to £250k	Up to £250k	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k		Up to £0.5m (Operational FD only)		Up to £250k (further approval required from EDoF / CEO)	Within delegated budget in own team	Within delegated budget*		Up to £250k	Up to £250k
IHC Director, Director of Operations, MHLD, Divisional Directors and Pan-BCU equivalent (not mentioned separately below)	Within own delegated budget	Up to £250k	New / contract variation up to £250k	Up to £250k	Up to £250k	CHC IPA: Up to £250k per annum (following approval at CHC panel)				Up to £250k				Up to £250k (further approval required from EDoF / CEO)	Within delegated budget in own team	Within delegated budget*		Up to £5k	
IHC Medical Director	Within own delegated budget	Up to £250k	Up to £250k											Up to £250k (further approval required from EDoF / CEO)	Within delegated budget in own team	Within delegated budget*			
Associate Director of Healthcare Contracting		Up to £250k																Up to £5k	
Chief Finance Officer (CFO) / IHC Business Partner <sup>-note1-</sup>																			
Director: Nursing MHLD and Pan-BCU equivalent	Within own delegated budget	Up to £150k	Up to £150k											Up to £150k (further approval required from EDoF / CEO)	Within delegated budget in own team	Within delegated budget*		Up to £5k	
IHC Directors: Nursing / Pharmacy and Medicines Management / Allied Health Professionals / Hospitals	Within own delegated budget	Up to £150k	Up to £150k												Within delegated budget in own team	Within delegated budget*		Up to £5k	
IHC Assistant Directors: Nursing	Within own delegated budget	Up to £150k	Up to £150k												Within delegated budget in own team	Within delegated budget*			

[illegible]

[illegible]

	Budget changes	General expenditure	Healthcare agreements (as per SFI S.12.2) WG Exemptions (see below)				Revenue and Capital (Business Case and Contractual Commitment approvals)				Specialist		Procurement waivers	Staffing			Charitable Funds		
Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors to apply scheme of delegation within their structures.																			
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams (Virements)	Higher of: Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Contracts between NHS Bodies (annual value)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	IPFR / CHC (PPAs and IPAs)	Building and engineering orders; related consultancy support (individual contractual commitment)	Medical devices; plant; machinery; related consultancy support (individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	All leases (granting or termination of leases; lifetime value) Includes Revenue Operating and IFRS16 Capital leases	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by ED of W&OD; VERS by RATS Committee)	New drugs (value based on annual costs after approval – see Table A)	All areas	New posts (additional funded establishment)	Agency and Waiting List Initiatives (all areas)		Locally held funds (total funding bid value)	General funds (total funding bid value)
				Framework	Not under any Framework	For IPFRs: See note 3				See note 7	Limits apply Following Executive Team Approval		See note 6	See note 5				See note 4	
Senior Finance Manager - Healthcare Contracts		Up to £15k (Non-contracted activity payments only)																	
Heads of: Corporate Affairs / Office N&M / Information Governance / Risk Management	Within own delegated budget	Up to £10k																	
IHCs: Head of GPOOH / Heads of Therapies (individual specialities) / Assistant Director of Nursing	Within own delegated budget	Up to £10k																	
IHC Children's Services (excl. CAMHS Programme Manager)	Within own delegated budget	Up to £10k																	
Surgery Managers	Within own delegated budget	Up to £7k																	
Day Unit / Ward Sister (Cancer Services only)	Within own delegated budget	Up to £5k	Up to £30k											Up to £30k	Within delegated budget in own team	Within delegated budget*			
Service User Managers / Admin Managers / Operations Managers (GPOOH) / Planning & Commissioning Managers / Cath Lab Manager / Lead Managers / Clinical Services Manager / Home Dialysis Team Leader / EMRTS Programme Manager / Team Leader – Theatres	Within own delegated budget	Up to £5k	Up to £5k												Within delegated budget in own team	Within delegated budget*			
Head of Financial Control / Business Systems		Up to £5k (note 2)					HoFC Only Up to £75k (note 2)					Up to £5k							







	Budget changes	General expenditure	Healthcare agreements (as per SFI S.12.2) WG Exemptions (see below)				Revenue and Capital (Business Case and Contractual Commitment approvals)				Specialist		Procurement waivers	Staffing		Charitable Funds			
<p>Any expenditure approval must be within funding limits of approved budgets.</p> <p>Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals.</p> <p>Executive Directors and Directors to apply scheme of delegation within their structures.</p>																			
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams (Virements)	Higher of: Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Contracts between NHS Bodies (annual value)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	Private / 3 <sup>rd</sup> Sector / Grants / Primary Care / Local Authorities (total contract value over life of contract)	IPFR / CHC (PPAs and IPAs)	Building and engineering orders; related consultancy support (individual contractual commitment)	Medical devices; plant; machinery; related consultancy support (individual contractual commitment)	IM&T; telecoms systems; software; related consultancy support (individual contractual commitment)	All leases (granting or termination of leases; lifetime value) Includes Revenue Operating and IFRS16 Capital leases	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by ED of W&OD; VERS by RATS Committee)	New drugs (value based on annual costs after approval – see Table A)	All areas	New posts (additional funded establishment)	Agency and Waiting List Initiatives (all areas)		Locally held funds (total funding bid value)	General funds (total funding bid value)
				Framework	Not under any Framework	For IPFRs: See note 3				See note 7	Limits apply Following Executive Team Approval		See note 6	See note 5				See note 4	
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.																			

### Notes:

1. The CFO is a key role within the Financial Governance arrangements, however their role is to “review” and “ratify” Oracle Requisitions, Contracts, Establishment Control Requests, and other such financial instruments within the limits of their particular IHC / Division, not to “approve” them. Approval sits with the delegated Budget Manager. As such the CFOs financial limit within Oracle will technically be set at £0 to reflect this context. There may be specific items or instances where the CFO does need to “approve” and these will be listed separately.
2. General Expenditure category restrictions apply (see local Standard Operational Procedures (SOP) that link to the SoRD)
3. Where the approval relates to an Individual Patient Funding Request (IPFR) these are reviewed by a Panel made up of senior medical and clinical staff. The approval process is as per the All Wales Policy stated below:
  - a. Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000
  - b. Chief Executive up to £299,999
  - c. WHSSC IPFR Panel £300,000 to £1,000,000

All details will be reported at Senior Leadership Team meetings for noting.

4. The Health Board is the Corporate Trustee of the charity and it is considered for accounting standards compliance to have control of the Charity as a subsidiary. The Health Board has with the agreement of the Welsh Government, adopted the IAS 27 (10) exemption to consolidate the results of the Charity within the statutory accounts of the Health Board and instead these results will be consolidated at Welsh Government level. Charitable funds are used exclusively for charitable purposes and must satisfy both the objects of the registered charity and any restrictions of the specific income source or fund. All items of expenditure will need to be approved using the appropriate authorisation level and relevant processes and controls are in place

for reviewing the expenditure and justification for spend to ensure all spend is eligible prior to it being incurred. The procedures for requisitioning and approving any expenditure for items or services using charitable funds is identical to that for the Health Board, therefore all procurement policies apply equally.

5. Final approval of procurement waivers is with the Executive Director of Finance (up to £25k) and Chief Executive (above £25k). In addition to the initial 'local' approval, the Executive Director with that area of responsibility must also approve prior to submission to NWSSP procurement.
6. For new drugs and the commitment to expenditure after year one of the treatment fund arrangements, the approval process is as follows:
  - a. NICE Implementation Group, onwards to
  - b. Drugs and Therapeutics Group, onwards to
  - c. Senior Leadership Team (SLT) for approval up to £0.5m
  - d. Board approval for £1m plus
7. All property leases are to be signed under Seal by the Chair and Chief Executive. All those £1m and above are to be approved by Board. Property leases below £1m follow the approval process set out in Table B and a periodic notification of those leases signed under Seal will be presented to the Board.

### **Healthcare Agreements – Welsh Government Exemptions:**

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;
- All eligible LHB contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- I. All NHS contracts; that is where one health services body contracts with another health service body.
- II. Wales Public Sector Framework Agreements e.g. Frameworks established by National Procurement Services (NPS) or NWSSP (not exhaustive) via direct award or mini competition
- III. Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS supply chain (not exhaustive) via direct award. However approval will be required for award of contracts through mini competition or where the specification is modified from that stated within the Framework Agreement

<b>Teitl adroddiad:</b>  <b>Report title:</b>	<b>Review of Health Board Standing Financial Instructions</b>
<b>Adrodd i:</b>  <b>Report to:</b>	<b>Health Board</b>
<b>Dyddiad y Cyfarfod:</b>  <b>Date of Meeting:</b>	Thursday, 30 November 2023
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<p>Welsh Government have amended and updated the Model Standing Orders for NHS bodies in Wales as per the report presented to Board on 28 September 2023. As part of the Standing Orders, Schedule 2.1 relates to the Standing Financial Instructions for the regulation of the financial proceedings and business of the Health Board in its day to day operations.</p> <p>The Health Board is being asked to incorporate and adopt the latest version of the Standing Financial Instructions as appropriate as Schedule 2.1 of the Standing Orders.</p> <p>All Health Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content.</p> <p>The Standing Orders for the Health Board also contain the Standing Orders for the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) as Schedules 4.1 and 4.2 respectively. The Model Standing Orders for WHSSC and EASC have also been amended and updated and are to be incorporated and adopted as relevant schedules within the Standing Orders of the Health Board.</p>
<b>Argymhellion:</b>  <b>Recommendations:</b>	<p>The Health Board is asked to</p> <ul style="list-style-type: none"> <li>• <b>take assurance</b> from the report and the recommendation from Audit Committee to <b>approve</b> the incorporation and adoption of the Standing Financial Instructions as Schedule 2.1 of the Standing Orders.</li> <li>• <b>approve</b> the incorporation and adoption of the Standing Orders for WHSSC and EASC as Schedules 4.1 and 4.2 of the Health Board's own Standing Orders.</li> </ul>
<b>Arweinydd Gweithredol:</b>  <b>Executive Lead:</b>	Russell Caldicott, Interim Executive Director of Finance

<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Andrea Hughes, Interim Finance Director – Operational Finance and Neil Williams, Senior Finance Manager			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	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"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <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>	<b>Rhannol Partial</b> <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>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>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:</b></p> <p><b><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></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	There are no associated strategy implications			
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	The Standing Financial Instructions are a key component of financial and operational governance within the Standing Orders of the Health Board and the review is in order to comply with Standing Orders 1.4 and 2.0			
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></b>	None identified as necessary			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>	BAF 2.3 and 2.7 As per the requirement for the achievement of meeting Statutory Financial Duties in accordance with the adoption of Standing Orders for the Health Board			

<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	Appropriate levels of control and delegation will be implemented over budget management and expenditure
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	Relevant staff are obliged to be aware of these Standing Financial Instructions and to adhere to them in undertaking financial proceedings for the Health Board
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF 2.3 and 2.7 As per the requirement for the achievement of meeting Statutory Financial Duties in accordance with the adoption of Standing Orders for the Health Board
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations</b>  If approved, the revised Standing Financial Instructions will be published and implemented as the new model across the Health Board and financial systems and processes will be updated as required.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>  Appendix 1: Standing Financial Instruction (SFIs) for BCUHB Appendix 2: Table of amendments in SFIs from previous adopted version	

**Health Board 30 November 2023**

## **2023 Review of Standing Financial Instructions for BCUHB**

### **1. Introduction and Background**

All NHS organisations in Wales must agree Standing Orders (SOs) that inform its “ways of working”. The Standing Orders should be based upon the Model determined by the Welsh Government Ministers. The whole suite of Standing Orders include:

- Model Standing Orders
- a set of Standing Financial Instructions (SFIs)
- a Scheme of Decisions reserved to the Board;
- a Scheme of Delegations to officers and others; and
- a range of other framework documents set out the arrangements within which the Board, its Committees, Advisory Groups and staff make decisions and carry out their activities.

Model documents were last issued by Welsh Government for all Welsh NHS organisations on 27 July 2023. A circular from the Minister for Health and Social Services, to all Health Boards, clearly instructs that “Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (which form part of the Standing Orders) as appropriate”. The Health Board can therefore strengthen these instructions further if appropriate.

The Model Standing Orders were presented to Board for adoption on 28 September 2023. The additional documents listed above, which form part of the updated suite of Model documents issued by Welsh Ministers, have been under extensive review.

Each Local Health Board in Wales, as members of the Committees, must also agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee (WHSSC), and the Emergency Ambulance Services Committee (EASC), proceedings and business. The SOs were based on the Model SOs issued by Welsh Ministers incorporating relevant changes and updates as per the Model SOs for the Health Board which were approved by Board in September.

### **2. Considerations for the Board**

There is a requirement to keep the Health Board’s Standing Financial Instructions (SFIs) updated and documents under review to ensure they remain accurate and current. An in depth review has taken place of the proposed SFIs which involved consultation with Executive Directors, Local Counter Fraud Service, Internal Audit and Chief Finance Officers (and linking into their directorates).

The Audit Committee received a report on this matter at its meeting on 16 November 2023. It has a role to make sure that there are effective arrangements in place in relation to adopting the SFIs. The Audit Committee took assurance from the report provided and recommend the incorporation and adoption of the documents as Schedule 2.1 within the Standing Orders.



The Audit Committee also reviewed the Model Standing Orders of WHSSC and EASC and recommend adoption as Schedules 4.1 and 4.2 respectively within the Health Board's own Standing Orders.

The Appendices highlight the key changes to the SFIs received from Welsh Government

Appendix 1 (Standing Financial Instructions for Betsi Cadwaladr University Health Board) contains the Draft SFIs issued by Welsh Ministers and to be adopted by the Health Board. These reflect the changes from Welsh Ministers and some further amendments to reflect BCUHB procedures as per below in section 3.

Appendix 2 (Table of amendments for SFIs) details the changes in the latest version of the Draft SFIs from the previous version adopted by the Board in 2021.

### **3. Key changes in the review of the Standing Financial Instructions**

The Table of Amendments for SFIs (see appendix 2) lists the changes made to the proposed version of the SFIs from the version previously adopted by the Health Board in 2021. The majority of the amendments are based on changes to the Model SFIs for Local Health Boards issued by Welsh Ministers. These predominantly relate to updates to external website links within the document where links have changed or have been removed, also a number of additional changes have been included to strengthen procurement procedures.

There are two additional changes made by the Health Board to the proposed SFIs from those issued by Welsh Ministers following a review by Internal Audit. These relate to section 11.13, Single Quotation Application (SQA) or Single Tender Application (STA). Additions have been made to clarify the process for the application and approval of Single Waivers and reference the inclusion of the Executive Director of the service area in the application process (11.13.2) and clarification that insufficient time is not an acceptable reason for why an SQA / STA may be made (11.13.4).

### **4. Recommendations**

The Board is asked to take assurance from the report and the recommendation from Audit Committee and support the Adoption and Incorporation of the following as part of the Standing Orders of the Health Board

- Standing Financial Instructions for Betsi Cadwaladr University Health Board (Schedule 2.1)
- Standing Orders for the Welsh Health Specialised Services Committee (WHSSC) (Schedule 4.1)
- Standing Orders for the Emergency Ambulance Services Committee (EASC) (Schedule 4.2)

# Appendix 1

## Schedule 2.1

### **STANDING FINANCIAL INSTRUCTIONS FOR BETSI CADWALADR UNIVERSITY HEALTH BOARD**

**This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).**

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Model Standing Orders, Reservation and Delegation of Powers for LHBs  
Schedule 2.1: Standing Financial Instructions

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# Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a Scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of the LHB.

These documents form the basis upon which the LHB's governance and accountability framework is developed and, together with the adoption of the LHB's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Board Secretary will be able to provide further advice and guidance on the wider governance arrangements within the LHB. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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### Schedule 2.1: Standing Financial Instructions

# Betsi Cadwaladr University Health Board

## 1. INTRODUCTION

### 1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by Betsi Cadwaladr University Health Board (the LHB). They are designed to ensure that the LHB's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by the LHB.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the LHB and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Director of Finance and Audit Committee.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Board Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the LHB's SOs.

### 1.2 Overriding Standing Financial Instructions

- 1.2.1 Full details of any non-compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members

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#### Schedule 2.1: Standing Financial Instructions

and LHB officers have a duty to report any non-compliance to the Director of Finance and Board Secretary as soon as they are aware of any circumstances that has not previously been reported.

- 1.2.2 **Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

### **1.3 Financial provisions and obligations of LHBs**

- 1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure the LHB meets its statutory obligation to perform its functions within the available financial resources.

## **2. RESPONSIBILITIES AND DELEGATION**

### **2.1 The Board**

2.1.1 The Board exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);
- b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding
- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Board members and LHB officers, and LHB committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Health Board may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated to committees, sub-committees, joint committees or joint sub-committees that the LHB has established or to an officer of the LHB in accordance with the 'Scheme of delegation' document adopted by the LHB.

### **2.2 The Chief Executive and Director of Finance**

2.2.1 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the LHB's activities; is responsible to the Chair and the Board for ensuring that financial

provisions, obligations and targets are met; and has overall responsibility for the LHB's system of internal control.

- 2.2.3 It is a duty of the Chief Executive to ensure that Board members and LHB officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

## **2.3 The Director of Finance**

- 2.3.1 The Director of Finance is responsible for:

- a) Implementing the LHB's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the LHB's transactions, in order to disclose, with reasonable accuracy, the financial position of the LHB at any time; and
- d) Without prejudice to any other functions of the LHB, and Board members and LHB officers, the duties of the Director of Finance include:
  - (i) the provision of financial advice to other Board members and LHB officers, and LHB Committees and Advisory Groups,
  - (ii) the design, implementation and supervision of systems of internal financial control, and
  - (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the LHB may require for the purpose of carrying out its statutory duties.

- 2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to effect these SFIs.

## **2.4 Board members and LHB officers, and LHB Committees and Advisory Groups**

- 2.4.1 All Board members and LHB officers, and LHB Committees and Advisory Groups, severally and collectively, are responsible for:

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### Schedule 2.1: Standing Financial Instructions

- a) The security of the property of the LHB;
- b) Avoiding loss;
- c) Exercising economy, efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and LHB officers, and LHB Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance.

## **2.5 Contractors and their employees**

2.5.1 Any contractor or employee of a contractor who is empowered by the LHB to commit the LHB to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.



### **3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT**

#### **3.1 Audit Committee**

- 3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

[nwssp.nhs.wales/a-wp/governance-e-manual/governance-e-manualdocuments/useful-documents/nhs-wales-audit-committee-handbookjune-2012/](https://nwssp.nhs.wales/a-wp/governance-e-manual/governance-e-manualdocuments/useful-documents/nhs-wales-audit-committee-handbookjune-2012/)

#### **3.2 Chief Executive**

- 3.2.1 The Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641252/PSAIS\\_1\\_April\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf)

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
  - a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards.

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#### **Schedule 2.1: Standing Financial Instructions**

- major internal financial control weaknesses discovered,
- progress on the implementation of Internal Audit recommendations,
- progress against plan over the previous year,
- a strategic audit plan covering the coming three years, and
- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the LHB;
- c) Access at all reasonable times to Board members and LHB officers;
- d) The production of any cash, stores or other property of the LHB under a Board member or a LHB official's control; and
- e) Explanations concerning any matter under investigation.

### **3.3 Internal Audit**

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 10.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

### 3.4 External Audit

- 3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of the LHB. The Auditor General may nominate his representative to represent him within the LHB and to undertake the required audit work. The cost of the audit is paid for by the LHB. The LHB's Audit Committee must ensure that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.
- 3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:
- a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;
  - b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report <sup>1</sup>;
  - c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The annual plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the annual plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The annual audit plan should be kept under review to identify any amendment needed to reflect changing priorities and emerging audit needs. The Audit Committee should consider material changes to the annual audit plan.
- 3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion

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<sup>1</sup> Note: The Healthcare Inspectorate Wales will review and report on the Annual Quality Statement.

on the annual report and accounts, is central to the core work of the Audit Committee.

- 3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.
- 3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.
- 3.4.7 The Government of Wales Act 2006 (GOWA) provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs that relate to the exercise of many of his core functions, including his statutory audit of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the Trust that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to the LHB and its officers and staff, but also to, among others, suppliers to the LHB.
- 3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, the LHB (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While the LHB may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.

- 3.4.9 The Auditor General will issue a number of reports over the year, some

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of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within the LHB and other public sector bodies. At LHBs he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

### **3.5 Fraud and Corruption**

3.5.1 In line with their responsibilities, the LHB Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The LHB shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005 (as amended).

<https://nwssp.nhs.wales/a-wp/governance-e-manual/knowning-who-does-what-why/supporting-good-governance/nhs-counter-fraud-service-wales/>

3.5.3 The LCFS shall report to the LHB Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS

Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.

- 3.5.4 The LCFS will provide a written report to the Director of Finance and Audit Committee, at least annually, on proactive and reactive counter fraud work within the LHB.
- 3.5.5 The LHB must participate in the annual National Fraud Initiative (NFI) led by Audit Wales and must provide the necessary data for the mandatory element of the NFI by the due dates. The LHB should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

### **3.6 Security Management**

- 3.6.1 In line with their responsibilities, the LHB Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.
- 3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.



## **4. FINANCIAL DUTIES**

### **4.1 Legislation and Directions**

4.1.1 The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.” They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.1.2 The details and requirements for the two duties are set out in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.”

Full details of the WHC can be obtained by contacting the HSSG Director of Finance at [hywel.jones38@gov.wales](mailto:hywel.jones38@gov.wales)

### **4.2 First Financial Duty – The Breakeven Duty**

4.2.1 The Health Board has a statutory duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven over a 3-year rolling period.

4.2.2 Welsh Government will determine revenue and capital allocations prior to the start of each financial year and notify Health Boards.

4.2.3 Health Boards must ensure their boards approve balanced revenue and capital plans in line with their notified allocations before the start of each financial year.

4.2.4 The Director of Finance of the LHB will:

- a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year allocations and other adjustments and their proposed

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#### **Schedule 2.1: Standing Financial Instructions**

distribution to delegated budgets, including any sums to be held in reserve;

- b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
- c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and
- d) Regularly update the Board on significant changes to the initial allocations and the application of such funds.

4.2.5 The Chief Executive has overall executive responsibility for the LHB's activities and is responsible to the Board for ensuring that it meets its First Financial Duty.

### **4.3. Second Financial Duty – The Planning Duty**

4.3.1 The Health Board has a statutory duty to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 The Integrated Medium Term Plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

4.3.3 The NHS Planning Framework directs Local Health Boards to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must

- describe the context, including population health needs, within which the Health Board will deliver key policy directives from Welsh Government.
- demonstrate how the Health Board are
  - delivering their well-being objectives, including how the five ways of working have been applied
  - contributing to the seven Well-being Goals,
  - establishing preventative approaches across all care and services

- demonstrate how the Health Board will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services.
  - demonstrate how the three-year rolling financial breakeven duty is to be achieved.
- 4.3.4 An Integrated Medium Term Plan should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan (including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.
- 4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the LHB's response to delivering the
- NHS Planning Framework,
  - Quality, governance and risk frameworks and plans and
  - Outcomes Framework
- 4.3.6 The Integrated Medium Term Plan will be developed in line with the NHS Planning Framework and include:
- A statement of significant strategies and assumptions on which the plans are based;
  - Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
  - Profiled activity, service, quality, workforce and financial schedules.
  - Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;
- 4.3.7 The Chief Executive has overall executive responsibility to develop and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan (IMTP).
- 4.3.8 The Board will:
- a) Approve the Integrated Medium Term Plan prior to the beginning of

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the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government prior to the beginning of the financial year of implementation.

- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements; and
- c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the LHB plan is not in place or in balance.

4.3.9 The Board approved Integrated Medium Term Plan will be submitted to Welsh Government, for approval by the Minister, in line with the requirements set out in the NHS Planning Framework.

4.3.10 The finalised approved Integrated Medium Term Plan will form the basis of the Performance Agreement between the LHB and Welsh Government.

## **5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL**

### **5.1. Budget Setting**

5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

- a) Be in accordance with the aims and objectives set out in the Board approved Integrated Medium Term Plan, and Medium Term Financial Plan, and focused on delivery of improved population health, safe patient centred quality services;
- b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Board approved balanced IMTP;
- c) Take account of approved business cases and associated revenue costs and funding;
- d) Be produced following discussion with appropriate Directors and budget holders;
- e) Be prepared within the limits of available funds;
- f) Take account of ring-fenced, specified and non-recurring allocations and funding;
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)
- h) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;
- i) Identify available reserves;
- j) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- k) Identify potential risks and opportunities.

### **5.2. Budgetary Delegation**

5.2.1 The Chief Executive may delegate, via the Director of Finance, the

management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

- 5.2.2 The Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.
- 5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.
- 5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

### **5.3. Financial Management, Reporting and Budgetary Control**

- 5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position, and

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financial risks, on a monthly basis and at every Board meeting. Any significant variances should be reported to LHB Board as soon as they come to light and the Board shall be advised on any recommendations and action to be taken in respect of such variances.

5.3.2 The Director of Finance will devise and maintain systems of financial management, performance reporting and budgetary control. These will include:

- a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:
  - Understand the current and forecast financial position
  - Evaluate risks and opportunities
  - Use insight to make informed decisions
  - Be consistent with other Board reports, and as a minimum the reports will cover:
    - Current and forecast year end position on statutory financial duties
    - Actual income and expenditure to date compared to budget and showing trends and run rates
    - Forecast year end positions
    - A statement of assets and liabilities, including analysis of cash flow and movements in working capital.
    - Explanations of material variances from plan
    - Capital expenditure and projected outturn against plan
    - Investigations and reporting of variances from financial, activity and workforce budgets.
    - Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
    - Statement of performance against savings targets
    - Key workforce and other cost drivers
    - Income and expenditure run rates, historic trends, extrapolation and explanations
    - Clear assessment of risks and opportunities
  - Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances

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- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive subject to the Board's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

5.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Medium Term Financial Plans and SFI 9.1.

#### **5.4. Capital Financial Management, Reporting and Budgetary Control**

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

#### **5.5 Reporting to Welsh Government - Monitoring Returns**

5.5.1 The Chief Executive is responsible for ensuring that the appropriate

monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.

- 5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.
- 5.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

## **6. ANNUAL ACCOUNTS AND REPORTS**

- 6.1 The Board must approve the LHB's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.
- 6.2 The Chair and Chief Executive have responsibility for signing the accounts on behalf of the LHB. The Chief Executive has responsibility for signing the Performance Report, Accountability Report, Statement of Financial Position and the Governance Statement.
- 6.3 The Director of Finance, on behalf of the LHB, is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.
- 6.4 The LHB's annual accounts must be audited by the Auditor General for Wales. The LHB's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.
- 6.5 The LHB will publish an annual report, in accordance with guidelines on local accountability, and present it at its Annual General Meeting. The Board Secretary will ensure that the Annual Report is prepared in line with the Welsh Government's Manual for Accounts. The Annual Report will include
- The Accountability Report containing:
    - o Corporate Governance Report
    - o Remuneration Report and Staff Report
    - o Accountability and Audit Report
  - The Performance Report, which must include:
    - o An overview
    - o A performance Analysis

## **7. BANKING ARRANGEMENTS**

### **7.1 General**

7.1.1 The Director of Finance is responsible for managing the LHB's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/Directions issued from time to time by the Welsh Ministers. LHBs are required to use the Government Banking Service (GBS) for its banking services.

7.1.2 The Board shall approve the banking arrangements.

### **7.2 Bank Accounts**

7.2.1 The Director of Finance is responsible for:

- a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Health Board business transactions;
- b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;
- c) Establishing separate bank accounts for the LHB's non-exchequer funds;
- d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- e) Ensuring accounts are not overdrawn except in exceptional and planned situations.
- f) Reporting to the Board all arrangements made with the LHB's bankers for accounts to be overdrawn;
- g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

7.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of the LHB. No officer other than the Director of Finance shall open any account in the name of the LHB or for the purposes of furthering LHB activities.

7.2.3 Any Project Bank Account that is required may be held jointly in the name of the LHB and the relevant third party contractor.

### **7.3 Banking Procedures**

7.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

- a) The conditions under which each bank account is to be operated;
- b) Those authorised to sign cheques or other orders drawn on the LHB's accounts.
- c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.
- d) Authorised signatories are identified with sufficient seniority, and in the case of e-banking approvers, together with an appropriate payment approval hierarchy.
- e) Procedures are in place for prompt banking of money received.
- f) Ensure there are physical security arrangements in place for cheque stationery, e-banking access devices and payment cards.
- g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.
- h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.
- i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

7.3.2 The Director of Finance must advise the LHB's bankers in writing of the conditions under which each account will be operated.

7.3.3 The Director of Finance shall approve security procedures for any payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled

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#### **Schedule 2.1: Standing Financial Instructions**



stationery, in the charge of a duly designated officer controlling their issue.

#### **7.4 Review**

- 7.4.1 The Director of Finance will review banking arrangements of the LHB at regular intervals to ensure they reflect best practice, that they are efficient and effective and represent best value for money. The results of the review should be reported to the Audit Committee.

## **8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS**

### **8.1 General**

8.1.1 The Director of Finance is responsible for:

- a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b) Ordering and securely controlling any such stationery, ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;
- c) The provision of adequate physical facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- d) Establishing systems and procedures for handling cash and negotiable securities on behalf of the LHB.
- e) Ensuring effective control systems are in place for the use of payment cards,
- f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

8.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

8.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

8.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the LHB is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the LHB from responsibility for any loss.

8.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be

undertaken by two officers together, except as may be authorised in writing by the Director of Finance and the coin box keys shall be held by a nominated officer.

- 8.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

## **8.2 Petty Cash**

- 8.2.1 The Director of Finance will issue instructions restricting the use and value of petty cash purchases.
- 8.2.3 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.
- 8.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

## **9. INCOME, FEES AND CHARGES**

### **9.1 Income Generation and Participation in/Formation of Companies**

- 9.1.1 The LHB shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).
- 9.1.2 The LHB can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. The LHB should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

### **9.2 Income Systems**

- 9.2.1 The Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
- 9.2.2 The Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

### **9.3 Fees and Charges**

- 9.3.1 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.
- 9.3.2 All officers must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

### **9.4 Income Due and Debt Recovery**

- 9.4.1 Delegated budget holders and managers are responsible for informing the Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such as private patients or other transactions.

- 9.4.2 Delegated budget holders and managers must inform the Director of Finance when overpayment of salary or expenses have been made, in order that recovery can be made.
- 9.4.3 The Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.
- 9.4.4 Income not received should be dealt with in accordance with losses procedures.
- 9.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.
- 9.4.6 The Chief Executive and the Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

## **10. NON-PAY EXPENDITURE**

### **10.1 Scheme of Delegation, Non-Pay Expenditure Limits and Accountability**

10.1.1 The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

10.1.2 The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the LHB's scheme of delegation.

10.1.3 The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- The maximum level of each requisition and the system for authorisation above that level.

### **10.2 The Director of Finance's responsibilities**

10.2.1 The Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds would be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of



creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs;
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures

### **10.3 Duties of Budget Holders and Managers**

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Chief Executive and Director of Finance, and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order,
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,
- f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or LHB officers, other than:
  - (i) Isolated gifts of a trivial character or inexpensive seasonal

gifts, such as calendars,

- (ii) Conventional hospitality, such as lunches in the course of working visits;

**This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7.**

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- h) All goods, services, or works are ordered on official orders
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit the LHB to a future uncompetitive purchase;

10.3.2 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the LHB's scheme of delegation.

#### **10.4 Departures from SFI's**

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. Health Boards must consult with NWSSP Procurement Services, Director of Finance and Board Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Health Board Scheme of Delegation.

#### **10.5 Accounts Payable**

10.5.1 NWSSP Finance, shall on behalf of the LHB, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

#### **10.6 Prepayments**

10.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of [Managing Welsh Public Money](#)
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the LHB if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations 2015 where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

## **11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES**

### **General Information**

#### **11.1 Procurement Services**

11.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NWSSP Procurement Services.

11.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Health Board. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

#### **11.2 Policies and Procedures**

11.2.1 NWSSP Procurement Services shall, on behalf of the LHB, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and the Revised General Consent to enter Individual Contracts included as **Schedule 1** of these SFIs.

11.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures

- Are kept up to date;
- Conform to statutory requirements and regulations;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

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### **Schedule 2.1: Standing Financial Instructions**

### **11.3 Procurement Principles**

11.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the LHB to perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary;
- Legality: public bodies must conform to European Community and other legal requirements;
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

### **11.4 Legislation Governing Public Procurement**

11.4.1 There are a range of EU Directives which set out the EU legal framework for public procurement. These EU Directives have been implemented into UK law by statutory regulations which govern public sector procurement, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102.' From 1 January 2021, all aspects of EU law in respect of the EU Directives relating to public procurement, except where expressly stated otherwise by domestic legislation, will continue to govern public sector procurement, although further amendments or developments of EU related procurement law following this will not be incorporated into domestic

law. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB's SFIs.

11.4.2 The main Regulations (the Public Contracts Regulations (2015 No. 102)) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

11.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the LHB and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS)

## **11.5 Procurement Procedures**

11.5.1 To ensure that the LHB is fully compliant with UK Procurement Regulations, EU Procurement Directives and Welsh Ministers' guidance and policy, the LHB shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

- a) Requirements and exceptions to formal competitive tendering requirements;
- b) Tendering processes including post tender discussions;
- c) Requirements and exceptions to obtaining quotations;

- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

11.5.2 All procurement procedures shall reflect the Welsh Ministers' guidance and the LHB's delegation arrangements and approval processes.

## **11.6 Procurement Consent**

11.6.1 Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on LHBs to obtain the consent of the Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust, either for the general or any specific purposes of the LHB or for any purposes relating to the health service).

The provision allows the Welsh Ministers to give consent, which may be given in general terms covering one or more descriptions of case.

11.6.2 General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case with the exception of those contracts specified in SFI 11.6.4. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being let.

11.6.3 **Schedule 1** details the requirement and process for LHBs to obtain consent to enter into contracts exceeding £1m and monitoring arrangements for contracts below £1m.

11.6.4 The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:

- i) Contracts of employment between LHBs and their staff;
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of the LHBs;



- iii) Out of Hours contracts;
- iv) All NHS contracts, that is where one health service body contracts with another health service body; and
- v) Contracts entered into by Health Education and Improvement Wales (HEIW) for services which are the consequences of annual commissioning approved by the Minister e.g. annual education and training commissioning also do not require further Ministerial notification or consent.

To ensure consistency with guidance issued by NWSSP Procurement Services, further exceptions highlighted below should also be applied:

- vi) Contracts over £500k - £1 million (for noting) and £1 million+ (for approval);
  - (i) Wales Public Sector Framework Agreements e.g. Frameworks established by national Procurement Services (NPS) or NWSSP (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award or mini competition.
  - (ii) Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under the Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

11.6.5 The Revised General Consent does not remove the requirement for LHBs to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

## ***Planning***

### **11.7 Sustainable Procurement**

11.7.1 To further nurture the Welsh economy, in support of social, environmental and economic regeneration, Health Boards must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being and Future Generations Act (Wales) 2015 (WBFGA 2015) should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

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#### Schedule 2.1: Standing Financial Instructions

11.7.2 The WBFGA 2015 requires that bodies listed under the act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

11.7.3 The 7 Wellbeing goals are

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

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales

11.7.4 Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

11.7.5 The LHB is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

11.7.6 The LHB shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. The LHB shall benchmark its performance against the WBFGA 2015. For all contracts over £25,000, the LHB shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

#### **11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)**

11.8.1 In accordance with Welsh Government commitments policy set out in the current WPPS and subsequent versions of this statement the LHB shall ensure that it provides opportunities for these organisations to quote or tender for its business.

#### **11.9 Planning Procurements**

11.9.1 Health Boards must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

11.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost
- the likely 'route to market' which will consider the legislative and policy framework set out above.
- The availability of funding to be able to award a contract following a successful procurement process.
- That the procurement follows current legislative and policy frameworks including Value Based Procurement

11.9.3 The procurement specification should factor in the 4 principles of prudent healthcare:

- Equal partners through co-production;
- Care for those with the greatest health need first;
- Do only what is needed; and
- Reduce inappropriate variation.

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

11.9.4 Where free of charge services are made available to the Health Board, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Health Board does not unintentionally commit itself to a single provider or longer term commitment. Regular reports on free of charge services provided to the Health Board should be submitted by Board Secretary to Audit Committee.

11.9.5 Health Boards are required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

### **Joint or Collaborative Initiatives**

11.9.6 Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

### **11.10 Procurement Process**

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Health Board's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

11.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. Health Boards must ensure the value of their requirement considers cumulative spend across the Health Board for like requirements and opportunity for collaboration with other Health Boards and Trusts:

11.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

### **Competition Requirements**

#### **11.11 Procurement Thresholds**

11.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in EU Procurement Directives and UK Procurement Regulations.

<b>Goods/Services/Works Whole Life Cost Contract value (excl. VAT)</b>	<b>Minimum competition<sup>1</sup></b>	<b>Form of Contract</b>
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route.	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required <sup>2</sup>	Formal contract and Purchase Order

<sup>1</sup> subject to the existence of suitable suppliers

<sup>2</sup> in accordance with the requirements set out in SFI 11.6.3.

- 11.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.
- 11.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].
- 11.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

## **11.12 Designing Competitions**

- 11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:
- Required timescales are achievable
  - Specifications are drafted which:
    - are fit for inclusion in competition documents;
    - are drafted in a manner encouraging innovation by the market;
    - are capable of being responded to and do not narrow competition;
    - deliver in line with legislative and policy frameworks.
    - include robust performance measures to effectively measure and manage supplier performance; and
    - consider the ability of the market to deliver.
- 11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities.
- 11.12.3 Criteria for selecting suppliers and achieving an award recommendation must:
- be appropriately weighted in consideration of quality/price;
  - consider cost of change where relevant;
  - be transparent and proportionate;
  - deliver value for money outcomes;
  - fully explore complexity/risk; and
  - consider whole life cost.

## 11.13 Single Quotation Application or Single Tender Application

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition/National strategy.

11.13.2 The appropriate Executive Director must approve all single waivers for their service area prior to submission to Procurement Services. Procurement Services must be consulted and comments provided on whether the application is supported or not from a procurement perspective (see 11.13.3) prior to the application being submitted for final approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided;
- A value for money test has been undertaken;
- No bias towards a particular supplier;
- Future competitive processes are not adversely affected;
- No distortion of the market is intended;
- An acceptable level of assurance is available before presentation for approval in line with the Health Board Scheme of Delegation; and



- An “or equivalent” test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the Health Board has already entered into an arrangement directly. **A lack of sufficient time to complete the procurement process is not an acceptable reason for the requesting of an SQA/STA.**

11.13.5 As SQA or STA are only used in exceptional circumstances the Health Board, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent recurrence by the Health Board.

11.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- Instruct a representative of the Health Board to attend Audit Committee;
- Escalate to the Board;
- Request an internal Audit Review;
- Request further training or
- Take internal disciplinary action.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

## **11.14 Disposals**

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Health Board making use of any agreements covering the disposal of such items.

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### **Schedule 2.1: Standing Financial Instructions**

11.14.3 The Health Board must obtain the best possible market price.

### **Approval & Award**

#### **11.15 Evaluation, Approval and Award**

- 11.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of the Health Board. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.
- 11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

### **Implementation & Contract Management**

#### **11.16 Contract Management**

- 11.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder, shall oversee and manage each contract on behalf of the LHB so as to ensure that these implicit obligations are met. This contract management will include:
- Retaining accurate records
  - Monitoring contract performance measures
  - Engaging suppliers to ensure performance delivery
  - Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
  - Permitting stage payments as part of a formally agreed

Implementation / delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services.

11.16.3 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

### **11.17 Extending and Varying Contracts**

11.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

11.17.2 If there is no such provision, the Public Contracts Regulations 2015 define such limitations.

11.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

11.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.5 If there was no provision to extend, further approvals are required from the Health Board budget holder and the local Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.6 This ensures an appropriate identification and assessment of potential risks to the Health Boards compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.7 The budget holder must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

## **Transactional Processes**

### **11.18 Requisitioning**

- 11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the LHB. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.
- 11.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.11 thresholds.
- 11.18.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

### **11.19 No Purchase Order, No Pay**

- 11.19.1 The Health Board will ensure compliance with the 'No Purchase Order, No Pay' policy, the All Wales policy which was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.
- 11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

### **11.20 Official orders**

- 11.20.1 Official Orders, issued following approved requisition and sourcing, must:
- a) Be consecutively numbered;
  - b) State the LHB's terms and conditions of trade.
- 11.20.2 Official Orders will be issued on behalf of the Health Board by NWSSP Procurement Services.

## **12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES**

### **12.1 Health Care Agreements**

12.1.1 The Health Board will commission healthcare services for its resident population both internally, from its own LHB provided services, and externally, from other LHBs, Trusts and other providers. The Chief Executive is responsible for ensuring the LHB enters into suitable Health Care Agreements (or Individual Patient Commissioning Agreements, where appropriate) for the provision of health care services from external providers.

12.1.2 All Health Care Agreements should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

12.1.3 All agreements must be in accordance with the functions conferred on the LHB by the Welsh Ministers.

### **12.2 Statutory provisions**

The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. The relevant sections under the Act are as follows:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Section 32 makes provision in relation to services which can be provided to Health Boards by local authorities;
- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are

in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;

- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

### **12.3 Reports to Board on Health Care Agreements (HCAs)**

12.3.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all health care agreements with external providers. These reports will be linked to, and consistent with, other Board reports on commissioning and financial performance.

## 13 GRANT FUNDING

It is a matter for LHBs to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

### 13.1 Legal Advice

13.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach the LHBs functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the LHB has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

*See attached toolkit for grants v procurement (Annex 1):*

### 13.2 Policies and procedures

13.2.1 The LHB shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Government's Code of Practice to funding the third sector:

<https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf>

13.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and
- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

13.2.3 The award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the

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award meets the requirements of regularity, propriety and value for money.

13.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

### **13.3 Corporate Principles underpinning Grants Management**

13.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, LHBs should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

13.3.2 The overarching principles for managing public resources in Wales are set out in [Managing Welsh Public Money](#). The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

13.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

13.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on LHBs or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;
- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted

- where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
- Compliance of the grant funding with State aid requirements in accordance with the State aid rules.

### 13.4 Grant Procedures

It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, LHBs should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes.

13.4.1 Health Boards must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

13.4.2 For grant programmes that span a number of financial years, the LHB is responsible for evaluating the programmes to ensure they are fit for purpose, achieving required outcomes and continue to provide value for money.

13.4.3 LHBs are responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

13.4.4 LHBs are required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose the LHB to potential financial loss, fraud or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

13.4.5 The LHB must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, the LHB should ensure principles of good practice available from a number of external sources are considered and reflected.

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13.4.6 The LHB is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

## **14. PAY EXPENDITURE**

### **14.1 Remuneration and Terms of Service Committee**

- 14.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.4.
- 14.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.
- 14.1.3 The Board will, after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.
- 14.1.4 The LHB will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.
- 14.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

### **14.2 Funded Establishment**

- 14.2.1 The workforce plans incorporated within the approved Integrated Medium Term Plan will form the funded establishment, i.e., the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 5.1.1 g)
- 14.2.2 The funded establishment of any department may not be varied without

the approval of the Chief Executive or an officer with delegated authority.

### **14.3 Staff Appointments**

14.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

14.3.2 No Board member or LHB official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

### **14.4 Pay Rates and Terms and Conditions**

14.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

14.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

### **14.5 Payroll**

14.5.1 The Director of Workforce and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount,
- all payments are supported by properly authorised documentation.

14.5.2 The Director of Workforce and Organisational Development is responsible for:

- a) The control framework and detailed procedures which are in place to:
  - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of tax, national insurance, pension or other payments,
  - reduce the risk of fraud and error within the payroll function.

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- b) Specifying timetables for submission of properly authorised time records and other notifications;
- c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
- d) Agreeing the timing and method of payment with the payroll service;
- e) Authorising the release of payroll data where in accordance with the provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);
- f) Verification and documentation of data;
- g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- i) Security and confidentiality of payroll information;
- j) Checks to be applied to completed payroll before and after payment; and
- k) A system to ensure the recovery from those leaving the employment of the LHB of sums of money and property due by them to the LHB.

14.5.3 The Chief Executive is responsible for:

- a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;
- b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and
- c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts.

14.5.4 Appropriately nominated managers have delegated responsibility for:

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- a) Submitting time records, and other notifications in accordance with agreed timetables;
- b) Completing time records and other notifications in accordance with the Service Level Agreements; and
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Workforce and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Director of Finance.

## **14.6 Contracts of Employment**

14.6.1 The Director of Workforce and Organisational Development must:

- a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
- b) Deal with variations to, or termination of, contracts of employment.



## **15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

### **15.1 Capital Plan**

15.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within Welsh Government capital finance resource limits.

15.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the IMTP. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the LHB must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme, as set out in the Integrated Medium Term Plan and Budgetary Control chapters of these SFI.

### **15.2 Capital Investment Decisions**

15.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in:

- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043)  
<https://gov.wales/nhs-wales-infrastructure-investment-guidance>
- Better business cases: investment decision-making framework  
<https://gov.wales/better-business-cases-investment-decision-making-framework>

15.2.2 The Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Health Board's Scheme of Delegation

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### **15.3 Capital Projects**

15.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that formal confirmation of capital resources has been received.

15.3.2 When capital investment decisions are taken and a Capital Programme is approved the project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time;
- on budget; and
- within contractual obligations.

15.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

15.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

### **15.4 Capital Procedures and Responsibilities**

15.4.1 The Chief Executive:

- a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;
- d) Shall ensure that the three year Capital Plan, and detailed annual

Capital Programme, is approved by the Board, as part of the IMTP, prior to the commencement of the financial year;

- e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and
- f) Shall ensure that any 3<sup>rd</sup> party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

15.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;
- b) That the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate LHB personnel and external agencies in the process.

15.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

15.4.4 The approval of a capital programme by the Health Board shall not constitute approval for the initiation of expenditure on any scheme.

15.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

- a) Specific authority to commit expenditure;
- b) Authority to proceed to tender; and
- c) Approval to accept a successful tender.

15.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the LHB's SOs.

15.4.7 The Director of Planning and Director of Finance shall issue detailed procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall

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fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The procedures will also cover post project benefits realisation to ensure benefits set out in the business case supporting the investment are delivered. The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

15.4.8 The Director of Finance shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Director of Finance should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.

## **15.5 Capital Financing with the Private Sector**

15.5.1 The LHB must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3<sup>rd</sup> Party Developments, without the consent of the Welsh Ministers.

## **15.6 Asset Registers**

15.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Director of Finance, concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

15.6.2 The LHB shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

15.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

- a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and
- c) Lease agreements in respect of assets held under a finance lease

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and included on the LHB's balance sheet.

15.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance and clearly set out in the over-arching business case.

15.6.5 The Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in general ledgers against balances on fixed asset registers.

15.6.6 The value of each asset, and depreciation, shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

## **15.7 Security of Assets**

15.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

15.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

- a) Recording managerial responsibility for each asset;
- b) Identification of additions and disposals;
- c) Identification of all repairs and maintenance expenses;
- d) Physical security of assets;
- e) Regular verification of the existence of, condition of, and title to, assets recorded;
- f) Identification and reporting of all costs associated with the retention of an asset; and
- g) Reporting, recording and safekeeping of cash, cheques, and

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negotiable instruments.

15.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Director of Finance.

15.7.4 Whilst individual officers have a responsibility for the security of property of the LHB, it is the responsibility of Board members and senior LHB officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

15.7.5 Any damage to the LHB's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and LHB officers in accordance with the procedure for reporting losses.

15.7.6 Where practical, assets should be marked as LHB property.

## **16. STORES AND RECEIPT OF GOODS**

### **16.1 General position**

16.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) Kept to a minimum;
- b) Subjected to annual stock take; and
- c) Valued at the lower of cost and net realisable value.

### **16.2 Control of Stores, Stocktaking, condemnations and disposal**

16.2.1 Subject to the responsibility of the Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager; the control of any fuel oil and coal of a designated estates manager.

16.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Manager. Wherever practicable, stocks should be marked as health service property.

16.2.3 The Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores, and losses.

16.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

16.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Director of Finance.

16.2.6 The designated officer/manager shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI 17, Disposals)



and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

### **16.3 Goods supplied by an NHS supplies agency**

- 16.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance or authorised officer who shall satisfy themselves that the goods have been received before accepting the recharge.

## **17. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

### **17.1 Disposals and Condemnations**

17.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

17.1.2 When it is decided to dispose of a LHB asset and goods, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

17.1.3 All unserviceable assets and goods shall be:

- a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Director of Finance;
- b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the assets and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance.

17.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

### **17.2 Losses and Special Payments**

17.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

17.2.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

- 17.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Executive.
- 17.2.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 17.2.5 The Director of Finance or the LCFS must notify the Audit Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 17.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:
- a) The Audit Committee on behalf of the Board, and
  - b) An Auditor General's representative.
- 17.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the LHB's interests in bankruptcies and company liquidations.
- 17.2.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 17.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.
- 17.2.10 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.
- 17.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social

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#### Schedule 2.1: Standing Financial Instructions

Services Group Director of Finance.

17.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.

17.2.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.

17.2.14 The LHB must obtain the Health and Social Services Group Director General's approval for special severance payments.

## **18. DIGITAL, DATA and TECHNOLOGY**

### **18.1 Digital Data and Technology Strategy**

18.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of the LHB for the medium term based on an appropriate assessment of risk. The Integrated Medium Term Plan shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

18.1.2 The LHB shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the LHB that are made publicly available.

### **18.2 Responsibilities and duties of the responsible Director**

18.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of the LHB digital systems and data and shall:

- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of the LHB's digital systems and data, for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;
- b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information System Regulations 2018 are being carried out;

- d) Shall ensure that policies, procedures and training arrangements are in place to ensure compliance with information governance law and the Network and Information System Regulations 2018; and
- e) Shall ensure comprehensive incident reporting.

### **18.3 Responsibilities and duties of the Director of Finance**

18.3.1 The Director of Finance shall need to ensure that new financial data and systems, and amendments to current financial data and systems, are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

### **18.4 Contracts for data and digital services with other health bodies or outside agencies**

18.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

18.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

### **18.5 Risk assurance**

18.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to the LHB arising from the use of data, information and digital are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.

## **19. PATIENTS' PROPERTY**

### **19.1 LHB Responsibility**

- 19.1.1 The LHB has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of patients that lack capacity, or found in the possession of patients dead on arrival.
- 19.1.2 Where the Welsh Ministers' instructions require the opening of separate accounts for patient monies, these shall be opened and operated under arrangements agreed by the Director of Finance.
- 19.1.3 In all cases where property, including cash and valuables, of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act 1965 (c. 32)), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.
- 19.1.4 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 19.1.5 Where patient property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

### **19.2 Responsibilities of the Chief Executive**

- 19.2.1 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission, that the Health Board will not accept responsibility or liability for patient property brought onto health service premises, unless it is handed in for safe custody and a copy of an official patient property record is retained as a receipt, by:
- a) Notices and information booklets;
  - b) Hospital admission documentation and property records; and
  - c) The oral advice of administrative and nursing staff responsible for admissions.



### **19.3 Responsibilities of the Director of Finance**

- 19.3.1 The Director of Finance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patient property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

## **20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)**

### **20.1 Corporate Trustee**

- 20.1.1 Paragraph (x) of Section A to the SOs refers to the LHB having specified powers to act as corporate trustee for the management of funds it holds on trust (charitable funds). SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.
- 20.1.2 The discharge of the LHB's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.
- 20.1.3 The LHB shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which the LHB is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

### **20.2 Accountability to Charity Commission and the Welsh Ministers**

- 20.2.1 The trustee responsibilities must be discharged separately and full recognition given to the LHB's dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.
- 20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and LHB officers must take account of that guidance before taking action.
- 20.2.3 The LHB shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

### **20.3 Applicability of Standing Financial Instructions to funds held on Trust**

- 20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.
- 20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

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#### **Schedule 2.1: Standing Financial Instructions**

## **21. RETENTION OF RECORDS**

### **21.1 Responsibilities of the Chief Executive**

21.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c. 36).

21.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

# Schedule 1

## REVISED GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol  
Health & Social Services Group



Llywodraeth Cymru  
Welsh Government

Directors of Finance  
Deputy Directors of Finance  
Local Health Boards, NHS Trusts Wales & HEIW

Our Ref: SE&IG/

Date: 31 March, 2022

Dear All

This letter supercedes the consent guidance issued in our joint letter on 30 November 2020.

### **RE: PROCESSES FOR LOCAL HEALTH BOARDS AND NHS TRUSTS CONTRACTS, AND INTERESTS IN PROPERTY EXCEEDING £0.5M**

Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on Local Health Boards (LHBs) to obtain the consent of Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust).

### **Acquiring and disposing of property**

WHC (2018) 043 NHS Wales Infrastructure Investment Guidance issued 22 October 2018 sets out at section 10.1:



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[www.gov.wales](http://www.gov.wales)

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### Schedule 2.1: Standing Financial Instructions

Status: Update – July 2023 (v5) – For Approval by BCUHB Board

## **LHBs and HEIW**

*Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.*

*Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process will be included in a Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.*

## **NHS Trusts**

*Whilst formal Ministerial consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.*

Guidance on disposals is contained in Section 11

WHC (2015) 031 issued 22 June 2015 clarified the approval process linked to the acquisition or disposal of a lease, where approval does not form part of a business case process. A lease being a property right requires the consent of the Welsh Ministers in accordance with paragraph 13(2) (a). The WHC set out for NHS Trusts and LHBs a notification and consent process mirroring the contract processes noted below.

## **Entering into contracts**

Guidance was issued to NHS Wales bodies on 27<sup>th</sup> January 2017 in a letter to Directors of Finance issued jointly by the Deputy Directors of Finance and Capital Estates and Facilities. This letter now updates that guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Minister for Health and Social Services on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly any issues relevant to the exercise of the Minister for Health and Social Service's consent will, as a matter of course, be drawn to his attention.

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## **Schedule 2.1: Standing Financial Instructions**

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;
- All eligible LHB and HEIW contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSSG for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- (i) Contracts of employment between LHBs and their staff;
- (ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs;
- (iii) Out of Hours contracts; and
- (iv) All NHS contracts; that is where one health services body contracts with another health service body.

For non- capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : [Robert.Eveleigh@gov.wales](mailto:Robert.Eveleigh@gov.wales)

Kind regards,



**Steve Elliot & Ian Gunney**

Cyfarwyddwr Cyllid dros dro - Interim Director of Finance

Dirprwy Gyfarwyddwr, Cyfalaf Ystadau a Cyfleusterau - Deputy Director  
Capital Estates & Facilities

Finance Directorate / Cyfarwyddiaeth Cyllid

Y Grwp Iechyd a Gwasanaethau/Health and Social Services Group



7 November 2022

**Chief Executives of Local Health Boards and NHS Trusts**

**Dear All**

**ADDENDUM TO STANDING FINANCIAL INSTRUCTIONS**

**PROCEDURES FOR CONSENT FOR LOCAL HEALTH BOARDS TO ENTER INTO  
CONTRACTS EXCEEDING £1 MILLION**

Some confusion has arisen in relation to the procedures for the consent to enter contracts over £1 million. The latest version of the Standing Financial Instructions issued in April 2021 state in paragraph 11.6.2 :

*General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case with the exception of those contracts specified in SFI 11.6.4 All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being entered let. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.*

Paragraph 11.6.4 states that the exceptions mentioned above are as follows :

*The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:*

*i) Contracts of employment between LHBs and their staff;*



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**Schedule 2.1: Standing Financial Instructions**



- ii) Transfers of land or contracts effected by Statutory Instrument Model Standing Orders, Reservation and Delegation of Powers for LHBs Schedule 2.1: Standing Financial Instructions Status: Update – March 2021;
- iii) Out of Hours contracts;
- iv) All NHS contracts, that is where one health service body contracts with another health service body.

To ensure consistency with guidance issued to NWSSP Procurement Services, further exceptions highlighted below should be applied;

**v) Contracts over £ 500k - £1 million (for noting) and £ 1 million + (for approval);**

- i) **Wales Public Sector Framework Agreements e.g. Frameworks established by National Procurement Services (NPS) or NWSSSP (not exhaustive) - no further approval required to award contracts under these Frameworks through a direct award or mini competition.**
- ii) **Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.**

All Health Boards in Wales and Special Health Authorities bodies should apply these exceptions from the date of this letter.

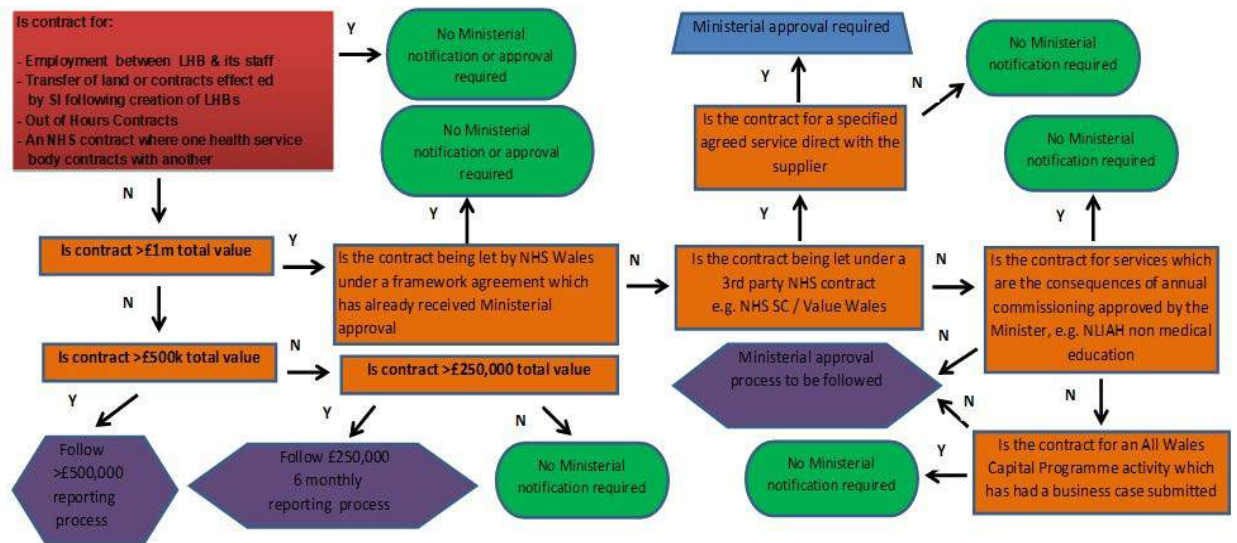
The revision introduced in point v) above will be included formally in the next version of the Standing Financial Instructions.

Yours sincerely



**Steve Elliot**

Cyfarwyddwr Cyllid dros dro | Interim Director of Finance



## Schedule 2.1: Standing Financial Instructions

Status: Update – July 2023 (v5) – For Approval by BCUHB Board

## Appendix 2

### Table of Amendments for Standing Financial Instructions (SFIs), Schedule 2.1 of the Standing Orders

The amendments below are based on the changes applied by Welsh Ministers to the Model SFIs issued to Local Health Boards except for the amendments to Sections 11.13.2 and 11.13.4 highlighted below which were additions included by the Health Board to clarify the approval procedure for Single Waivers

Page Number	Section	Original	Changed to	Comment
12	3.1 Audit Committee	<a href="http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf</a>	<a href="http://nwssp.nhs.wales/a-wp/governance-e-manual/governance-e-manualdocuments/useful-documents/nhs-wales-audit-committee-handbookjune-2012/">nwssp.nhs.wales/a-wp/governance-e-manual/governance-e-manualdocuments/useful-documents/nhs-wales-audit-committee-handbookjune-2012/</a>	Change to link on website
16	3.5.2 Fraud and Corruption	<a href="http://www.wales.nhs.uk/sitesplus/documents/1064/WHC%282005%2995%20%28Revised%29%20Directions%20to%20National%20Health%20Service%20bodies%20on%20Counter%20Fraud%20Measures%202005.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/WHC%282005%2995%20%28Revised%29%20Directions%20to%20National%20Health%20Service%20bodies%20on%20Counter%20Fraud%20Measures%202005.pdf</a>	(as amended). <a href="https://nwssp.nhs.wales/a-wp/governance-e-manual/knowning-who-does-what-why/supporting-good-governance/nhs-counter-fraud-service-wales/">https://nwssp.nhs.wales/a-wp/governance-e-manual/knowning-who-does-what-why/supporting-good-governance/nhs-counter-fraud-service-wales/</a>	Change to link on website
18	4.1.2 Legislation and Directions	<a href="http://www.wales.nhs.uk/sitesplus/documents/863/12b%29%20Statutory%20Duties%20of%20Welsh%20Health%20Boards.pdf">http://www.wales.nhs.uk/sitesplus/documents/863/12b%29%20Statutory%20Duties%20of%20Welsh%20Health%20Boards.pdf</a>	Full details of the WHC can be obtained by contacting the HSSG Director of Finance at <a href="mailto:hywel.jones38@gov.wales">hywel.jones38@gov.wales</a>	Change of link to website to contact details

19	4.3.2 Second Financial Duty – The Planning Duty	<a href="https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf">https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf</a>		Remove link to website
25-26	5.5.1 Reporting to Welsh Government – Monitoring Returns	<a href="https://gov.wales/health-boards-and-trusts-financial-monitoring-guidance-2019-2020-whc-2019013">https://gov.wales/health-boards-and-trusts-financial-monitoring-guidance-2019-2020-whc-2019013</a>		Remove link to website
27	6.2 Annual Accounts and Reports	The Chief Executive has responsibility for signing the Annual Governance Statement and the Annual Quality Statement.	The Chief Executive has responsibility for signing the Performance Report, Accountability Report, Statement of Financial Position and the Governance Statement.	Changes to references within the Annual Accounts
42	11.6.2 Procurement Consent	This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.		Replaced by addition to Section 11.6.4 (see below)
42-43	11.6.4 Procurement Consent		v) Contracts entered into by Health Education and Improvement Wales (HEIW) for services which are the consequences of annual commissioning approved by the Minister e.g. annual education	Addition to replace section in 11.6.2 (see above)

			<p>and training commissioning also do not require further Ministerial notification or consent.</p> <p>To ensure consistency with guidance issued by NWSSP Procurement Services, further exceptions highlighted below should also be applied:</p> <p>vi) Contracts over £500k - £1 million (for noting) and £1 million+ (for approval);</p> <p>(i) Wales Public Sector Framework Agreements e.g. Frameworks established by national Procurement Services (NPS) or NWSSP (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award or mini competition.</p> <p>(ii) Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under the Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.</p>	
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49	11.13.2	Procurement Services must be consulted prior to any such application being submitted for approval.	The appropriate Executive Director must approve all single waivers for their service area prior to submission to Procurement Services. Procurement Services must be consulted and comments provided on whether the application is supported or not from a procurement perspective (see 11.13.3) prior to the application being submitted for final approval.	Additional text for the approval process
50	11.13.4		A lack of sufficient time to complete the procurement process is not an acceptable reason for the requesting of an SQA/STA.	Additional text
58	13.4.1 Grant Procedures	Information on grants management is available on the Audit Wales website at:  <a href="https://www.audit.wales/good-practice/grants-management-miniguides">https://www.audit.wales/good-practice/grants-management-miniguides</a>		Remove link to website

<p><b>Teitl adroddiad:</b></p> <p><b>Report title:</b></p>	<p>Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinicians (Wales) Directions 2018.</p> <p>Update of Registers of:-</p> <ol style="list-style-type: none"> <li>1. Approved Clinicians (All Wales)</li> <li>2. Section 12(2) Doctors (All Wales).</li> </ol> <p>Reporting Period: 1<sup>st</sup> July 2023 - 31<sup>st</sup> October 2023.</p>
<p><b>Adrodd i:</b></p> <p><b>Report to:</b></p>	<p>Betsi Cadwaladr University Health Board</p>
<p><b>Dyddiad y Cyfarfod:</b></p> <p><b>Date of Meeting:</b></p>	<p>Thursday 30<sup>th</sup> November 2023.</p>
<p><b>Crynodeb Gweithredol:</b></p> <p><b>Executive Summary:</b></p>	<p>This report is a standing item provided as assurance of compliance with Mental Health Act legislation, policy and process. The Board is asked to note the report contents and formally ratify approvals previously granted through weekly Chair's Action Letters.</p> <p>The details presented to the Board in this Report are a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality. The report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process. Following approval by the Board Chairman reached at the 30<sup>th</sup> March 2023 Board meeting, ratification for approval via urgent Chair's Action Letters was delegated to the Executive Medical Director. Approval is sought via a written Chair's Action letter and submitted to the Office of the Medical Director for consideration. Approval is then received in writing from the Executive Medical Director and returned to the All Wales Approvals Team. Upon receipt of written ratification, the Clinician is then informed that they have received approval and this is confirmed in writing in a signed Approval Board approval letter. The Health Board then formally ratifies decisions through this paper which is submitted on a bi-monthly basis – as detailed in Appendices 1 and 2.</p> <p>The Board is asked to note this report and ratify the approvals in line with the requirements of the Welsh Government Guidance Document "Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians", the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the "All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals".</p>
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Board is asked to note the contents and is recommended to formally ratify previous Chair's Action Letters which contain recommendations to grant approval or reapproval for Approved Clinicians and Section 12(2) Doctors across the Principality.</p>
<p><b>Arweinydd Gweithredol:</b></p> <p><b>Executive Lead:</b></p>	<p>Dr Nick Lyons, Executive Medical Director.</p>



<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Meryl Roberts, All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors.			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	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"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b> <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>	<b>Rhannol</b> <b>Partial</b> <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>	<b>Dim Sicrwydd</b> <b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>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:</b>  <b>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:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		Betsi Cadwaladr University Health Board successfully bid to take over the function of the Welsh Ministers for the Approval Process in 2009 on behalf of all former Local Health Boards. Betsi Cadwaladr University Health Board (BCUHB) acting in its capacity as the main Approving Board for Wales, has continued to effectively undertake the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) Doctors on behalf of all the Health Boards in Wales.  The Approving Board and Process of Approval continue to fully meet all objectives.		
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>		The approval process meets Approved Clinician regulatory requirements set out in the Mental Health Act 1983 (as amended) and the 2008 No.1204 Mental Health (Mutual Recognition) Regulations 2008.  The Health Board continues to ensure an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) Doctors in Wales is in place.		
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>		Do/Naddo		

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

<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in the Principality. If the Approving Board do not ratify approvals, this could also have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in Wales.</p> <p>The ratification of approvals by the Approving Board for all Health Boards is the final step in the process of granting approval or reapproval to the workforce in all of the Health Boards in Wales.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>This is an ongoing process.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)</p>	<p>Lack of Section 12(2) Wales Directions is recorded on Datix Risk Register number ID: 4134.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b><i>Next Steps:</i></b></p> <p>Implementation of recommendations of this report will be the final step in the ratification of approval process and will fully accord with all legislative and process requirements.</p>	
<p><b>Rhestr o Atodiadau:</b> <b><i>List of Appendices:</i></b></p> <p><b><u>Appendix 1: Update of Register of Approved Clinicians - Wales.</u></b> Mental Health Act 1983 as amended by the Mental Health Act 2007, Approved Clinician (Wales) Directions 2018.</p> <p><b><u>Appendix 2: Update of Register of Section 12(2) Approved Doctors - Wales.</u></b> Mental Health Act 1983 as amended by the Mental Health Act 2007.</p>	

## **APPENDIX 1**

<b><u>Update of Register of Approved Clinicians in Wales</u></b> <b>Reporting Period:- 1<sup>st</sup> July 2023 – 31<sup>st</sup> October 2023</b>	
	<b>Approved Clinicians</b>
<b>Approvals and Re-approvals</b>	19
<b>Approvals suspended</b>	1
<b>Approvals re-instated/ returned to work in Wales</b>	1
<b>Removed (Left Wales)</b>	3
<b>Retired</b>	0
<b>Registered without a licence to practise and retired</b>	1
<b>Transferred from AC register (to S12 Register)</b>	2
<b>Transferred/Removed from S12 – Became AC approved</b>	/
<b>Approval Ended</b>	2
<b>Death in Service</b>	0

## **APPENDIX 1**

**Mental Health Act 1983 (as amended by the Mental Health Act 2007)  
Mental Health Act 1983 Approved Clinician (Wales) Directions 2018**

### **Update of Register of Approved Clinicians - Wales**

**Reporting Period: 1<sup>st</sup> July 2023 – 31<sup>st</sup> October 2023**

**Approvals and Re-approvals: 19**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expires</b>	<b>Chair's Action Letter</b>
Abdelaal	Ahmed	Betsi Cadwaladr University Health Board, y Derbyn, Wrexham Maelor Hospital, Wrexham, LL13 7TE.	30 <sup>th</sup> May 2026	Yes
Fernando	Sudantha Marque	Cardiff and Vale University Health Board, Vale Locality Mental Health Team, Barry Hospital, Colcot Road, Barry, CF62 8YH.	27 <sup>th</sup> June 2028	Yes
Mensah	Seth	Wales Neuropsychiatry Service/Cardiff and Vale University Health Board, Hafan y Coed, University Hospital Llandough, Penlan Road, Penarth, Cardiff, CF64 2XX.	3 <sup>rd</sup> July 2028	Yes
Witts	Allyson	Swansea Bay University Health Board, Caswell Clinic, Glanrhyd Hospital, Tondur Road, Bridgend, Mid Glamorgan, CF31 4LN.	9 <sup>th</sup> July 2028	Yes
Roots	Peter	Betsi Cadwaladr University Health Board, Flintshire Children's Centre, Catherine Gladstone House, Hawarden Way, Mancot, Flintshire, CH5 2EP.	11 <sup>th</sup> July 2028	Yes
Salmoiraghi	Alberto	Betsi Cadwaladr University Health Board, Ty Derbyn, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	7 <sup>th</sup> August 2028	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Viola	Sebastiao	Cardiff and Vale University Health Board, Vale Locality Mental Health Team, Barry Hospital, Colcot Road, Barry, CF62 8YH.	15 <sup>th</sup> August 2028	Yes
Hales	Heidi	Betsi Cadwaladr University Health Board, CAMHS Conwy, Mostyn Suite, Llandudno General Hospital, Llandudno, Conwy, LL30 1LB.	21 <sup>st</sup> June 2026	Yes
Morris	Nia	Hywel Dda University Health Board, Preseli Centre, Withybush General Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ.	29 <sup>th</sup> August 2028	Yes
Lorenz	Tom	Betsi Cadwaladr University Health Board, Conwy CAMHS, Mostyn Suite, Llandudno General Hospital, Hospital Road, LL30 1LB.	31 <sup>st</sup> August 2028	Yes
Singh	Ramandeep	Betsi Cadwaladr University Health Board, Disability Team, 31 Chester Street, Wrexham, LL13 8BG.	12 <sup>th</sup> September 2028	Yes
Davies-Kabir	Megan	Aneurin Bevan University Health Board, St Cadoc's Hospital, Lodge Road, Caerleon, NP18 3XQ.	13 <sup>th</sup> September 2028	Yes
Dhandapani	Asha	Betsi Cadwaladr University Health Board, Ty Derbyn, Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	4 <sup>th</sup> October 2028	Yes
Gupta	Deepak	Mental Health Care UK Limited, New Hall Independent Hospital, New Hall Road, Ruabon, Wrexham, LL14 6HB.	8 <sup>th</sup> October 2028	Yes
Roy	Anjan	Cardiff and Vale University Health Board, Llanfair Unit, Llandough Hospital, Penarth CF64 2XX.	10 <sup>th</sup> October 2028	Yes
Bari	Md Ashraful	Cygnet Healthcare Limited, Delfryn Lodge, Argoed Hall Lane, Mold, Flintshire, CH7 6FX.	22 <sup>nd</sup> September 2026	Yes
Jones	Neil	Cardiff and Vale University Health Board, House 54, Cardiff Royal Infirmary, Newport Road, Cardiff, CF24 0SZ.	18 <sup>th</sup> October 2028	Yes
Sachdeva	Deepak Kumar	Swansea Bay University Health Board, Tonna Hospital, Tonna Uchaf, Tonna, Neath, SA11 3LX.	23 <sup>rd</sup> June 2025	Yes
Dantu	Kiran	Aneurin Bevan University Health Board, Ty Siriol Unit, County Hospital, Coed-y-Gric Road, Pontypool, NP4 5YA.	25 <sup>th</sup> October 2028	Yes

**Approvals Suspended: 1**

Surname	First Name	Workplace	Date Approval Expires
Nicholls	Rebecca	Swansea Bay University Health Board, Caswell Clinic, Tondu Road, Bridgend, CF31 4LN.	30 <sup>th</sup> April 2028

#### Approvals Reinstated/Returned to Work in Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Nicholls	Rebecca	Swansea Bay University Health Board, Caswell Clinic, Tondu Road, Bridgend, CF31 4LN.	30 <sup>th</sup> April 2028

#### Removed: 3

Surname	First Name	Workplace	Date Approval Expires
Chandran	Sumit	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW.	10 <sup>th</sup> January 2027
Kotwal	Chandan	Betsi Cadwaladr University Health Board, Cefni Hospital, 59 Bridge Street, Llangefni, Anglesey, LL77 7PP.	24 <sup>th</sup> September 2023
Theologos	Georgios	Betsi Cadwaladr University Health Board, Ynys Mon CMHT, Cefni Hospital, Llangefni, LL77 7PP.	28 <sup>th</sup> May 2024

#### Retired: 0

Surname	First Name	Workplace	Date Approval Expired

#### No longer Registered & Retired: 1



Surname	First Name	Workplace	Date Approval Expired
Potter	Robert John	Cwm Taf Morgannwg University Health Board, CAMHS Dept, Block D, Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX.	3 <sup>rd</sup> July 2023

**Transferred from AC Register to S12 Register: 2**

Surname	First Name	Workplace	Date Approval Expires
Howells	David	Cyncoed Consulting Rooms, Dartington Drive, Pontprennau, Cardiff, CF23 8SQ.	9 <sup>th</sup> August 2026
Jones	Gaynor	Elysium Healthcare, Aderyn Hospital, Penperlleni, Pontypool, NP4 0AH.	27 <sup>th</sup> February 2028

**Approval Ended: 2**

Surname	First Name	Workplace	Date Approval Expired
Tomus	Daniela	Regis Healthcare Limited, Ebbw Vale Hospital, Hillside, Ebbw Vale, NP23 5YA.	12 <sup>th</sup> July 2023
Roy	Anjan	Cardiff and Vale University Health Board, Llanfair Unit, Llandough Hospital, Penarth, CF64 2XX.	11 <sup>th</sup> October 2023

**Death in Service: 0**

Surname	First Name	Workplace	Date Approval Expired

## **APPENDIX 2**

<b><u>Update of Register of Section 12(2) Approved Doctors - Wales</u></b> <b>Reporting Period:- 1<sup>st</sup> July 2023 – 31<sup>st</sup> October 2023</b>	
	<b>Section 12(2) Approved Doctors</b>
<b>Approvals and Re-approvals</b>	15
<b>Approvals suspended</b>	1
<b>Approvals re-instated/ returned to work in Wales</b>	5
<b>Removed (Left Wales)</b>	1
<b>Retired</b>	0
<b>Registered without a licence to practise and retired</b>	1
<b>Transferred from AC register (to S12 Register)</b>	2
<b>Transferred/Removed from S12 – Became AC approved</b>	2
<b>Approval Ended</b>	3
<b>Death in Service</b>	0

## **APPENDIX 2**

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

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

**Reporting Period: 1<sup>st</sup> July 2023 – 31<sup>st</sup> October 2023**

**S12 Approvals and Re-approvals: 15**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expires</b>	<b>Chair's Action Letter</b>
Balasuriya	Vasanthi	Aneurin Bevan University Health Board, South Caerphilly CMHT, Old School Building, Mill Road, CF83 2FD.	5 <sup>th</sup> July 2028	Yes
Royles	Bethan	Betsi Cadwaladr University Health Board, Ablett Unit, Bodelwyddan, Denbighshire, LL18 5UJ.	27 <sup>th</sup> July 2028	Yes
Elanany	Sarah	Hywel Dda University Health Board, C.A.T.T team - CAMHS Glangwili General Hospital, Dolgwilli Road, Carmarthen, SA31 2AF.	13 <sup>th</sup> July 2028	Yes
Akinlua	Justina	Betsi Cadwaladr University Health Board, Hergest Unit Psychiatry Liaison, Ysbyty Gwynedd, Bangor, LL57 2PW.	6 <sup>th</sup> August 2028	Yes
Sohail	Faryal	Hywel Dda University Health Board, Memory Assessment Service Caebryn, Prince Philip Hospital, Bryngwyn Mawr, Llanelli, SA14 8QF.	6 <sup>th</sup> August 2028	Yes
Zachariah	Vinila	Betsi Cadwaladr University Health Board, Substance Misuse Service, Rowleys Drive, Deeside Counselling Centre Shotton, Flintshire, CH5 1PU.	7 <sup>th</sup> August 2028	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Sameem	Hafeesa	Aneurin Bevan University Health Board, Princess of Wales Hospital, Coity Road, Bridgend, CF311RQ	9 <sup>th</sup> August 2028	Yes
Oddy	Alice	c/o Private Address.	14 <sup>th</sup> August 2028	Yes
Oginni	Olakunle	Cardiff and Vale University Health Board, The Emotional Well Being And Mental Health Unit, St David's Children's Centre, St David's Hospital, CF11 9XB.	15 <sup>th</sup> August 2028	Yes
Joga	Satya Kishore	Aneurin Bevan University Health Board, Maindiff Court Hospital, Ross Road, Abergavenny, NP78NF	25 <sup>th</sup> August 2028	Yes
Hatton	Mary-Anne	Hywel Dda University Health Board, Canolfan Derwen (first floor), Hafan Derwen, St David's Park, Carmarthen, SA31 3BB.	10 <sup>th</sup> September 2028	Yes
Nasrullah	Faisal	Aneurin Bevan University Health Board, South Caerphilly CMHT, 1 Mill Road, Caerphilly, CF83 3FD.	24 <sup>th</sup> September 2028	Yes
Sloman	Jacques	Cwm Taf Morgannwg University Health Board, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun, CF72 8XR.	26 <sup>th</sup> September 2028	Yes
Bekomson	Frank	Swansea Bay University Health Board, Crisis Resolution & Home Treatment Team, Ward F, Neath Port Talbot Hospital, Baglan Way, SA12 7BX.	27 <sup>th</sup> September 2028	Yes
Anand	Rajesh	Cwm Taf Morgannwg University Health Board, Princess of Wales Hospital, Bridgend, Mid Glamorgan, CF31 1RQ.	21 <sup>st</sup> October 2028	Yes

**S12 suspended: 1**

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

**S12 Approval Reinstated/Returned to Wales: 5**

Surname	First Name	Workplace	Date Approval Expires
Snigdha Reddy	Kota	Cwm Taf Morgannwg University Health Board, Ysbyty Cwm Cynon, New Road, Mountain Ash, CF45 4PZ.	13 <sup>th</sup> June 2028
Abdellatif	Mostafa	Betsi Cadwaladr University Health Board, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	2 <sup>nd</sup> July 2028
Lusby	Joshua	Cardiff and Vale University Health Board, Ty Dysgu, Cefn Coed, Nantgarw, Cardiff, CF15 7QQ.	5 <sup>th</sup> April 2027
Konstantinidi	Efstathia	Elysium Healthcare, Ty Gwyn Hall Hospital, Llantillio Pertholey, Abergavenny, NP7 6NY.	27 <sup>th</sup> April 2027
Abiodun Olubunmi	Olorunda	Cardiff and Vale University Health Board, Cardiff University Brain Imaging Centre, (CUBRIC), Maindy Road, Cardiff, CF24 4HQ.	22 <sup>nd</sup> September 2028

**Removed (Left Wales): 1**

Surname	First Name	Workplace	Date Approval Expires
Misfar	Hassan	Cardiff and Vale University Health Board, St David's Hospital, Cowbridge Road East, Canton, Cardiff.	19 <sup>th</sup> November 2023

**Retired: 0**

Surname	First Name	Workplace	Date Approval Expired

**Registered Without a Licence and Retired: 1**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expired</b>
Vikram	Udaya	Betsi Cadwaladr University Health Board, Nant y Glyn Mental Health Resource Centre, 10 Nant y Glyn Road, Colwyn Bay, Conwy, LL29 7PU	10 <sup>th</sup> July 2023

**Transferred from AC Register & Became S12 approved: 2**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date S12(2) Approval Expires</b>
Jones	Gaynor	c/o Private Address	27 <sup>th</sup> February 2028
Howells	David	c/o Private Address	9 <sup>th</sup> August 2026

**Transferred from S12 Register & Became AC approved: 2**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expired</b>
Nicholls	Rebecca	Swansea Bay University Health Board, Caswell Clinic, Tondu Road, Bridgend, CF31 4LN.	13 <sup>th</sup> July 2023
Davies-Kabir	Megan	Aneurin Bevan University Health Board, St Cadoc's Hospital, Lodge Road, Caerleon, NP18 3XQ.	29 <sup>th</sup> September 2023

**S12 Approval Ended: 3**

Surname	First Name	Workplace	Date Approval Expired
Darmanin	Davina	Cardiff and Vale University Health Board, St David's Children's Centre, St David's Hospital, Cowbridge Road East, Cardiff, CF11 9XB.	24 <sup>th</sup> July 2023
Blackman	Jonathan	Aneurin Bevan University Health Board, Ysbyty Ystrad Fawr, Ystrad Fawr Way, Ystrad Mynarch, Caerphilly, CF82 7EP.	2 <sup>nd</sup> September 2023
Morgan	Clive Huw	c/o Private Address	6 <sup>th</sup> September 2023

**Death in Service: 0**

Surname	First Name	Workplace	Date Approval Expires





<b>Teitl yr adroddiad:</b> <i>Report title:</i>	BCUHB Winter Resilience Planning Approach 2023-2024		
<b>Adrodd i:</b> <i>Report to:</i>	Health Board		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	30 November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The report highlights the approach that has been taken to Winter Reliance Planning, it highlights the number of requirements and duties, under which the Winter Resilience Planning takes place and identifies the learning from 2022/23 and the risks identified and mitigating actions in place to support the plan.		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to <b>discuss</b> the Resilience Planning Approach for 2023/24, recognising the risks and mitigations that have been identified		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Adele Gittoes, Interim Executive Director of Operations		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Adele Gittoes, Interim Executive Director of Operations		
<b>Pwrpas yr adroddiad:</b> <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"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <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>	<b>Derbyniol Acceptable</b> <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>	<b>Rhannol Partial</b> <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>
			<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>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:</b> <b>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:</b>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	<ul style="list-style-type: none"> <li>Prevention and Health Protection</li> <li>Primary Care</li> <li>Urgent and Emergency Care (6 Goals)</li> </ul>		
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	There are no specific implications arising from this report.		

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

This Presentation draws out the key elements of the Resilience Planning Approach that has been undertaken in the health board and with partners. It provides a strategic context in relation to the responsibilities of the Health Board within the legislative framework; the expectations of the Minister (Ministerial Priorities); and the alignment with Special Measures.

The Presentation steps through the core elements of the specific service areas that form the Resilience Plan and includes the risks and mitigations that have been considered, including the resource constraints of the health board and Local Authority partners.

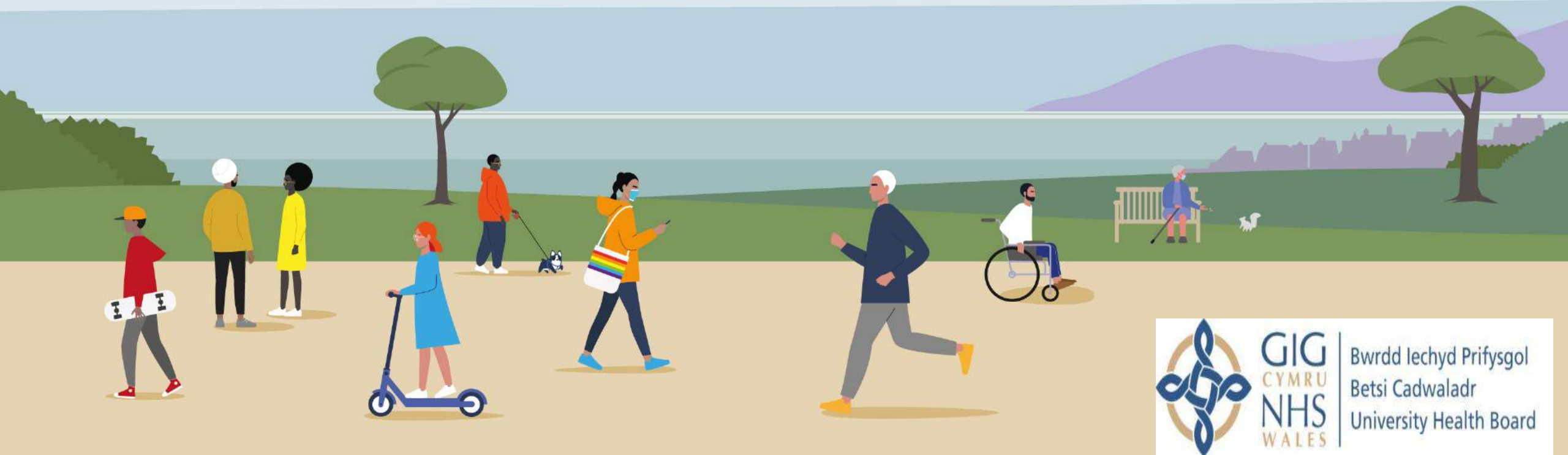
It is essential that the Board is made aware of the significant challenge this winter period is likely to bring, along with quality and experience risks for patients and staff. There will be a high degree of Executive oversight and visibility during the next two months.

The Presentation highlights the core risks to delivery as of November 2023 and the mitigations in place.

The Board are asked to discuss the Resilience Planning Approach for 2023/24 as per the BCUHB Winter Resilience Planning Approach 2023-2024 appendix attached.

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# BCUHB Winter Resilience Planning Approach 2023-2024



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# PURPOSE

This document draws out the **key elements of the Resilience Planning Approach** that has been undertaken in the health board and with partners. It provides a strategic context in relation to the responsibilities of the Health Board within the legislative framework; the expectations of the Minister (Ministerial Priorities); and the alignment with Special Measures. The document steps through the core elements of the specific service areas that form the Resilience Plan and includes the risks and mitigations that have been considered, including the resource constraints of the health board and Local Authority partners.

*There are more detailed documents that are available to Board members from which the core elements in this document have been drawn.*

It is essential that the Board is made aware of the significant challenge this winter period is likely to bring, along with quality and experience risks for patients and staff. There will be a high degree of Executive oversight and visibility during the next two months.

**Recommendation: The Board is asked to discuss the Resilience Planning Approach for 2023/24, recognising the risks and mitigations that have been identified.**



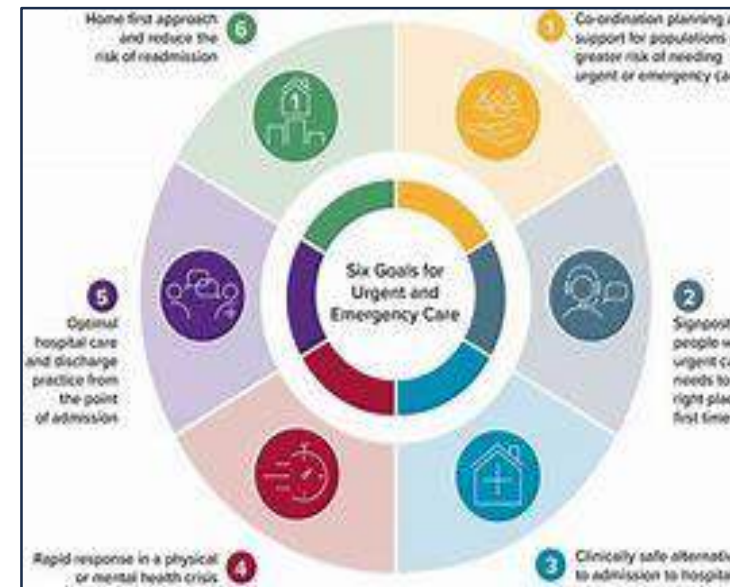
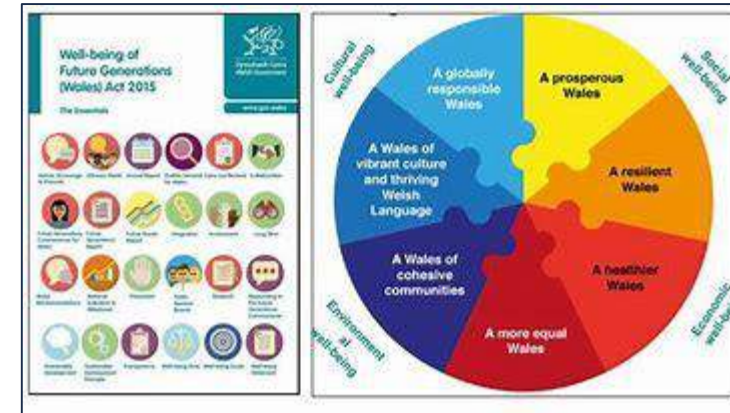


# STRATEGIC CONTEXT

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

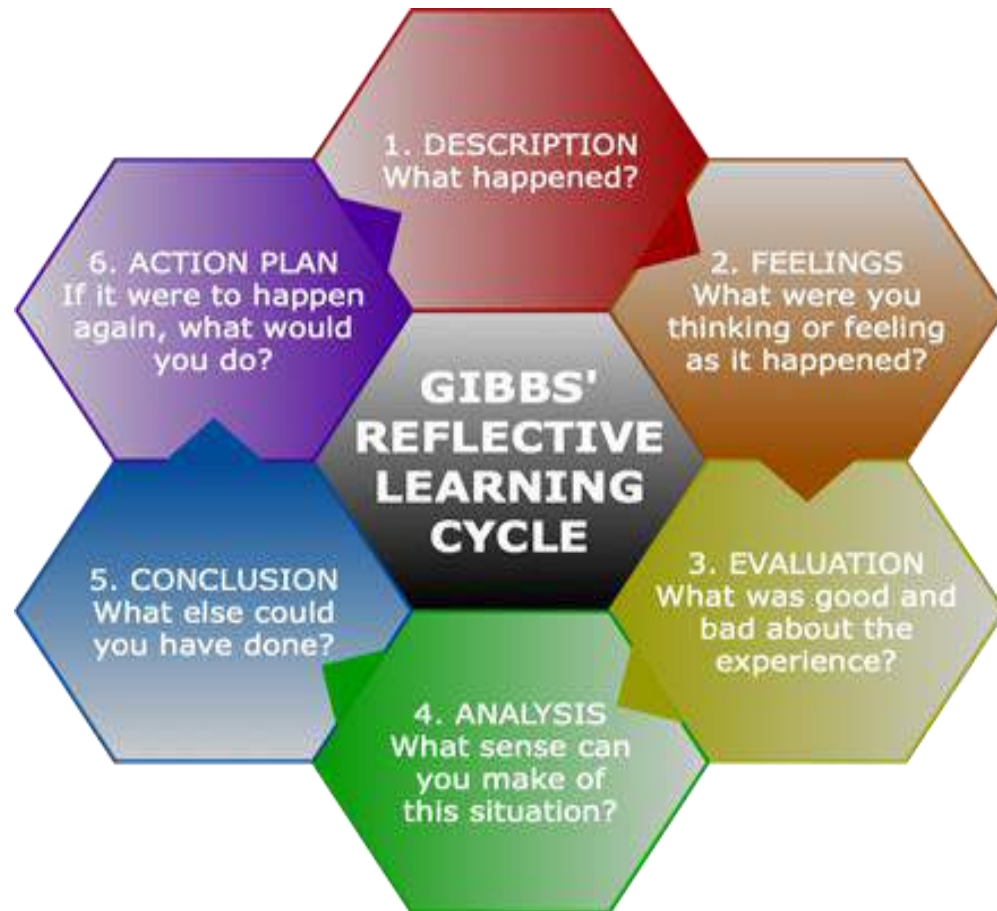
- Civil Contingencies Act 2004** – duty to plan to maintain and respond to incidents that constitute as requiring a multi-agency/sector response
- Social Services and Wellbeing Act** – duty to work with partners, including social services within the Regional Partnership Board in safeguarding and improving 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





# LESSONS LEARNED 2022/23



The Winter Resilience Planning Approach has taken into account the learning from winter 2022/23.

Learning Events took place during February and March 2023 at each IHC; the Learning Report was collated in July 2023 by Kath Clarke, Head of Quality.

Key themes:

- Staff support in and management of critical incidents
- Low staffing correlation to number of incidents occurring
- Vaccinations
- Staffing
- Pharmacy
- Emergency Department pressures (space in the department, triage times and assessment, staffing levels)
- Risk appetite
- Understanding impact of new developments (streaming) and utilisation of broader services such as MIU, Urgent Primary Care



# RISK BASED APROACH

Key risks have been identified that could specifically affect the ability to provide acceptable access, outcomes and experience for citizens in accessing services through a Winter resilience period.

1. Increase in COVID-19 infection
2. Emergence/increase in other communicable diseases e.g. seasonal influenza, RSV, etc – affecting demand for services and availability of staff
3. Increased waiting times to access core urgent and emergency care services, extended ambulance handover times as hospitals
4. Workforce pressures in health and social care due to high vacancy rates, staff sickness and social economic pressures
5. Increased unscheduled care demand due to delay in chronic conditions reviews by all specialities (Surgery/Mental Health etc). Increased acuity of patients due to the delays resulting in increased LoS and high acuity areas (ITU/CCU) and prolonged recovery periods.
6. Planned activity affected as a result of other risks significantly escalating, resulting in cancellation of operations, outpatient and other activity.
7. Stock holding levels and demand & supply of PPE and other vital equipment etc.
8. Extreme low temperatures and adverse weather affecting the ability of staff to attend work/access patients, of patients to attend/access health care premises, integrity of buildings.
9. Community and care home capacity
10. Industrial action



# CORE COMPONENTS: Primary & Community Care *(additional components listed in italics)*

## Primary Care

- ❑ Seasonal flu and Covid vaccination programme across North Wales in progress
- ❑ Multi-disciplinary teams in GP surgeries – pharmacists, physiotherapists, urgent care practitioners.
- ❑ Utilisation of additional capacity, Urgent Primary Care Centres (UPCC), Minor Injuries Unit (MIU), to prevent emergency departments (ED) becoming the default option (all MIUs opening times reviewed to confirm need / opportunity to extend)
- ❑ Common Ailment Service (CAS) within community pharmacists across the Health Board
- ❑ Urgent Primary Care Local Enhanced Service
- ❑ *Re-location GP Out of Hours (OOHs) to Ysbyty Glan Clwyd (YGC) to support GP presence and alternative pathways*
- ❑ *Increased GP presence at the front door at YGC to support clinical streaming*
- ❑ *Community respiratory teams in place in a number of locations across the Health Board*
- ❑ *Occupational therapy in Primary Care (Mental Health focus)*

## Community care, including Care Homes

- ❑ Continuation and enhancement of existing Community Resource Teams
- ❑ Community hospital surge capacity included as part of the hospital full protocols
- ❑ Strengthening of WAST pathways including falls response modelling, Neck of Femur (NOF) and Stroke
- ❑ Expansion of “discharge to recover and assess” (D2RA), since April 2023 (increase therapy input into Home First, further work on choice policy, continuation of All Wales “1000” beds step down capacity)
- ❑ Immedicare - clinical advice 24/7, prescribing support to avoid unnecessary hospital visits. This service increases across 15 care homes during October 2023
- ❑ Single Integrated Clinical Assessment Triage (SICAT) – offers WAST senior clinical advice by GPs in relation to signposting patients with a specific focus on care homes
- ❑ *Conwy Care Home Service – Conwy Approved Nurse Practitioner (ANP), Cluster expanded the team of ANPs/trainees to support the care home settings and undertake home visits*



# CORE COMPONENTS: Respiratory services, Clinically safe alternatives to hospital

(additional components listed in italics)

## Respiratory Services

- ❑ Respiratory Infections planning – RSV, Influenza, COVID
- ❑ Community hospitals and GP practices will undertake lung function tests
- ❑ Establishment of community respiratory and diagnostic hubs – prescribe on diagnosis and undertake follow ups
- ❑ Pharmacy over the counter prescribing to support people close to home
- ❑ Identification of acute respiratory capacity on each District General Hospital (DGH) site including “non invasive ventilation (NIV) and “continuous positive airway pressure (CPAP), (established and learning from Covid 19) – will provide advice to GPs
- ❑ Covid 19 Respiratory ward established on YGC site should it be required
- ❑ *Discussions (national) regarding Respiratory Virtual ward establishment with potential for BCU to be an early test site*

## Clinically safe alternatives to hospital

- ❑ Signposting and utilisation to Urgent Primary Care Centres and Urgent Treatment Centres
- ❑ Same Day Emergency Care (SDECs) in place on all DGH sites – agreement to ring-fence to protect capacity and this is included in Full Capacity protocol.
- ❑ Strengthened “clinical streaming” directly to SDECs (by-pass ED where clinically appropriate)
- ❑ Prescribing pharmacist in Emergency Department to support discharge
- ❑ WAST pathways – compliance with existing pathways i.e. direct to SDEC, falls and expansion, stroke and neck of femur pathway



# CORE COMPONENTS: Optimal hospital flow, Elective care resilience

(additional components listed in italics)

## Optimal Hospital Flow

- ❑ MADE (Multi Agency Discharge Event) being arranged across 3 IHCs pre and post Christmas, to focus on medically fit for discharge and flow
- ❑ STREAM (live white boards on wards), now in place to support board rounds in real time
- ❑ Progressing D2RA with a target for all patients to be given an allocated pathway within 24 hours of admission
- ❑ Progressing Trusted Assessor model to reduce assessment delays within the community and hospital to avoid escalation and support discharge planning
- ❑ Continuing to implement SAFER principles (support of 6Gs programme) to support timely discharge
- ❑ Continue to work with partners to identify potential to increase community capacity i.e. step down capacity

## Elective Care Resilience

- ❑ Learning from Covid 19 – involvement of all specialties in site pressures – visibility of system wide pressures and risk of harm
- ❑ Full Capacity Protocol – local options per DGH site to protect elective capacity wherever possible
- ❑ *Lists are being established of suitable day case activity (short notice lists) to prevent total “downtime” of elective activity*
- ❑ *Plans are being finalised where elective activity is cancelled to utilise the specialist time:*
  - ❑ - support at the front door
  - ❑ - short notice OP appointments
  - ❑ - virtual clinical advice to GPs
  - ❑ - clerical validation of lists





# CORE COMPONENTS: Mental Health, Womens and Childrens

## Mental Health

- ❑ Signposting – 111 press 2 launched.
- ❑ Goal 4 of the Six Goal Programme for urgent and emergency care – Ensuring Wedfan (Welsh Emergency Department Frequent Attenders Network) is in place at each IHC.
- ❑ Returning ICAN services back to each emergency department to enable access to advice and support from mental health services
- ❑ Business continuity plan (BCP) in place to support staffing capacity due to infection prevention (IP) (each area, regional specialist services and specialist commissioning care)
- ❑ Demand and capacity position to be instigated into the national call for capacity support.

## Women and Childrens Services

- ❑ Paediatric Respiratory Syncytial Virus (RSV) planning continues along with daily dashboard to support demand & 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.
- ❑ Maternity and neonatal services capacity tracking, including service escalation in line with WAST protocols



# WORKFORCE CONSIDERATIONS INCLUDING INDUSTRIAL ACTION

## Workforce

- ❑ Advanced rota planning and compliance check during 1<sup>st</sup> week December – planning for 2 x 4 day 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 pinchpoints, e.g. Emergency Department
- ❑ Winter Touchpoints with Trade Unions
- ❑ On-call support review particularly during period 22<sup>nd</sup> Dec – 8<sup>th</sup> Jan 2024
- ❑ Senior leadership prioritisation from 1<sup>st</sup> Dec – end Jan (review), to include high visibility/high presence

## Industrial Action

It is anticipated that, following a ballot of junior doctors by the British Medical Association (BMA) that we should expect 72 hours of continuous industrial action by junior doctors.

In order to prepare for this a weekly executive chaired industrial action (IA) planning cell has been meeting since November 9<sup>th</sup> 23, working closely with the national team as well as learning from Trusts in England who have already experienced similar action.

It is expected that planned care will not be booked for the IA, releasing consultants and other senior medical staff to provide ward cover on all acute sites. The planning cell is looking to develop robust staffing models. We are committed to supporting all of our staff, including any who choose to take industrial action and recognise that for both our patients and our staff this will be a time of uncertainty.





# SAFETY & ESCALATION

## Safety Systems and Oversight

- ❑ Executive-led 'Safe System Coordination' footing go live for 1<sup>st</sup> Dec with review/anticipated step-down 31<sup>st</sup> Jan 2024
- ❑ Clinically led safety huddles in place in emergency departments to identify, mitigate and escalate risks
- ❑ System-wide Pressures – manifest themselves with ambulance handover delays and front door congestion
- ❑ Focus on triage time and additional capacity identified to increase triage capacity as and when required
- ❑ 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 provide choices in terms of de-escalating
- ❑ Review of medical rota's to ensure as robust as possible to reduce medical assessment waits in EDs

## Escalation

- ❑ 'Local Options Framework' – adaption and adoption of the system used during the COVID-19 Pandemic for 'safe systems' triggered intervention. This could mean the reprioritisation and redeployment of resources to increase safety during a prolonged period of system pressure.
- ❑ Service provision and suspension decisions, taking account of Full Capacity Protocol, to be taken specifically in relation to potential Industrial Action.
- ❑ Impact Assessment process to be undertaken relating to potential decisions



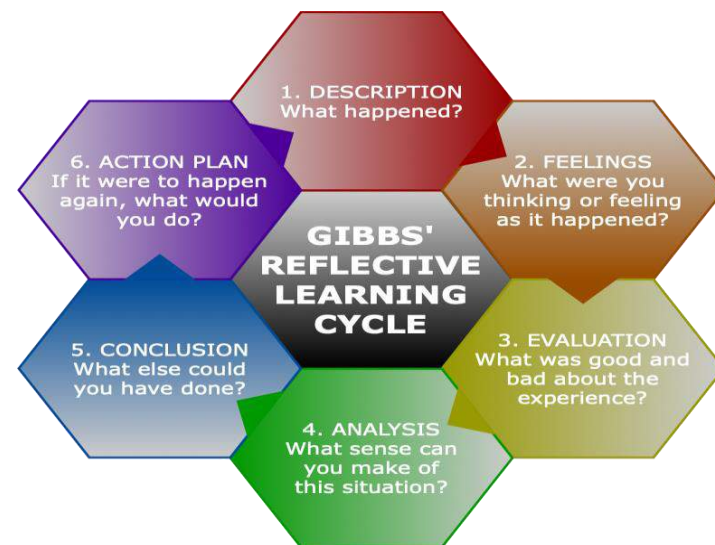
# COMMUNICATION, ENGAGEMENT AND LEARNING

## Communication & Engagement

- ❑ Well established winter communications plan in place which focusses on:
  - ❑ Signposting to the services available across the Health Board
  - ❑ Promotion to keep people well, out of crisis and avoid unnecessary admissions to hospital
  - ❑ Important messaging relating to people seeking advice to ensure access to services
- ❑ National Public Health Wales “Help Us Help You This Winter” campaign being utilised to ensure consistent messaging
- ❑ Continued communication and engagement support to teams throughout the Winter period to support flexible and agile requirements

## 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 February/early March



# Core Risks to Delivery – as of November 2023



GIG  
CYMRU  
NHS

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

	Risk Title	Overview	Mitigation
1	Increase in Covid-19	<p>Surge in Covid-19 numbers</p> <p>Threat of new variant of concern resulting in a surge of cases</p> <p>Threat of new vaccine-evading variant</p>	<p>Vaccinations</p> <p>Robust vaccination strategy/programme</p> <p>Winter resilience &amp; Surge Plans for additional capacity.</p> <p>Review of triggers for implementation of COVID ward and elective reviews.</p>
2	Emergence of other serious communicable diseases/Viruses	<p>Seasonal influenza</p> <p>RSV,</p> <p>Ebola,</p> <p>Monkey pox</p>	<p>Vaccinations</p> <p>Robust vaccination strategy/programme</p> <p>Respiratory guidance published</p> <p>Use of respiratory pathways.</p> <p>Co-hort ability due to pressured isolation facilities.</p> <p>Pressure supported Isolation.</p> <p>Capacity with Tropical medicine.</p>
3	Increased waiting times/delayed handover times.	<p>Pressures on the NHS and social care, which typically increase during the winter months including delayed ambulance transfers and delayed discharges from care.</p>	<p>Seasonal planning embedded</p> <p>Winter resilience plans updated</p> <p>Daily risk huddles and outcomes for de-escalation.</p> <p>Utilisation of SDEC/111/UPCCS to reduce attendances.</p>

	Risk Title	Overview	Mitigation
4	Workforce pressures in health and social care due to high vacancy rates, staff sickness and social economic pressures..	Winter normally provides its own series of challenges for the sector this is now further expanded in light of financial instability of the economy	WOD working through contingency plans. Review of recruitment strategies to reduce the internal competing for staff. Revised Local Options Framework and impact assessment
5	<p>Increased unscheduled care demand due to delay in chronic conditions reviews by all specialities (Surgery/Mental Health etc)</p> <p>Increased acuity of patients due to the delays resulting in increased LoS and high acuity areas (ITU/CCU) and prolonged recovery periods.</p>	<p>Backlogs in all specialities continue.</p> <p>Patients inability to care at “Right place” resulting in inappropriate attendances to Emergency departments either self presenting or via WAST &gt; demand.</p>	<p>All Wales Escalation framework</p> <p>Review of GP sessions to support demand.</p> <p>Guidance for dental check-ups updated</p> <p>Increased access to 111/SICAT/UPCCS / I Can to support those that can be managed closer to home safely.</p> <p>Consultant connect access.</p> <p>Redirection of Minors work streams.</p> <p>Increased capacity with MIU’s</p> <p>Educational development to support the choose wisely approach.</p>

	Risk Title	Overview	Mitigation
6	Planned activity	Risk regarding increase in surge capacity and lack of flow, resulting in lack of capacity to maintain elective activity.	Resilience plans ongoing with a clear caveat of maintaining elective activity. Hospital full protocol developed to ensure clear guidance on escalation areas that do not impact on Planned capacity.
7	Stock holding levels and demand & supply of PPE etc	If there is a surge in covid or other aligned virus's the need for PPE and vaccines may increase.	Robust stock management, Early planning for surge. Capital process to ensure isolation facilities within each health economy.
8	Extreme low temperatures and adverse weather	Extreme temperatures can put additional demand services. Risk of increased illness and excess deaths Increased demand for Trauma Services and rehabilitation.	Civil Contingencies/emergency planning and resilience response plans. Weekly BCUHB & Social care meetings to review weekend planning and issues for escalating.

	Risk Title	Overview	Mitigation
9	Community care home capacity	Due to ongoing rises in costs, ability for care homes to remain sustainable.	Review of recruitment strategies across H&SC Ability to provide care closer to home. Six goals for Urgent and Emergency care implementation.
10	Industrial action	A number of health unions are balloting for NHS staff to go on strike in relation to elements above - No date has been confirmed as yet.	Discussions ongoing with Unions. NHS Employers are updating their Industrial Action Guidelines Civil contingencies act will reduce the risk for Emergency service staff and ensure availability



Reporting Committee:	<b>Performance, Finance and Information Governance Committee</b>
Committee Chair:	Gareth Williams, Independent Member
Date of last meeting:	2.11.23
Paper prepared by:	Diane Davies Corporate Governance Manager
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The Board is asked to note that the following matters were discussed at the meeting held on 2.11.23 at Carlton Court Boardroom :</p> <ul style="list-style-type: none"> <li>• Special Measures reports required greater clarification in regard to RAG ratings so that it is clear whether the progress reported is in terms of process or outcomes.</li> <li>• Annual Plan development – there was strong endorsement for the Interim CEO's view that the Annual Plan needed to be rooted in a coherent three year plan (even if this is not approvable as an IMTP) with clear strategic objectives.</li> <li>• Financial Position – whilst progress has been made the position was extremely challenging in delivering the revised target provided by WG (additionally reducing deficit forecast by 10%). Proposed capital programme amendments agreed although risks in terms of ICT were recognised.</li> <li>• The Committee received a thorough and useful update from Integrated Healthcare Community (IHC) Centre but identified a gap in understanding between the IHC and the corporate centre about meeting outturn targets: the efficacy of corporate communication may need to be considered in this area.</li> <li>• Budget issues regarding current and non-recurrent savings were identified which may require improved communication to improve clarification for staff. It was not acceptable that many parts of the organisation had failed to meet repeated deadlines to put forward viable savings plans and the lack of responsiveness to financial targets within the organisation was of deep concern. Leadership across all levels was required to win BCU staff's hearts and minds to actively engage in the collective responsibility necessary to conquer BCU's financial challenges together. It would also be important to articulate rewards for good financial management.</li> <li>• Workforce performance – the Committee noted the positive improvement in reducing BCU's utilisation of interim staff engagements.</li> <li>• Performance report – the revised format was an improvement on previous versions however further refinement was needed to enhance understanding of the data provided, enable comparisons with other organisations and provide local data to improve Board members understanding of BCU's local operational oversight and issues of concern. Coherence of escalation between Executive and Board needed to be articulated.</li> <li>• Delayed Transfers of Care (DTOC) challenges were discussed, and while some of these were not within BCU's ability to unblock, it was noted that management needed to continue efforts to reduce those which arose from systems and practices within the Health Board.</li> <li>• It was agreed that a focus on those KPIs where the Board's performance was weak by comparison with other Welsh health boards was helpful: in this context, 12 hour ambulance wait performance and Planned Care very long waits were of concern despite some progress being made.</li> </ul>	

- Board Assurance Framework (BAF) and Corporate Risk Register (CRR) – it was clarified that the BAF should focus on risks to the Health Board attaining its objectives whereas the CRR covered all major risks. This highlighted the underlying problem for the BAF that the Board did not currently have a coherently articulated set of medium-term objectives.
- A paper on investment required to make the North Wales Medical School a success was approved for submission to WG.

In private session the Committee agreed the novation of dental contracts and the extension of a lease. It referred back to the executive a proposal with regard to an agreement with an accommodation provider.

Approved minutes and papers are available on our BCUHB website :

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

#### **ITEMS TO BE ESCALATED TO THE BOARD**

- The importance of the agreed Plan for 2024/5 – 2026/7 setting clear medium term objectives for the Board, not least in terms of enabling a realistic BAF to be put in place
- The need to improve responsiveness of the organisation to corporate financial priorities, given the importance of meeting Welsh Government's targets in term sof out-turn.
- The need to increase the effectiveness of the Board's approach to DTOC in those cases where the delays are due to matters within the Board's control.

#### **NEXT MEETING**

The next meeting of the Performance, Finance and Information Governance Committee will be held on 18.1.24



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Reporting Committee:	<b>Audit Committee</b>
Committee Chair:	Karen Balmer
Date of last meeting:	16 <sup>th</sup> November 2023
Paper prepared by:	Head of Risk Management
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The Board is asked to note that the following matters were discussed at the Audit Committee on 16<sup>th</sup> November 2023:</p> <p>A paper was received on the details of the breach (late papers to committees and board in line with Model of Standing Order). The Committee considered the report, suggested to continue publishing papers in the current time frame of 7 days prior (as opposed to the recommended 10 days) however recommended the caveat for the chair of the Committee to receive the papers 10 days in advanced as a minimum. An action was taken to ensure there was a coordinated national response to suggested amendments on the timeframes stated in the Model of Standing Order as well as following up with individual Committee Leads.</p> <p>The Corporate Governance report was approved but noted the dependency on the IM recruitment. The Committee was assured recruitment of IMs was progressing well. In terms of the remit of the Audit Committee it was agreed that Information Governance would remain in PFIG.</p> <p>The Board Assurance Framework was approved but feedback was noted on the three lines of defence, Board and Committee being incorrectly referenced as a line of defence and noted as an action to be updated.</p> <p>The outline of the proposed Corporate Risk Register and approach to consolidate risks was approved noting some Executive feedback still outstanding on the descriptions of the risks. Positive feedback received and noted the work ongoing to progress the completion of all corporate risk templates.</p> <p>The Standing Orders for the Health Board, Standing Orders for the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) and Scheme of Reserved Delegation (SORD) had been updated to reflect the changes from the 2023 Standing Financial Instructions, Committee received assurance on but noted the CEO is due to further review the SORD. Committee recommended the papers for approval.</p> <p>The Single Tender Waivers paper was received and noted. The Committee were pleased to hear that the number of STWs had reduced and that more rigour had been built into the authorisation process.</p>	

The Committee received assurance on the Dental report relating to the delivery and payment of primary care dental services.

The Internal / External tracker was received however the Committee did not receive adequate assurance on that report, and in particular the proposed closure report, and requested an updated paper be received at the following meeting in January. Feedback was received on improvements required to the report however noted some progress to the layout. An update was provided from the Executive Director of Operations and Acting Board Secretary on their respective outstanding recommendations.

Committee received and noted two limited assurance reports re GP Out of Hours and Falls Management. In relation to the Falls Management report, Internal Audit expressed concern on the low volume of RIDDOR reports being reported to HSE. The Chair requested this be followed up and a note back to the committee be provided at the January meeting. Progress was received on the recommendations and actions in relation to both reports noting good progress in relation to GP Out of Hours.

The Committee received a follow up report on the Outpatient services audit from 2015, noting only 1 recommendation out of 5 had been completed. Following an update by The Exec Director of operations it was agreed that the management response in the document was missing some evidence of the actual progress made. It was agreed that an updated management response be drafted before the report was published by Audit Wales.

The Audit General's update was received and noted the work commencing in September 2024, as well as noting the additional fees incurred relating to the audit of the 2022-23 accounts.

The Committee noted the Board effectiveness structured assessment is due to commence in December.

The National Audit report on National Workforce data was discussed – it was agreed that this should be considered by the new People & Culture committee once established.

#### **ITEMS TO BE ESCALATED TO THE BOARD**

There were no items to be escalated to the Board.

#### **NEXT MEETING**



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

The next meeting of the Audit Committee will be held on 12<sup>th</sup> January 2024.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Teitl adroddiad:</b>	The Integrated Performance Report – Month 7, 2023/24																														
<b>Report title:</b>																															
<b>Adrodd i:</b>	Health Board																														
<b>Report to:</b>																															
<b>Dyddiad y Cyfarfod:</b>	Thursday, 30 November 2023																														
<b>Date of Meeting:</b>																															
<b>Crynodeb Gweithredol:</b>	This report relates to the 2023/24 financial year and month 7 performance.																														
<b>Executive Summary:</b>	<p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the Integrated Planning Framework and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF) and 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"><li>1. Key deliverables from the Annual Plan (IMTP).</li><li>2. NHS Wales Performance Framework (Quadruple Aims).</li><li>3. Key deliverables in response to Welsh Government, Health Education Improvement Wales and other recommendations including Special Measures.</li></ol> <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><table><caption>Measures Off Target Data</caption><tr><th>Section</th><th>Red</th><th>Green</th><th>Yellow</th><th>Total</th></tr><tr><td>All</td><td>36</td><td>12</td><td>2</td><td>50</td></tr><tr><td>Section 1</td><td>10</td><td>4</td><td>2</td><td>16</td></tr><tr><td>Section 2</td><td>18</td><td>8</td><td>0</td><td>26</td></tr><tr><td>Section 3</td><td>4</td><td>0</td><td>0</td><td>4</td></tr><tr><td>Section 4</td><td>4</td><td>0</td><td>2</td><td>6</td></tr></table></div> <p>The Framework will support the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities. The management</p>	Section	Red	Green	Yellow	Total	All	36	12	2	50	Section 1	10	4	2	16	Section 2	18	8	0	26	Section 3	4	0	0	4	Section 4	4	0	2	6
Section	Red	Green	Yellow	Total																											
All	36	12	2	50																											
Section 1	10	4	2	16																											
Section 2	18	8	0	26																											
Section 3	4	0	0	4																											
Section 4	4	0	2	6																											

requirements of the Integrated Performance Framework (IPF) aligns to the Health Board's corporate governance structure.

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

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

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

The Performance Directorate has been working with our partners across the organisation, developing the report with the Executive Delivery - Integrated Performance Group (IPG). The implementation requiring production of an Integrated Performance Report (IPR), with an initial report presented through the Performance, Finance & Information Governance Committee.

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

Performance is RAG rated against the targets set within the NHS Wales Performance Framework 2023-24, set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories as submitted and agreed by Welsh Government have also been included.

Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report. This section will be strengthened as the report matures, to include more information about the plans to mitigate or improve performance, the report composition articulates the following;

- Within the escalation section a high level one page summary that highlights key performance across the four quadrants, followed by escalation pages to further articulate performance within the escalated metrics.
- A brief introduction to the Performance report to include a key for rag-rating and Statistical Process Control (SPC) charts.
- The further reporting contains all of the metrics by domain, so members can review performance against all metrics reported.



	<ul style="list-style-type: none"> <li>The final section indicates local indicators being developed for inclusion in future reporting.</li> </ul> <p>The intention of the report structure is to enable members to identify key escalations from committees of the Health Board, whilst enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, a key enhancement to the reporting moving forwards will be for the following;</p> <ul style="list-style-type: none"> <li>Development of local metrics that give greater insight into understanding current performance (through Executive forums &amp; Committees).</li> <li>Greater ownership by sub-committees of the measures then included within the escalation section of the report for Health Board, with areas of good practice also to be included within this section.</li> </ul> <p>The Performance team continue to work with the Health Board to further embed the endorsed Integrated Performance Strategy. These arrangements include putting in place formal and informal accountability review structures and escalation / de-escalation mechanisms.</p>			
<b>Argymhellion:</b>  <b>Recommendations:</b>	The Health Board is asked to:  Review the structure, components and contents of the report and confirm agreement to continue with this format, propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.			
<b>Arweinydd Gweithredol:</b>  <b>Executive Lead:</b>	Russell Caldicott, Interim Executive Director of Finance			
<b>Awdur yr Adroddiad:</b>  <b>Report Author:</b>	Ed Williams, Acting Director of Performance			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	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"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau /	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth

	amcanion presennol	darparu'r mecanweithia u / amcanion presennol	mecanweithia u / amcanion presennol	No confidence / evidence in delivery
	High level of confidence/evidence in delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	
<p><b>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:</b></p> <p><b><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></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b>	This report will be available to the public once published for Health Board			
<b>Regulatory and legal implications:</b>				
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>	N			
<b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	The Report has not been Equality Impact Assessed as it is reporting on actual performance.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>	N			
<b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>	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.			
<b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>				
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>	The delivery of the performance indicators within our IPR will directly/ indirectly impact upon the financial recovery plan of the Health Board.			
<b><i>Financial implications as a result of implementing the recommendations</i></b>				
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>	The delivery of the performance indicators within our IPR will directly/			

<b>Workforce implications as a result of implementing the recommendations</b>	indirectly impact on our current and future workforce.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	<p>This report has been reviewed by the Integrated Performance Executive Delivery Group on 15.11.2023.</p> <p>The full report has been reviewed by the Acting Director of Performance, and the Executive Director of Finance</p>
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	The Acting Director of Performance is working with the Head of Risk Management to develop linkage from this report into the Board Assurance Framework (BAF), Corporate Risk Register. Hence throughout the Report, there is a column in readiness to include BAF reference numbers as appropriate.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	<p>Amherthnasol</p> <p>Not applicable</p>
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations:</b> Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.  The Integrated Performance Report will undergo continuous development through the remainder of 2023-24 with a view to have the 'end product' embedded as business as usual from 1 <sup>st</sup> April 2024.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>  1: Summary of Integrated Performance Report (month 7 of 2023/24) 2: Integrated Performance Report in PowerPoint/ PDF	

## Appendix 1 – Summary of Report

**Committee:** Health Board

**Report title:** Summary of Integrated Performance Report (month 7)

**Report Author:** Director of Performance

### 1. Introduction

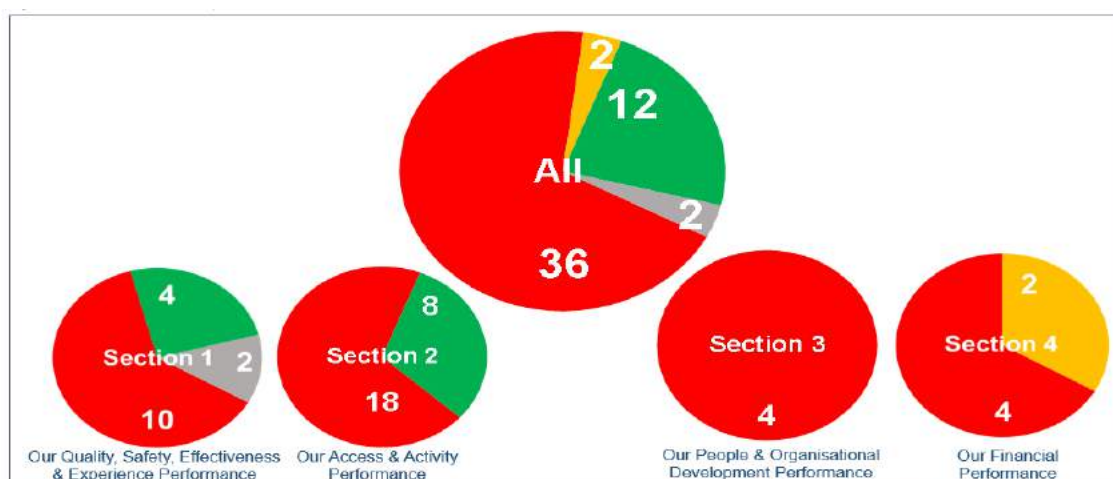
The Performance Department has been developing a revised performance report for the Health Board, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' now including a section summarising the areas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

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

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

### 2. Overall Summary

Excluding the measures within the Local Measures Section (which is still in the development phase, but included here for illustration of direction of content in the report) there are a number of measures. Of these measures, 52 are RAG rated against the NHS Wales Performance Framework targets (the remainder are cumulative or do not have a defined agreed target at the time of reporting).



There are clearly significant risks to delivery on a number of key metrics for which the attached report (see appendix I) gives greater detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic. The summary report identifying the measures Executive wish to bring to the attention of Board (this to be enhanced for future reporting following endorsement by Committees).

### **3. Key Outputs from oversight of Integrated Performance**

The Performance report articulates areas of key performance to be highlighted to members within each of the domains, the below extracts from the report highlighting the areas of focus by domain;

#### **3.1 Quality, Safety, Effectiveness & Experience (escalation summary extract)**

The key areas highlighted centre upon;

- One Never Event was identified in the reporting period – this is detailed in the Integrated Quality Report and a full investigation is underway, following a Rapid Learning Panel led by a clinical executive.
- Regarding infection rates, the Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign (“HABITS”) being established to further engage staff, patients and public.
- Clinical coding compliance has seen a significant reduction which is likely attributed to staff absence: work is underway to review this.

#### **3.2 People & Organisational Development Experience**

The key areas highlighted centre upon;

- Sickness absence rate stayed below 6% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by Health Education and Improvement Wales (HEIW)
- Focus on off-contract agency reduction with lowest agency usage reported in September YTD
- PADR rate increased steadily over last 12 months and been consistently over 76% for the last 3 months, this work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

#### **3.3 Access & Activity Performance**

The key areas highlighted centre upon;

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

### 3.4 Financial Performance

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

Description	April £m's	May £m's	June £m's	July £m's	August £m's	Sept £m's	Oct £m's	Total deficit to plan year to date (YTD) £m's
Deficit (per month)	1.0*	2.9*	5.4	5.6	5.5	3.3	1.2	24.9
Deficit in month compared to budget in £m's (grey shaded areas reflects impact of central reserve release)								

However, the Health Board continues to commit resources beyond in month allocations (£1.2m adverse variance in October 2023). The adverse financial performance driven largely through cost overspends within the East, Centre and West Integrated Health Communities in the following areas;

- Continued use of escalation beds to support emergency care (temporary workforce costs high as a consequence).
- High costs of prescribing and secondary care drug usage and continuing healthcare costs.

To attain the Welsh Government control target, the Health Board will be required to mitigate;

- the year-to-date deficit (£24.9m)
- the run rate deficit in month (£1.2m\*5) and
- expenditure reductions to match the £13m improvement ask.

The Health Board will not have latitude to invest funds in support of Elective Recovery or Emergency pressures and still attain the control target.

#### **4. Summary**

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

#### **5. Appendix**

Appendix 2 – The Integrated Performance Report



# The Integrated Performance Report

Reporting Period to 31<sup>st</sup> October 2023 (Where data is available)

Presented to the  
**Health Board**  
on 30<sup>th</sup> November 2023



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# Performance Escalations Report



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University Health Board

Produced on behalf of our **Health Board** by the  
**Performance Directorate** in partnership with our **Integrated Performance Executive Delivery Group**



# Summary Escalated Performance Measures (by area)

## Quality, Safety, Effectiveness & Experience Performance

- One Never Event was identified in the reporting period – this is detailed in the Integrated Quality Report and a full investigation is underway, following a Rapid Learning Panel led by a clinical executive.
- Regarding infection rates, the Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign (“HABITS”) being established to further engage staff, patients and public.
- Clinical coding compliance has seen a significant reduction which is likely attributed to staff absence: work is underway to review this.

## People & Organisational Development Performance

- Sickness absence rate stayed below 6% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW
- Focus on off-contract agency reduction with lowest agency usage reported in September YTD
- PADR rate increased steadily over last 12 months and been consistently over 76% for the last 3 months, this work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

## Access & Activity Performance

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

## Financial Performance

The Health Board has a £20m deficit control target for the 2023/24 financial year. The below tables articulate the control total and adverse year to date performance;

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



The Adverse financial performance is driven through;

- Continued use of escalation beds to support emergency care
- High costs of prescribing and secondary care drug usage and Continuing Healthcare costs

To attain the Welsh Government control target, the Health Board will be required to mitigate;

- the year to date deficit (£24.9m)
- the run rate deficit in month (£1.2m\*5) and
- expenditure reductions to match the £13m improvement ask.

The Health Board will not have latitude to invest additional funds in support of Elective Recovery or Emergency pressures and still attain the control target.



# Quality: Escalated Performance Measures

Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend
---------	-----------	----------	----------	------------	------------------------

- One Never Event was identified in the reporting period



- C.difficile and E.Coli infection rates



## Clinical coding compliance



- One Never Event was identified in the reporting period – The harm to the patient involved in the event has been graded as Low. A Rapid Learning Panel led by a clinical executive has been held and a full investigation is underway. Further details of this event are included within the Integrated Quality Report, also presented at this meeting.
- Regarding infection rates, the Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign (“HABITS”) being established to further engage staff, patients and public.
- Clinical coding compliance has seen a significant reduction which is attributed to staff absence and vacancies. Due to the impact coding has on other areas of business for the Health Board, it is recommended that if this performance does not rapidly improve, that guidance from our Risk Management Directorate be sought as to the appropriateness of adding this on to the corporate risk register.

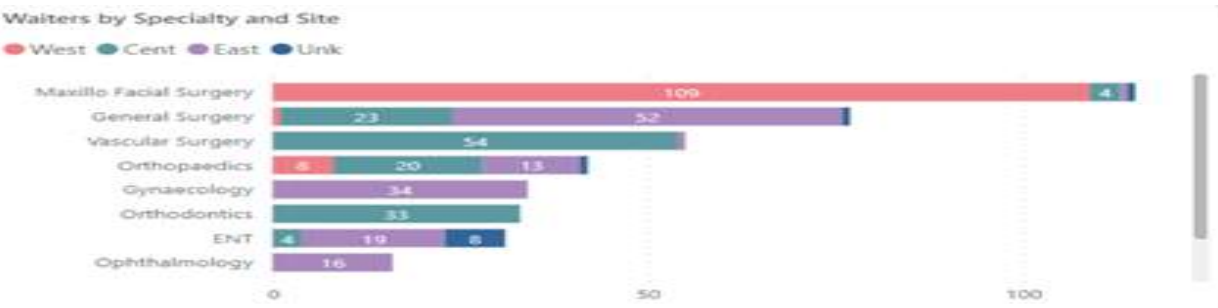
Our Performance Directorate are working in partnership with Quality & Patient Experience Directorate in the development of a new set of local measures that will provide further triangulation of intelligence between the four quadrants. These will be included in the next iteration of this report, to be presented at Health Board in January 2024.





# Access & Activity: Escalated Performance Measures

- Extreme RTT waits, 418 patients waiting over 200 weeks at time of reporting.

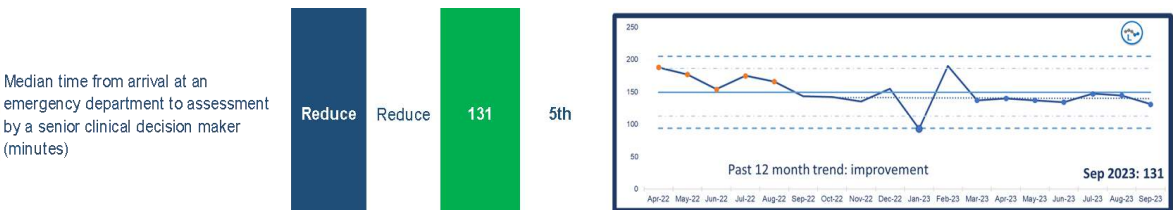


- Single Cancer Pathway performance – specific focus on Dermatology/skin.
- 7,320 patients waiting over 8 weeks for a specified diagnostic test



Measure	WG Target	BCU Plan	Position	Wales Rank *	Rolling 18 month trend
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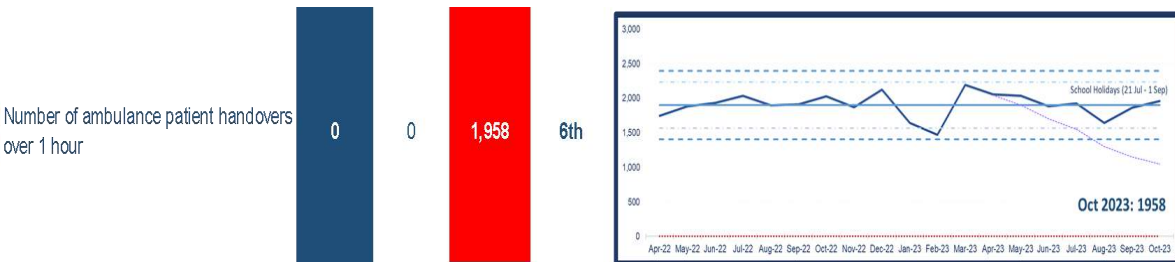
- Emergency Department medical assessment waits



- Pathways of Care Delays



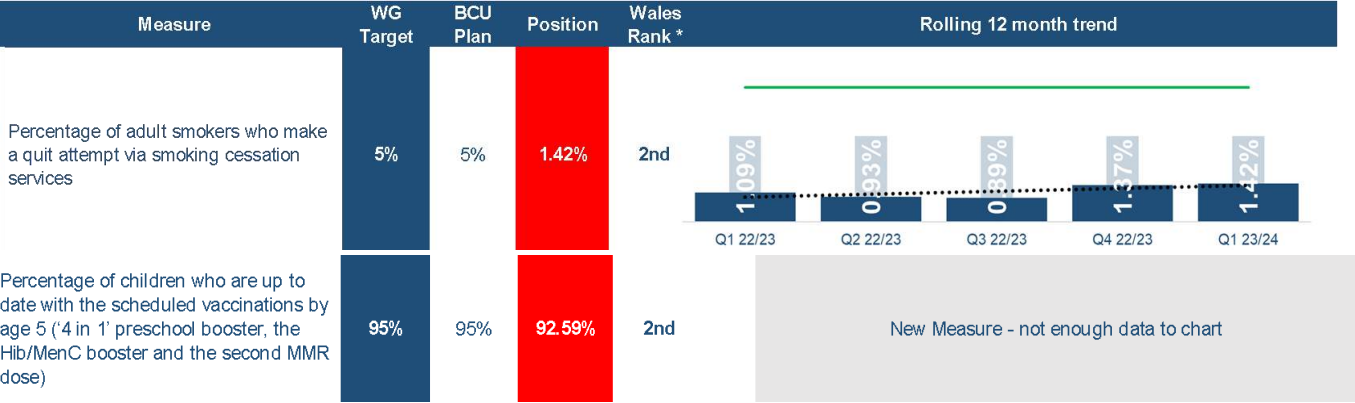
- Ambulance handover waits



Our Performance Directorate are working in partnership with our Interim Executive Director of Operations in the development of a new set of local measures that will provide further triangulation of intelligence between the four quadrants. These will be included in the next iteration of this report, to be presented at Health Board in January 2024.

# Access & Activity: Escalated Performance Measures

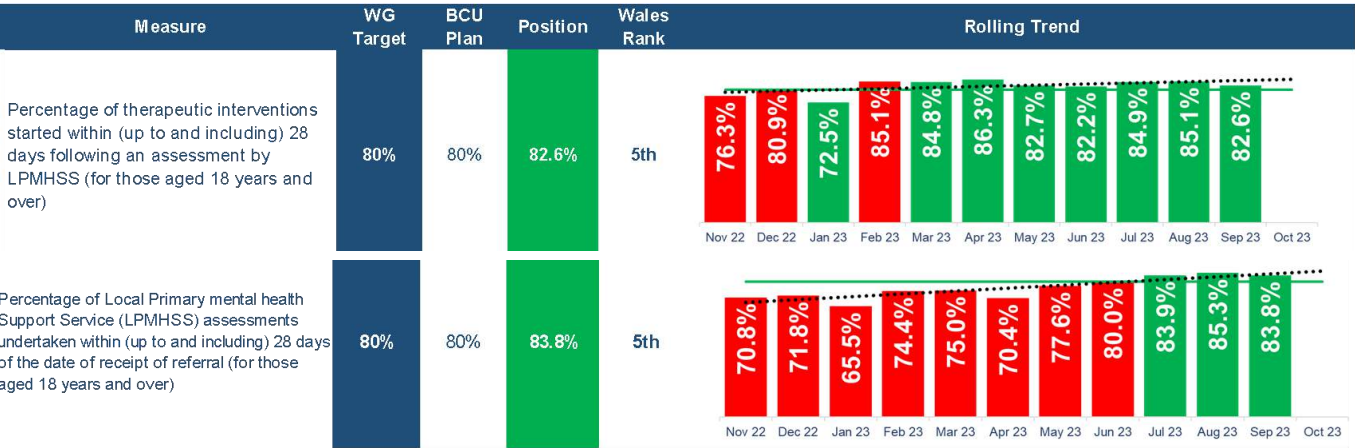
- Smoking Cessation
- '4 in 1' Childhood vaccinations
- Flu vaccination rate



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

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

- Adult Mental Health Measures Part 1a and 1b



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

Our Performance Directorate are working in partnership with our Adult Mental Health & Learning Disabilities Directorate in the development of a new set of local measures that will provide further triangulation of intelligence between the four quadrants. These will be included in the next iteration of this report, to be presented at Health Board in January 2024.





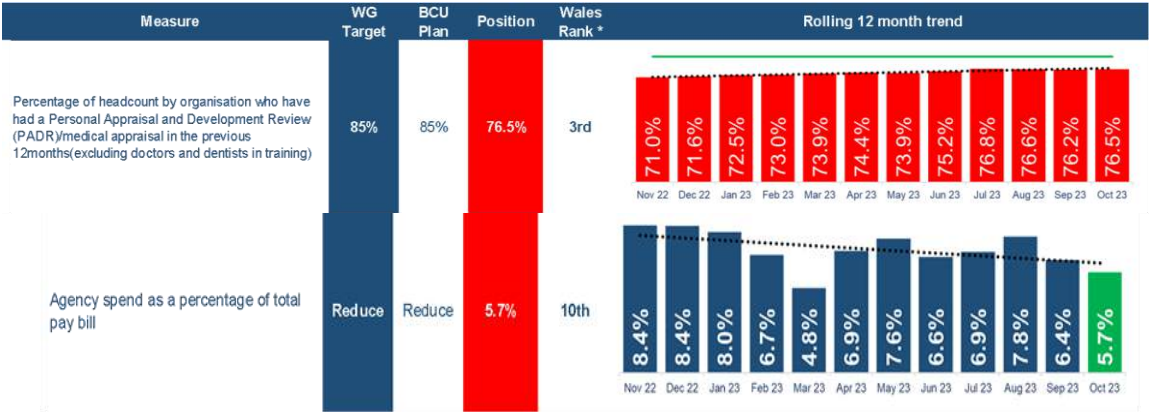
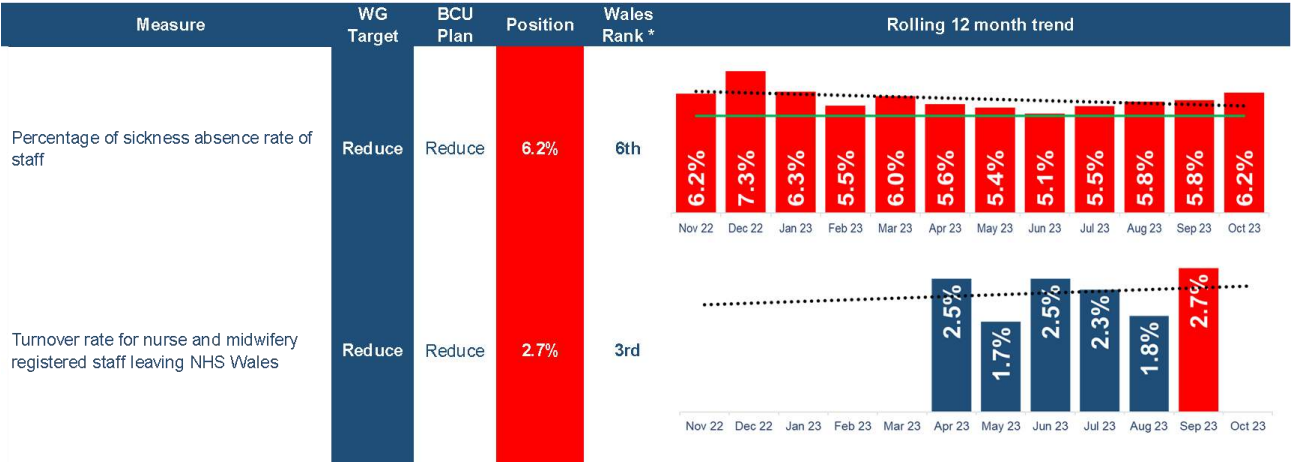
# People & OD: Escalated Performance Measures

**Measures:**

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

**Narrative:**

- Sickness absence rate stayed below 6% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW
- Focus on off-contract agency reduction with lowest agency usage reported in September YTD
- PADR rate increased steadily over last 12 months and been consistently over 76% for the last 3 months, this work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.



Our Performance Directorate are working in partnership with our People & Organisational Development Directorate in the development of a new set of local measures that will provide further triangulation of intelligence between the four quadrants. These will be included in the next iteration of this report, to be presented at Health Board in January 2024.

# Finance: Escalated Performance Measures

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

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

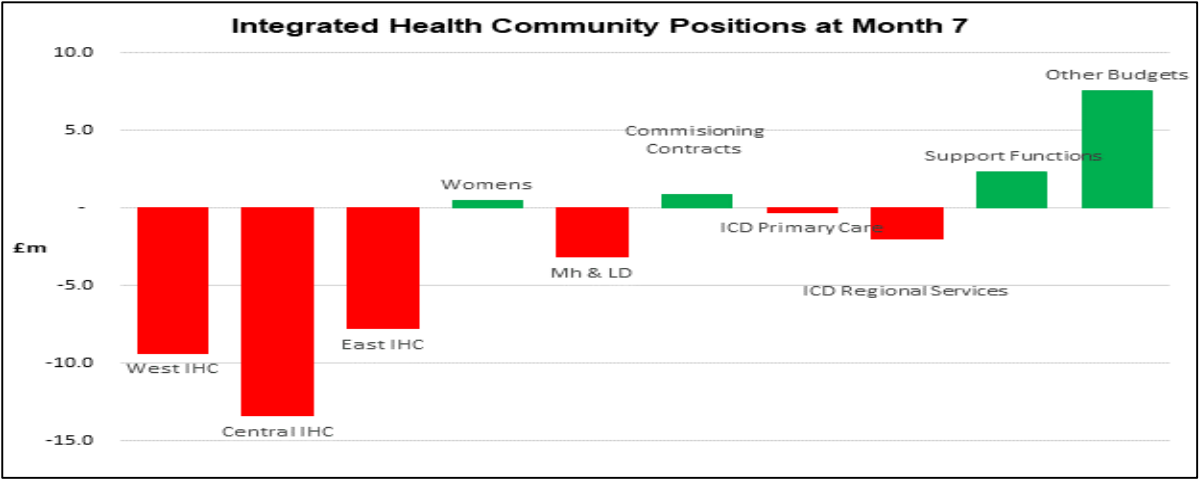
The Year to date financial performance is as detailed below;

Description	April £m's	May £m's	June £m's	July £m's	August £m's	Sept £m's	Oct £m's	Total deficit to plan year to date (YTD) £m's
Deficit (per month)	1.0*	2.9*	5.4	5.6	5.5	3.3	1.2	24.9
Deficit in month compared to budget in £m's (grey shaded areas reflects impact of central reserve release)								

To attain the Welsh Government control target, the Health Board will be required to

- Mitigate the year to date deficit (£24.9m)
- Mitigate the run rate deficit in month (£1.2m\*5) and
- identify reductions in expenditure to match the £13m improvement ask.

The Health Board has not the latitude to invest funds in further support of Elective Recovery or Emergency pressures and still attain the control target set by Welsh Government.



The deficit is largely driven through the IHC's, as detailed within the above slide, with key drivers of the deficit being;

- Temporary workforce to service emergency additional bed capacity
- Continuing Healthcare pressures within the community
- Prescribing and secondary care drug costs

Prioritising existing resource funding (to include Elective and Transformation additional funds) will be required if the plan is to be attained and current non-recurrent resources secured recurrently moving forwards into 2024/25. The Executive supporting implementation of expenditure control totals for Directorates and Areas to live within the available funds.

Our Performance Directorate are working in partnership with our Finance Directorate in the development of a new set of local measures that will provide further triangulation of intelligence between the four quadrants. These will be included in the next iteration of this report, to be presented at Health Board in January 2024.

# About Our Integrated Performance Report



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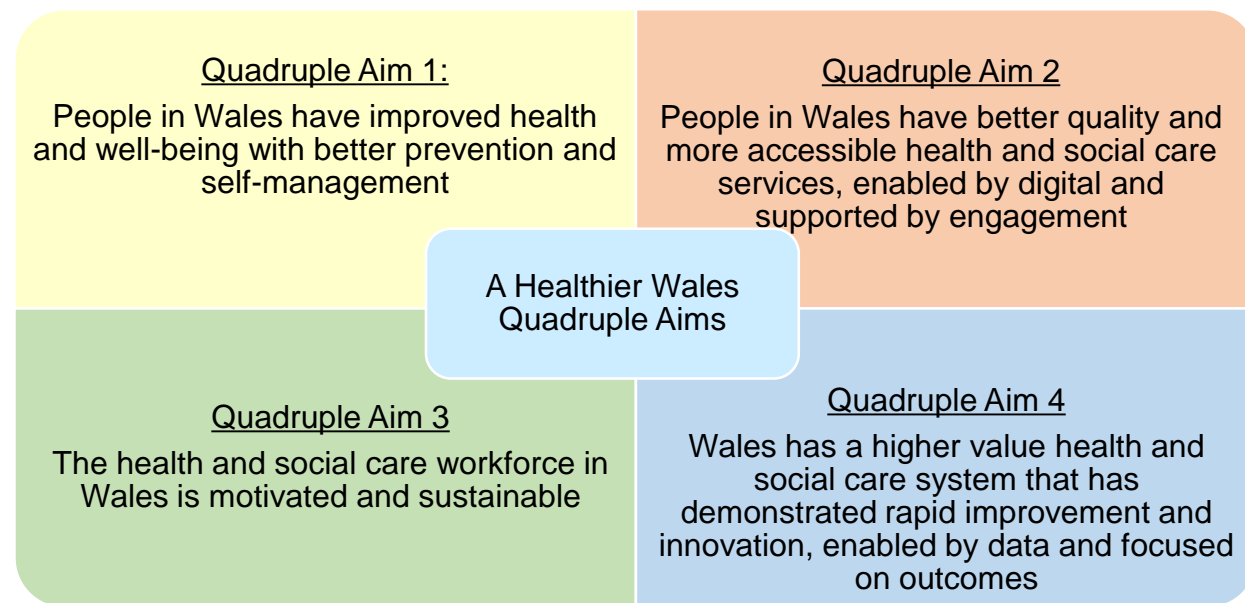




# NHS Wales Performance Framework 2023-24

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

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



## 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.

The IPF is undergoing phased implementation across the Health Board with core integration by Q4 2023/24 and to run as business as usual from 1<sup>st</sup> April 2024.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special 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.

**Green**

**Green = On track**

A stable, sustained or improving position that is consistently on or above the **Welsh Government Target** for at least 3 or more consecutive months

**Amber**

**Amber = Early Warning or Off Track and in Exception – Short summary provided**

On or above **Welsh Government Target**, but a deteriorating position of 3 or more consecutive months or inconsistently above/on/below the **Welsh Government Target**

**Red**

**Red = Off Track and in Escalation**

Consistently below **Welsh Government Target** and below **BCU submitted improvement trajectories – Detailed Exception report provided**

## Exception

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

## Escalation

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

### Criteria of an exception

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

Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.

Any reportable commissioned metric where performance is not meeting national target

### Criteria for escalation

Any measure that fails a health submitted trajectory as part of the Ministers priorities.

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

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



# Interpreting Results of Statistical Process Control (SPC) Charts

Variance			Assurance*				
Common cause. No significant change	Special cause for positive change or lower pressure due to Higher (H) or Lower (L) values	Special cause for negative change or higher pressure due to Higher (H) or Lower (L) values	Variance indicates inconsistent performance (not achieving, achieving or passing the target rate)	Variance indicates consistent positive (P) performance (achieving or surpassing the target on a regular and consistent basis)	Variance indicates consistent negative (N) performance (not achieving the target on a regular or consistent basis)		
How to interpret variance results			How to interpret assurance results				
<ul style="list-style-type: none"><li>Variance results show the trends in performance over time</li><li>Trends either show <b>special cause</b> variance or <b>common cause variance</b></li><li><b>Blue Icons</b> indicate <b>positive</b> special cause variance</li><li><b>Orange Icons</b> indicate <b>negative</b> special cause variance <b>requiring action</b></li><li><b>Grey Icons</b> indicate <b>no significant change</b></li></ul>			<ul style="list-style-type: none"><li>Assurance results demonstrate the likelihood of achieving a target and is based upon the trends over time</li><li><b>Blue Icons</b> indicate an expectation <b>to</b> consistently achieve the target</li><li><b>Orange Icons</b> indicate an expectation <b>not to</b> consistently achieve the target</li><li><b>Grey Icons</b> indicate an expectation for <b>inconsistent</b> performance, sometimes the target will be achieved and sometimes it will not be achieved.</li></ul>				

\* Assurance based upon observations of the data as presented in the SPC charts only.



# The Integrated Performance Report



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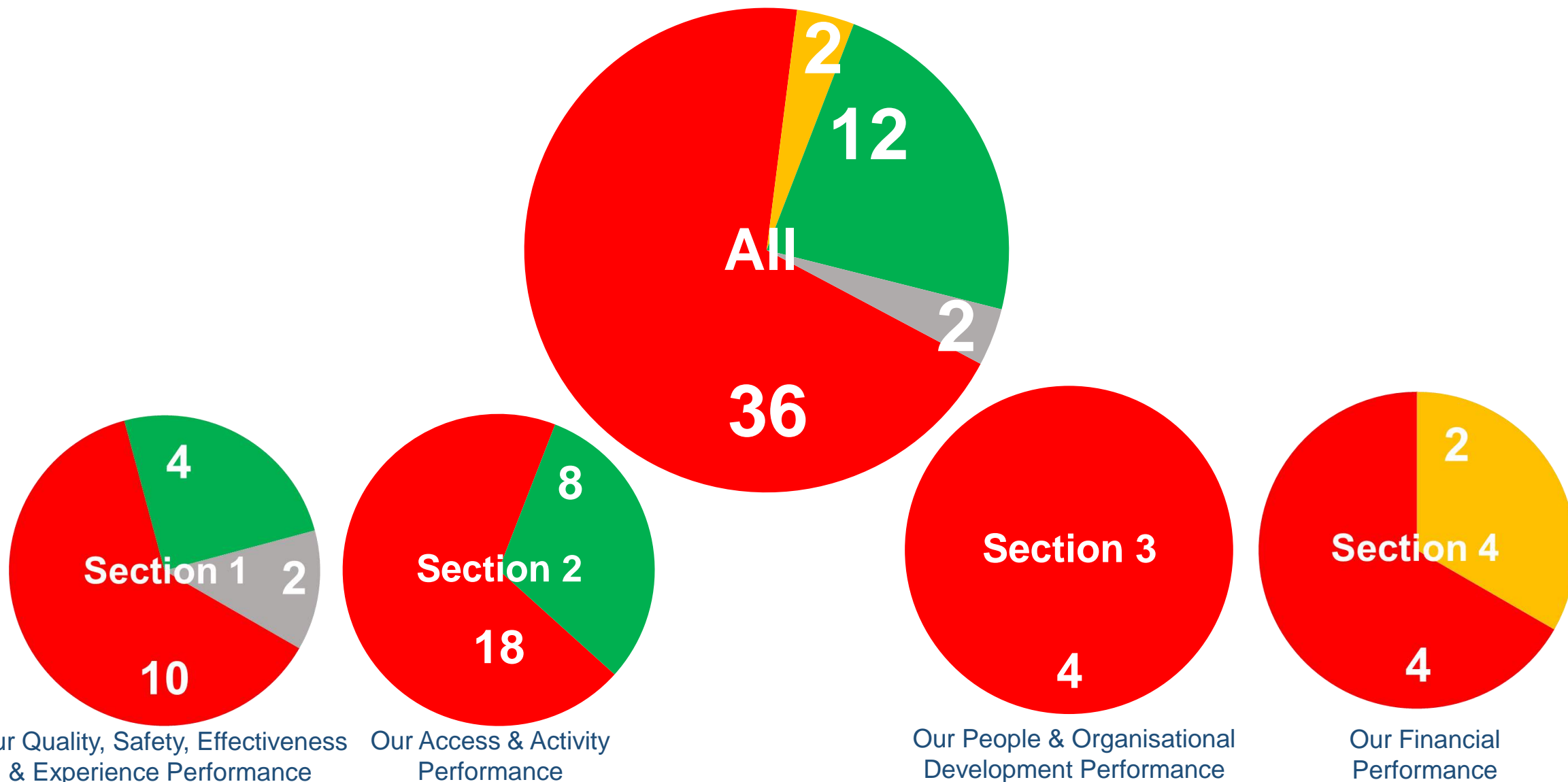
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# Summary of Performance to Month 7

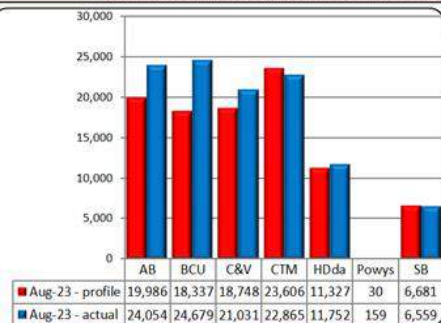




# NHS Wales Performance Dashboard- part 1

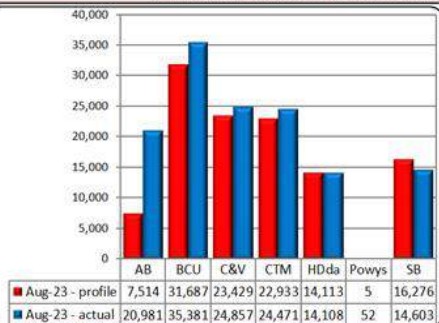
## PERFORMANCE DASHBOARD

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



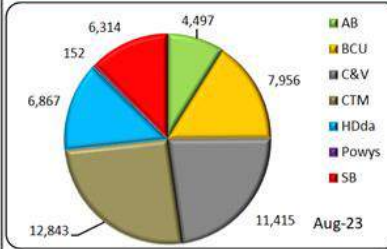
- In Aug-23, only CTM and SB achieved their trajectories for the number of patients waiting over 36 weeks for a new outpatient appointment.
- Only SB has seen a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of patients waiting over 36 weeks for a new outpatient appointment has increased in Aug-23 when compared to the previous month by 2,961 to 111,099, a 2.7% increase.
- Powys had the lowest number of patients waiting over 36 weeks for a new outpatient appointment in Aug-23 at 159, BCU had the highest number of waits at 24,679 (22.2% of the total).

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



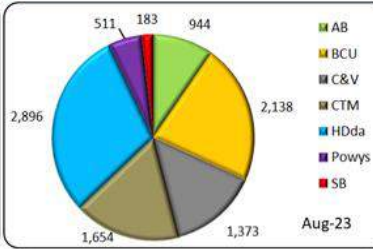
- In Aug-23, only HDda and SB achieved their trajectories for the number of patients waiting over 52 weeks for referral to treatment.
- C&V, CTM and SB all saw a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 52 week referral to treatment waits has increased in Aug-23 when compared to the previous month by 1,248 to 134,453, a 0.9% increase.
- Powys had the lowest number of patients waiting over 52 weeks for referral to treatment in Aug-23 at 52, BCU had the highest number of waits at 35,381 (26.3% of the total).

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



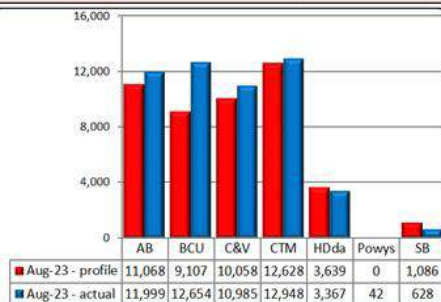
- In Aug-23 only CTM achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 8 weeks for a specified diagnostic.
- AB has not yet provided an 8 week diagnostic trajectory.
- Only CTM all saw a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 8 week waits for specific diagnostics increased in Aug-23 when compared to the previous month by 3,489 to 50,044, a 7.5% increase.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Aug-23 at 152, CTM had the highest at 12,843 (25.7% of the total).

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



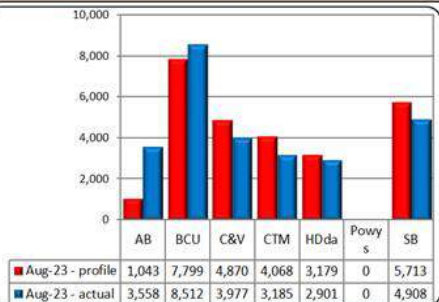
- In Aug-23 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 14 weeks for a specified therapy.
- CTM has not yet provided a 14 week therapy trajectory.
- No health board saw a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 14 week waits for specific therapies increased in Aug-23 when compared to the previous month by 1,381 to 9,699, a 16.6% increase.
- SB had the lowest number of over 14 week waits for specific therapies in Aug-23 at 183, HDda had the highest at 2,896 (29.9% of the total).

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



- Only HDda and SB achieved their trajectory for the number of patients waiting over 52 weeks for a new outpatient appointment in Aug-23.
- Only SB saw a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Aug-23 when compared to the previous month by 1,738 to 52,623, a 3.4% increase.
- Powys had the lowest number of over 52 week new outpatient waits at 42, CTM had the highest number of waits at 12,948 (24.6% of the total).

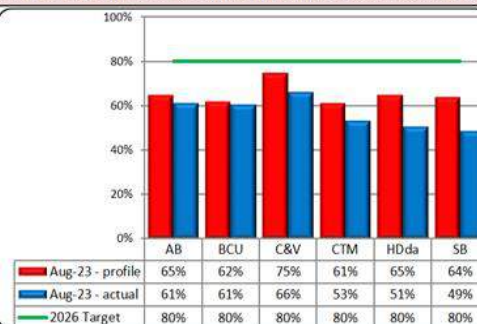
### Number of patients waiting more than 104 weeks for referral to treatment



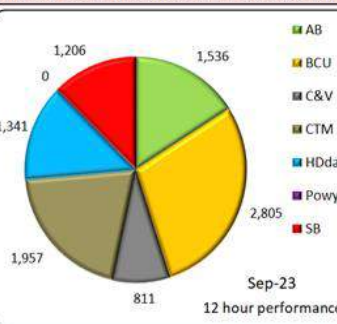
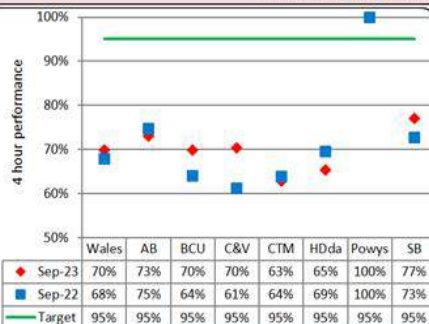
- In Aug-23, C&V, CTM, HDda, Powys and SB all achieved their trajectories for the number of patients waiting over 104 weeks for referral to treatment.
- All HBs, except AB, have seen a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 104 week referral to treatment waits has reduced in Aug-23 when compared to the previous month by 640 to 27,041, a 2.3% reduction.
- Powys have had no over 104 week referral to treatment waits since Feb-22, BCU had the highest number of waits at 8,512 (31.5% of the total).

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

- In Aug-23, none of the HBs achieved their trajectory for the percentage of patients starting 1st definitive cancer treatment within 62 days.
- All HBs, except BCU and SB, saw an improvement in performance in Aug-23 when compared to the previous month.
- At all Wales level, the percentage of patients starting 1st definitive treatment within 62 days has seen an improvement in performance in Aug-23 when compared to the previous month of 0.7 percentage points to 57.3%.
- The best performing HB in Aug-23 was C&V with performance at 66.4%, SB had the lowest performance at 48.6%.



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



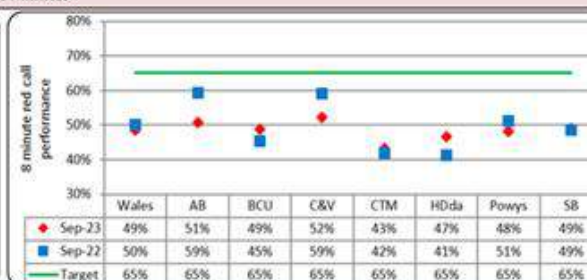
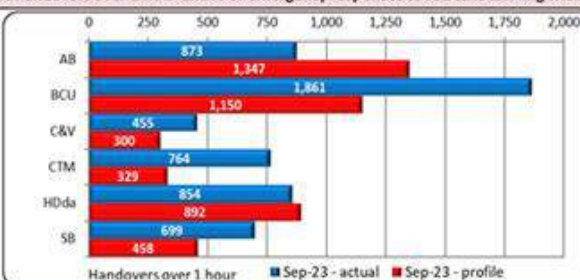
- In Sep-23 BCU, C&V, Powys and SB all achieved the target of an improvement compared to the same month in 2022-23, towards the national target of 95%, for the percentage of patients who spent less than 4 hours in A&E.
- All HBs, except AB, saw an improvement in performance in Sep-23 when compared to the previous month.
- At all Wales level, the percentage of patients who spent less than 4 hours in A&E has seen an improvement in performance in Sep-23 when compared to the previous month of 0.9 percentage points to 69.9%.
- The best performing HB in Sep-23, exc. Powys, was SB at 77%, CTM had the lowest performance at 62.8%.
- In Sep-23 only AB and Powys achieved the target of an improvement trajectory towards a national target of 0 by 31 March 2024 for the number of patients who spent more than 12 hours in A&E.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 811, BCU had the highest at 2,805 (29% of the total).



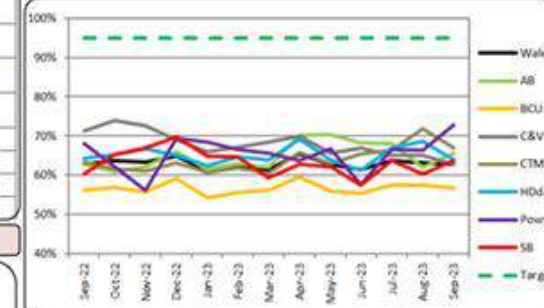
# NHS Wales Performance Dashboard – part 2

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

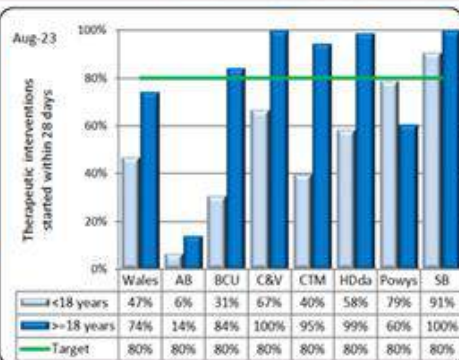
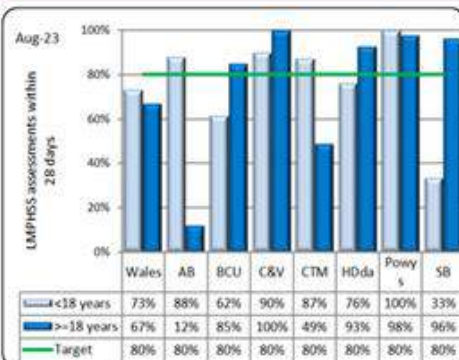
- In Sep-23, AB and HDda achieved their trajectory for the number of ambulance patient handovers over 1 hour.
- C&V had the lowest number of over 1 hour handovers in Sep-23 with 455 over 1 hour handovers, BCU had the highest at 1,861 (33.8% of the total).
- Over the last 12 months all HBs, except AB, saw an improvement trend in performance.
- In Sep-23, no HB achieved the 65% target for the percentage of emergency responses to red calls within 8 minutes.
- C&V were the best performing HB in Sep-23 with performance at 52.3%, CTM were the lowest with performance at 43.2%.
- Over the last 12 months all HBs have seen an improvement trend in performance. C&V, HDda and Powys saw an improvement in performance in Sep-23 when compared to the previous month.



## % 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

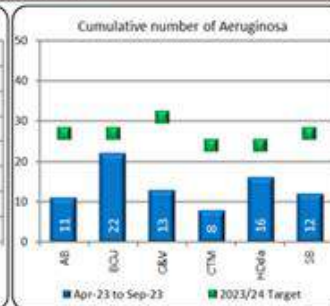
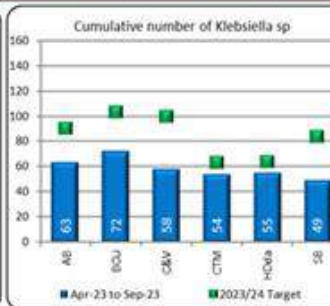
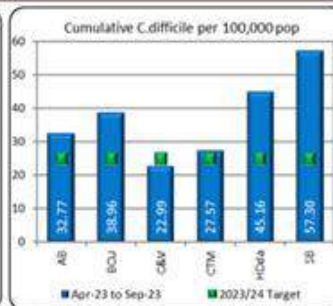
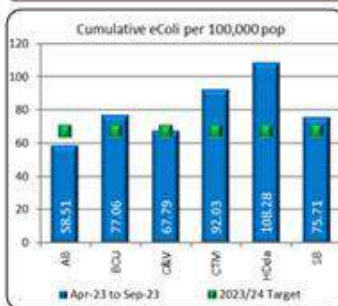
- In Aug-23 BCU, HDda and SB failed to achieve the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%, SB had the lowest performance at 33.3%. Over the last 12 months, BCU, CTM, HDda and Powys saw an improvement trend in performance.
- In Aug-23 only SB achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was SB at 90.7%, AB had the lowest performance at 6.5%. Over the last 12 months, all HBs, except AB, saw an improvement trend in performance.

### >=18 years

- In Aug-23, all HBs, except AB and CTM, achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was C&V at 100%, AB had the lowest performance at 11.9%. Over the last 12 months BCU and Powys both saw an improvement trend in performance.
- In Aug-23, only AB and Powys failed to achieve the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was C&V and SB at 100%, AB had the lowest performance at 13.8%. Over the last 12 months, all HBs, except AB and C&V, saw an improvement trend in performance.
- Note: C&V currently have data quality issues with <18s therapeutic interventions so data has been rolled over from Mar-23. AB are still validating their data from Apr-23 due to moving to a new IT system so data may be revised in future months.

- In Sep-23 no HB achieved the 95% target for the percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- The best performing HB in Sep-23 was Powys with performance at 72.8%, BCU were the lowest performing HB with performance at 56.7%.
- In Sep-23, AB, Powys and SB all saw an improvement in performance compared to the previous month.
- Over the last 12 months, all HBs, except C&V and SB, saw an improvement trend in performance.

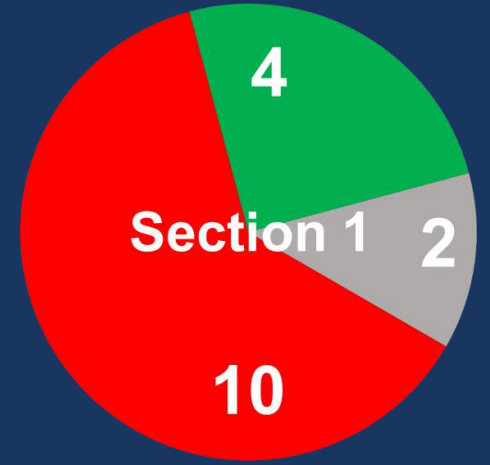
## Health Care Acquired Infections - HCAs (provisional data)



- For eColi, only AB are currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, HDda had the highest rate of eColi at 108.28 per 100,000 population compared to AB who had the lowest rate at 58.51 per 100,000 population.
- For S.aureus, only AB is currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, SB had the highest rate of S.aureus at 38.88 per 100,000 population compared to AB who had the lowest rate at 18.72 per 100,000 population.
- For C.difficile, only C&V are currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, SB had the highest rate of C.difficile at 57.30 per 100,000 population compared to C&V who had the lowest rate at 22.99 per 100,000 population.
- For Klebsiella, all HBs are currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, BCU had the highest number of cases of Klebsiella at 72 compared to SB who had the lowest number at 49.
- For Aeruginosa, all HBs are currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, BCU had the highest number of cases of Aeruginosa at 22 compared to CTM who had the lowest number at 8.

# Section 1

## Quality, Safety, Effectiveness and Experience Performance



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Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank *	Rolling 12 month trend
QA1-001		QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5%	5%	1.42%	2nd	
QA1-002		QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Improve	Improve	82.96%	3rd	
QA1-003		QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	95%	92.59%	2nd	New Measure - not enough data to chart

\* Wales Ranking may differ as may refer to previous month

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank *	Rolling 12 month trend
QA1-004		QSE	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	90%	84.2%	5th	New Measure - not enough data to chart
QA1-005		QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	75%	Data Unavailable	NA	New Measure - not enough data to chart
QA1-006		QSE	Percentage uptake of the COVID-19 vaccination for those eligible Autumn Booster 2023: Age range to be confirmed	75%	75%	3.9%	6th	Seasonal measure - not yet enough data to chart

\* Wales Ranking may differ as may refer to previous month

Reporting period to 31.10.2023 (Where data is available)  
Presented on 30.11.2023



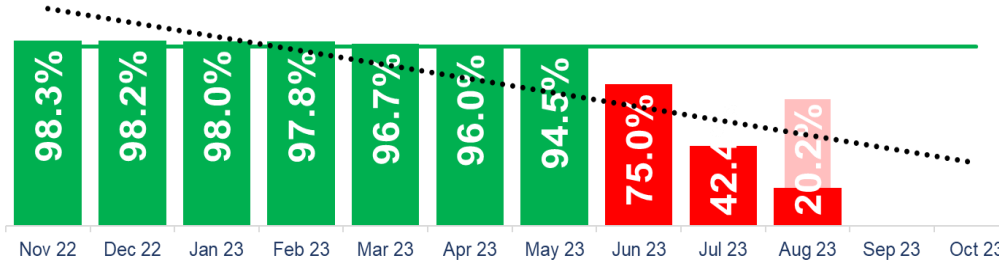
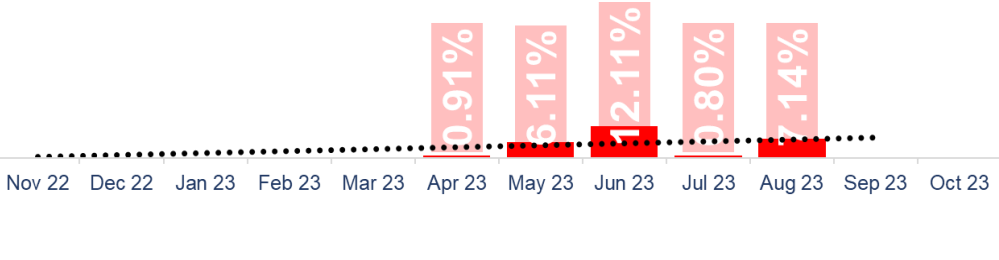
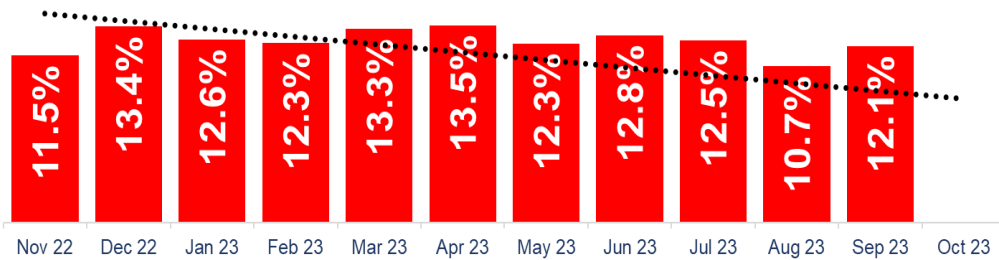


# Quality: Performance

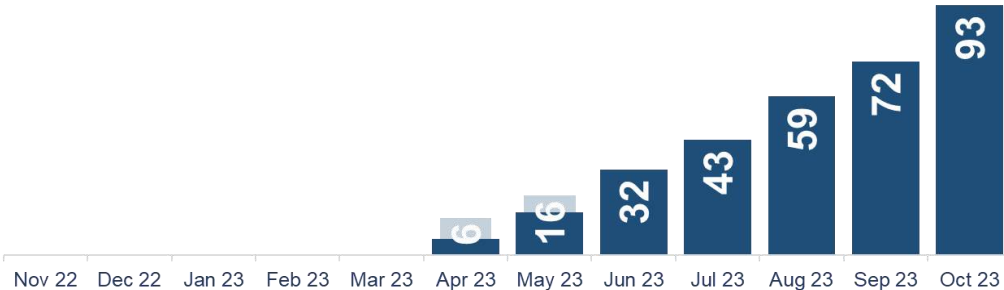
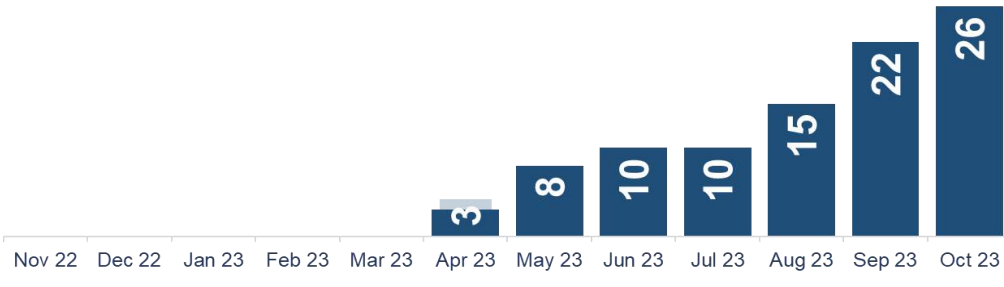
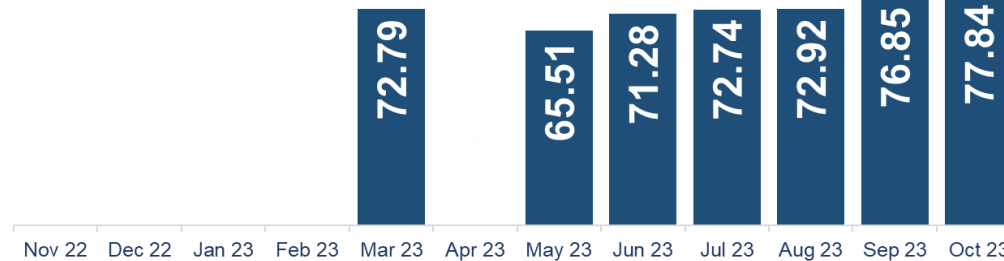
Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend											
QA1-007		QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	90%	34.0%	1st												
QA1-008		QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	90%	97.8%	2nd												
QA1-009		QSE	Percentage of eligible new born babies who have a conclusive bloodspot screening result by day 17 of life	95%	95%	97.2%	3rd												

\* Wales Ranking may differ as may refer to previous month



Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend																								
QA4-040		QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	Improve	20.2%	8th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td>98.3%</td></tr><tr><td>Dec 22</td><td>98.2%</td></tr><tr><td>Jan 23</td><td>98.0%</td></tr><tr><td>Feb 23</td><td>97.8%</td></tr><tr><td>Mar 23</td><td>96.7%</td></tr><tr><td>Apr 23</td><td>96.0%</td></tr><tr><td>May 23</td><td>94.5%</td></tr><tr><td>Jun 23</td><td>75.0%</td></tr><tr><td>Jul 23</td><td>42.4%</td></tr><tr><td>Aug 23</td><td>20.2%</td></tr></tbody></table>	Month	Value	Nov 22	98.3%	Dec 22	98.2%	Jan 23	98.0%	Feb 23	97.8%	Mar 23	96.7%	Apr 23	96.0%	May 23	94.5%	Jun 23	75.0%	Jul 23	42.4%	Aug 23	20.2%		
Month	Value																															
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Jan 23	98.0%																															
Feb 23	97.8%																															
Mar 23	96.7%																															
Apr 23	96.0%																															
May 23	94.5%																															
Jun 23	75.0%																															
Jul 23	42.4%																															
Aug 23	20.2%																															
QA4-041		QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	90%	7.14%	8th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td></td></tr><tr><td>Dec 22</td><td></td></tr><tr><td>Jan 23</td><td></td></tr><tr><td>Feb 23</td><td></td></tr><tr><td>Mar 23</td><td></td></tr><tr><td>Apr 23</td><td>0.91%</td></tr><tr><td>May 23</td><td>6.11%</td></tr><tr><td>Jun 23</td><td>12.11%</td></tr><tr><td>Jul 23</td><td>0.80%</td></tr><tr><td>Aug 23</td><td>7.14%</td></tr></tbody></table>	Month	Value	Nov 22		Dec 22		Jan 23		Feb 23		Mar 23		Apr 23	0.91%	May 23	6.11%	Jun 23	12.11%	Jul 23	0.80%	Aug 23	7.14%		
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Jun 23	12.11%																															
Jul 23	0.80%																															
Aug 23	7.14%																															
QA4-042		QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17%	17%	12.1%	6th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td>11.5%</td></tr><tr><td>Dec 22</td><td>13.4%</td></tr><tr><td>Jan 23</td><td>12.6%</td></tr><tr><td>Feb 23</td><td>12.3%</td></tr><tr><td>Mar 23</td><td>13.3%</td></tr><tr><td>Apr 23</td><td>13.5%</td></tr><tr><td>May 23</td><td>12.3%</td></tr><tr><td>Jun 23</td><td>12.8%</td></tr><tr><td>Jul 23</td><td>12.5%</td></tr><tr><td>Aug 23</td><td>10.7%</td></tr><tr><td>Sep 23</td><td>12.1%</td></tr></tbody></table>	Month	Value	Nov 22	11.5%	Dec 22	13.4%	Jan 23	12.6%	Feb 23	12.3%	Mar 23	13.3%	Apr 23	13.5%	May 23	12.3%	Jun 23	12.8%	Jul 23	12.5%	Aug 23	10.7%	Sep 23	12.1%
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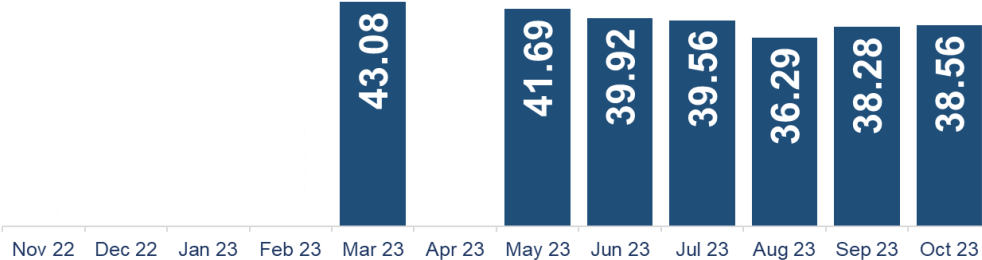
\* Wales Ranking may differ as may refer to previous month

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend																										
QA4-047		QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	103	103	93	6th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td></td></tr><tr><td>Dec 22</td><td></td></tr><tr><td>Jan 23</td><td></td></tr><tr><td>Feb 23</td><td></td></tr><tr><td>Mar 23</td><td></td></tr><tr><td>Apr 23</td><td>6</td></tr><tr><td>May 23</td><td>16</td></tr><tr><td>Jun 23</td><td>32</td></tr><tr><td>Jul 23</td><td>43</td></tr><tr><td>Aug 23</td><td>59</td></tr><tr><td>Sep 23</td><td>72</td></tr><tr><td>Oct 23</td><td>93</td></tr></tbody></table>	Month	Value	Nov 22		Dec 22		Jan 23		Feb 23		Mar 23		Apr 23	6	May 23	16	Jun 23	32	Jul 23	43	Aug 23	59	Sep 23	72	Oct 23	93
Month	Value																																	
Nov 22																																		
Dec 22																																		
Jan 23																																		
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Mar 23																																		
Apr 23	6																																	
May 23	16																																	
Jun 23	32																																	
Jul 23	43																																	
Aug 23	59																																	
Sep 23	72																																	
Oct 23	93																																	
QA4-048		QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27	25	26	6th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td></td></tr><tr><td>Dec 22</td><td></td></tr><tr><td>Jan 23</td><td></td></tr><tr><td>Feb 23</td><td></td></tr><tr><td>Mar 23</td><td></td></tr><tr><td>Apr 23</td><td>3</td></tr><tr><td>May 23</td><td>8</td></tr><tr><td>Jun 23</td><td>10</td></tr><tr><td>Jul 23</td><td>10</td></tr><tr><td>Aug 23</td><td>15</td></tr><tr><td>Sep 23</td><td>22</td></tr><tr><td>Oct 23</td><td>26</td></tr></tbody></table>	Month	Value	Nov 22		Dec 22		Jan 23		Feb 23		Mar 23		Apr 23	3	May 23	8	Jun 23	10	Jul 23	10	Aug 23	15	Sep 23	22	Oct 23	26
Month	Value																																	
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Jun 23	10																																	
Jul 23	10																																	
Aug 23	15																																	
Sep 23	22																																	
Oct 23	26																																	
QA4-049		QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67	67	77.84	4th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td></td></tr><tr><td>Dec 22</td><td></td></tr><tr><td>Jan 23</td><td></td></tr><tr><td>Feb 23</td><td></td></tr><tr><td>Mar 23</td><td>72.79</td></tr><tr><td>Apr 23</td><td></td></tr><tr><td>May 23</td><td>65.51</td></tr><tr><td>Jun 23</td><td>71.28</td></tr><tr><td>Jul 23</td><td>72.74</td></tr><tr><td>Aug 23</td><td>72.92</td></tr><tr><td>Sep 23</td><td>76.85</td></tr><tr><td>Oct 23</td><td>77.84</td></tr></tbody></table>	Month	Value	Nov 22		Dec 22		Jan 23		Feb 23		Mar 23	72.79	Apr 23		May 23	65.51	Jun 23	71.28	Jul 23	72.74	Aug 23	72.92	Sep 23	76.85	Oct 23	77.84
Month	Value																																	
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# Quality: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend											
QA4-050		QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	20	20	23.0	2nd												
QA4-051		QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25	25	38.56	4th												
QA4-052		QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Reduce	Reduce	32.5%	4th												

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Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend
QA4-055		QSE	Number of National Reportable incidents that remain open 90 days or more	Reduce	Reduce	16	5th	
LM-QSE 1		QSE	NewNever Events	0	0	1		
QA2-011		PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	30%	30%	36.7%	6th	Not enough data to chart

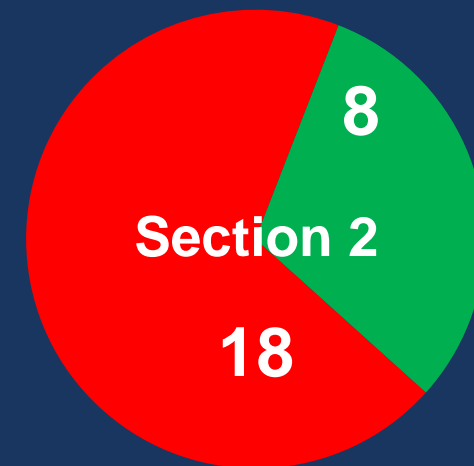
\* Wales Ranking may differ as may refer to previous month

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend
QA2-012		PFIG	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Reduce	Reduce	295	7th	
QA2-013		PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase	Increase	1,238	1st	
QA4-046		QSE	Number of patient experience surveys completed and recorded on CIVICA	Improve	Improve			New measure - data unavailable to chart

\* Wales Ranking may differ as may refer to previous month

# Section 2

## Access & Activity Performance



GIG  
CYMRU  
NHS  
WALES

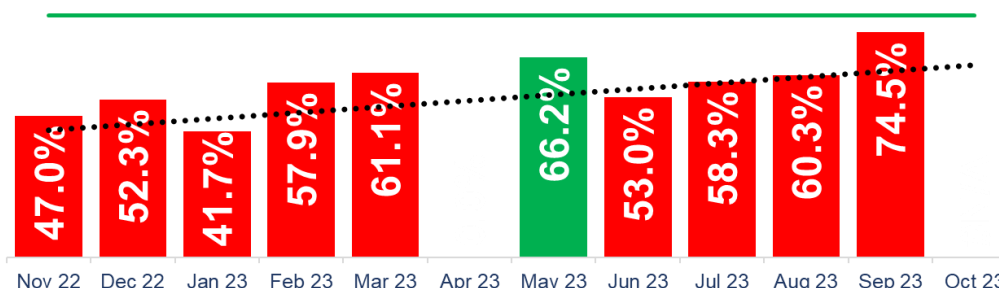
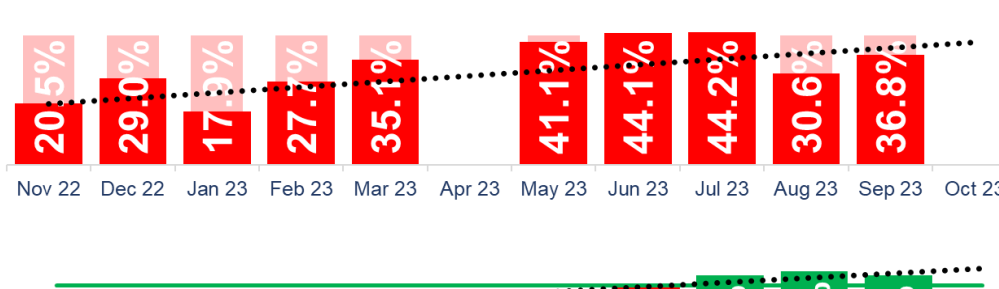
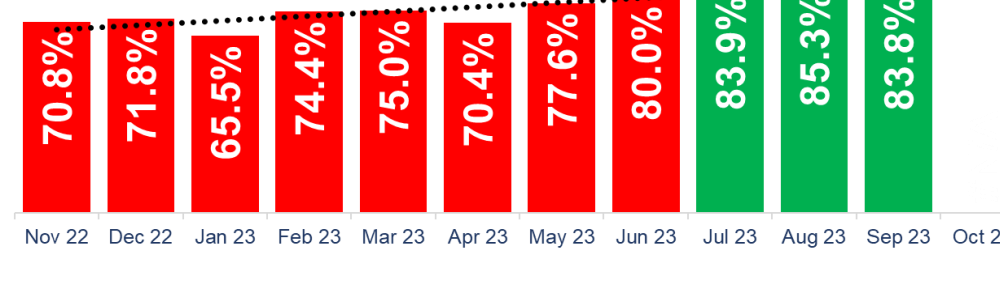
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Produced on behalf of the **Health Board** by the  
**Performance Directorate** in partnership with our **Health Board Directors**





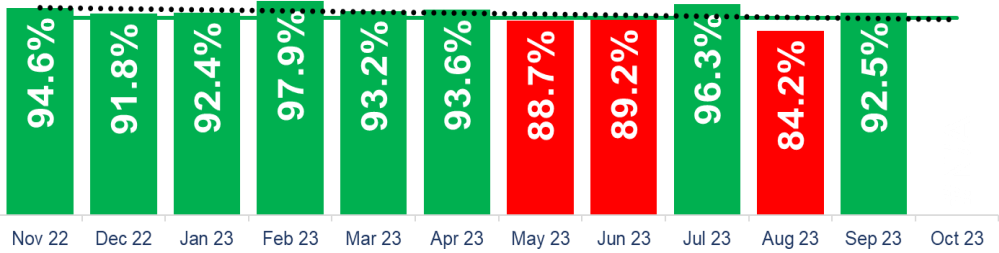
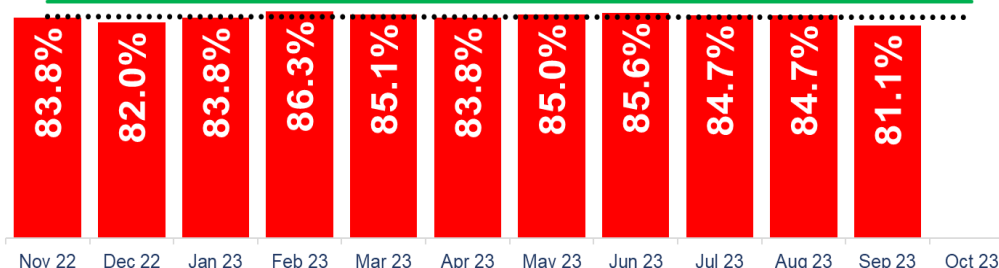
# Access & Activity: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend											
QA2-014		PFIG	Percentage of Local Primary mental health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	80%	74.5%	6th												
QA2-015		PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	80%	36.8%	6th												
QA2-016		PFIG	Percentage of Local Primary mental health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	80%	83.8%	5th												

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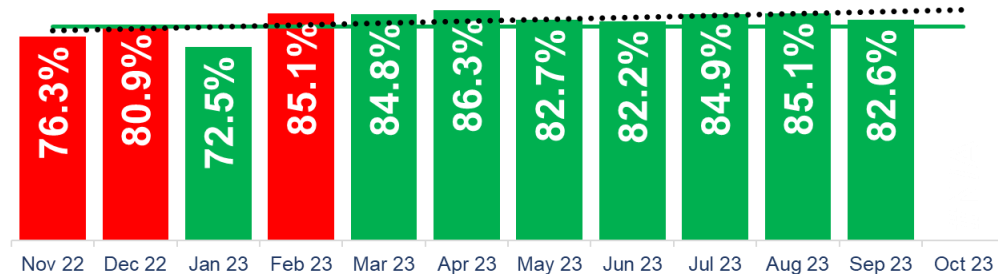




# Access & Activity: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend											
QA4-044		QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those under 18 years)	90%	90%	92.5%	1st												
QA4-045		QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	90%	81.1%	4th												

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# Access & Activity: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling Trend																								
QA2-017		PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80%	82.6%	5th	 <table><caption>Rolling Trend Data for QA2-017</caption><thead><tr><th>Month</th><th>Value (%)</th></tr></thead><tbody><tr><td>Nov 22</td><td>76.3%</td></tr><tr><td>Dec 22</td><td>80.9%</td></tr><tr><td>Jan 23</td><td>72.5%</td></tr><tr><td>Feb 23</td><td>85.1%</td></tr><tr><td>Mar 23</td><td>84.8%</td></tr><tr><td>Apr 23</td><td>86.3%</td></tr><tr><td>May 23</td><td>82.7%</td></tr><tr><td>Jun 23</td><td>82.2%</td></tr><tr><td>Jul 23</td><td>84.9%</td></tr><tr><td>Aug 23</td><td>85.1%</td></tr><tr><td>Sep 23</td><td>82.6%</td></tr></tbody></table>	Month	Value (%)	Nov 22	76.3%	Dec 22	80.9%	Jan 23	72.5%	Feb 23	85.1%	Mar 23	84.8%	Apr 23	86.3%	May 23	82.7%	Jun 23	82.2%	Jul 23	84.9%	Aug 23	85.1%	Sep 23	82.6%
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Sep 23	82.6%																															
QA2-018		PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	48.4%	4th	 <p>Sep 2023: 48.4%</p>																								
QA2-019		PFIG	Median emergency response time to amber calls	Reduce	Reduce	78.5%	3rd	 <table><caption>Rolling Trend Data for QA2-019</caption><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td>88.1</td></tr><tr><td>Dec 22</td><td>211.57</td></tr><tr><td>Jan 23</td><td>38.2</td></tr><tr><td>Feb 23</td><td>46.63</td></tr><tr><td>Mar 23</td><td>112.68</td></tr><tr><td>Apr 23</td><td>67.8</td></tr><tr><td>May 23</td><td>52.7</td></tr><tr><td>Jun 23</td><td>66.57</td></tr><tr><td>Jul 23</td><td>72.48</td></tr><tr><td>Aug 23</td><td>59.12</td></tr><tr><td>Sep 23</td><td>78.57</td></tr></tbody></table>	Month	Value	Nov 22	88.1	Dec 22	211.57	Jan 23	38.2	Feb 23	46.63	Mar 23	112.68	Apr 23	67.8	May 23	52.7	Jun 23	66.57	Jul 23	72.48	Aug 23	59.12	Sep 23	78.57
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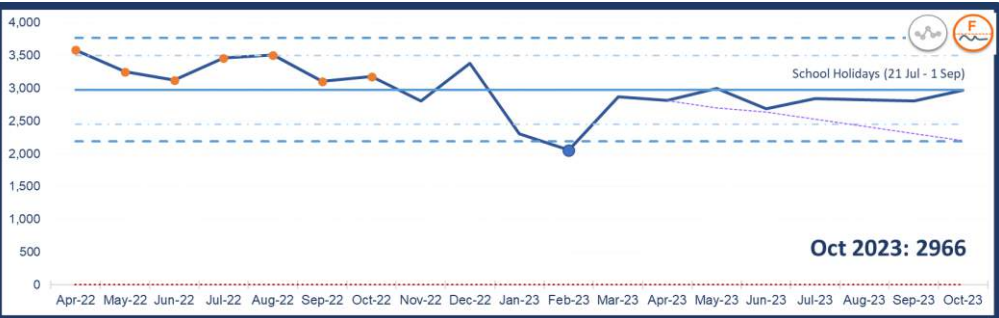
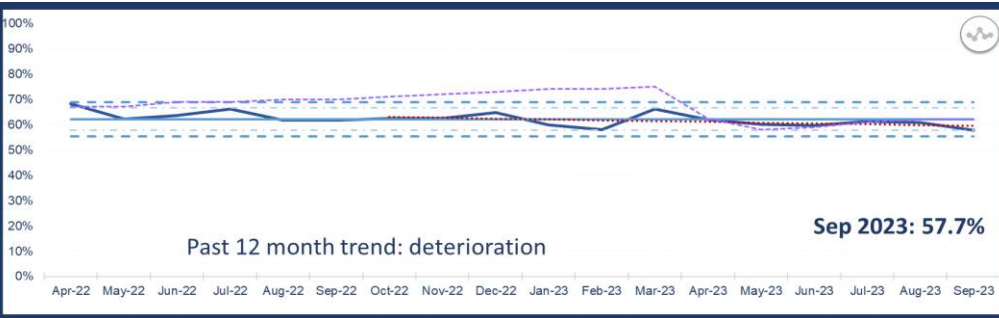
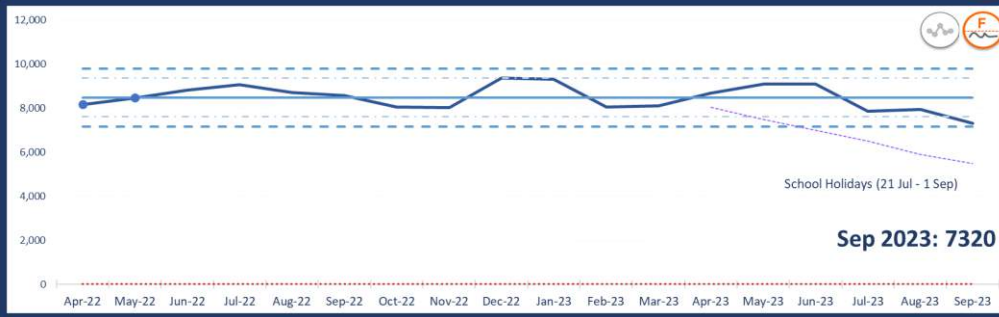
Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank *	Rolling 18 month trend
QA2-20	PFIG	Median time from arrival at an emergency department to triage by a clinician	Reduce	Reduce	20	3rd		 <p>Past 12 month trend: improvement</p> <p>Sep 2023: 20</p>
QA2-021	PFIG	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Reduce	Reduce	131	5th		 <p>Past 12 month trend: improvement</p> <p>Sep 2023: 131</p>
QA4-047	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	95%	Improve	67.0%	5th		 <p>School Holidays (21 Jul - 1 Sep)</p> <p>Oct 2023: 67.0%</p>

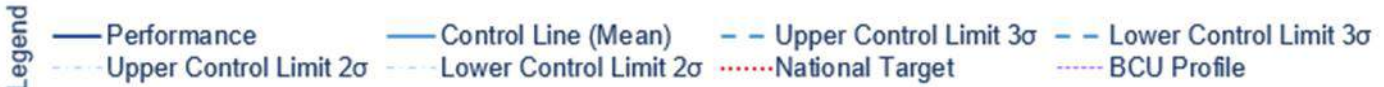
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 — Performance  
 - - - Upper Control Limit 2σ  
 - - - Control Line (Mean)  
 - - - Lower Control Limit 2σ  
 - - - Upper Control Limit 3σ  
 - - - Lower Control Limit 3σ  
 ..... National Target  
 ..... BCU Profile

\* Wales Ranking may differ as may refer to previous month



# Access & Activity: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 18 month trend
QA4-048		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	0	Reduce	2,966	7th	
QA4-049		PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improve	Improve	57.7%	3rd	
QA4-050		PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	0	7,320	5th	

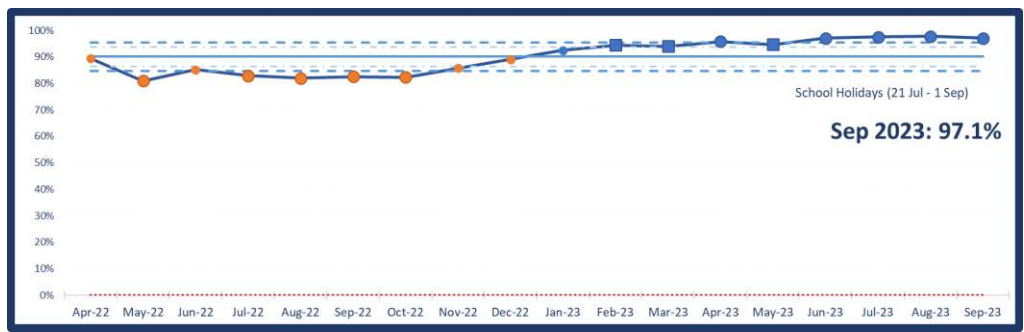



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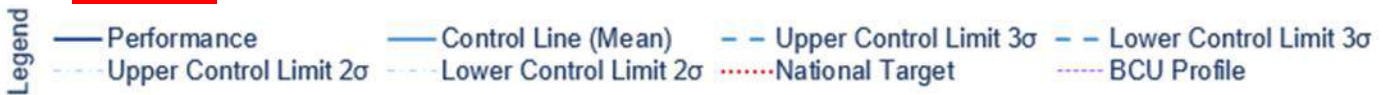




# Access & Activity: Performance

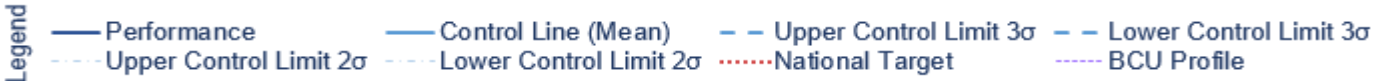
Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 18 month trend
QA2-026		PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	95%	95%	97.1%	1st	 <p>School Holidays (21 Jul - 1 Sep)</p> <p><b>Sep 2023: 97.1%</b></p>
QA2-027		PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)	0	0	2,102	6th	 <p>School Holidays (21 Jul - 1 Sep)</p> <p><b>Sep 2023: 2102</b></p>
QA2-028		PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	0	13,107	6th	 <p>School Holidays (21 Jul - 1 Sep)</p> <p><b>Sep 2023: 13107</b></p>

\* Wales Ranking may differ as may refer to previous month



# Access & Activity: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 18 month trend
QA2-029		PFIG	Number of patients waiting more than 36 weeks for a new outpatient appointment	0	0	24,886	7th	 <p>Sep 2023: 24886</p>
QA2-030		PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	0	0	84,303	7th	 <p>Sep 2023: 84303</p>
QA2-031		PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	0	8,546	7th	 <p>Sep 2023: 8546</p>



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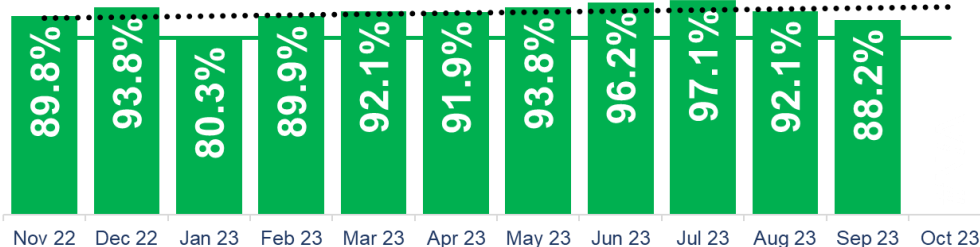
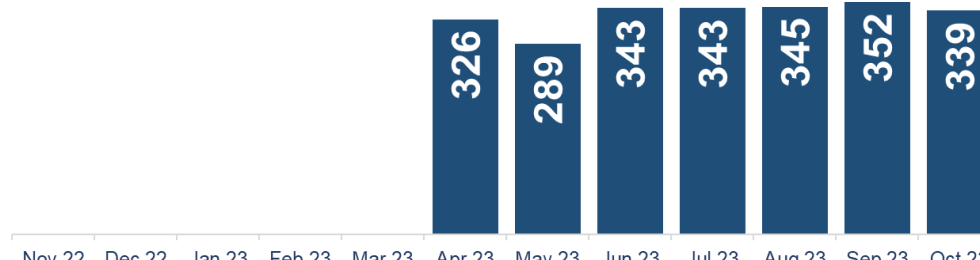

# Access & Activity: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling trend
QA2-032		PFIG	Number of patients waiting more than 52 weeks for referral to treatment	0	0	36,079	7th	 <p>Sep 2023: 36079</p>
QA2-033		PFIG	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	80%	80%	100%	1st	
QA2-034		PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	80%	31.4%	4th	

\* Wales Ranking may differ as may refer to previous month

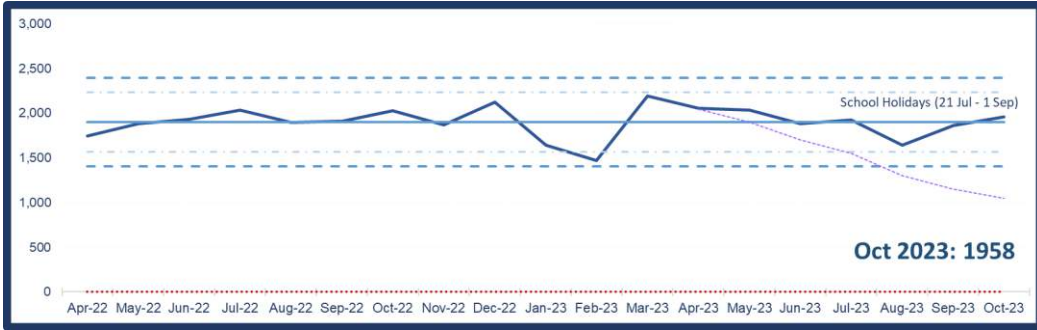
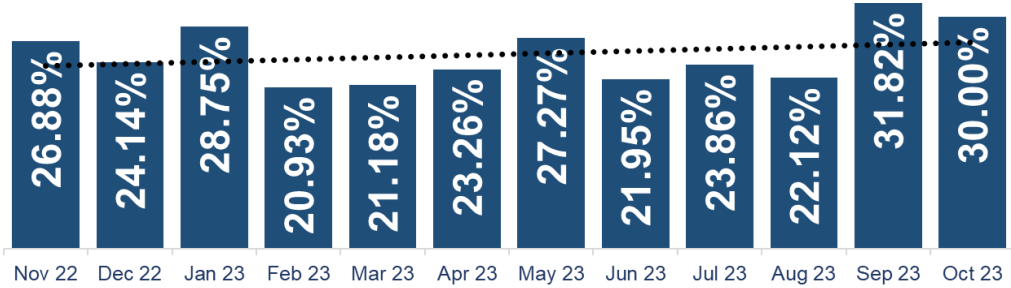
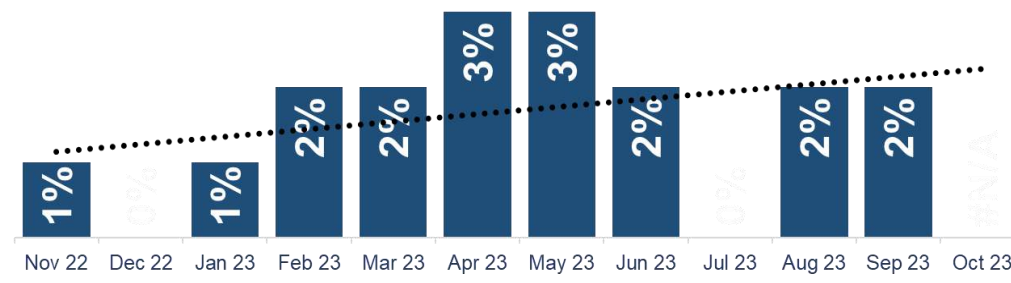


# Access & Activity: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend																																					
QA2-035		PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	80%	88.2%	1st	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td>89.8%</td></tr><tr><td>Dec 22</td><td>93.8%</td></tr><tr><td>Jan 23</td><td>80.3%</td></tr><tr><td>Feb 23</td><td>89.9%</td></tr><tr><td>Mar 23</td><td>92.1%</td></tr><tr><td>Apr 23</td><td>91.9%</td></tr><tr><td>May 23</td><td>93.8%</td></tr><tr><td>Jun 23</td><td>96.2%</td></tr><tr><td>Jul 23</td><td>97.1%</td></tr><tr><td>Aug 23</td><td>92.1%</td></tr><tr><td>Sep 23</td><td>88.2%</td></tr><tr><td>Oct 23</td><td></td></tr></tbody></table>												Month	Value	Nov 22	89.8%	Dec 22	93.8%	Jan 23	80.3%	Feb 23	89.9%	Mar 23	92.1%	Apr 23	91.9%	May 23	93.8%	Jun 23	96.2%	Jul 23	97.1%	Aug 23	92.1%	Sep 23	88.2%	Oct 23	
Month	Value																																												
Nov 22	89.8%																																												
Dec 22	93.8%																																												
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Feb 23	89.9%																																												
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Jul 23	97.1%																																												
Aug 23	92.1%																																												
Sep 23	88.2%																																												
Oct 23																																													
QA4-043		PFIG	Number of Pathways of Care Delayed Discharges	Reduce	Reduce	339	8th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td></td></tr><tr><td>Dec 22</td><td></td></tr><tr><td>Jan 23</td><td></td></tr><tr><td>Feb 23</td><td></td></tr><tr><td>Mar 23</td><td></td></tr><tr><td>Apr 23</td><td>326</td></tr><tr><td>May 23</td><td>289</td></tr><tr><td>Jun 23</td><td>343</td></tr><tr><td>Jul 23</td><td>343</td></tr><tr><td>Aug 23</td><td>345</td></tr><tr><td>Sep 23</td><td>352</td></tr><tr><td>Oct 23</td><td>339</td></tr></tbody></table>												Month	Value	Nov 22		Dec 22		Jan 23		Feb 23		Mar 23		Apr 23	326	May 23	289	Jun 23	343	Jul 23	343	Aug 23	345	Sep 23	352	Oct 23	339
Month	Value																																												
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May 23	289																																												
Jun 23	343																																												
Jul 23	343																																												
Aug 23	345																																												
Sep 23	352																																												
Oct 23	339																																												
QA4-053		PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%	95%	56.0%	7th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td>51%</td></tr><tr><td>Dec 22</td><td>55%</td></tr><tr><td>Jan 23</td><td>49%</td></tr><tr><td>Feb 23</td><td>51%</td></tr><tr><td>Mar 23</td><td>51%</td></tr><tr><td>Apr 23</td><td>54%</td></tr><tr><td>May 23</td><td>50%</td></tr><tr><td>Jun 23</td><td>50%</td></tr><tr><td>Jul 23</td><td>52%</td></tr><tr><td>Aug 23</td><td>52%</td></tr><tr><td>Sep 23</td><td>52%</td></tr><tr><td>Oct 23</td><td>56%</td></tr></tbody></table>												Month	Value	Nov 22	51%	Dec 22	55%	Jan 23	49%	Feb 23	51%	Mar 23	51%	Apr 23	54%	May 23	50%	Jun 23	50%	Jul 23	52%	Aug 23	52%	Sep 23	52%	Oct 23	56%
Month	Value																																												
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Aug 23	52%																																												
Sep 23	52%																																												
Oct 23	56%																																												

\* Wales Ranking may differ as may refer to previous month

# Access & Activity: Performance

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling trend
QA4-054		PFIG	Number of ambulance patient handovers over 1 hour	0	0	1,958	6th	
LM-PFIG 07			4 Hour Stroke Admission	NA	NA	30.00%		
LM-PFIG 08			Stroke Thrombectomy	NA	NA	2%		

\* Wales Ranking may differ as may refer to previous month

# Section 3

Section 3

4

## People & Organisational Development Performance

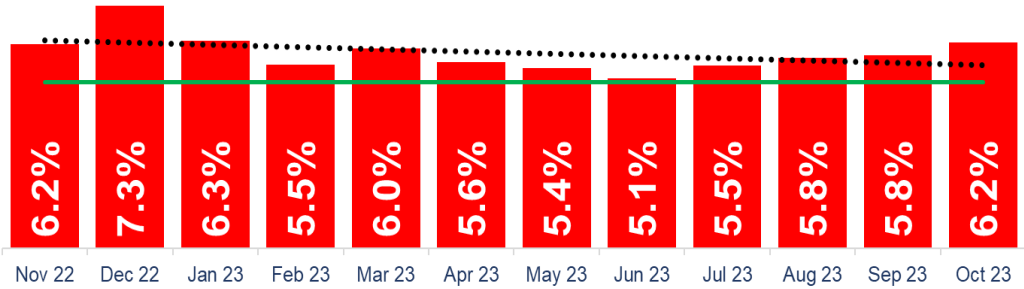
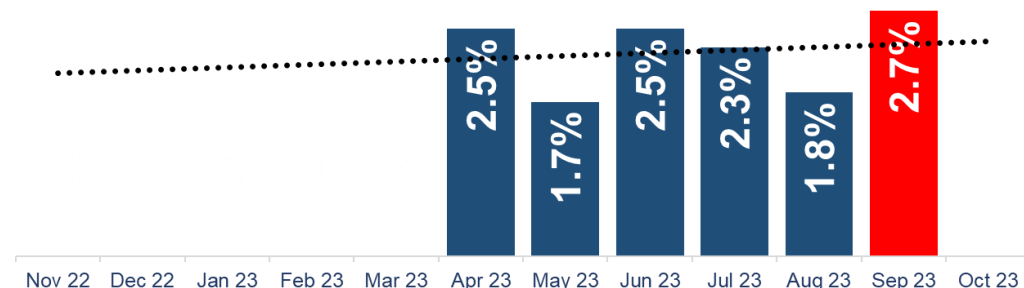
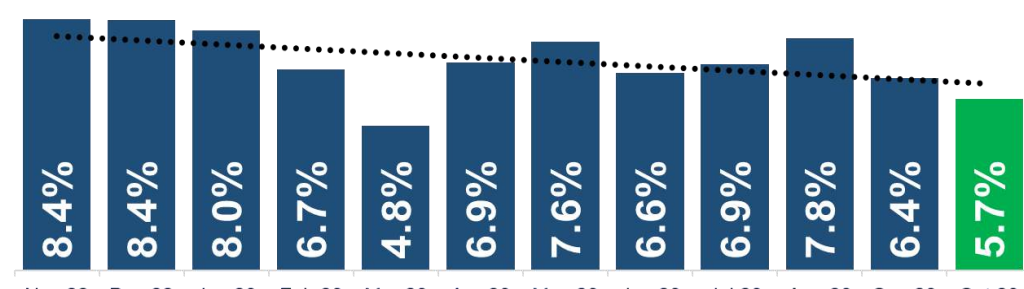


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Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank *	Rolling 12 month trend																																					
QA3-036		PFIG	Percentage of sickness absence rate of staff	Reduce	Reduce	6.2%	6th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td>6.2%</td></tr><tr><td>Dec 22</td><td>7.3%</td></tr><tr><td>Jan 23</td><td>6.3%</td></tr><tr><td>Feb 23</td><td>5.5%</td></tr><tr><td>Mar 23</td><td>6.0%</td></tr><tr><td>Apr 23</td><td>5.6%</td></tr><tr><td>May 23</td><td>5.4%</td></tr><tr><td>Jun 23</td><td>5.1%</td></tr><tr><td>Jul 23</td><td>5.5%</td></tr><tr><td>Aug 23</td><td>5.8%</td></tr><tr><td>Sep 23</td><td>5.8%</td></tr><tr><td>Oct 23</td><td>6.2%</td></tr></tbody></table>												Month	Value	Nov 22	6.2%	Dec 22	7.3%	Jan 23	6.3%	Feb 23	5.5%	Mar 23	6.0%	Apr 23	5.6%	May 23	5.4%	Jun 23	5.1%	Jul 23	5.5%	Aug 23	5.8%	Sep 23	5.8%	Oct 23	6.2%
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Aug 23	5.8%																																												
Sep 23	5.8%																																												
Oct 23	6.2%																																												
QA3-037		PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Reduce	Reduce	2.7%	3rd	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Apr 23</td><td>2.5%</td></tr><tr><td>May 23</td><td>1.7%</td></tr><tr><td>Jun 23</td><td>2.5%</td></tr><tr><td>Jul 23</td><td>2.3%</td></tr><tr><td>Aug 23</td><td>1.8%</td></tr><tr><td>Sep 23</td><td>2.7%</td></tr><tr><td>Oct 23</td><td></td></tr></tbody></table>												Month	Value	Apr 23	2.5%	May 23	1.7%	Jun 23	2.5%	Jul 23	2.3%	Aug 23	1.8%	Sep 23	2.7%	Oct 23											
Month	Value																																												
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Aug 23	1.8%																																												
Sep 23	2.7%																																												
Oct 23																																													
QA3-038		PFIG	Agency spend as a percentage of total pay bill	Reduce	Reduce	5.7%	10th	 <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Nov 22</td><td>8.4%</td></tr><tr><td>Dec 22</td><td>8.4%</td></tr><tr><td>Jan 23</td><td>8.0%</td></tr><tr><td>Feb 23</td><td>6.7%</td></tr><tr><td>Mar 23</td><td>4.8%</td></tr><tr><td>Apr 23</td><td>6.9%</td></tr><tr><td>May 23</td><td>7.6%</td></tr><tr><td>Jun 23</td><td>6.6%</td></tr><tr><td>Jul 23</td><td>6.9%</td></tr><tr><td>Aug 23</td><td>7.8%</td></tr><tr><td>Sep 23</td><td>6.4%</td></tr><tr><td>Oct 23</td><td>5.7%</td></tr></tbody></table>												Month	Value	Nov 22	8.4%	Dec 22	8.4%	Jan 23	8.0%	Feb 23	6.7%	Mar 23	4.8%	Apr 23	6.9%	May 23	7.6%	Jun 23	6.6%	Jul 23	6.9%	Aug 23	7.8%	Sep 23	6.4%	Oct 23	5.7%
Month	Value																																												
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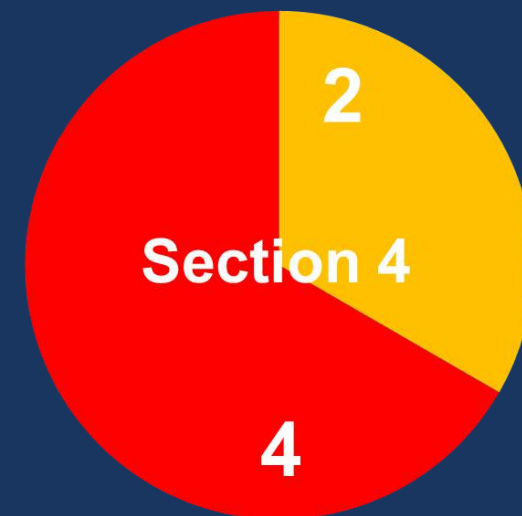
\* Wales Ranking may differ as may refer to previous month



Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank *	Rolling 12 month trend											
QA3-039		PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	85%	76.5%	3rd	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Nov 22Dec 22Jan 23Feb 23Mar 23Apr 23May 23Jun 23Jul 23Aug 23Sep 23Oct 23</div>											

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# Section 4



## Financial Performance



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# Finance: Performance

## BCU Wide and Divisional Positions (Red = overspend)

	B/F in year £m	August £m	September £m	October £m	YTD £m
West IHC	(4.9)	(2.0)	(1.6)	(0.9)	(9.4)
Central IHC	(8.1)	(2.1)	(1.8)	(1.4)	(13.4)
East IHC	(3.7)	(1.8)	(1.4)	(0.9)	(7.8)
Womens	0.2	0.0	0.2	0.0	0.4
MH & LD	(1.5)	(0.4)	(1.1)	(0.2)	(3.2)
Commisioning Contracts	(0.9)	(0.7)	2.1	0.3	0.8
ICD Primary Care	(0.3)	0	(0.1)	(0.1)	(0.3)
ICD Regional Services	(1.3)	(0.6)	(0.2)	0.2	(2.0)
Support Functions & Other Budgets	5.7	1.9	0.6	1.7	9.9
<b>BCU Wide</b>	<b>(14.9)</b>	<b>(5.5)</b>	<b>(3.3)</b>	<b>(1.3)</b>	<b>(24.9)</b>

## Temporary Workforce Costs (Agency and Bank Costs)

IHC	B/F in year £m	August £m	September £m	October £m	YTD £m
West IHC	7.4	1.8	1.6	1.6	12.4
Central IHC	11.4	3.0	2.3	2.5	19.3
East IHC	9.4	2.6	2.2	2.2	16.4
Womens	0.8	0.2	0.2	0.2	1.3
MH & LD	5.2	1.5	1.7	1.3	9.7
Commisioning Contracts	0.0	0.0	0.0	0.0	0.0
ICD Primary Care	0.0	0.0	0.0	0.0	0.0
ICD Regional Services	1.5	0.4	0.4	0.4	2.7
Support Functions	1.7	0.2	0.2	0.1	2.2
Other Budgets	0.0	0.0	0.0	0.0	0.0
<b>BCU Wide</b>	<b>37.4</b>	<b>9.8</b>	<b>8.5</b>	<b>8.3</b>	<b>64.1</b>

## BCU Wide Cost Pressures (Red = Pressure)

	B/F in year £m	August £m	September £m	October £m	YTD £m
Pay Pressures	(5.8)	(2.5)	(1.1)	(1.1)	(10.5)
Healthcare Services Provided by other NHS					
Bodies	(2.2)	(2.5)	(1.2)	(0.3)	(6.2)
Continuing Health Care	(2.3)	(1.2)	(0.9)	(0.9)	(5.3)
Primary Care & Secondary Care Drugs	(1.0)	(2.5)	(1.0)	(0.9)	(5.4)
Other Non Pay Underspends	0.0	2.8	0.0	0.3	3.1
Undelivered Savings	(2.7)	(0.4)	0.5	0.8	(1.8)
Other incl. Run Rate Savings & Accountancy Gains	(0.8)	0.7	0.4	0.9	1.2
<b>BCU Wide</b>	<b>(14.8)</b>	<b>(5.6)</b>	<b>(3.3)</b>	<b>(1.2)</b>	<b>(24.9)</b>

## BCU Wide and Divisional WTE Variance (Brackets Indicate WTE Worked Under Budget.

This includes bank WTE worked, but not agency)

	July	August	September	October
West IHC	(6.9)	(34.5)	28.2	(21.8)
Central IHC	(148.0)	(132.1)	(175.4)	(176.1)
East IHC	(128.2)	(60.9)	(95.9)	1.8
Womens	(49.6)	(52.3)	(57.0)	(45.8)
MH & LD	(206.9)	(178.1)	(170.5)	(149.3)
Commisioning Contracts	0.0	0.0	0.0	0.0
ICD Primary Care	(79.5)	(94.4)	(89.0)	(92.8)
ICD Regional Services	(77.0)	(58.9)	(50.6)	(50.6)
Support Functions & Other budgets	57.1	70.1	10.8	(84.3)
<b>BCU Wide</b>	<b>(639.0)</b>	<b>(541.2)</b>	<b>(599.5)</b>	<b>(618.9)</b>





Savings Scheme Pipeline							Variance Green (Rec) vs Target
	Pipeline	Red	Amber	Green	Total	Target	
Centre	189	1,303		1,648	3,140	7,950	20%
East	388	552		3,513	4,452	8,070	39%
West	0	283		3,674	3,957	6,046	51%
MHLD		0		3,368	3,368	3,267	103%
Womens				925	925	915	101%
Cancer		0		1,548	1,548	755	204%
Diagnostics		82		482	564	1,015	44%
Corporate	0	137		4,790	4,927	2,495	20%
Primary Care	0	0		133	133	154	84%
Provider Income				0	0	267	0%
Procurement (VAT)	454			0	454	-5,734	
<b>Budget Reducing Savings</b>	<b>1,031</b>	<b>2,357</b>	<b>0</b>	<b>20,080</b>	<b>23,467</b>	<b>25,200</b>	<b>58%</b>

# Section 5

## Local Measures



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Using the implementation of the Integrated Performance Framework (IPF) 2023-2027, Integrated Planning Framework (IPanF) 2024-2027 and the Risk Management Framework 2024-2027, the Performance Directorate will work with our operational service leads from across all areas of the organisation, together with our corporate partners in developing the most appropriate range of local measures to assist in monitoring the delivery of the health board's strategic aims and objectives throughout the various levels of the organisation.

The Integrated Performance Executive Delivery Group (IPEDG) will assign the appropriate level of reporting of these measures. Many will be reported at Integrated Health Community or Pan-BCU service levels, whilst others may be escalated for reporting at IPEDG, Performance, Finance & Information Governance (PFIG) Committee, Quality, Safety & Experience (QSE) Committee and as appropriate at Health Board.

Local measures can be defined as those measures not included within the routine reporting requirements of the NHS Wales Performance Framework, Special Measures Framework or Ministerial Priorities, but have been agreed to be of utmost importance for the organisation and align within our expectations as a health board in monitoring, managing and delivering our performance, plans and mitigating our risks.



# Local Performance Measures

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend
			Medically fit for discharge	NA	NA		NA	Data not submitted in time for Report submission
			Total Number of Complaints	NA	NA		NA	Data not submitted in time for Report submission
			Total on the spot Resolutions	NA	NA		NA	Data not submitted in time for Report submission

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend											
			Serious Incidents	NA	NA	136	NA	Not enough Data to chart											
			Overall number of vacancies (Full time equivalent)	NA	NA	1,591	NA												
			Overall vacancy rate (%)	NA	NA	7.9%	NA												



# Local Performance Measures

Ref	BAF Ref	Cmt	Measure	WG Target	BCU Plan	Position	Wales Rank	Rolling 12 month trend																																					
			Avarage number of cases per theatre list (elective)	NA	NA	2.3	NA	 <table><tr><th>Month</th><th>Value</th></tr><tr><td>Nov 22</td><td>2.1</td></tr><tr><td>Dec 22</td><td>2.0</td></tr><tr><td>Jan 23</td><td>2.0</td></tr><tr><td>Feb 23</td><td>2.1</td></tr><tr><td>Mar 23</td><td>2.2</td></tr><tr><td>Apr 23</td><td>2.2</td></tr><tr><td>May 23</td><td>2.2</td></tr><tr><td>Jun 23</td><td>2.2</td></tr><tr><td>Jul 23</td><td>2.3</td></tr><tr><td>Aug 23</td><td>2.2</td></tr><tr><td>Sep 23</td><td>2.3</td></tr><tr><td>Oct 23</td><td></td></tr></table>												Month	Value	Nov 22	2.1	Dec 22	2.0	Jan 23	2.0	Feb 23	2.1	Mar 23	2.2	Apr 23	2.2	May 23	2.2	Jun 23	2.2	Jul 23	2.3	Aug 23	2.2	Sep 23	2.3	Oct 23	
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Jul 23	2.3																																												
Aug 23	2.2																																												
Sep 23	2.3																																												
Oct 23																																													
			Avarage number of outpatient department sessions run	NA	NA		NA	Data not submitted in time for Report submission																																					
			Avarage number of patients per session	NA	NA		NA	Data not submitted in time for Report submission																																					



# Additional Information





# Introduction to Integrated Performance Report (IPR)

## What is an Integrated Performance Report (IPR)?

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

## The Integrated Performance Framework (IPF)

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

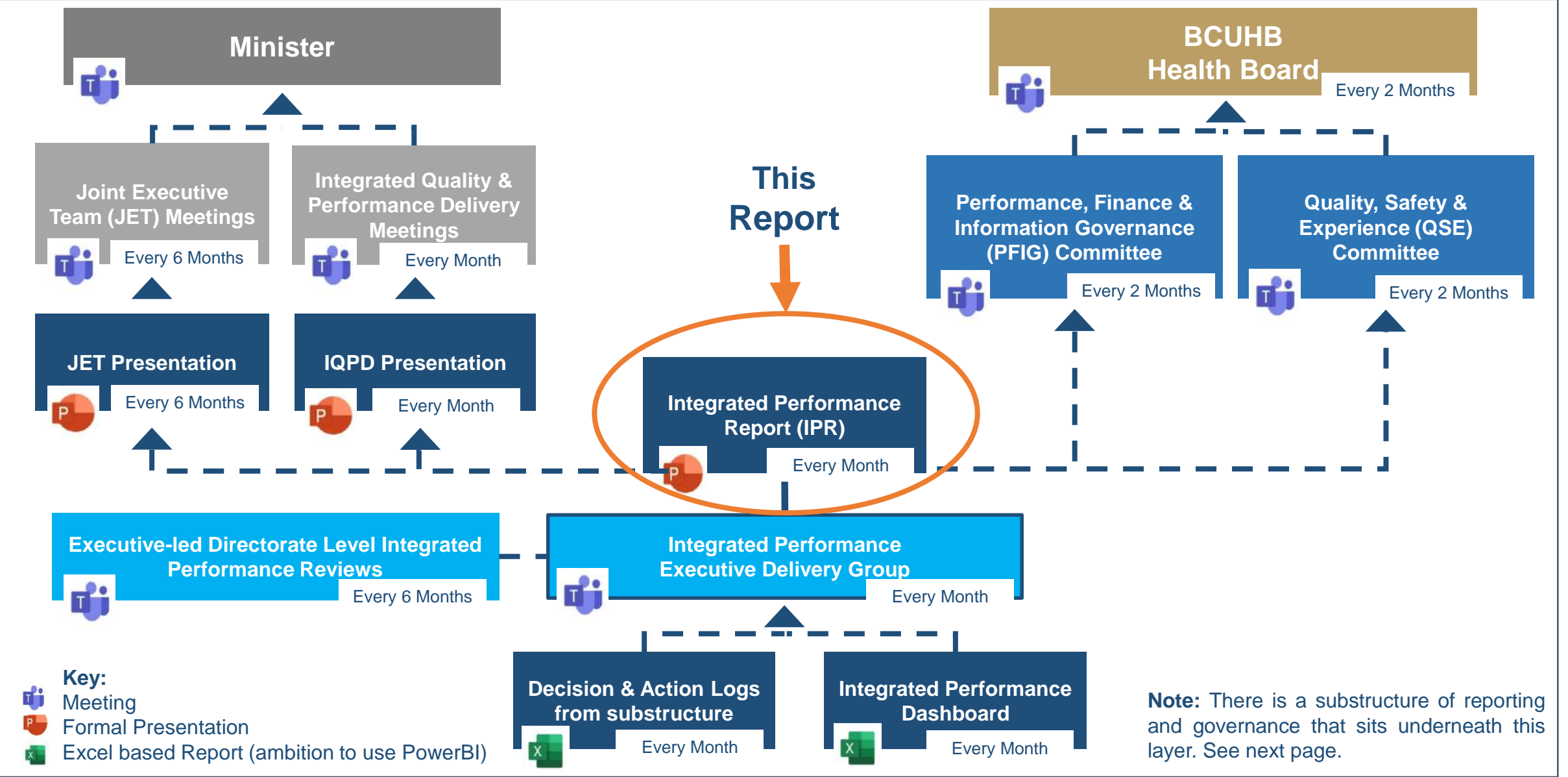
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28<sup>th</sup> September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring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

## Where does the IPR feature within the Performance Governance Structure

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

The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally 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

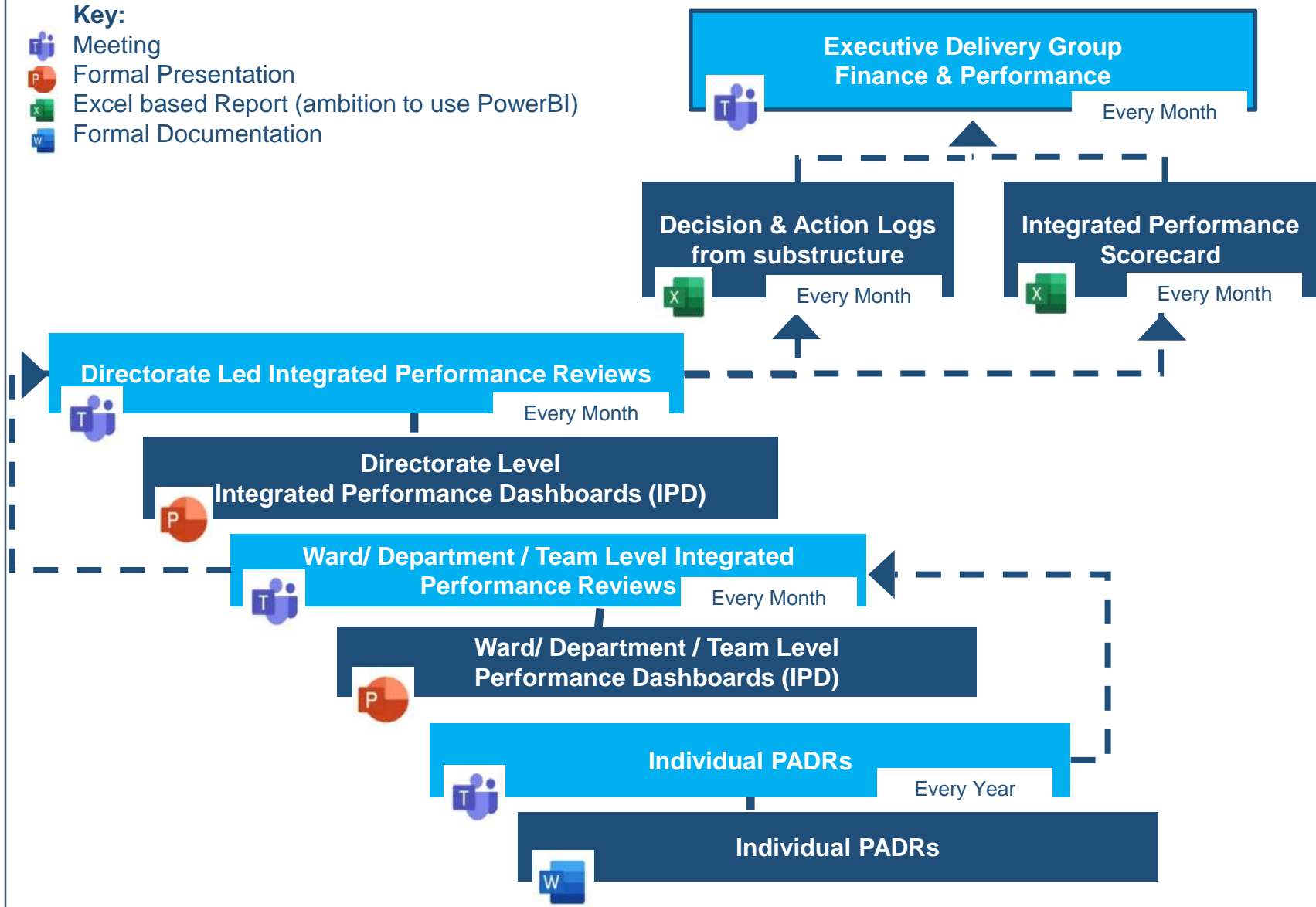


# The Integrated Performance Reporting & Governance Substructure

## Key:

-  Meeting
-  Formal Presentation
-  Excel based Report (ambition to use PowerBI)
-  Formal Documentation

**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 Directorate(PI&AD)

## 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.

# Our Integrated Performance Report Betsi Cadwaladr University Health Board

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

- Our website [www.bcu.wales.nhs.uk](http://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>



# Appendix

This report has been produced on behalf of the **Health Board** by the **Performance Directorate** in partnership with:

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

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Executive Director of Operations
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Executive Medical Director

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



<b>Teitl adroddiad:</b> <i>Report title:</i>	Annual Plan Monitoring 2023/24			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	30 November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the Annual Plan Monitoring (Quarter 2) for 2023/24			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>RECEIVE ASSURANCE</b> on the progress to date, acknowledging the areas of challenge.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Dylan Pierce Williams – Interim Assistant Director - Health Strategy & Planning			
<b>Pwrpas yr adroddiad:</b> <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"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>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:</b>  <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>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>		To support IMTP and Special Measures		
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>		Not applicable		

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

# **Health Board 30 November 2023**

## **Annual Plan Monitoring (Quarter 2) 2023/24**

### **1) Introduction**

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As part of the Health Boards strategic plans, it is expected that we clearly articulate the services we will deliver to ensure quality, safety and value for money, alongside addressing performance targets. This Annual Monitoring Report (AMR) provides an update of delivery progress of actions/priorities reported in the 2023-24 annual plan for Quarter 2 (1<sup>st</sup> July and 30<sup>th</sup> September 2023) and also a forward look for those which are to be delivered during 1<sup>st</sup> October and 31<sup>st</sup> March 2024. Note that there were no actions profiled for Q1 in the 2023-24 Annual Plan due to the agreed delay in submission of the plan to Welsh Government.

### **2) Background**

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During the planning cycle for 2023-2026, undertaken during the last financial year, the Health Board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period. Consequently, the planning cycle for 2023 focused on an annual plan, with requirement for a revised monitoring framework to oversee delivery of ministerial, strategic and local objectives.

Significant progress has been made in the Health Board in relation to the reporting of Special Measures delivery. This progress and associated learning acquired within Special Measures has now been further developed to report against Annual Plan delivery. The time that has been required to do this accounts for why there has been a slight delay in this report to Board outlining Annual Plan delivery status at the end of quarter 2.

This report should be considered alongside the Health Boards Performance Framework, the Risk Management Framework and the Integrated Planning Framework.

### **3) The 2023/24 Annual Monitoring Plan Position – Q2**

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The 2023-24 Annual Plan contains 52 key actions that were to be delivered during Q2 (1<sup>st</sup> July and 30<sup>th</sup> September 2023).

19 of those actions have since become fully subsumed within priorities included within the Stabilisation cycles of Special Measures and as a result, they are already being reported through the Special Measures reporting framework.

To ensure clarity of reporting they have not been re-reported within this paper. The following high level summary table provides an overview of the remaining 32 key actions in the Annual Plan that were expected to be delivered within quarters one and two of 2023/24.

<b>Ref</b>	<b>Total</b>	<b>Key Performance Area</b>	<b>Completed in Q2</b>	<b>Underway</b>
KP1	4	Prevention and Health Protection	4	-
KP2	5	Primary Care	2	3
KP3	9	Planned Care	8	1
KP4	1	Urgent and Emergency Care	-	1
KP5	3	Cancer	2	1
KP6	3	Mental Health	3	-
KP7	1	Substance Misuse	1	-
KP9	1	Women's Services	0	1
KP10	1	Children	1	-
KP16	1	Board Leadership and governance	-	1
KP18	3	Quality, Innovation and Improvement	3	-
			<b>24</b>	<b>8</b>

The table confirms a delivery rate of 75% of these actions. In respect of the actions which are underway, steps have been agreed with respective leads to ensure they complete without undue further delay, and progress will be reviewed jointly between Planning, Performance and Transformation leads.

A breakdown of individual actions is included under section 4 of this report.

#### 4) Breakdown by Key Priority

Ref	Organisational Delivery Objective		Lead	Completion Timescales (quarters)	Status
P1.1	Launch and implement milestones of the Healthy Weight Strategic Delivery Plan		EDPH		
	P1.1.1	<p>Formal launch of the Healthy Weight plan, and tracking of milestones within it</p> <p>The plan has been launched at a partnership event including colleagues from WG, Public Health Wales, Sports Wales and local partners. Tracking of the milestones within it has been commenced, and will continue, by the PH team)</p>		1 2 3 4	Completed
P1.2	Implement the priority actions to reduce use and impact of smoking		EDPH		
	P1.2.1	<p>Strengthened Health Board response to the smoke free regulations agreed</p> <p>This has resulted in the appointment of a smoke free environment officer at YGC with appointments underway in WMH and YG, and the increased offer of 'Help Me Quit' sessions from multiple sites across North Wales in October 2023.</p>		1 2 3 4	Completed
	P1.2.2	<p>Implementation of the BCUHB Smoke Free Policy</p> <p>The existing Policy has been reviewed and updated. This was formally approved in late June 2023, and became live in July 2023.</p>		1 2 3 4	Completed
P1.8	Reshape and deliver a new Health Protection Service		EDPH		
	P1.8.1	<p>Redeploy TTP staff and develop new service model in line with WG guidance</p> <p>This has been successfully completed according to specification.</p>		1 2 3 4	Completed

Implement actions to improve access to GP and community services		DPC		
P2.1	<p>P2.1.1</p> <p>Finalise the evaluation of the current Urgent Primary Care Centre (UPCC) Model, and revise approach to integrate and improve service effectiveness where necessary</p> <p><b>Assessment of delay in completion:</b> During Q2 the project team have undertaken significant engagement, which included surveys, patient interviews, meetings within the primary care environment and numerous document reviews. This has resulted in a discussion document, which will be considered by the Health Board during Q3, in order to then agree a unified BCUHB approach to UPCCs. The delivery date for the full action has been revised to Q4 by the project team, and progress will be monitored during Q3.</p>		<p>re-profiled to</p> <p>1 2 3 4</p>	Underway
Implement the next stage of Accelerated Cluster Development		DPC		
P2.2	<p>P2.2.1</p> <p>Review, revise and commence implementing the next stage of Accelerated Cluster Development including professional collaboratives</p> <p><b>Assessment of delay in completion:</b> The changes required are cultural and relational and this will take longer to achieve than was possible in Q2. These challenges are not specific to BCUHB. Good progress has been made during Q2 to establish the Dental, Optometry and Community Pharmacy collaboratives, and our delivery date has been revised to Q4, with detailed monitoring to be undertaken during Q3.</p>		<p>re-profiled to</p> <p>1 2 3 4</p>	Underway
Implement actions to improve access to dental services		EDO		
P2.4	<p>2.4.1</p> <p>Commission additional community dental activity using the Oral Needs Assessment to identify areas of highest need</p> <p><b>Assessment of delay in completion:</b> The procurement process closed in July and was scored in August. The recommendation report is being reviewed within the procurement and finance process, and during Q3 will progressing through Health Board governance processes to allow award.</p>		<p>re-profiled to</p> <p>1 2 3 4</p>	Underway
	<p>2.4.2</p> <p>Commence work with HEIW to address barriers to recruitment of international dental staff</p> <p>Discussions have commenced with the dental Dean, Train, Work, Live team and with the strategic Dental Workforce Plan steering group</p>		<p>1 2 3 4</p>	Completed

P2.5	Implement actions that improve the use of community pharmacy		DPC		
	P2.5.3	Expansion of the Care Home Pharmacy Support Service  All interested community pharmacies commissioned to provide the service (34 pharmacies) and 220 Care Homes have been allocated to a commissioned pharmacy to enable them to take up the service. One quarter of care homes have already had their first visit under this service.		1 2 3 4	Completed
P3.1	Establish a revised Planned Care Programme that develops and delivers a Planned Care Strategic Plan for the short, medium and longer term		EDO		
	P3.1.1	Revise and refocus the planned care programme to deliver early progress on access, outcomes and experience, and to lay the foundations for longer term sustainability including GIRFT and other efficiency opportunities  Refocusing of the programme has occurred and a Planned Care Programme board convened, commencing with the first meeting held in August 2023.		1 2 3 4	Completed



P3.2	Implement core immediate priorities and actions to improve systems and processes for planned care		EDO		
	P3.2.1	<p>Standardise approaches to booking, capacity planning and pathway administration</p> <p><b>Assessment of delay in completion:</b> The Health Board is committed to ensuring equality and equity in accessing its services regardless of location. Funding for this action was released at the end of Q2, as such the delivery timescale has been amended to allow for realistic timescales for delivery by Q4.</p>	<p>re-profiled to</p> <p>1 2 3 4</p>	Underway	
	P3.2.2	<p>Streamline, standardise and make visible business intelligence to enable more effective approaches to utilisation of current resources</p> <p>Consistent Power BI performance dashboards for planned care are now live within the IRIS reporting system, these provide a summary of performance by specialty and Integrated HealthCare region.</p>	<p>1 2 3 4</p>	Completed	
	P3.2.3	<p>Commence implementing improvements in theatre utilisation, supported by the GIRFT Team</p> <p>The BCU internal theatre utilisation group (TUG) was established in Q2 with agreed terms of reference. The TUG will oversee objectives recommended by GIRFT, ensuring robust monitoring of progress and escalation of areas that require additional focus. Outcomes for objectives enacted during Q2 will be reported against in the Q3 Annual Monitoring Report.</p>	<p>1 2 3 4</p>	Completed	
	P3.2.4	<p>Commence implementing Outpatient Modernisation plan</p> <p>The outpatient transformation programme was implemented during Q1/Q2, and focused upon the application of 'Getting it Right First Time' standards around outpatient configuration. The impact of our revised standards and underpinning operational objectives will be monitored and reported against in the Q3 report.</p>	<p>1 2 3 4</p>	Completed	
	P3.2.5	<p>Enable speciality improvement and development plans for each area that has participated in the Getting It Right First-Time work: Orthopaedics, Urology, Gynaecology, General Surgery</p> <p>During Q2, each of the respective clinical areas adopted a GIRFT improvement plan. Progress will be monitored across each specialty area during Q3. Regular updates are also provided to the Planned Care Operational Group who meet weekly.</p>	<p>1 2 3 4</p>	Completed	

P3.3	Further develop and implement a specific Speciality Plan for Orthopaedics		EDTSP		
	P3.3.2	Finalise the Business Case for Orthopaedic Hub(s) in line with the National Orthopaedic Clinical Strategy  The Business Case has been successfully submitted to Welsh Government.		1 2 3 4	Completed
P3.5	Implement pathways redesign actions to improve access by adopting straight to test approach		EDO		
	P3.5.1	Prepare services for straight to test prostate and model for teledermoscopy  Straight to test prostate pathway now in place. Our Teledermoscopy business case was approved by Welsh Government and roll-out of the agreed model of care is being delivered.		1 2 3 4	Completed
	P3.5.2	Implement new straight to test pathways prepared in P3.5.1  A straight to test prostate pathway has been prepared and implemented. The pathway will be monitored during Q3 and Q4 and variances will be considered as part of on-going pathway development		1 2 3 4	Completed
P4.2	Implement core, immediate priorities and actions to improve access, quality and outcomes of urgent and emergency care		EDO		
	P4.2.4	Review effectiveness of the community intermediate care approach and consider whether the model needs modifying (align to community hospitals and care home baseline review)  <b>Assessment of delay in completion:</b> Capacity reviews have commenced with all three IHCs assessing the effectiveness of our local intermediate care provision. During Q3 the IHCs will align timescales to ensure a holistic North Wales view of services is completed. Progress will be reviewed as part of Q3 monitoring and the delivery date has been revised to Q4.		re-profiled to 1 2 3 4	Underway

P5.1	Maintain access standards in those areas meeting cancer access standards, and to continue improving those areas that do not, aiming to achieve 70% of cancer referrals starting their first definitive treatment within 62 days by the end of the year		EDO		
	P5.1.1	Maximise use of clinic and endoscopy resources in line with demand and capacity modelling  The Demand and Capacity modelling has been refreshed with the support of colleagues in the NHS Executive. This is now being monitored within the Planned Care Programme diagnostics work stream to ensure resource use is maximal against the refreshed modelling.		1 2 3 4	Completed
P5.3	Implement immediate targeted actions to improve access in diagnostics and key specialities		EDO		
	P5.3.1	Aim for first appointment within 10 days  <b>Assessment of delay in completion:</b> The Health Board remains committed to improving access to services across all specialties. While some progress has been made, a significant capacity gap particularly in Dermatology has required the Health Board to review its position and pursue alternative approaches to managing workforce and service gaps. Progress will be monitored closely in Q3 to ensure delivery by Q4.		re-profiled to 1 2 3 4	Underway
	P5.3.2	Redesign of pathways that enable a straight to test approach  The prostate cancer pathway has been redesigned and implemented, with decreased waits being experienced due to the straight to test approach.		1 2 3 4	Completed
P6.1	Progress the development and implementation of a revised North Wales Mental Health Strategy, following the Together for MH national strategy review		EDPH		
	P6.1.1	Approval of strategy in Q2 for implementation to commence  Strategy developed in partnership with the Regional Partnership Board and subsequently approved for implementation.		1 2 3 4	Completed

P6.2	111 press 2 mental and emotional health support service		EDPH		
	P6.2.1	<p>Evaluate the 111 press 2 mental and emotional health support service, taking improvement actions forward as necessary.</p> <p>A Peer review was undertaken by the National Collaborative Commissioning Unit (NCCU). This review was positive, and highlighted a number of areas of exemplary practice to be shared across Wales.</p>		1 2 3 4	Completed
P6.5	Support the MH Reviews		EDPH		
	P6.5.1	<p>Phase 1 of the stocktake to be undertaken as part of the Special Measures framework for improvement</p> <p>Phase 1 of the Mental Health Stocktake review is complete. The service has progressed to stage 2 and interviews and field work with the RCPsych are underway.</p>		1 2 3 4	Completed
P7.1	Welsh Government Substance Misuse Delivery Plan		EDPH		
	P7.1.1	<p>Continue implementation of the Welsh Government Substance Misuse Delivery Plan</p> <p>The National Delivery Plan covering Q2 was implemented as expected within Q2 and continues to provide a focus for the service. A revised delivery plan is expected from Welsh Government during Q3 and will continue to be implemented with 'business as usual' processes.</p>		1 2 3 4	Completed
P9.2	Implement the Maternity and Neonatal Safety Support Programme (Priorities for Improvements and the PERIPrem Programme in Wales)		EDO		
	P9.2.1	<p>Complete and monitor delivery of initial recommendations for year 1</p> <p><b>Assessment of delay in completion:</b> The recommendations of the national Maternity Neonatal Safety Support Programme Discovery Phase were issued in Q2 and the Health Board is expecting further guidance during Q3, which will provide details of requirements for the next phase. Delivery date has been revised to Q4, and progress will be monitored closely.</p>		<p>re-profiled to</p> <p>1 2 3 4</p>	Underway

P10.2	Implement improvements that enable timely access to Child and Adolescent Mental Health services, in line with the WG MH access requirements		EDO		
	P10.2.1	Refresh and implement CAMHS recovery plan  Each IHC has submitted refreshed mid-year trajectories to Welsh Government. All recovery plans have been implemented and are monitored weekly		1 2 3 4	Completed
P16.2	Develop and implement an organisational Performance Framework		EDOF		
	P16.2.1	Revised performance and accountability arrangements to be in place  <b>Assessment of delay in completion:</b> The Integrated Performance Framework was signed off by the Health Board on the 28 <sup>th</sup> September 2023, with revised performance and accountability arrangements to be implemented during Q3. As a result this milestone has been re-profiled to Q3. These are progressing as expected. The Integrated Performance Framework will operate in parallel to the Strategic Planning Framework, and also the Risk Management Framework.		re-profiled to 1 2 3 4	Underway

Embed the Betsi Way improvement methodology across the organisation		EDTSP		
P18.2	P18.2.1	Develop a sustainable model of service improvement support for IHC/Divisional level and pan-BCUHB programmes of work  A revised model for supporting health communities and pan BCU clinical networks and programmes has been co-designed, agreed and implemented with the Interim Executive Director of Operations and the Executive Director of Public Health.	1 2 3 4	Completed
	P18.2.2	Ensure service improvement resource is allocated to organisational strategic priorities through a designated forum  The interim Executive Director of Operations and Executive Director of Public health and respective teams have confirmed their priorities for re-allocation of improvement and pathways resource, supported by the triangulation in relation to Special Measures deliverables, Ministerial priorities, key organisational risks and GIRFT reviews. Moving forwards, the EDG for Strategic Planning and Transformation is the designated forum through which the allocation of improvement and change resource is monitored and supported to ensure it reflects the agreed portfolio of major change. This aligns with P3O programme management best practice.	1 2 3 4	Completed
	P18.2.3	Develop a Centre of Excellence of Improvement to coordinate the consistent delivery of improvement methodology, and drive forward staff training in improvement methodology, tools and techniques.  The Transformation and Improvement Team continue to train, coach and engage the organisation to embed The 'Betsi Way' improvement methodology. A new 'Betsi Bitesize' training course has been developed and is being delivered as a beginner's introduction to improvement. The longer intermediate course 'Improvement in Practice' is also now being delivered and tailored to BCU's needs.  The team have also launched a Betsi improvement community called 'Better by Betsi' to engage and celebrate those people who are supporting improvement, and are also developing a Betsi wide improvement network.	1 2 3 4	Completed

<b>DPC</b>	Director of Primary Care
<b>EDO</b>	Executive Director of Operations
<b>EDOF</b>	Executive Director of Finance

<b>EDPH</b>	Executive Director of Public Health
<b>EDTSP</b>	Executive Director of Transformation & Strategic Planning
<b>EDWOD</b>	Executive Director of Workforce & Organisational Development

## 5) Quarter 3 and 4 confidence

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Current assessments from respective leads are that two thirds of actions due to be completed in Q3 or Q4 are on track without significant mitigation.

On track without significant mitigations being required	64% of Q3 and Q4 actions
Course correction mitigation in place, or being considered in order to deliver on time or with minor delay	27% of Q3 and Q4 actions
Significant delay in delivery likely despite mitigations	9% of Q3 and Q4 actions

As part of the Health Boards integrated planning process, and in line with the Framework Triad approach, the Planning, Performance and Risk Teams will provide monitoring and challenge for all Q3 and Q4 KPIs.

Utilizing the newly developed data and assurance collection system developed by the Transformation Team, we will manage the performance of the Annual Plan, evaluate its effectiveness and will share learning from our achievements and challenges within the organisation, thus ensuring that the Health Board meets its challenges for self-improvement.

## 6) Recommendations

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The Board is asked to **RECEIVE ASSURANCE** on the progress to date, acknowledging the areas of challenge.





<b>Teitl adroddiad:</b> <i>Report title:</i>	Integrated Quality Report		
<b>Adrodd i:</b> <i>Report to:</i>	Health Board		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	30 November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on significant quality issues arising during the prior period, alongside longer-term trend data, and information on the improvements underway.		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to note this report.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery Dr Nick Lyons, Executive Medical Director Gareth Evans, Executive Director of Therapies and Health Sciences		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Matthew Joyes, Deputy Director of Quality Governance		
<b>Pwrpas yr adroddiad:</b> <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"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>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:</b> <b><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></b>			
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.			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Quality		
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	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.
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	BAF1.2
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	N/A
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	N/A
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	N/A
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF1.2
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
<b>Camau Nesaf: Gweithredu argymhellion</b> <b>Next Steps: Implementation of recommendations</b> N/A	
<b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b> 1. Board Integrated Quality Report	

## Board Integrated Quality Report – November 2023

### INTRODUCTION

For the NHS in Wales, quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable** and **person-centred**. Underpinning these domains are six enablers, which are **leadership, workforce, culture, information, learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

This report provides the Health Board with a summary of key quality related information. The aim of this report is to provide the Health Board with key quality highlights at each meeting. Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee.

The accompanying Integrated Quality Report has been reformatted and is presented to the Board as an emerging draft of a new report format. Feedback from the Board is welcomed. The report is structured, for ease, around three domains of quality: patient safety, patient experience and clinical effectiveness.

### PATIENT SAFETY

#### Nationally Reportable Incidents (NRI)

During September to October 2023, 42 nationally reportable incidents occurred.

At the end of October, the total number of nationally reportable incident investigations overdue was 27 (up from 18 at the time of writing the last report). The Deputy Director of Nursing for patient safety continues to lead weekly support and scrutiny meetings with divisions to reduce this number.

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

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

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

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

An internal audit review into falls prevention and management has been completed and is proceeding through the approval process and will be presented to Audit Committee in December. The HSE NOC relating to falls and the Internal Audit recommendations have been combined into one overarching improvement plan for the Health Board that will be reviewed, monitored for progress and opportunities for sharing good practice by the monthly Falls Group and QSE.

The Health Board is working to resolve concerns raised by HM Senior Coroners regarding the quality of investigations and is working through a full review and redesign of the incident and investigation process. This will take place over the coming months and will be done in co-design with staff and stakeholders, fully aligned to the learning improvement work and the special measures work. The work will also include ensuring closer alignment between the incident process and the mortality review process (including Independent Medical Examiner feedback) which currently accounts for many of the recent concerns identified by coroners.

### Never Events

During September to October 2023, one Never Event occurred. In this case it related to medication via the wrong route. The harm to the patient involved in the event was graded as low. A Rapid Learning Panel was held to identify immediate learning and a full investigation is underway.

In the previous financial year, five never events were reported, compared to 10 in the same timescale in the prior year (when taking into account incidents later downgraded).

### Patient Safety Alerts and Notices

The Health Board has zero overdue alerts.

### Infection Prevention and Control

The Health Board is currently above trajectory for all key performance organisms, however when compared to the other acute hospital provider health boards we are the second lowest and below average for Staphylococcus aureus bloodstream infections, MRSA and MSSA. In addition, we are reporting fewer cases than for the same time period last year.

For our gram-negative bloodstream infections, we are below average and achieving the lowest rate for Klebsiella, we are on average and third highest for E.coli yet above average and second highest for Pseudomonas aeruginosa.

We are only slightly above average for Clostridioides difficile and third lowest in Wales, however reporting less cases than for the same time period last year.

Having seen an increase on COVID-19 cases during September, the number of cases were much the same in October. Influenza and Norovirus is not currently causing any concern across the Health Board.

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

- Ensure learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and the strategic infection prevention group.
- Deliver a robust audit programme of practices associated with the key infections and feedback performance data to inform improvement.

- Increase awareness through promotional campaigns with a new campaign “HABITS” being established to further engage our staff, patients and public.

### Nosocomial COVID Review

A total of 1,483 cases remain to be investigated in line with the national programme (58.94% cases have been completed). Based on August 2022 trajectories, the Health Board was 559 cases behind where it needed to be in order to complete all investigations by March 2024 (information provided in October by the NHS Wales Executive Business Analyst).

An additional clinical investigator is joining the team on secondment and three-weekly strategy meetings are in place to provide support to the programme, the internal trajectory now suggests that the investigations will be completed by the deadline. Weekly oversight is being undertaken and mitigating actions will be taken if the trajectory appears to be going off track again.

All Wave 1 - 4 introductory letters have been sent to patients. Wave 1 and Wave 2 outcome letters are expected to be sent for mailing week commencing 13 November 2023.

### Call 4 Concern

Having patients involved in their health care treatment decisions improves patient safety, reduces harm and rebalances the relationship between individuals and health professionals. It is also one way of demonstrating a response to the recent calls for a “Martha’s Rule.”

Call 4 Concern allows patients and families to activate a direct referral to the Acute Intervention Team if they have concerns that themselves or the patient/relative is deteriorating, and their concerns have not been recognised or acknowledged. The patient themselves and relatives will often pick up on deterioration before it is identified by staff. Having a Call 4 Concern service provides patients and families with a voice, and adds a safety net for patients.

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

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

## **PATIENT EXPERIENCE**

### Complaints

During September to October 2023, 344 complaints were managed under the Putting Things Right Regulations (PTR) and 67 complains were managed as Early Resolutions. The PALS Team had 1,149 contacts.

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

Overdue complaints investigations remain a challenge – at the end of October 2023, 287 investigations are overdue and it would appear the improvement trajectory has reached a plateau. The Deputy Director of Nursing for patient and carer experience continues to lead weekly support and scrutiny meetings with divisions to reduce this number, and their team have worked with IHCs to develop renewed trajectories and improvement plans. Recognising the stall in the trajectory and deterioration in position, a deep dive into complaints is being undertaken during November with each of the IHCs and the Executive Director of Nursing.

#### Patient feedback

During June to September 2023, 16,040 patient feedback surveys were completed through the real time feedback system. There is a significant increase in the number of surveys completed due to the implementation of a text messaging system to request patient feedback in certain areas: 78.62% of respondents felt that their experience was very good.

Work is underway to review the approach to collecting, using and learning from patient feedback with a taskforce in place to make rapid improvements.

### **CLINICAL EFFECTIVENESS**

The Resuscitation Group has reduced the risk relating to provision of life support training in the central area from 20 to 12, due to the successful redevelopment of training accommodation on site at Ysbyty Glan Clwyd.

The palliative care strategy review is currently being completed. Engagement with clinical teams is underway and will inform any changes.

The National Audit of Care at End of Life (NACEL) has demonstrated evidence of where the Health Board is falling below the national average across the UK, and the issue is being discussed at the Quality Delivery Group on November to identify issues and identify an improvement plan.

### **ASSURANCE AND REGULATION**

#### Healthcare Law

The Health Board has continued to receive a high number of Prevention of Future Death (PFD) (Regulation 28) Notices. Since the last report, 3 PFD Notices have been received. These Notices raised concerns regarding:

- Continued pressures and staffing levels within the Emergency Department at Ysbyty Gwynedd;
- The quality of patient safety investigations;
- The lack of electronic records in the Mental Health and Learning Disability Division;

The key themes arising from notices this year relate to:

- Timeliness and quality of patient safety investigations;
- Absence of electronic records and the associated risks of paper records;
- Ambulance handover delays, patient flow and capacity in Emergency Departments.

The Health Board continues to meet with local Coroners to ensure good working practices and ensure the inquest process is working effectively. The Executive Team has approved a new Inquest procedure to improve standardisation of process across the Health Board.

## Quality Regulation

During September to October 2023, Healthcare Inspectorate Wales (HIW) issued their inspection reports into the Hergest Unit and Ablett Unit.

At the Hergest Unit, HIW found staff were committed to providing safe and effective care and there were suitable protocols in place to manage risk, health and safety and infection control. However, improvements were required to prevent patients from bringing items that posed a safety risk onto the wards. Other areas for improvement included the provision of therapeutic activities for patients and overall staff mandatory training compliance. Patient care plans reflected individual needs and risks and were being maintained to a good standard. The statutory documentation we saw verified that the patients were appropriately legally detained.

At the Ablett Unit, HIW observed staff treating patients with respect and supporting patients on Tegid Ward with personal care needs in a dignified and sensitive way. The patients they spoke with were complimentary about the care provided and about their interactions with staff. The patient records reviewed during the inspection were comprehensive and of good quality. There was appropriate governance and oversight processes in terms of activities and meetings to discuss issues related to patient care and identify improvements. However, HIW identified issues in relation to the physical layout, location and staffing requirements of the Section 136 suite. HIW found similar issues during their previous inspection of the Ablett Unit in January 2019. HIW have asked the Health Board to undertake a review of the use of the Section 136 suite to identify resolutions to the environmental issues and to the staffing requirements to provide safe cover to staff in the Section 136 suite as well as maintaining safe staffing levels on the wards

## Ombudsman

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

## Quality Assurance

In response to lessons learnt from Operation Jasmine (a review into serious neglect within care homes in South Wales) and key recommendations from the Older Persons Commissioner review into care homes across North Wales, the Care Home Quality Team have developed a Quality Assurance Framework (QAF). A key element to the QAF has been the development of a suite of clinical quality support tools (CQSTs) led by the Care Home Quality Team in conjunction with specialist clinical teams, IHCs and providers. The CQSTs provide a mechanism for proactive quality monitoring, early detection, prevention and support within care homes across North Wales. This also includes latest evidence, action plans, and education materials for care homes as part of a resource pack and also highlights area of training required. The CQSTs have been recognised nationally as best practice and with the recommendation from the Chief Nursing Officer for Wales' office that theses should be adopted by other health boards.

## **CONCLUSION**

This report provides the Health Board with information and analysis on quality matters including Nationally Reportable Incidents, Never Events and regulatory activity occurring in the last two months.

The key points of note are:



- The main themes of Nationally Reportable Incidents (NRIs) remain falls, healthcare acquired pressure ulcers, and the recognition and action on deteriorating patients. Improvement work for all these areas is progressing under the leadership of senior clinical staff.
- One Never Event has occurred.
- Two Public Interest Reports from the Ombudsman have been issued.
- The Coroners continue to raise concerns in a number of areas, these areas are under review and have actions being undertaken.
- The number of overdue patient safety incident investigations, and consequently closure within the target timeframe, remains a challenge.
- The number of overdue complaints remains unacceptably high, with an unacceptable impact on patients and has an impact on the closure target compliance.
- The Call 4 Concern initiative at YG has now been fully rolled out across the site.

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

The Health Board is asked to note the report.



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CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



## Board Integrated Quality Report

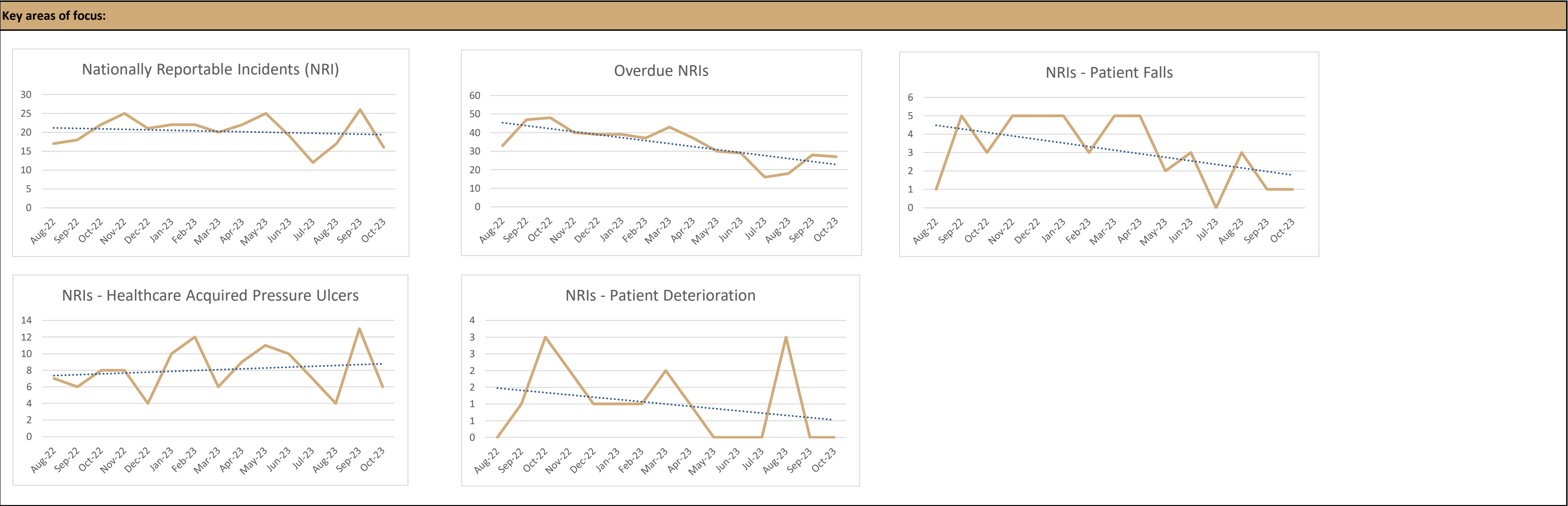
November 2023

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

Board Integrated Quality Report - Patient Safety

Indicator	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Total	Average	Sparkline
Patient safety incidents with harm	1,674	1,556	1,632	1,558	1,742	1,730	1,552	2,103	2,111	2,254	2,347	2,445	2,446	2,335	2,479	29,964	1,998	<div></div>
Nationally Reportable Incidents (NRI)	17	18	22	25	21	22	22	20	22	25	19	12	17	26	16	304	20	<div></div>
Overdue NRIs	33	47	48	40	39	39	37	43	37	30	29	16	18	28	27	N/A	34	<div></div>
NRIs - Patient Falls	1	5	3	5	5	5	3	5	5	2	3	0	3	1	1	47	3	<div></div>
NRIs - Healthcare Acquired Pressure Ulcers	7	6	8	8	4	10	12	6	9	11	10	7	4	13	6	121	8	<div></div>
NRIs - Patient Deterioration	0	1	3	2	1	1	1	2	1	0	0	0	3	0	0	15	1	<div></div>
NRIs - Never Events	1	2	0	1	0	0	0	0	0	0	0	1	1	0	1	7	0	<div></div>

Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (08/11/2023). Incident data shows the date of the incident (which is different from the date reported).

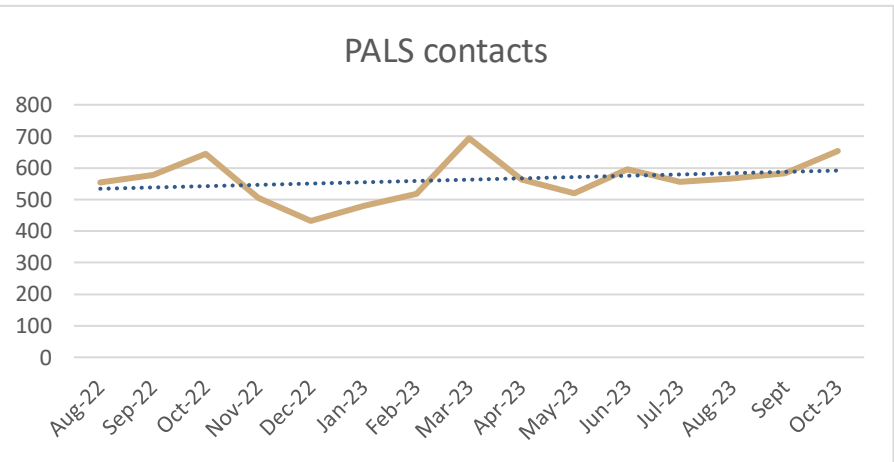
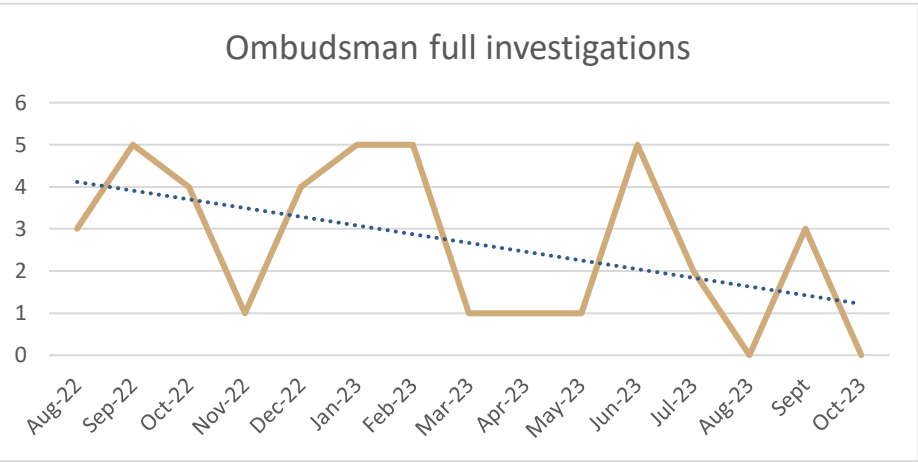
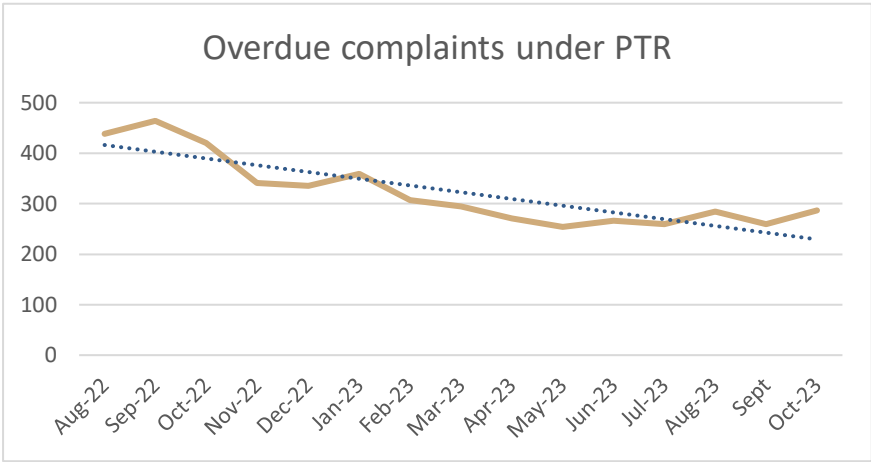
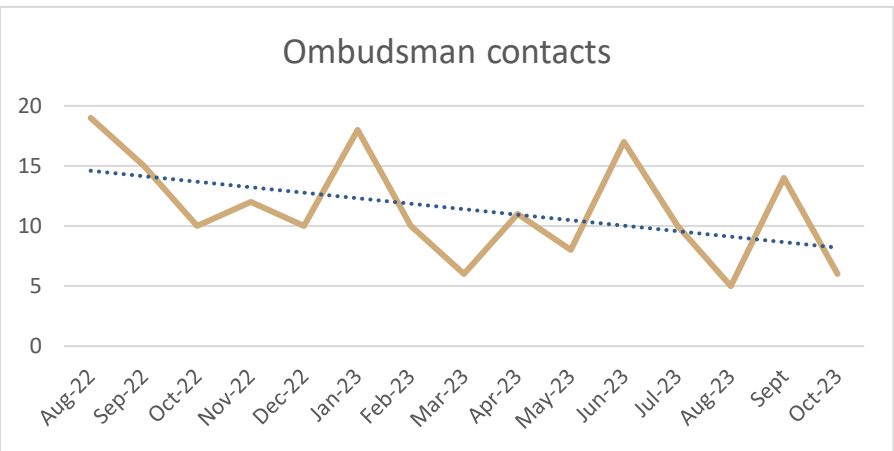
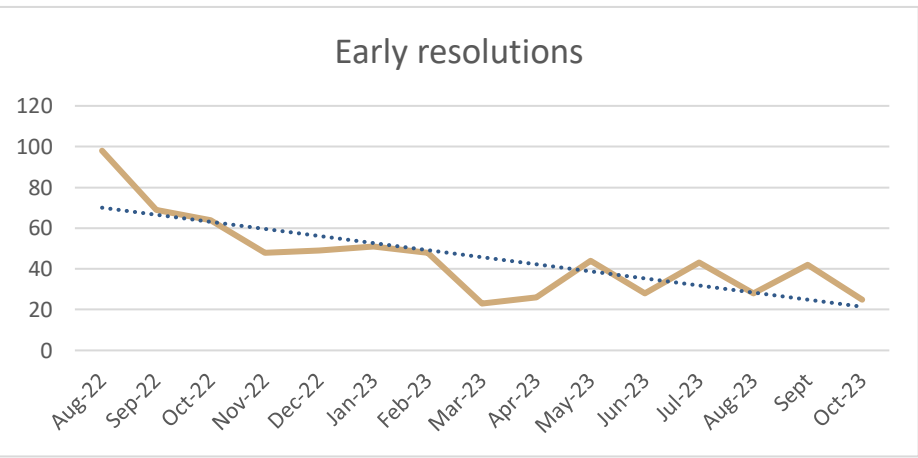
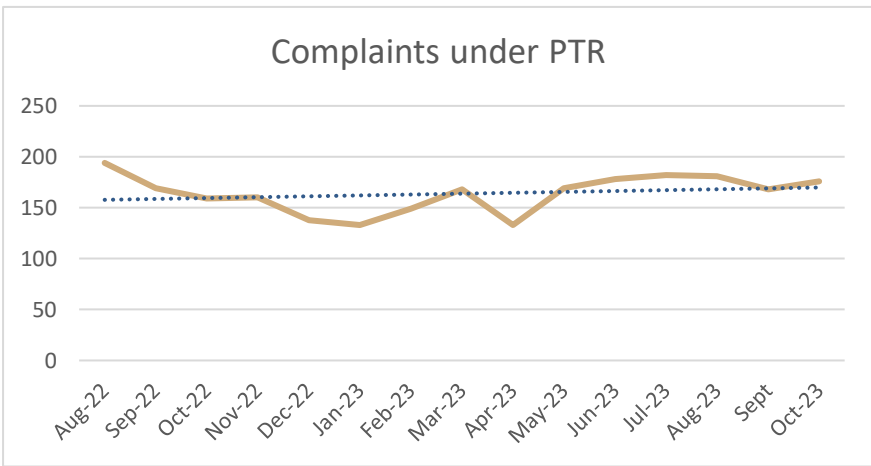


Board Integrated Quality Report - Patient and Carer Experience

Indicator	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept	Oct-23	Total	Average	Sparkline
Complaints under PTR	194	169	159	160	138	133	149	168	133	169	178	182	181	168	176	2,457	164	
Early resolutions	98	69	64	48	49	51	48	23	26	44	28	43	28	42	25	686	46	
Overdue complaints under PTR	438	464	420	341	335	359	307	295	271	254	266	260	284	260	287	N/A	323	
Ombudsman contacts	19	15	10	12	10	18	10	6	11	8	17	10	5	14	6	171	11	
Ombudsman full investigations	3	5	4	1	4	5	5	1	1	1	5	2	0	3	0	40	3	
PALS contacts	554	578	645	505	432	479	518	694	563	519	595	556	566	583	654	8,441	563	

**Supporting notes:** Data is provided from the Health Board's Datix system and is accurate at the time of reporting (08/11/2023). Experience data shows the date of the complaint or contact.

Key areas of focus:



Reporting Committee:	<b>Quality, Safety &amp; Experience Committee</b>
Committee Chair:	Rhian Watcyn Jones
Date of last meeting:	27.10.23
Paper prepared by:	Corporate Governance Officer
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The Board is asked to note that the following matters were discussed at the QSE on 27<sup>th</sup> October, 2023:</p> <ul style="list-style-type: none"> <li>• Outline on Reporting Cycles</li> <li>• Primary Care Report</li> <li>• Patient Story Annual Report</li> <li>• Risk Register</li> <li>• Patient Safety Report</li> <li>• Nursing and Midwifery Council (NMC) Fitness to Practise (FtP) Annual Report – April 2022 – March 2023</li> <li>• Maternity and Neonatal Services</li> <li>• Month 5 Performance Report</li> <li>• Deep Dive into Falls</li> <li>• Nurse Staffing Act Presentation</li> <li>• Special Measures Report (Cycle 2) including Output from the Development Sessions on Independent Reviews</li> </ul>	
<b>ITEMS TO BE ESCALATED TO THE BOARD</b>	
<ul style="list-style-type: none"> <li>• It was felt that a Board Workshop regarding strategic risks training would be very useful</li> <li>• New work is starting on the Diabetes pathway. This was identified by Committee as an important proactive move, rather than reacting to identified weaknesses.</li> </ul>	
<b>NEXT MEETING</b>	
<p>The next meeting of the Quality, Safety and Experience Committee will be held on 19<sup>th</sup> December 2023.</p>	





<b>Teitl adroddiad:</b> <b>Report title:</b>	Nurse Staffing Levels			
<b>Adrodd i:</b> <b>Report to:</b>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 30 November 2023			
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<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>			
<b>Argymhellion:</b> <b>Recommendations:</b>	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.			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Mrs Angela Wood, Executive Director of Nursing & Midwifery			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Mrs Alison Griffiths Director of Nursing for Workforce, Staffing and Professional Standards Miss Joanna Brown, Nurse Staffing Programme Lead			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I’w Nodi</b> <i>For Noting</i> <input type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p><b>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:</b></p> <p><b>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:</b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		<p><i>Nurse Staffing Levels (Wales) Act 2016 Section 25B</i> applies to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards.</p> <p><i>A Healthier Wales: Our Plan for Health and Social Care</i> identifies a requirement to “drive</p>		

	<p>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><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></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><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b></p>	<p>Not applicable</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>Not applicable</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></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 Board's ability to deliver health care effectively, and compromise the reputation of Health Board nursing services.</p> <p>This could be further exacerbated by the impact on the resilience of the workforce due to;</p> <ol style="list-style-type: none"> <li>1) effects of the Covid 19 pandemic</li> <li>2) increasing age profile within the workforce</li> </ol>



	<p>3) retention rate of nursing staff across the Health Board.</p> <p>CRR15 Recruitment &amp; 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><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></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 2024/25.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></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><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (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><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> <b>Implementation of recommendations</b> <b>A financial assessment arising from the organisation's statutory duty to calculate nurse staffing levels are to be considered within the financial planning cycle for 2024/25.</b></p>	
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b></p> <ol style="list-style-type: none"> <li>1. Annual Presentation of Nurse Staffing Levels to the Board</li> <li>2. A summary of Nurse Staffing Levels for wards where Section 25B applies</li> </ol>	

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	30 <sup>th</sup> November 2023		
Period Covered	01 October 2022 to 30 September 2023		
<b>Number and identity of section 25B wards during the reporting period.</b> <ul style="list-style-type: none"> <li>Adult acute <u>medical</u> inpatient wards (inclusive of Oncology &amp; Haematology inpatient wards)</li> <li>Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards)</li> <li><u>Paediatric</u> inpatient wards</li> </ul>	A total of 46 wards met the requirements pertaining to Section 25B <sup>1</sup> of the 2016 Act at the end of this reporting period. This reporting period has seen the inclusion of a further three wards meeting the Nurse Staffing Levels (Wales) Act 2016 Section 25B requirements, which are Bonney ward in Ysybyty Wrexham Maelor, Aran and Ffroncon wards in Ysbyty Gwynedd.		
	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.		
	<b>Adult acute <u>medical</u> inpatient wards</b> Total at start of reporting period (October 2022) 24 wards Total at end of reporting period (September 2023) 26 wards		
	<b>Ysbyty Gwynedd x 8</b>	<b>Ysbyty Glan Clwyd x 9</b>	<b>Ysbyty Wrexham Maelor x 9</b>
	Aran Glaslyn Glyder Hebog Moelwyn Prysor Tryfan Alaw (Oncology & Haematology)	Ward 1 Ward 2 Ward 4 Ward 6 (formally Ward 11) Ward 9 Ward 10 Ward 12 Ward 14 Enfys (Oncology & Haematology)	Acton ACU Bersham Bonney Cunliffe Fleming Morris Pantomine Prince of Wales (formerly ENT)

<sup>1</sup> 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.

	<b>Adult acute surgical inpatient wards (at end of reporting period September 2023)</b> Total at start of reporting period (October 2022) 16 wards Total at end of reporting period (September 2023) 17 wards					
	<b>Ysbyty Gwynedd x 5</b>		<b>Ysbyty Glan Clwyd x 6</b>		<b>Ysbyty Wrexham Maelor x 6</b>	
	Enlli Dulas Ogwen Tegid Ffrancon (Womens)		Ward 3 Ward 5 Ward 6 (ABH) Ward 7 Ward 8 Ward 19a Glaslyn (Womens)		Arrivals ENT (now Prince of Wales Medical) Erddig Mason Glyndwr / SAU U5 (formerly Samaritan) Bonney (Womens)	
	<b>Paediatric inpatient wards (at end of reporting period September 2023)</b> Total at start of reporting period (October 2022) 3 wards Total at end of reporting period (September 2023) 3 wards					
	<b>Ysbyty Gwynedd x 1</b>		<b>Ysbyty Gwynedd x 1</b>		<b>Ysbyty Wrexham Maelor x 1</b>	
	Childrens Unit		Childrens Unit		Childrens Unit	
<b>Staffing requirements at start of reporting period (October 2022)</b>	<b>Adult acute medical inpatient wards</b>		<b>Adult acute surgical inpatient wards</b>		<b>Paediatric inpatient wards</b>	
<b>Required establishment (WTE) calculated (October 2022)</b>	<b>RN</b>	<b>HCSW</b>	<b>RN</b>	<b>HCSW</b>	<b>RN</b>	<b>HCSW</b>
	482.43	432.23	308.16	273.78	83.46	31.27
<b>WTE of required establishment funded (October 2022)</b>	470.61	326.05	298.20	201.15	79.47	30.37
<b>Staffing requirements following Spring Cycle (May 2023)</b>	<b>Adult acute medical inpatient wards</b>		<b>Adult acute surgical inpatient wards</b>		<b>Paediatric inpatient wards</b>	
<b>Required establishment (WTE) calculated (May 2023)</b>	<b>RN</b>	<b>HCSW</b>	<b>RN</b>	<b>HCSW</b>	<b>RN</b>	<b>HCSW</b>
	495.22	450.71	318.72	279.76	83.46	31.27
<b>WTE of required establishment funded (May 2023)</b>	484.15	335.44	308.58	205.99	79.45	31.27

Staffing requirements at end of reporting period (September 2023)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (September 2023)	RN	HCSW	RN	HCSW	RN	HCSW
	517.96	475.85	321.44	283.66	83.46	31.27
WTE of required establishment funded (September 2023)	518.05	465.80	318.93	275.5	80.98	28.95
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	26		17		3	
Required establishment (WTE) calculated and WTE of required establishment funded	<p>Whilst financial implications of the Autumn 2022 nurse staffing level calculations were considered during the 2022/23 financial planning cycle, in order to ensure the delivery of sensitive and timely nursing care to patients all wards pertaining to Section 25B were 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>					
Using the triangulated approach to calculate the Nurse staffing level on section 25B wards	<p>In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews<sup>2</sup> (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><b>Step 1: Initial Review</b></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</p>					

<sup>2</sup> 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).

	<p>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 Sister/Manager, and colleagues from Finance. The review is informed by both qualitative and quantitative information comprising of:</p> <ul style="list-style-type: none"> <li>➤ Acuity data - acuity is measured by using an evidence-based workforce planning tool Welsh Levels of Care<sup>3</sup>.</li> <li>➤ 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 clinical area plus the evidence from the acuity audit to make an informed decision regarding the calculation of Nurse staffing levels.</li> <li>➤ 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: <ul style="list-style-type: none"> <li>○ <i>Patient falls</i> - any fall that a patient has experienced whilst on the ward;</li> <li>○ <i>Pressure ulcers</i> - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward;</li> <li>○ <i>Medication errors</i> - any error in the preparation, administration or omission of medication by Nursing staff (this includes medication related never events).</li> <li>○ <i>Complaints</i> – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.</li> </ul> </li> </ul> <p>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.</p> <p>Additional information provided at the initial review includes, though is not limited to:</p> <ul style="list-style-type: none"> <li>➤ Current ward bed numbers and speciality, including specific treatments or procedures.</li> <li>➤ Ward environment, layout and geographical position</li> <li>➤ Detail of service and patient pathway changes</li> <li>➤ Ward based initiatives. improvement programmes or action plans</li> </ul>
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<sup>3</sup> 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.

	<ul style="list-style-type: none"> <li>➤ Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, dementia support workers, housekeepers, ward administrators etc.).</li> <li>➤ Workforce/Staffing related metric data i.e. Performance &amp; Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave.</li> <li>➤ Patient flow/activity related data.</li> <li>➤ Finance / workforce related data i.e. utilisation of permanent/temporary staff.</li> <li>➤ Utilisation of unfunded escalated beds</li> </ul> <p><b>Step 2: Health Board Wide Review</b></p> <p>A Health Board wide (multi-site, service/speciality specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent Health Board wide approach. The review includes sharing good practice and lessons learnt and assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models included have an uplift of 26.9% and a supernumerary Band 7 Ward Sister/Charge nurse has been calculated within the overall workforce plan for each ward.</p> <p>Supportive challenge and discussions are undertaken between the senior nurse leadership team<sup>4</sup>, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology.</p> <p><b>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing &amp; Midwifery</b></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 person<sup>5</sup> and on approval; this is formally presented to the Board.</p> <p>The formal presentation to the Executive Director of Nursing &amp; Midwifery took place on 5th October 2023 with the Finance Director for Commissioning &amp; Strategy and the Deputy Director of People in attendance.</p>
<b>Finance and workforce implications</b>	<p>During the reporting period 35 wards have seen <b>no</b> changes to their required establishment, 8 wards have required a change and 3 additional wards have met the definition of a ward pertaining to Section 25B of the Act. Of the 8 wards requiring a change to establishment, 4 of these were due to service redesigns across the stroke</p>

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

<sup>5</sup> 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.

and orthopaedic specialities. Changes associated with service redesigns will be monitored and staffing levels adjusted as appropriate as these progress and mature.

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.

The overall FTE changes summarised in the table below:

	<b>Required</b> Establishment at the start of the reporting period (October 2022)		<b>Funded*</b> Establishment (as at October 2023)*		<b>Required</b> Establishment at the end of the reporting period (September 2023) <small>Inclusive of additional wards meeting the definition pertaining to Section 25B</small>		<b>FTE Variance</b> between current funded (October 2023) and required (September 2023) <small>Inclusive of additional wards meeting the definition pertaining to Section 25B</small>	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
YWM Total	277.14	219.90	277.14	219.9	279.17	229.45	2.03	9.55
YG Total	207.51	195.71	228.92	217.91	228.83	218.01	-0.09	0.1
YGC Total	261.51	253.56	261.51	253.56	264.23	258.88	2.72	5.32
Paediatric Total	83.46	31.27	80.98	28.95	83.46	31.27	2.48	2.32
Oncology & Haematology Total	33.3	31.27	33.3	31.27	33.3	31.27	0	0
Womens Gynaecological Total **	11.37	5.69	36.11	18.66	33.87	21.9	-2.24	3.24
BCUHB Total	874.29	737.40	917.96	770.25	922.86	790.78	4.9	20.53

\* **Funded** establishment sourced from Finance Ledger

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

Note: The required and funded establishment figures exclude supernumerary ward sister/charge nurse 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 2023 nurse staffing level calculations review will be considered within the 2024/25 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 Health Care Assistants
- Continued engagement with the national All Wales International Nurse Recruitment Programme with 148 FTE International Educated Nurses recruited since October 2022.
- Bachelor of Nursing fast track for Health Care 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 potential professional regulation/ registration of these care workers.
- 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 SafeCare Allocate 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.
- Introduction of the roster autocascade system to ensure the efficient sourcing of temporary staffing; and Wagestream to provide financial wellbeing for frontline workers through the access of earned pay.
- Continual review and enhancements of BCUHB careers framework
- Short-term mitigation remains through the use of temporary staffing (bank and agency staff) 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](#)

It has been challenging to consistently meet the planned roster within wards with the professional judgement of nurse managers and leaders having been relied on significantly given the dynamic and constantly evolving clinical situation. During this time all staff have displayed resilience and solidarity as the organisation endeavours to:

- Maintain nurse staffing levels during times of high vacancies, staff absences, and increased patient care needs
- Manage the pressures of unscheduled care
- Manage the pressures of planned/elective services against a backdrop of significant waiting list times
- Manage the unfunded escalated bed capacity

The Board is asked to note the following next steps:

1. An ongoing review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff.
2. The BCUHB People Strategy & Plan is an essential enabler to the delivery of a sustainable nursing workforce, which is further supported by the All Wales National Workforce Implementation Plan and the subsequent Nurse Retention Plan, which place a focus on retention and innovation.

	<ol style="list-style-type: none"><li>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.</li><li>4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'</li><li>5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)</li><li>6. Ward Managers will display any changes to the planned roster on the ward boards displayed at the ward entrance</li></ol>
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<b>Health board/trust:</b>	Belfast City Council University Health Board	The number of staff per shift needs to be entered. The information should be provided for each shift.
<b>Period of the report</b>	October 2022 - September 2023	In accordance with the requirements of the HSE Staffing Regulations, please provide the following information:
<b>Adult Acute Medical Consultant Grade</b>	6A	

<sup>a</sup>The number of staff are still needs to be assessed. The information should reflect the information on the information subject template.

Appendix: Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	Bute, Carlebrack University Health Board
Period of the report:	October 2022 - September 2023
Adult Acute Surgical Inpatient Wards	17

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

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2018 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff if when 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. Please identify the individual(s) at health board meetings and members of health board meeting (C15-2-23) specific to the public (C15-2-23) on the additional staff professional staff that contribute to the coordination and delivery of patient care.

Adult Acute Surgical Inpatient Wards

Site	Name of Ward	SHIFT	Reported to the Board in November 2022					Calculated during spring 2023 cycle					Calculated during autumn 2023 cycle					Biannual calculation cycle reviews, and any changes made & rationale during the spring 2023 & autumn 2023 calculation cycles					Any reviews outside of biannual calculation, if yes, provide rationale for any changes made			
			Planned roster as stated within the annual presentation to the Board report (in November 2022)		Required Establishment as stated within the annual presentation to the Board report (in November 2022) including WTE	TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2023 cycle		Required Establishment as calculated by the designated person during the spring 2023 cycle including uplift 28.5%	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 2023 cycle		Required Establishment as calculated by the designated person during the autumn 2023 cycle including uplift 28.5%	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 Band 6	HCSW Band 6				RN Band 6	HCSW Band 6					RN Band 6	HCSW Band 6											RN Band 6
YWM	Arrivals	Early Late Long Day Twilight Night	3 2 3 2 2	14.21	11.37	1	Early Late Long Day Twilight Night	3 2 3 2 2	14.21	11.37	1	28/03/2023	Early Late Long Day Twilight Night	3 2 3 2 2	14.21	11.37	1	05/10/2023	Yes	No	No change to staffing	No				
YWM	ENT	Early Late Long Day Twilight Night	3 2 3 2 2	14.21	11.37	1	Early Late Long Day Twilight Night	3 2 3 2 2					Early Late Long Day Twilight Night	3 2 3 2 2				Yes	Yes	Following site reconfiguration now reported as Prince of Wales medical ward.	No					
YWM	Endlog	Early Late Long Day Twilight Night	5 4 5 3 3	25.58	19.9	1	Early Late Long Day Twilight Night	5 4 5 3 3	25.58	19.9	1	28/03/2023	Early Late Long Day Twilight Night	5 4 5 3 3	25.58	19.9	1	05/10/2023	Yes	No	No change to staffing	No				
YWM	Mason	Early Late Long Day Twilight Night	4 5 4 3 3	19.9	24.16	1	Early Late Long Day Twilight Night	4 5 4 3 3	19.9	24.16	1	28/03/2023	Early Late Long Day Twilight Night	4 5 4 3 3	19.9	24.16	1	05/10/2023	Yes	No	No change to staffing	No				
YWM	Glyndwr	Early Late Long Day Twilight Night	5 3 5 3 3	25.58	17.06	1	Early Late Long Day Twilight Night	5 3 5 3 3	25.58	17.06	1	28/03/2023	Early Late Long Day Twilight Night	5 3 5 3 3	25.58	17.06	1	05/10/2023	Yes	No	No change to staffing	No				
YWM	US (was Samaritan) Mon - Fri	Early Late Long Day Twilight Night	2 2 2 1 1	11.37	6.7	1	Early Late Long Day Twilight Night	3 2 2 1 1	13.4	7.72	1	28/03/2023	Early Late Long Day Twilight Night	3 2 2 1 1	13.4	7.72	1	05/10/2023	Yes	Yes	During Spring 23 review RN & HCA staffing adjusted following increase in beds Mon - Fri with no change at the weekend. No further change in Autumn 23 review.	No				
YWM	US (was Samaritan) Sat & Sun	Early Late Long Day Twilight Night	2 2 2 1 1				Early Late Long Day Twilight Night	2 2 2 1 1					Early Late Long Day Twilight Night	2 2 2 1 1												
YG	Tagli	Early Late Long Day Twilight Night	5 4 5 4 3	25.58	19.9	1	Early Late Long Day Twilight Night	5 4 5 4 3	25.58	19.9	1	28/03/2023	Early Late Long Day Twilight Night	5 4 5 4 3	25.58	19.9	1	05/10/2023	Yes	No	No change to staffing	No				
YG	Dulas	Early Late Long Day Twilight Night	5 4 5 4 3	28.43	19.9	1	Early Late Long Day Twilight Night	5 4 5 4 3	28.43	19.9	1	28/03/2023	Early Late Long Day Twilight Night	5 4 5 4 3	28.43	19.9	1	05/10/2023	Yes	No	No change to staffing	No				
YG	Ogwen	Early Late Long Day Twilight Night	4 5 4 5 3	19.9	25.58	1	Early Late Long Day Twilight Night	4 5 4 5 3	19.9	25.58	1	28/03/2023	Early Late Long Day Twilight Night	4 5 4 5 3	19.9	25.58	1	05/10/2023	Yes	No	No change to staffing	No				
YG	Enlli	Early Late Long Day Twilight Night	3 3 3 3 2	14.21	14.21	1	Early Late Long Day Twilight Night	3 3 3 3 2	14.21	14.21	1	28/03/2023	Early Late Long Day Twilight Night	3 3 3 3 2	14.21	14.21	1	05/10/2023	Yes	No	No change to staffing	No				
YGC	Ward 3	Early Late Long Day Twilight Night	4 4 4 4 4	21.79	21.79	1	Early Late Long Day Twilight Night	4 4 4 4 4	21.79	21.79	1	28/03/2023	Early Late Long Day Twilight Night	4 4 4 4 4	21.79	21.79	1	05/10/2023	Yes	No	No change to staffing	No				
YGC	Ward 5	Early Late Long Day Twilight Night	5 4 5 4 3	21.79	19.07	1	Early Late Long Day Twilight Night	5 4 5 4 3	21.79	19.07	1	28/03/2023	Early Late Long Day Twilight Night	5 4 5 4 3	21.79	19.07	1	05/10/2023	Yes	No	No change to staffing	No				
YGC	Ward 7	Early Late Long Day Twilight Night	5 4 5 4 3	21.79	21.79	1	Early Late Long Day Twilight Night	5 4 5 4 3	21.79	21.79	1	28/03/2023	Early Late Long Day Twilight Night	5 4 5 4 3	21.79	21.79	1	05/10/2023	Yes	No	No change to staffing	No				
YGC	Ward 8	Early Late Long Day Twilight Night	4 4 4 4 3	19.07	19.07	1	Early Late Long Day Twilight Night	4 4 4 4 3	19.07	19.07	1	28/03/2023	Early Late Long Day Twilight Night	4 4 4 4 3	19.07	19.07	1	05/10/2023	Yes	No	No change to staffing	No				
ABH	Ward 6 ABH (Mon - Fri)	Early Late Long Day Twilight Night	3 3 3 3 2	13.62	16.34	1	Early Late Long Day Twilight Night	3 3 3 3 2	13.62	16.34	1	28/03/2023	Early Late Long Day Twilight Night	4 5 4 3 2	16.34	20.24	1	05/10/2023	Yes	Yes	Staffing recommended as part of the orthopaedic surgical services review.	No				
ABH	Ward 6 ABH (Sat & Sun)	Early Late Long Day Twilight Night	3 3 3 3 2				Early Late Long Day Twilight Night	3 3 3 3 2					Early Late Long Day Twilight Night	4 3 3 2 2												
YGC	Ward 9a Glaslyn (Mon - Fri)	Early Late Long Day Twilight Night	2 2 2 2 1	11.13	6.57	1	Early Late Long Day Twilight Night	2 2 2 2 1	11.13	7.68	1	28/03/2023	Early Late Long Day Twilight Night	2 2 2 2 1	11.13	7.68	1	05/10/2023	Yes	Yes	HCA staffing adjusted in Spring 2023 review in support of patient care acuity.	No				
YGC	Ward 9b Glaslyn (Sat & Sun)	Early Late Long Day Twilight Night	2 2 2 2 1				Early Late Long Day Twilight Night	2 2 2 2 1					Early Late Long Day Twilight Night	2 2 2 2 1												
YWM	Bronfield	Early Late Long Day Twilight Night	2 2 2 2 1				Early Late Long Day Twilight Night	2 2 2 2 1	11.37	5.69	1	28/03/2023	Early Late Long Day Twilight Night	2 2 2 2 1	11.37	5.69	1	05/10/2023	Yes	Yes	Stopped up in Spring 2023 as an Act ward following return of elective Gynae patients after covid reconfiguration	No				
YG	Phancon	Early Late Long Day Twilight Night	2 2 2 2 1				Early Late Long Day Twilight Night	2 2 2 2 1	11.37	8.53	1	28/03/2023	Early Late Long Day Twilight Night	2 2 2 2 1	11.37	8.53	1	05/10/2023	Yes	Yes	Stopped up in Spring 2023 as an Act ward following return of elective Gynae patients after covid reconfiguration	No				

<b>Health board/trust:</b>	Betsi Cadwaladr University Health Board
<b>Period of the report</b>	October 2022 - September 2023
<b>Paediatric Inpatient Wards</b>	3

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://cubh.nhs.uk/about-us/health-board-meetings-and-members/health-board-meetings/25-5-23-agenda-bundle-public-v2-compressed-n-v3-0/>) on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Site	Name of Ward	Reported to the Board in November 2022						Calculated during spring 2023 cycle						Calculated during autumn 2023 cycle						Biannual calculation cycle reviews, and any changes made & rationale during the spring 2023 & autumn 2023 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 2022)		Required Establishment as stated within the annual presentation to the Board report (in November 2022) including		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2023 cycle		Required Establishment as calculated by the designated persons during the spring 2023 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 2023 cycle		Required Establishment as calculated by the designated persons during the autumn 2023 cycle including uplift									TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level						
			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)				RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)	RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)											
YWM	Childrens Unit	Early					28.43	8.53	1	Early				28.43	8.53	1	28/03/2023	Early					28.43	8.53	1	05/10/2023	Yes	No	No change to staffing	No				
		Late								Late								Late																
		Long Day	5	2						Long Day	5	2						Long Day	5	2														
		Twilight								Twilight								Twilight																
		Night	5	1						Night	5	1						Night	5	1														
YGC	Childrens Unit	Early					28.43	11.37	1	Early				28.43	11.37	1	28/03/2023	Early					28.43	11.37	1	05/10/2023	Yes	No	No change to staffing	No				
		Late								Late								Late																
		Long Day	5	2						Long Day	5	2						Long Day	5	2														
		Twilight								Twilight								Twilight																
		Night	5	2						Night	5	2						Night	5	2														
YG	Childrens Unit (Mon - Fri)	Early								Early							28/03/2023	Early																
		Late								Late								Late																
		Long Day	5	2						Long Day	5	2						Long Day	5	2														
		Twilight	1							Twilight	1							Twilight	1															
		Night	4	2			26.6	11.37	1	Night	4	2		26.6	11.37	1	28/03/2023	Night	4	2			26.6	11.37	1	05/10/2023	Yes	No	No change to staffing	No				
	Childrens Unit (Sat & Sun)	Early								Early								Early																
		Late								Late								Late																
		Long Day	5	2						Long Day	5	2						Long Day	5	2														
		Twilight								Twilight								Twilight																
		Night	4	2						Night	4	2						Night	4	2														

<b>Teitl adroddiad:</b> <i>Report title:</i>	Betsi Cadwaladr University Health Board Annual Equality Report 2022-23		
<b>Adrodd i:</b> <i>Report to:</i>	Health Board		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of the Annual Equality Report is to meet the statutory guidance on the Public Sector Equality Duty Welsh specific duties. The specific duties in Wales are set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The guidance states that an organisation's Annual Equality Report must specifically set out:</p> <ul style="list-style-type: none"> <li>the steps the authority has taken to identify and collect relevant information</li> <li>how the authority has used this information in meeting the three aims of the general duty</li> <li>any reasons for not collecting relevant information</li> <li>a statement on the effectiveness of the authority's arrangements for identifying and collecting relevant information</li> <li>progress towards fulfilling each of the authority's equality objectives</li> <li>a statement on the effectiveness of the steps that the authority has taken to fulfil each of its equality objectives</li> <li>specified employment information, including information on training and pay (unless it has already published this information elsewhere)</li> </ul>		
<b>Argymhellion:</b> <i>Recommendations:</i>	<i>The Board is asked to note the Annual Equality Report 2022-23 (bi-lingual).</i>		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Ceri Harris, Head of Equality and Human Rights		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>
<b>Lefel sicrwydd:</b>	Arwyddocaol	Derbyniol	Rhannol
			Dim Sicrwydd



<b>Assurance level:</b>	<b>Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Acceptable</b> <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>	<b>Partial</b> <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>	<b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>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:</b></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>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		<b>Living Healthier Staying Well Long Term Goals:</b> <ul style="list-style-type: none"> <li>target our resources to people who have the greatest needs and reduce inequalities</li> <li>Respect people and their dignity</li> <li>Listen to people and learn from their experiences</li> </ul>		
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>		e.e. Yr Awdurdod Gweithredol Iechyd a Diogelwch  The Health Board is required by 31st March 2024 to publish this report under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.		
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>		No  Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol  <i>If no please provide an explanation as to why the duty does not apply</i>  The duty does not apply, as this is a retrospective evidence report, not a decision or service change.		
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>		No The duty does not apply, as this is a retrospective evidence report, not a strategic decision or service change.		

	<u><i>WP68 Procedure for Socio-economic Impact Assessment.</i></u>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</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>(crynodeb o'r risgiau a rhagor o fanylion yma)</p> <p>(summarise risks here and provide further detail)</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 in implementing the recommendation to approve this report for translation and publication.</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>There are no workforce implications in implementing the recommendation to approve this report for translation and publication.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)</p> <p>The Annual Equality Report has been through engagement sessions with the Equality Stakeholder Group and Equality and Human Rights Strategic Forum. Teams across the organisation have had the opportunity to contribute to the report.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>There are two Equality Risks currently recognised on the Corporate Risk Register.</p> <p>CRR 1971: Risk of failure to comply with Statutory Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</p> <p>CRR: 3111: Risk of Failure to comply with The Socio-economic Duty under The Equality Act 2010 (Authorities subject to a duty regarding Socio economic inequalities)</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>Amherthnasol</p> <p>Not applicable</p>

**Camau Nesaf:**  
**Gweithredu argymhellion**

**Next Steps:**

**Implementation of recommendations:** *The Annual Equality Report will be published on the Health Board's website.*

**Rhestr o Atodiadau:**

Dim

**List of Appendices:**

None



# Equality Annual Report

# 2022-2023



# Accessibility Statement

This report and any supporting documents are available in Welsh, and can be made available in other languages and formats on request.

For other formats, please contact: Patient Advice and Liaison Service Tel 03000 851234

[BCU.PALS@wales.nhs.uk](mailto:BCU.PALS@wales.nhs.uk)



To contact the Equality Team at BCUHB email: [BCU.Equality@wales.nhs.uk](mailto:BCU.Equality@wales.nhs.uk)

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# Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB) Annual Equality Report covering the period April 2022 – March 2023. This report summarises the work we have undertaken to demonstrate our commitment to advancing equality and human rights.

Since I joined the Health Board in January 2023, I have seen the challenges we face and immense commitment staff have to the equality agenda.

In February 2023, our Health Board was placed into Special Measures. We recognise that there is significant progress to be made in the leadership and culture of our organisation, and equality and inclusion alongside compassionate leadership will be at the heart of these improvements.

The delivery of inclusive services and providing a workplace free from discrimination is the aim of our Strategic Equality Plan. Our Strategic Equality Plan (SEP) for the period 2020-2024 was published in March 2020 with an aim to embed and strengthen equalities and human rights across all functions of the Health Board to ensure delivery of our Strategic Equality Plan.

Since the publication of the Strategic Equality Plan, we have seen challenges through Covid-19 and its adverse disproportionate impacts on certain communities. Along with this, there have been key legislative changes within Wales with the Socio-economic Duty and national equality drivers such as the Anti-racist Wales Action Plan and the LGBTQ+ Action Plan for Wales. These equality drivers, provide the backdrop for improving experiences for everyone in our community and for our diverse workforce.

We hope this report provides evidence of our organisational commitment and the progress made during 2022-2023. We also look forward to sustaining our commitment to advancing equality during 2023 and into 2024.



Jason Brannan - Deputy Director of People, Workforce and Organisational Development

# Section 1: Introduction

## 1.1 Structure of this report

Promoting equality, inclusion and valuing diversity are all fundamental to accessing health care and addressing better health outcomes. The following report is divided into different sections, which provides information and evidence to demonstrate how we have discharged our equality duty. This evidence includes:

- Delivering on the Equality Duty – Public Sector Equality Duty and Socio-economic Duty
- Reporting progress on our Strategic Equality Objectives - Year 3 Plan
- Next Steps - Strategic Equality Plan year 4

## 1.2 Population

North Wales has a resident population of 686,909 persons (on census day 2021), living across an area of approximately 2,500 square miles. It is bordered by Irish Sea to the north and west, Ceredigion and Powys to the south, and England to the east.

The region is defined by coastland, rural areas particularly in the west, and more urban areas in the east predominantly in and around Wrexham and Deeside. The majority of settlements are along the coast, including resorts popular with tourists such as Rhyl, Llandudno, Pwllheli, Prestatyn and Tywyn. It is mountainous and is home to Eryri National Park, and the mix of natural features is a strong draw for tourists and visitors.

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, and is responsible for providing primary care, community care, mental health and acute hospital services for the population of North Wales. Further demographic information is provided within Appendix A.





## 2.3 Our Equality Objectives

1	We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales.
2	We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.
3	We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales.
4	We will prioritise action to advance gender equality in North Wales.
5	We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales.
6	We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.
7	We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales.
8	We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce.
9	We will prioritise action to advance race equality in North Wales.
10	We will prioritise action to deliver the Public Sector Equality Duty.

## 2.4 Governance arrangements

During 2022-2023, work has been ongoing to ensure that the equality duty is part of all new governance arrangements within the Health Board. This also includes citing equality considerations with new terms of reference for all governance meetings and where appropriate having a representative from the Equality team.

During the year 2022-2023, work has continued to advance equality through the delivery of the third year of our Strategic Equality Plan. The Health Board is now in the last year of the Equality Strategic Plan, and is preparing to begin the co-production work to identify the Strategic Equality Objectives for the next four years.

## 2.5 Statutory reporting

In line with our statutory duty, we have published the following:

### 2.5.1 Strategic Equality Plan

The Equality Objectives set out to deliver in our 4 - year Strategic Equality Plan sets the foundation for advancing equality across the Health Board. Our Strategic Equality Plan (SEP) for the period 2020-2024 was agreed and published in March 2020. The four year plan is aligned to Regulations 14 and 15 within the Public Sector Equality Duty.





### 2.5.2 Equality Annual Reports

Our latest and past Equality Annual Reports are published on our website in line with regulation 16 of public sector equality duty: Wales.

<https://bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/equality-and-human-rights/strategic-equality-plans/>

These reports provide progress statements that arise from complying with the specific duties within the permitted timelines set by the Equality and Human Rights Commission. In line with regulation 16, our annual reports include:

- The steps taken to identify and collect relevant information
- How the Health Board has used relevant information it holds in complying with the general duty and the specific duties
- The progress made in order to fulfil each equality objective
- A statement of the effectiveness of:
  - Arrangements for identifying and collecting relevant information, and
  - Steps taken in order to fulfil each equality objective
  - Employment information that the listed authority has collected

### 2.5.3 BCUHB Statutory Employment – data report

This provides comprehensive data on our staff, including recruitment, leavers and disciplinary / grievance data sets. We have also published a commentary document to support the analysis of our full data report.

### 2.5.4 Gender Pay Gap reporting

This provides information on regulations 2017 within the Equality Act, which requires organisations with more than 250 employees to calculate and publish gender pay gap information. We have published our fifth Gender Pay Gap Report. All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31st March 2022). This report contains the following:

- Average and Median Hourly Rates and Pay Gaps
- Average and Median Bonus and Pay Gaps
- Proportion of staff receiving a bonus
- Number and percentage of males and females divided into four groups (Pay Quartile) ordered from lowest to highest pay

Section 3 of our report outlines our progress in year three of our Strategic Equality Plan. The following section includes our equality objectives and related activities.



# Section 3: Reporting our progress

## 3.1 Focus on Engagement - linked to objectives 6 7 8 9 10

Over 2022-23, Our Engagement Team has continued to collaborate and work with partners to deliver shared engagement opportunities, reduce duplication of effort and deliver on shared outcomes. By developing and creating new relationships, the Health Board has created opportunities to engage and involve communities in decisions.

To support engagement, the public engagement team has started to develop toolkits and guidance documents. The internal intranet pages are being reviewed and updated to provide staff with engagement advice and guidance. Engagement with communities across North Wales is continuing through maintaining and developing networks and channels of engagement that services can use to involve and listen to the public and partners.

### 3.1.1 Example of Targeted Intervention

Feedback from Welsh Government has been very positive in terms of engagement and progression across the engagement domain. From a public engagement perspective, our focus has been on supporting the embedding of engagement across the organisation. This has included providing advice and support to our newly formed Integrated Health Communities (IHCs) and corporate teams on robust and meaningful engagement.



During 2022-2023, we have undertaken wide-ranging engagement on a range of strategies including the Health Board's Clinical Services Strategy, which used a range of engagement tools and approaches including:

- An online public survey.
- Social media platforms such as Facebook and Twitter to promote key messages and a public survey.
- Links to surveys and information shared widely through regional, area and community networks and groups.
- Staff engagement through internal communication channels, building on approaches developed through the 'Stronger Together' internal organisational change programme.

### 3.1.2 Bite-size health events

Our Bite-size health events are now starting to move from virtual to face to face. Bite-size Health strengthens our engagement with businesses to provide health advice and guidance direct to North Wales residents in their place of work. It is a collaboration between the Public Engagement Team, BCUHB services, and our partner organisations, working together to improve access to information. Bite-sized health sessions provide a range of support and health information including:

- Blood pressure checks
- Mental health and wellbeing
- Health screening
- Smoking cessation, alcohol and substance misuse
- Carers information



### 3.1.3 Engagement Practitioner Networks

Our forums are a network of engagement professionals who can share information and good practice, identify opportunities for collaboration, reduce duplication and pool resources. Forums provide opportunities for sharing common challenges, highlighting concerns, and supporting each other. During 2022-2023, our engagement practitioner networks / forums have taken place across the three areas of Central, East and West across North Wales.

### 3.1.4 Engagement with Black and Minority Ethnic Communities

During 2022-2023, we have continued to cultivate relationships and help to promote awareness and understanding of the needs of different communities. Engagement work has been undertaken with:

- Health and wellness day in collaboration with the North Wales African Society in Bangor.
- Attendance to Eid al –Adha Celebrations.
- The Asylum Hub in Wrexham.
- North Wales African Society Hub – ICAN services.



### 3.1.5 Integrated Health Community level engagement

Engagement has been ongoing on a range of programmes and service changes. We have engaged with patients, carers and key partners to explore options for:

- The development a Neuro Rehabilitation Service within North Wales.
- Holyhead Integrated Health and Well Being Hub project.
- Development of Tywyn Rural Educational Hub to support training and recruitment to a rural health care service for GPs.
- New primary care facilities as part of the Conwy and Llandudno Junction Primary Care Project.
- Review work within the Denbigh Health and Social Care Programme.

### 3.1.6 Role of Equality Stakeholders

Equality stakeholders are a group of people that represent different parts of the North Wales population and meet regularly to discuss health care services. Over the past year, meetings of the Equality Stakeholder Group continue to raise issues and barriers faced by patients and carers. Further work will be carried out during 2023-2024 to promote the role of Equality Stakeholders and increase the diversity of our Equality Stakeholder Group.

## 3.2 Focus on Patient and Carer Experience - linked to objectives: 6 7 8 9 10

Our Patient and Carer Experience Team provide comprehensive support to gather patient experience, which is used to inform service planning and delivery.

Every day, we collect the views of our service users so that we can really understand what matters to them, especially when people are at their most vulnerable. With permission, we then share the feedback with the relevant managers via the Patient Safety and Experience Team in order to both learn, and to identify areas where we need to improve. Patient and Liaison Service (PALS) are working directly with the Medical Examiner Office to ensure families have an opportunity to have any unanswered questions answered around the loss of a loved one and to share their experiences.



### 3.2.1 Patient and Carer Champions

The Patient and Carer Champion role allows members of staff to personally support the Patient and Carer Experience Team to drive change and understand patient feedback. The role of a Patient and Carer Champion is to:

- Liaise with the patient experience team and actively promote the collection of patient experience feedback.





- Signpost patients, service users and their carers to supportive services.
- Ensure that ward/area patient experience information is up to date.
- Ensure that the needs of carers are identified and supported.
- Escalate any patient experience problems to both the service and the Patient and Carer Experience Team.

Staff who are Patient and Carer Champions meet monthly. Over the past year, 16 guest speakers attended these meetings to deliver signposting and awareness training representing the following topics:

- Age Cymru - HOPE Advocacy Project.
- BCUHB Equality training.
- Welsh Interpretation and Translation Service training.
- Domestic Abuse Safety Unit.

### 3.2.2 Interpretation and Translation Services

To support patients and staff with Interpretation and Translation Services we have launched a digital roll out of 24-hour access to interpreters. Digital equipment called 'Interpreter on Wheels' are placed in Emergency Departments, and Outpatients and Women's Services. On average, staff make 500 bookings for interpretation and translation services per month from the Welsh Interpretation and Translation Service (WITS). Multi-lingual Posters have been produced for patients to help raise awareness and empower them to ask for an interpreter.



### 3.2.3 Carers support

Supporting unpaid carers is a priority for the Patient and Carer Experience Team. Key carer experience activities for this reporting period include:

- PALS continue to support complex enquiries.
- Continued collection of carer experience stories – including experience of accessing Mental Health Services.

To celebrate national Carers Rights Day on 24<sup>th</sup> November 2022 a series of events were coordinated including information stalls in hospital areas hosted by North East Wales Carers Information Service (NEWCIS) and Carers Outreach and information videos promoting support available for unpaid carers for staff and the public.

### 3.2.4 Accessible Communication

A Sensory Loss and Accessible Health Care information hub has been established for staff, which contains sensory loss toolkit guides for Primary Care, Community Services and Secondary Care. Information also includes signposting to other support organisations to support patients and carers. See appendix B for information on the All Wales Standard for Accessible Communication.



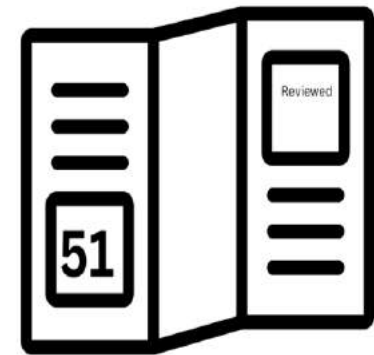
In September 2022, 18 staff in frontline roles attended Deaf Awareness training. The course identified the barriers that deaf and hearing impaired people face and how best to communicate. Staff attending, learnt the British Sign Language fingerspelling alphabet.

### 3.2.5 Patient and Carer information

Betsi Cadwaladr University Health Board (BCUHB) has a duty to provide quality information, whilst adhering to legislation when producing any form of patient information whether it be verbal or written.

The Patient and Carer Experience Team facilitate a Readers Panel made up of multi-disciplinary team of staff who last year reviewed 51 Health Board patient information leaflets. Examples include:

- Ysbyty Glan Clwyd Critical Care Unit Relatives Information Booklet.
- Ysbyty Glan Clwyd Intensive Care Information for Relatives.
- Home First – Your hospital discharge explained.
- Bereavement Clinic Information for Relatives.



### 3.2.6 Patient stories - HMP Berwyn

Patient and Liaison Service (PALS) Officers attended HMP Berwyn to deliver Patient Stories training in line with BCUHB Patient Stories procedures to Peer Mentors so they can replace this feedback tool to capture health

care experience across HMP Berwyn. Peer Mentors provide a similar service to PALS. HMP Berwyn have now been set up on CIVICA All Wales feedback system to capture patient reportable experience measures (PREMs). The Patient and Carer Experience Team are supporting HMP Berwyn to increase patient feedback on HMP Berwyn Health Care Services.

### 3.2.7 Small Business Research Initiative

We are working with the Small Business Research Initiative (SBRI) funded by Welsh Government to explore innovative digital solutions to improve communication between relatives when their loved one is in hospital. Staff, patients and carers have been involved in focus groups to share their experiences as to what may work well. To support the Small Business Research Initiative the Patient and Carer Experience Team interviewed 99 patients to capture feedback for the five businesses as how they want digital solutions. This feedback will shape the future digital solution to support families' communication with their loved one's progress in care.

### 3.2.8 Individual stories – helping to improve patient experiences

Stories told by individuals from their own perspective regarding a health care setting, or the care they have received, has been identified as a powerful tool to understand their lived experience. Examples include:

**Sue's Story:** Sue contacted the PALS team about problems she and her child experienced trying to access Changing Places facilities at one of the hospitals. The room was initially locked and needed cleaning. It was apparent that the room was being used by staff as a storage area and the hoist was not working properly. The

Patient and Carers Experience team filmed Sue's story which was shared at a Board Meeting. Through this story, the Health Board has taken action to address the poor experiences faced by Sue and her child. This includes the following actions:

- Apology given to Sue and her child.
- Improving signage to the facility.
- Keeping the facility unlocked to improve access.
- Regular maintenance checks on the equipment.
- Providing lockers for staff in a different area to address storage.
- Regular cleaning routines for the room.

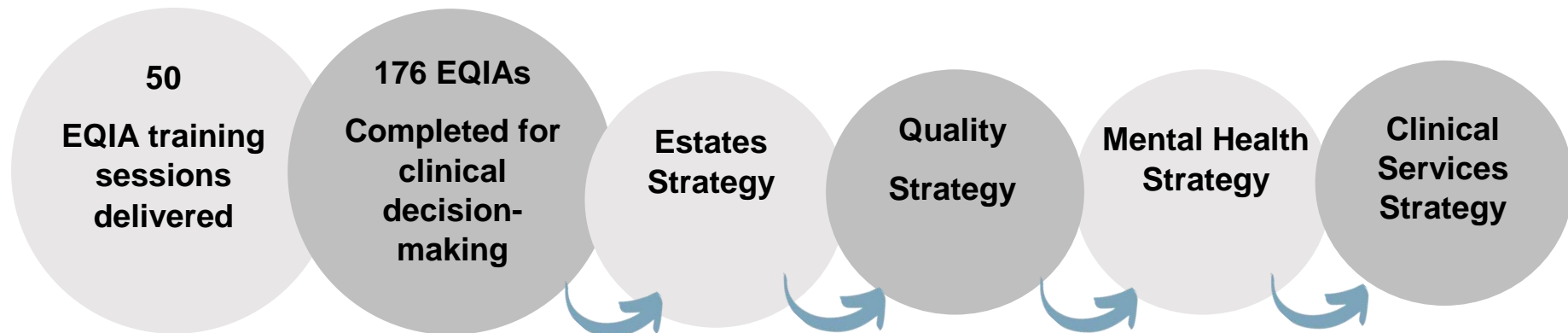
**Eileen's Story:** Eileen shared her experience of how important it was that she was given the opportunity to speak in first language Welsh with staff and other patients. Eileen highlights the exemplary nursing care that she received and her positive experience of patient nutrition and hydration. Eileen's experience demonstrates the importance of staff awareness around the Welsh Active Offer for patients and carers across our Health Board.

**Matthew's Story:** Matthew was diagnosed with Gall Bladder issues that required emergency surgery. Matthew felt the standard fit gown was compromising his dignity, embarrassing him and making him feel that his needs were not being met from a breakdown of simple staff awareness and lack of available resources. Following this story, larger sized gowns are now being made available and a procurement review is underway to ensure suppliers have equality knowledge and awareness - that one size doesn't fit all.

### 3.3 Inclusive decision-making - linked to objectives 2 3 7 10

#### 3.3.1 Equality Impact Assessments and Socio-economic Impact Assessments

Equality Impact Assessments (EQIA) and Socio-economic Impact Assessments (SEIA) procedures are in place for ensuring we meet our statutory duties. Internal audit of board papers indicated that all strategies and major planning decisions had undergone EQIA. Procedures are in place for clinical policies to ensure that all clinical policies have EQIA completed. A range of training, advice and guidance is in place to support staff undertaking assessments. Key work includes:



### 3.3.2 Data and information to inform decision making and monitor progress

We have reviewed our own approach to Equality Impact Assessments following the publication of Audit Wales 'Equality Impact Assessments: more than a tick box exercise?' New procedures are planned for implementation in 2023-2024 with an increased focus on equality risk, alignment with the Socio-economic Duty and intersectionality.

### 3.3.3 Socio-economic Duty progress

We have carried out a training session with the Board in December 2022 to provide information about the duty and the key responsibilities for strategic decision making.

We have completed an internal audit and undertaken the Welsh Government progress tracker to monitor compliance. The progress tracker indicates that there has been progress during year one and two in the following areas:

- Considering socio-economic disadvantage and reducing inequality in decision-making/policy development.
- Tracking and reporting on impact.
- Engagement, involvement and consultation.





The duty is now included within governance procedures and SEIAs are completed for the majority of strategic decisions during the decision-making process rather than retrospectively.



### 3.4 Public Sector Partnerships – linked to objectives 1 2 3 4 5 6 7 8 9 10

#### 3.4.1 All Wales approaches – Equality Leadership Group

We have continued to work with the NHS Wales Equality Leadership Group to share good practice and identify areas of work where we can adopt a “Once for Wales” approach. We have contributed significantly through the Equality Leadership Group to national work including consultations and engagement sessions on the Anti-racist Wales Action Plan, the LGBTQ+ Action Plan, the Locked Out report, the Is Wales Fairer Report and the “3Ps” Planned Care Improvement Programme.

#### 3.4.2 North Wales Public Sector Equality Network- NWPSSEN

We have continued to work with our public sector partners which include North Wales Local Authorities, North Wales Police, North Wales Fire and Rescue Service, North Wales Police and Crime Commissioner, Eryri National Park Authorities, and North Wales Housing Association. During 2022-2023, the network has:

- Promoted and hosted events during Hate Crime week
- Hosted a round table discussion on Stonewall Cymru 5 year Strategy
- Agreed to share organisational approaches to Welsh Government Action Plans

### 3.5 Focus on our workforce - linked to objectives 1 5 6 8 9

#### 3.5.1 Staff Equality Networks

Throughout 2022-2023, our staff networks have continued to provide peer support and act as collective voices for colleagues and groups that have been traditionally under-represented or who have experienced discrimination within the workplace. During the years our networks have arranged a number of activities to raise awareness of issues affecting staff. Here are some examples;

- The BCUHB GEN (Gender Equality Network) organised a panel event to mark International Women's Day and discussed the career journeys of the women on the panel and barriers they face.
- The RespectAbility (disabled staff and carers) network has produced quarterly newsletters focussing on specific conditions and lived experience. The newsletter has been very well received and feedback tells us that colleagues find the newsletter informative and useful.



- The BCUnity Ethnic Minority and Overseas staff network has played an active part in the Health Board's Anti-racist Wales Action Plan implementation work, and members also provide engagement and oversight of this work.

We are committed to further developing our staff equality networks in 2023-2024.

### 3.5.2 People Strategy 2022

During the year 2022-2023, a People Strategy 2022-2025 was developed. This strategy includes 'A compassionate and inclusive culture, role modelled by excellent leaders and managers' as a success measure.

During the year, 2022-2023 significant work to develop an equality workforce data dashboard has taken place. This was developed to improve the monitoring of staff data by protected characteristic. This is available to inform inclusive decision making in areas such as recruitment, disciplinary and grievance, as well as access to development opportunities.

### 3.5.3 Staff Wellbeing Support Service

The Staff Wellbeing Support Service (SWSS) provides a range of support to staff. This year the service has co-ordinated various projects including:

- Awareness campaigns to promote available resources
- Menopause support and resource service 'Menopause Matters'

- Cost of Living Support Group – see section 10 for further information
- Speak Out Safely
- Guidance for Staff in Crisis
- Trauma Risk Management Service

We monitor the take up of the SWSS by protected characteristic group to identify any perceived or actual barriers to access or differential outcomes.

#### 3.5.4 Speak Out Safely

Codi Llais Yn Ddiogel - Speak Out Safely is BCUHB's approach to supporting staff to raise concerns when going through formal routes to raise their concern may not be an option for the staff member concerned. The approach offers an independent and anonymous web-based platform called 'Work in Confidence',

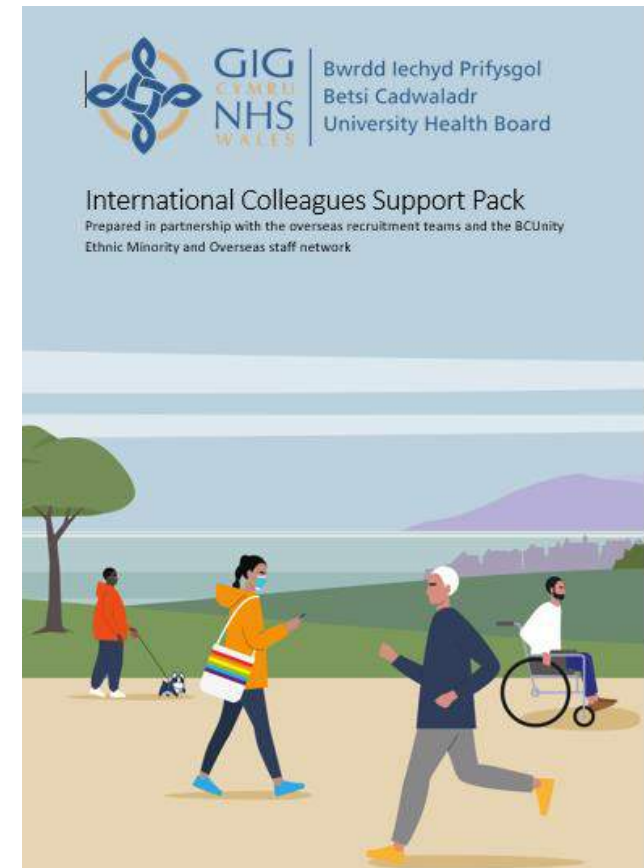
which supports anonymous two-way conversation between staff and one of the Speak Out Safely Team. This can be in person, virtually, by phone or by e-mail. Speak Out Safely has been introduced to ensure that all staff, students, contractors and volunteers working within the Health Board have opportunities to have their concerns heard and taken seriously.



### 3.5.4 Supporting our International Workers to Settle Well in North Wales

In a collaborative project between the International Nursing Practice Development Management Team (East), the Corporate Equality Team, and BCUnity Ethnic Minority and Overseas staff network, a support pack has been produced. This will help colleagues settle well in North Wales as they relocate to join the Health Board. This information pack is designed to assist colleagues in their transition to working in the United Kingdom.

The welcome pack provides information on the many questions international colleagues may have prior to travelling, and includes information on a broad range of areas, from banking and grocery shopping to policing and education and steps to follow upon arrival in the UK, including useful information and tips compiled by recently arrived colleagues. We aim to support our international colleagues as much as possible to prepare for their time in North Wales and in the Health Board.



## 3.6 Focus on increased understanding and awareness - linked to objectives 2 6 7 10

During the year, we have increased our promotional work both externally and internally to continue to build understanding of equality and inclusion and our role in reducing inequality. The promotion of key events has brought many people together to share good practice and insights into lived experience for a range of equality campaigns. These have been promoted through a network of 61 Equality Champions.



### 3.6.1 NHS Wales Equality Week

Equality Week 16-20<sup>th</sup> May 2022 was promoted across all NHS staff in Wales. The week was coordinated by the Chair of the All Wales NHS Equality Leadership Group with support from NHS organisations in Wales. BSL interpretation was provided for all of these sessions. Lunchtime learning sessions took place for:

- Leadership and NHS Wales Priorities
- Healthcare for those seeking sanctuary
- Experiences of working in the NHS with Sensory Loss
- The Gay Dementia Venture
- Learning Disability and Neurodiversity
- Identity, Othering and Belonging



### 3.6.2 North Wales Pride – June 2022

Attending North Wales Pride was a great opportunity to celebrate the diversity across North Wales. The event was supported by our Sexual Health Team, Public Health colleagues and by engagement colleagues in North Wales Local Authorities. We spoke to members of the public to raise awareness of the Sexual Health Service and the work of the Equality Team, as well as encouraging people to come forward and share their experiences of the healthcare system with us to inform our forthcoming action plans and Strategic Equality Plan.



Thank you to all the  
hundreds of people  
that came to say  
hello to us.



### 3.6.3 Monthly Equality Children's Book Competition

Our monthly Equality Children's Book Competitions was launched in early 2023 to promote equality and inclusion across a range of topics. Each book links to a theme such as Disability History Month, South Asian Heritage Month, International Women's Day and Autism Acceptance. The competitions promotes understanding of equality issues and inclusive healthcare.

Aimed at health board staff, since the launch, over 100 staff have registered into the competitions. These are promoted bi-lingually and Welsh language versions are included.

### 3.6.4 International Women's Day – 8<sup>th</sup> March 2023

To mark this year's day, BCUHB Gender Equality Staff Network hosted a Panel Event with a line-up of inspirational women. This event was supported by North Wales Victim Support service who were one of our speakers and panel members, and the event aimed to increase staff understanding of gender issues in the workplace and in healthcare. Staff were encouraged to join the Gender Equality Network and to sign up as Equality Champions.



This year's theme was #EmbraceEquity. A visit to Ysbyty Glan Clwyd gave an opportunity for staff to show their support for gender equality and show their 'embrace' pose.



"I am a Dad raising two sons and I am really trying to give them a better understanding of sex and gender than I was given in the 1980s and 1990s"

### 3.6.5 Menopause Matters

Work has been underway throughout 2022-2023 to identify support needed for all staff that may be affected by the peri-menopause, including male menopause. Menopause awareness sessions were put in place during 2022-2023 open to all staff. Staff are kept up to date with the development and implementation of initiatives and key messages via the staff bulletin. Future support is planned with menopause cafes.

Training for future menopause champions has taken place and a working group has been established to drive actions forward into 2023-2024.



### 3.6.6 Hear our voice, hear me now conference

A Conference organised by Conwy Learning Disability Self Advocacy Group and Prestatyn Self-Advocacy for Learning Disability took place on 21<sup>st</sup> October 2022.



Our Public Health team attended the event with a health promotion stand alongside a speaker from the Mental Health and Learning Disability team. The conference gave an opportunity to share key issues, share ideas and discuss solutions about important issues.

### 3.6.7 Movember 2022

To mark Movember 2022 and promote men's mental health, we hosted a virtual discussion event. The session focussed on staying Mentally Healthy in Work, with speakers from BCUHB Mental Health Team, The BCUHB Equality Team, Members of the Senedd, Construction industry and other occupations. This was hosted by the Mental Health and Learning Disability team and we collaborated with the National Confederation of Builders to

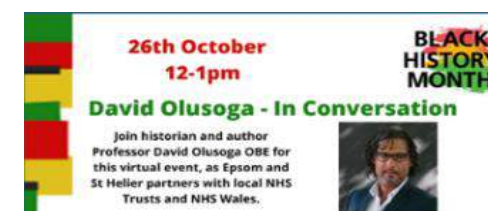
promote the event. The virtual event was open to individuals and employers across North Wales who wanted to gain a better understanding on how to support men to look after their mental health in work. Over 100 participants attended. The sessions are publicly available for access and to use as a training tool.

Links to these online events:

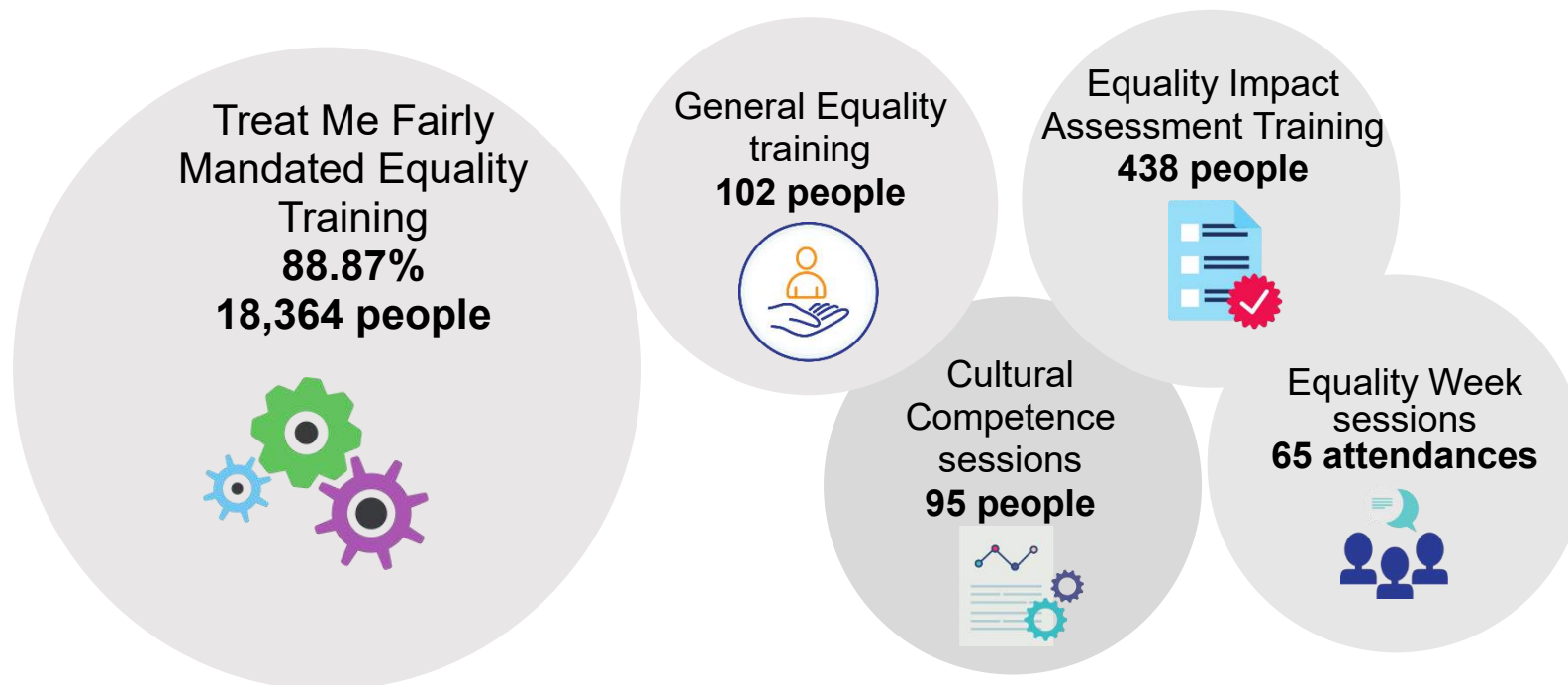
- Men's Mental Health Discussion 2022
- Men's Mental Wellbeing Wakelet

### 3.6.8 Other events promoted during 2022-2023

- World Aids Day event at Bangor Cathedral.
- Black History Month.
- Launched Here and Proud – LGBTQ+ awareness.
- Hate Crime Week.
- International Nurses Day.
- Carers Rights Week and Social Model of Disability sessions.
- Cynnig Cymraeg week.



### 3.7 Focus on training and development – linked to objectives 1 2 3 5 8 9 10



#### 3.7.1 Treat Me Fairly Mandatory Training

All staff are required to undertake mandated Equality Training – called Treat Me Fairly. At the end of March 2023, our compliance rate across the Health Board was 88.87%

### 3.7.2 Equality Impact Assessment and Socio-economic Impact Assessment Training

There has been a range of face to face and online equality related training delivered during the year 2022-2023. Training sessions on Equality Impact and Socio-economic Assessments have carried out with Public Health, Mental Health and Learning Disability team, Transformation and Planning Team, the Student Nurse Forum and the COVID-19 Vaccination Team.

### 3.7.3 General Equality Training

General Equality Training has been delivered to Patient and Carer Champions as well as across GP practices on request. External training events are also promoted. Examples include Hate Crime training delivered by Victim Support helping teams to develop the knowledge on how to better support people who experience discrimination.

### 3.7.4 Cultural Competence Training and Accreditation

Diverse Cymru has delivered Cultural Competency training resulting in greater awareness of culturally sensitive care and greater recognition of the diversity across Wales and beyond. This training has been promoted as part of the Anti-racist Action Plan with 95 people taking part during 2022-2023.



### 3.7.5 Case study: Embedding Cultural Competence: Good Practice in the Workplace

During 2022, the Therapeutic Support Service completed the Cultural Competence Certification Scheme with Diverse Cymru. The service were awarded a Silver award for the work. This work has included:

- Embedded cultural considerations through involving the service user group and consulting and co-producing with community members.
- Held multi-cultural events to place cultural diversity at the heart of the service and provide service users with meaningful activities and celebrations to look forward to.
- Increased staff awareness of unconscious bias, and our need to counter this over time.



Feedback includes:



“I thank the team for welcoming me for who I am - appreciating my Pakistani Heritage and being attentive towards my Islamic Beliefs. I believe the cultural competence scheme shows the significance and value of equity in healthcare.”



“In the last year, we have celebrated a harvest festival, Diwali, a Jamaican Reggae Extravaganza, Christmas, St Dwynwen’s day, Chinese New Year, St David’s Day, St Patricks Day, Eid and an African



drumming workshop. These celebrations helped us embed the learning alongside the celebration and spend time in our in patients' service which is both enabling, empowering and a fine example of a social model of care. Our posters are increasingly multi-cultural now....having added Gaelic and Chinese, among other languages to our environment."



"As Welsh communities become increasingly diverse...we see how this work has helped us work closer together...remembering the power of a human connection as a catalyst for change." Manager, Learning Disability Service

### **3.8 Focus on inclusive care guidance – linked to objectives** 1 2 3 4 5 6 7 8 9 10

A range of guidance has been produced to help inform decision making within the Health Board. This is published internally on our intranet resources pages.

#### 3.8.1 Trans Care guidance document

Trans Care guidance document called 'It's Just Good Care' and 'Gender Language Toolkit'. This was co-produced with the Unique Transgender Network. This guidance gives staff important information to deliver inclusive care that is sensitive to the needs of patients and carers.

### 3.8.2 Equality Toolkit for Primary Care

The Equality Toolkit for Primary Care was developed during 2022-2023 and is available for any Primary Care Practices in North Wales. This is intended to promote greater understanding of the different needs of communities across North Wales. The toolkit was developed in partnership with Cambria Surgery in Anglesey and The Laurels Health Centre in Flint, in which staff provided areas of information, which would be useful. The toolkit provides key information on equality issues and accessible healthcare. This toolkit was developed using principles of co-design with equality stakeholders.



### 3.8.3 Transformation Projects guidance

A guide to “Building Equality and Human Rights Considerations into Strategy Development and Large Scale Transformational Projects” produced for decision-makers to ensure that equality considerations are embedded at the beginning of transformational change.

### 3.9. Focus on insights from COVID-19 - linked to objectives 2 3 10

#### 3.9.1 Building Back Fairer

The impacts of COVID-19 remains across all NHS organisations dealing with the legacy of long delays, waiting lists and a backlog for patients awaiting treatments alongside the impacts from Long Covid.

We have continued to build on the response to COVID-19 delivering the vaccination programme in line with Welsh Government guidance, this being informed by an EqlA. This includes the promotion of NHS staff receiving the vaccine and prioritisation of vulnerable patient groups.



#### 3.9.2 Long COVID

One of the lasting impacts of Covid-19 has been Long Covid. We have gained understanding of the impacts of Long Covid on our workforce and for the population. A Long Covid Partnership group was established with patients playing an important role in shaping the development of the new service. This approach to co-producing services in partnership with patients won a NHS Wales award in empowering people to co-produce their care and was a finalist at the patient Experience Network National Awards 2022 in partnership working to improve experience.

The Long Covid service has been developed to support any person across North Wales who have Long Covid. The Health Board have published information for patients, which includes a Covid-19 Recovery app and self-referral into the Long Covid Service.

This service provides a programme of support for fatigue management, support for better sleep, exercises and strategies for managing breathlessness, intervention for “brain fog” issues such as memory and concentration difficulties, medication review and monitoring, pain management, help for low mood and anxiety; and support for the ways in which Long Covid is affecting people’s roles and responsibilities in their wider life at home and at work.

As a new service since December 2021, the service is developing ways of working to ensure its service is accessible to all different backgrounds. Patient leaflets in key languages have been developed and plans are in place for staff to undertake cultural competency training.

### **3.10 Focus on Public Health - linked to objectives 2 3 6 7 8 9 10**

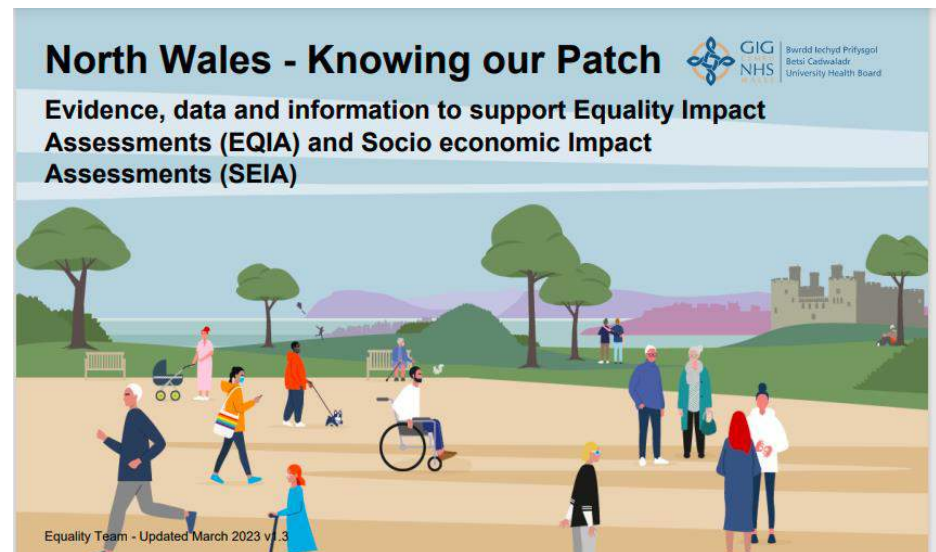
Reducing health inequality is at the heart of our Public Health work. Our Public Health Team plays an active role in the Equality and Human Rights Strategic Forum, the delivery of the Strategic Equality Plan Implementation Plan and the development and delivery of our Anti-racist Action Plan.

### 3.10.1 North Wales Public Health Team Annual Report

The North Wales Public Health Team produced their 2022 annual report which this year had a spotlight on mental health. The report focused on prevention, mental as well as physical well-being and the current drivers of mental ill health, along with some inspiring case studies.

### 3.10.2 Knowing Our Patch

The Public Health Team in partnership with the Equality Team have supported the production of our “Knowing Our Patch” document. This document presents collated demographic information of Protected Characteristics and socio-economic circumstances, and is designed to support inclusive service design and delivery.



### 3.10.4 Well North Wales

The Health Board’s health inequalities programme is Well North Wales, which is a regional programme focusing on working with the most disadvantaged populations in North Wales. More recently, the Well North Wales programme has been supplemented by the development of the Inverse Care Law programme and the development of the Community Support Hubs.

Well North Wales has evolved to focus on supporting four key themes:

- Infrastructure: developing Health and Wellbeing hubs in Penygroes and Bangor. These will foster new ways of working, and enable prevention activities alongside more traditional interventions. By involving the voluntary and community sector, and focusing on social prescribing as a means of addressing non-clinical issues, health outcomes for people living in poverty can be improved.
- Food poverty: Active support for a network of initiatives across the region, ensuring that some of the most disadvantaged populations have:
  - Accessed affordable, nutritious food.
  - Enhanced their cooking skills.
  - Made healthier lifestyle choices.
- Homelessness and vulnerable groups: Working with local authorities and the housing sector to promote wellbeing services.
- Social prescribing: enabling individuals to have access to social prescribing programmes that enable them to participate in activities that help improve their health and well-being.

#### 3.10.5 Childhood Immunisations

The BCUHB 'Vaccinate your Child' campaign is designed to ensure all children get their routine immunisations. During 2022/2023, the BCUHB Public Health Team and BCUHB Communications Team worked together to arrange translation of the campaign marketing materials

to the 15 most-frequently spoken foreign languages within North Wales, and created a British Sign Language short film.

#### 3.10.6 Denbighshire Intergenerational Project

This project focussed on delivering a Trauma-Informed creative project supporting children who had experienced trauma at a young age and had been resettled in Denbighshire from Syria, Afghanistan and Ukraine.

#### 3.10.7 Alcohol Insight Project

Our Public Health team carried a joint project with our Substance Misuse Midwife about the current service for reducing alcohol use in pregnancy. This included:

- A survey of health professionals.
- An analysis of available resources and support services.
- Information on support services, and support during pregnancy.

A final report with recommendations is currently in development to support actions to increase the provision of information, increase skills and develop a social media campaign.





### 3.11 Focus on the cost of living support - linked to objectives 1 2 10

In September 2022, NHS Employers published a report called 'The rising cost of living: key facts, employer response and resources'. This highlighted the adverse impacts of the cost of living crisis on NHS staff across the UK, which included 19% of staff reporting lost sleep and 10% experiencing difficulties in concentrating or making decisions due to financial worries.

#### 3.11.1 The cost of living crisis

Our Cost of Living Group was established during 2022-2023 to discuss ways to support staff on low incomes and for those experiencing financial hardship. This resulted in a range of initiatives to support staff, which included:

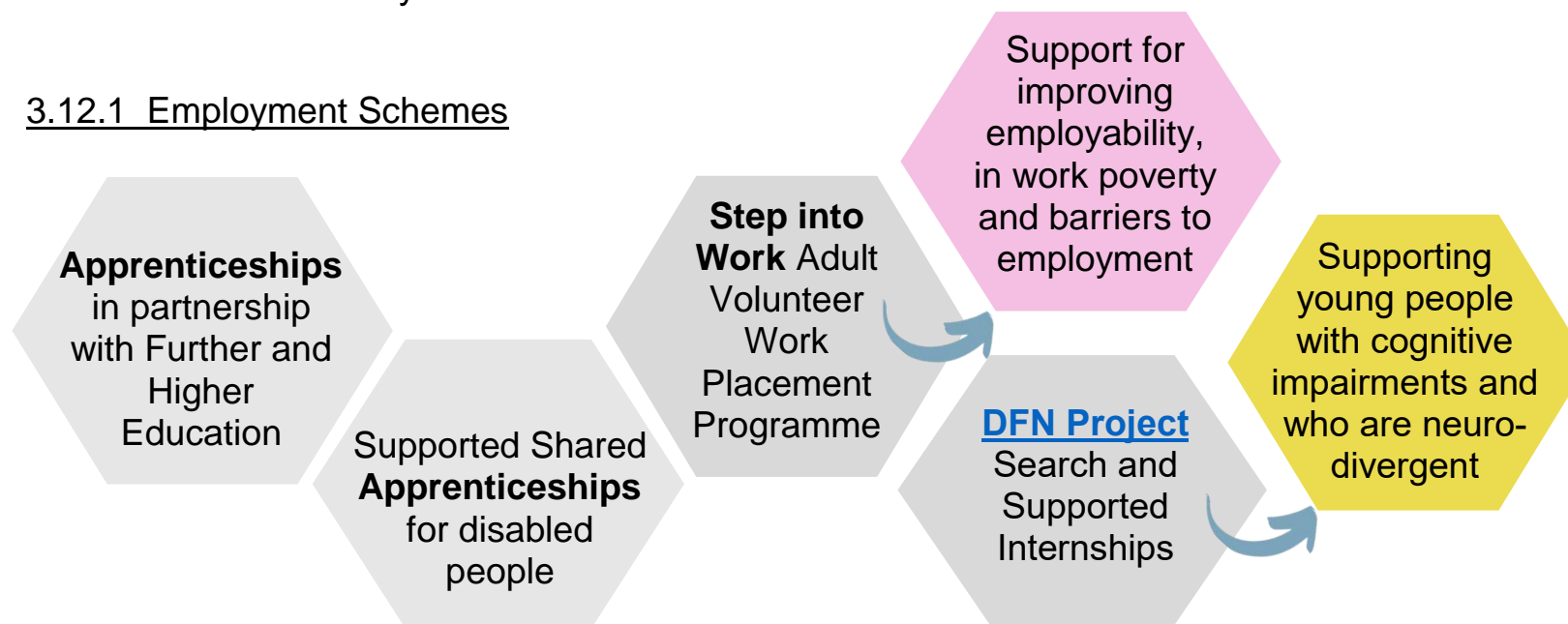
- Improving the financial support information pages on BetsiNet intranet.
- Collating information on support organisations for advice on financial hardship and debt advice
- Meal deal schemes such as the “£1 meal” implemented.
- Awareness and advice sessions arranged and promoted.

### 3.12 Focus on Employability schemes - linked to objectives 1 2 6 7 8 10

Our employment schemes provide opportunities for people to access support including work experience and placements to help them gain employment within the Health Board. This work demonstrates the Socio-economic Duty and our role in supporting individuals with gaining employment. A range of schemes are delivered in partnership with:

- Job Centres.
- Agoriad, Scope, Remploy, Sight and Sound, Gisda.
- North Wales Regional Equalities Network (NWREN).
- Educational settings.
- 'Go Wales' University Students.

#### 3.12.1 Employment Schemes



### 3.12.2 Step into Work Programme

Our Step into Work Programme provides support for a range of people, especially those who are furthest away from the labour market including:

- Long- term unemployment.
- Young people not in work or full time education.
- People experiencing 'in work poverty'.
- Disabled people.

Our employment schemes provide opportunities to gain experience, skills support and confidence. Since 2017, our 'Step into Work' programme has helped over 330 participants to gain employment within the Health Board.

### 3.12.3 Working with schools and colleges

During 2022-2023, we have promoted the Health Board across schools and colleges in North Wales. This includes:

- Attendance at careers fairs
- Visits / talks to colleges and schools - including mock interview sessions.
- Provide support through mentoring circles

#### 3.12.4 Robin volunteers

Our Robins volunteering scheme provides support to patients, carers, their families visitors and staff. Volunteer work across the three acute hospital sites, as well as within many of the community hospitals. There are two main Robin roles: Ward Volunteers at all hospitals and Guide Volunteers at Wrexham Maelor Hospital. There are over 200 people registered as Robins at March 2023.



During 2022-2023, our Volunteers Handbook has been reviewed with improvements made to equality and inclusion information.

### **3.13 Focus on National Plans - linked to objectives 2 3 6 7 8 9 10**

During 2022-2023, we have responded to consultations and subsequent action plans published by Welsh Government. See Appendix B for further information about the following plans.

#### 3.13.1 Anti-racism action plan and progress

The Anti-racist Action Plan was published in June 2022 and we have developed a comprehensive plan to address the health actions and continue to engage with our stakeholders to implement the plan. We have:

- Developed a BCUHB plan to implement the Anti-racist Wales Action Plan with governance in place.
- Commissioned Diverse Cymru to deliver cultural competency courses.



- Commenced engagement with external stakeholders
- Delivered a Board session on the requirements of the plan
- Appointed an Executive Race Equality Champion
- Undertaken an Equality Impact Assessment for the plan
- Published plan on a page – [link here](#)

### 3.13.2 Welsh Government – LGBTQ+ Action Plan

In February 2023, the Welsh Government published the LGBTQ+ Action Plan for Wales. Work is underway to develop a co-designed BCUHB action plan to implement the health related actions. We have:

- Identified stakeholders
- Promoted the plan internally
- Promoted internal campaign – Here and Proud

### 3.13.3 Code of Practice for Autism Services

We have launched a co-produced Steering Group to move the Health Board towards compliance with the Code of Practice. We have agreed to work to a set of co-production principles and to self-assess on an annual basis.



### **3.14 Focus on support for Armed Forces community – Linked to objectives 3 7 8**

We have implemented the new requirements for the Armed Forces Act 2021 to enshrine the Armed Forces Covenant. Further information is available within Appendix B on the Armed Forces Act. During 2022-2023, this work has included:

- Established a Veterans' staff network.
- Established an Armed Forces Community Intranet site including information for Reservists.
- Improved the Health Boards' external website related to support available to the Armed Forces community members for both staff and patients.
- Implemented the Poppy veteran identification programme.
- The Poppy programme is set to be implemented across all acute admission areas across the Health Board.
- Remembrance Service held 11<sup>th</sup> November 2022.
- Veterans Covenant Healthcare Alliance (VCHA) Accreditation, which has resulted in Ysbyty Wrexham Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd hospitals becoming 'Veteran Aware' Hospitals.

### **3.15 Focus on Spiritual Care - linked to objectives 2 3 5 6 7 8 9 10**

All our staff are expected to provide a level of spiritual support appropriate for their role and are supported by our Chaplaincy Service, which represents faith communities across North Wales.

#### 3.15.1 Chaplaincy support

Our support to patients, carers, families and staff includes:

- A listening ear and pastoral care in difficult times – including 24 hour urgent pastoral care
- Religious care
- Contact with different faith communities
- Supporting last rites for patients
- Support at times of bereavement
- Resources – multi-faith trolleys and access to chapels

### 3.15.2 Qu'ran cubes

To mark the end of Ramadan we received a donation of Qu'ran cubes, which are small Bluetooth speakers, which recite the verses of the Qu'ran in 24 different languages. These were kindly donated by the charity Quran for Hospitals and are available for both patients and staff.



### 3.15.2 Multi-faith celebrations

During 2022-2023, we have acknowledged a wide range of faiths and celebrations which were included within our Equality@BCU twitter feed.

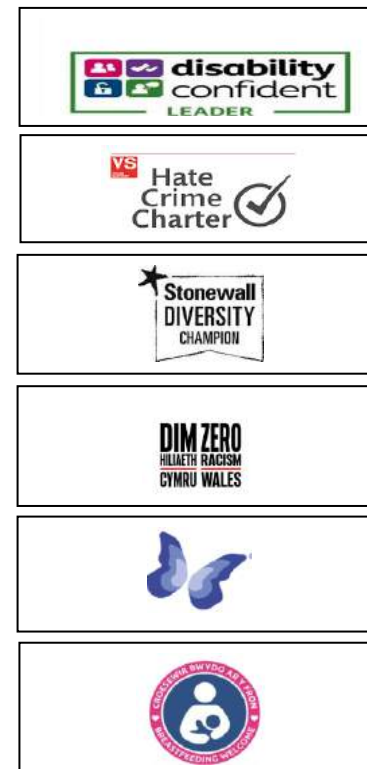
Examples of faith calendar dates include Ramadan, Eid, Passover, Easter Blessing, Diwali event in Bangor, Mosque open day – at Wrexham Islamic Cultural Centre, and Happy Vaisakhi.



### 3.16 Focus on Pledges and Charters - linked to Objectives 1 2 3 4 5 6 7 8 9 10

These are our pledges, charters and accredited schemes for 2022-2023. These schemes enable us to adopt best practice and share a wide range of resources across other organisations.

- Disability Confident: We renewed accreditation for Disability Confident leader certification in March 2023.
- Hate Crime Charter: We renewed our pledge to the charter in 2022.
- Stonewall Diversity Champion: We renewed our membership as a diversity champion for 2022-2023.
- Zero Racism Wales: The health board pledged to Zero Racism – 2022.
- Dementia Friendly: Dementia friendly services since 2019.
- Breastfeeding Friendly: Ongoing membership to the Breastfeeding Welcome scheme.
- Children's Charter: Developed during 2022



# Section 4: Next steps of our Strategic Equality Plan 2023-2024



## Section 5: Conclusion

This Equality Annual Report highlights some areas of key work that we have undertaken across teams and individuals, and by working in partnership to work towards advancing equality, promoting human rights and tackling health inequalities.

The publication of the Anti-racist Wales Action Plan and the LGBTQ+ Action Plan for Wales has placed a requirement upon us as a Health Board to address discrimination and provide equitable access into our services. These plans involve actively identifying and changing the policies, behaviours and beliefs that perpetuate discrimination and inequality.

Our People Strategy is driving a range of actions to improve recruitment, retention and development opportunities for staff. We have made significant improvements to monitoring data and aligning this work to our Equality Strategy. We strive to be an employer of choice; one that is free from discrimination, harassment, and victimisation, and led by compassionate leadership.

In February 2023, our Health Board was placed into Special Measures. We recognise that there is significant progress to be made in the leadership and culture of our organisation, and equality and inclusion alongside compassionate leadership will be at the heart of these improvements.

The Equality Impact Assessment and Socio-economic Impact Assessment procedures are embedded within all key changes within our services, Health Board plans, policy reviews and strategies to ensure inclusive decision making.

The appointment of Executive Champions for Equality has been a positive step towards having direct executive participation in our equality agenda. More is to be done, but this is a start to get greater accountability for key areas such as the Welsh Government Anti-racist Plan and LGBTQ+ Action Plan.

External Equality Stakeholders have been fundamental in the progress made on our Strategic Equality Plan, and in holding us to account. The role of our stakeholders has helped us deliver a range of guidance – based on lived experience insight. We thank our Stakeholders for their time, supportive challenge and ongoing scrutiny of how we demonstrate our commitment to equality and human rights. Our external equality stakeholders will have an even stronger representative voice in the coming years.

Examples of our day-to-day activities within the Health Board are enriched by embedding an ethos of inclusion and diversity. The example of embedding cultural competence in the work of our Therapeutic Support Service highlights the benefits and impacts of participation and acknowledgment of diversity.

The work of our engagement team highlights our partnerships with different organisations and communities across North Wales. Engagement work reaches out to different communities to ensure voices from all communities can be heard about the decisions that affect them.

All people across North Wales have the right to accessible health care. We acknowledge that occasionally patients or carers may not always have a positive experience in accessing and receiving care. Our Patient and Carer team work hard to ensure that we constantly learn from patient and carer feedback, and that we make it as easy as possible for our service users and their carers and families to share their views with us.

Changes in how people access translation and interpretation services has improved during 2022-2023 and digital access now provides timely access for staff to arrange an interpreter. Face to face interpretation remains an option for patients where required.

As we enter into the final year of our 4-year Strategic Equality Plan, we have much work to do to ensure people across North Wales and our staff are welcomed into inclusive and accessible services that meet their needs. We are committed that our new 4-year Strategic Equality Plan 2024-2028 will be developed in partnership with our equality stakeholders to represent views across North Wales.

# Acknowledgements

**We are always grateful for all the support that we receive from all of our stakeholders who represent a diverse and inclusive range of organisations and people, including:**

Autistic UK

North Wales Independent Advocacy Service

Unique Transgender Network

Community Health Council (now Llais)

North Wales Regional Equality Network

Wheelieability

Arfon Access Group

FDF Centre for Independent Living

Fair Treatment for Women in Wales

Centre for Sign Sight Sound

Victim Support

EYST

BAWSO

Race Council Cymru



Race Equality First

North Wales Africa Society

Disability Wales

**We would also like to acknowledge the support of every member of our staff networks:** Celtic Pride, BCUnity and International Staff network, RespectAbility, The Gender Equality Network and Veterans Staff Network.

**We would also like to acknowledge the support of each of our Equality Champions.**

**Finally thank you to all those staff, of whom there are too many to mention, who have made a positive contribution to advancing Equality and Human Rights this year.**



# **Appendices**

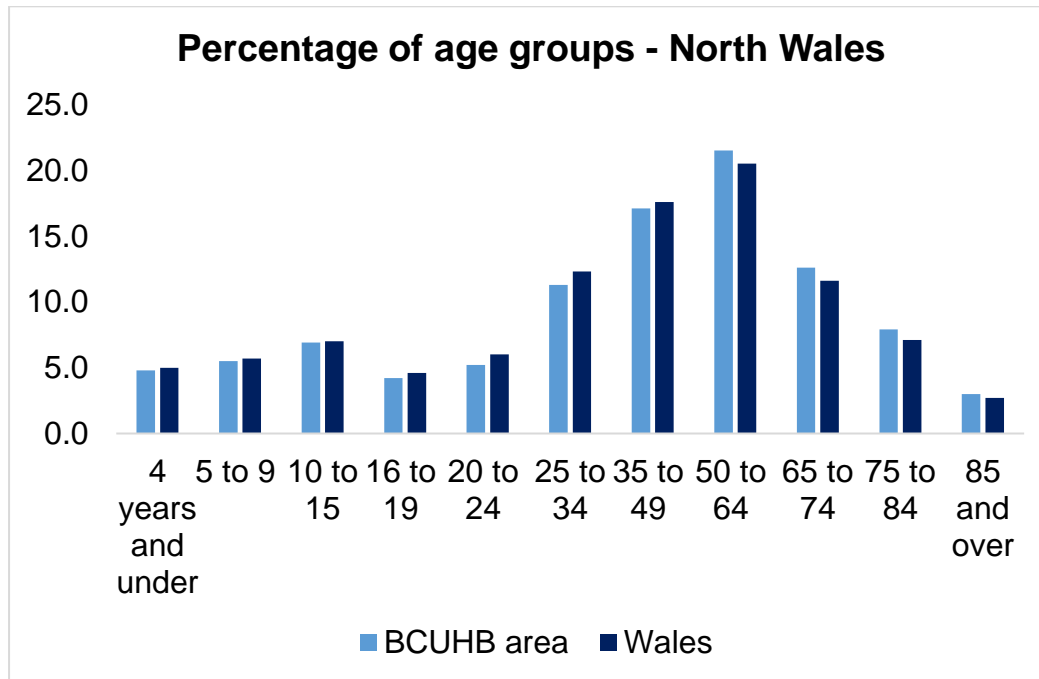
**Appendix A: Population information**

**Appendix B: Equality legislation and Strategic Context**

**Appendix C: BCUHB Vision, Values and Purpose**

# Appendix A: Population information

A snap shot about North Wales: Source: Nomis 2022



Across North Wales, Flintshire has the largest population (156,100) followed by Wrexham (135,957). Anglesey has the smallest population at 70,043.

Flintshire and Wrexham also have a younger population with 19% of the population aged 15 years and under, and Anglesey and Conwy have an older population with 26% and 28% respectively aged 65 and over. Conwy also has the greatest percentage of people aged 85 and over at 4% of the population.

Welsh speakers:

North Wales is home to more Welsh-language speakers than elsewhere in Wales. The highest percentages of people (across Wales) aged three years or older able to speak Welsh were in north-west Wales, with 64.4% in Gwynedd, and 55.8% in Anglesey.

**A snapshot of our demographics****Sex / Gender**

Male 48.9%

Female 50.1%

**Religion**

Christian – 49.8%

Muslim - 0.8%

Hindu - 0.2%

Sikh - 0% - 248

Jewish - 0% - 311

Buddhist - 0.3%

Other - 0.5%

No religion - 47.1%

**Sexual Orientation**

Gay or Lesbian 1.3%

Bisexual 1.0%

Pansexual 0.1%

Asexual 0% (269)

Queer 0% (88)

Other 0% (59)

No answer 8.1%

Heterosexual 89.4%

**Gender identity**

Trans - 703 people

Non Binary – 254

people

Not answered –

39,253 people



Caution should be taken with LGBTQ+ census data as this is considered as significantly under estimated.

**Disability / long  
term conditions  
and**

**impairments**

72,235 people

10.5% as

defined under

the Equality Act

**Carers** 10.3%

>19 hours of

care per week



**Ethnicity**

White – 96.8% compared to Wales 93.8%

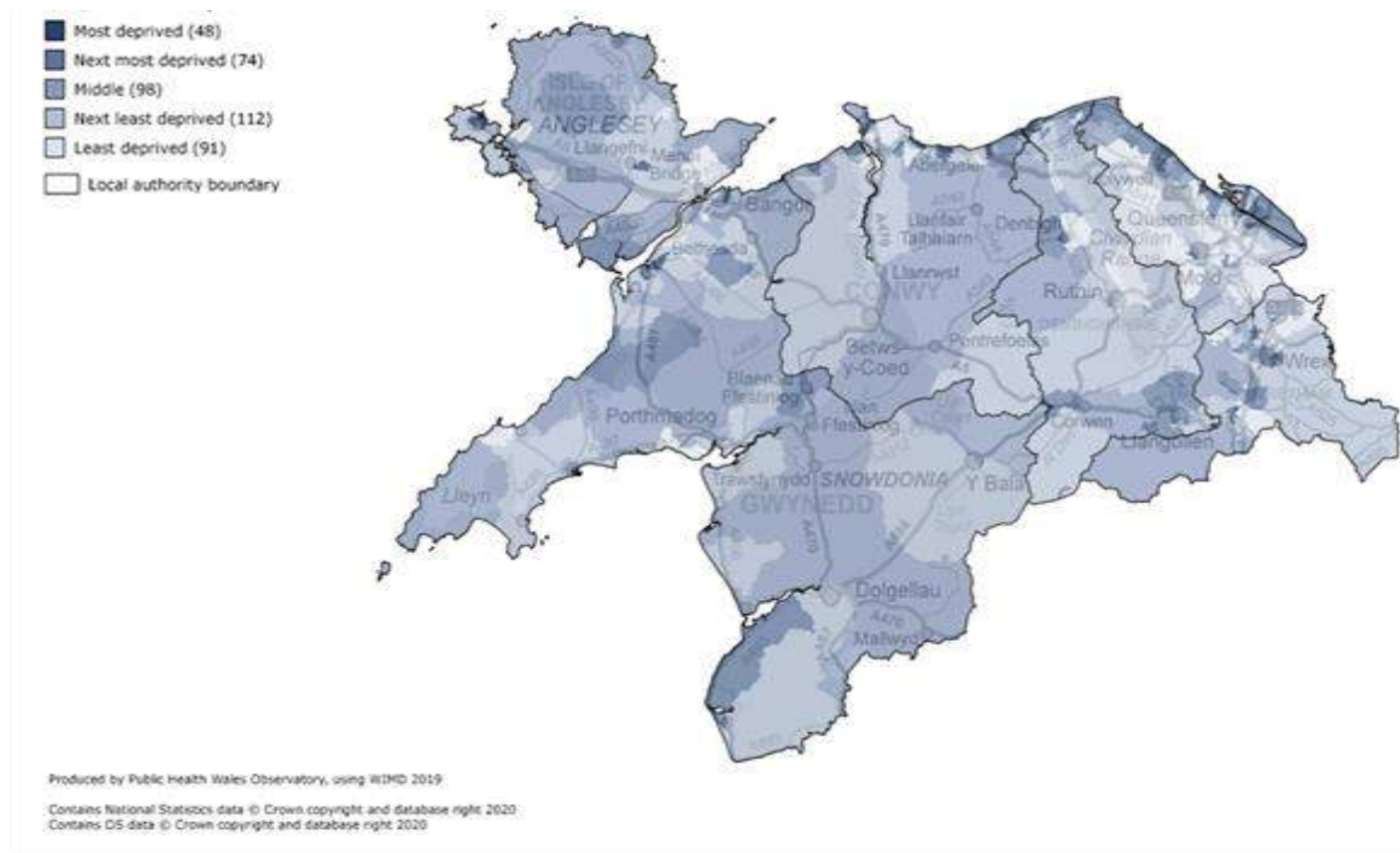
Asian, Asian British or Asian Welsh – 1.4% compared to Wales 2.9%

Black, Black British, Black Welsh, Caribbean or African – 0.3% compared to Wales 0.9%

Mixed or Multiple ethnic groups – 1.1% compared to Wales 1.6%

Other ethnic group – 0.4% compared to Wales 0.9%

**Map showing Lower Super Output Areas by fifths of deprivation, Overall Welsh Index of Multiple Deprivation, North Wales, 2019<sup>1</sup>**



<sup>1</sup> Source: [WIMD - Explore \(gov.wales\)](https://gov.wales/wimd-explore)

# Appendix B: Equality Legislation and Strategic Context

## **The Equality Act 2010**

The Equality Act 2010 protects people and groups from unfavourable treatment and makes it unlawful to discriminate, harass or victimise people because of a reason related to their protected characteristic.

## **The Public Sector Equality Duty**

Section 149 of the Equality Act 2010 requires us to demonstrate compliance with the Public Sector Equality Duty (PSED), which places a statutory duty on the Health Board to:

- Eliminate unlawful discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

Our Health Board also has a specific duty under the PSED to undertake the following actions:

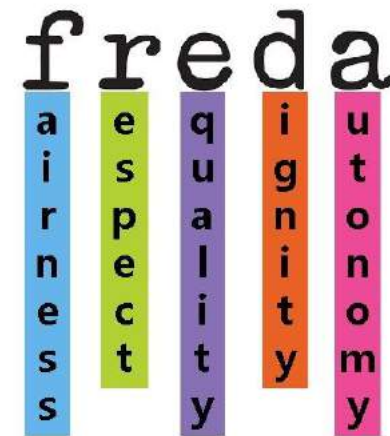
- Publish information to demonstrate compliance with the Equality Duties, at least annually
- Set equality objectives, at least every 4 years.

## The Socio-economic Duty

The Socio-economic Duty was introduced by the Welsh Government on 31st March 2021, implementing a previously dormant section of the Equality Act (2010). Its aim is to deliver better outcomes for those who experience socio-economic disadvantage. It further enhances current equality legislation and the Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014. The Socio-economic Duty places a requirement on the Health Board that when taking strategic decisions, the Health Board has due regard for the need to reduce inequalities of outcome that result from socio-economic disadvantage.

## The Human Rights Act 1998

The Human Rights Act 1998 sets out universal standards to ensure that a person's basic needs are recognised and met. Public Bodies have a mandated duty to ensure they have arrangements in place to comply with the Human Rights Act 1998. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Human Rights Act 1998. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy. These are known as the FREDA principles.



Infographic courtesy of CQC



## **All Wales Standard for Accessible Communication**

An All Wales Standard for Accessible Communication and Information for People with Sensory Loss produced by Welsh Government (2013) sets out the level of service people with sensory loss should expect to be met when they access health care. These standards apply to adults, young people and children.

## **Armed Forces Act 2021**

The covenant aims to prevent service personnel and veterans and their families being disadvantaged when accessing public services. This introduced a statutory duty to have “due regard” to the principles of the Armed Forces Covenant.

## **Welsh Government - Anti-racist Wales Action Plan**

In June 2022, the Welsh Government published the “[Anti-racist Wales Action Plan](#)”. The Anti-Racist Wales Action Plan places a responsibility on public bodies to report demonstrable progress in areas detailed in specific actions. Health is one of the component parts of the plan, and BCUHB will be undertaking the actions contained within the five Health priority action areas:

1. Leadership
2. Workforce
3. Data
4. Access to services
5. Health Inequalities



## Welsh Government – LGBTQ+ Action Plan

On the 7<sup>th</sup> February 2023, the Welsh Government published the LGBTQ+ Action Plan. The Welsh Government has said that it “wants to make Wales the most LGBTQ+ friendly nation in Europe” with the stated aim “to show our clear commitment to respecting, protecting, and fulfilling the human rights of all LGBTQ+ people in Wales”. Health is one of the component parts of the plan.

The Welsh Government wants to make Wales the most LGBTQ+ friendly nation in Europe. It is an ambitious goal, but we believe we can support all LGBTQ+ people in Wales to live their fullest life: to be healthy, to be happy, and to feel safe. This LGBTQ+ Action Plan for Wales has been established to help coordinate action by the Welsh Government and other agencies. The plan sets out an overarching vision to improve the lives of and outcomes for, LGBTQ+ people. It includes a wide range of policy-specific actions relating to human rights, education, improving safety, housing, health and social care, sport, culture, and promoting community cohesion.

Health is one of the component parts of the plan, and BCUHB will be undertaking the actions contained within the health related actions:

- Understand and improve the experience of LGBTQ+ people in the health and social care sectors.
- Ensure maternity and fertility services are accessible and straightforward to use for LGBTQ+ people.
- Ensure the development of the new mental health strategy takes account of LGBTQ+ people.
- Publish and act on a new HIV Action Plan and overcome barriers to LGBTQ+ people accessing sexual health services.
- Review the Gender Identity Development pathway for young people in Wales.
- Continue to develop the Wales Gender Service.
- Improve the data recording and change processes for maintaining trans, non-binary and intersex people's medical records.

### **BCUHB Strategic Equality Plan**

Our [Strategic Equality Plan](#) (SEP) for the period 2020-2024 was agreed and published in March 2020. As a listed body in Wales under the Equality Act 2010, we are required to draw up a Strategic Equality Plan at least every 4 years. The purpose of the Strategic Equality Plan is to document the steps that BCUHB is taking to fulfil its duty.

# Appendix C: BCUHB Vision, Values and Purpose

For more information visit: [About the Health Board.](#)

## Our Vision

We will improve the health of the population, with particular focus upon the most vulnerable in our society.

We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations.

We will develop our workforce so that it has the right skills and operates in a research-rich learning culture.

## Our Values

Put patients first.

Work together.

Value and respect each other.

Learn and innovate.

Communicate openly and honestly.

## Our Purpose

To improve health and deliver excellent care.

## The Health Board's Strategic goals

Improve health and well-being for all and reduce health inequalities.

Work in partnership to design and deliver more care closer to home.

Improve the safety and outcomes of care to match the NHS's best.

Respect individuals and maintain dignity and care.

Listen to and learn from the experiences of individuals.

Support, train and develop our staff to excel.

Use resources wisely, transforming services through innovation and research.

For more information visit: [About the Health Board.](#)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Reporting Committee:	<b>Remuneration Committee</b>
Committee Chair:	Dyfed Edwards, BCUHB Chair
Date of last meeting:	14.11.23
Paper prepared by:	Diane Davies, Corporate Governance Manager
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The Board is asked to note that the following matters were discussed at the Committee meeting held in private session on 14.11.23</p> <ul style="list-style-type: none"><li>• agreed appointment of substantive BCUHB Chief Executive</li><li>• noted Very Senior Management updates</li><li>• noted the management response to an independent review of interim executive appointments</li><li>• noted an update on Senior Agency Interim Appointments and Extensions</li><li>• noted Medical and Dental Pay Award updates</li><li>• agreed managed practice GP pay awards</li><li>• noted employment tribunal outcomes</li></ul>	
<b>ITEMS TO BE ESCALATED TO THE BOARD</b>	
None	
<b>NEXT MEETING</b>	
The next meeting of the Committee will be held on 23.1.24	

Reporting Advisory Group:	<b>Stakeholder Reference Group</b>
Advisory Group Chair:	Mike Parry
Date of last meeting:	4.9.23
Paper prepared by:	Director of Partnerships, Engagement and Communications

#### **MATTERS CONSIDERED BY THE GROUP**

The last meeting of the Stakeholder Reference Group (SRG) took place on 4<sup>th</sup> September 2023.

The Board is asked to note that the following matters were discussed at the meeting:

- Election of new Chair and next steps
- Special Measures update
- Volunteering Scoping Exercise
- Draft Additional Planned Care Business Case, Llandudno

#### **Group Action Log**

The Group received and discussed the Committee Action Log.

The Chair Elect -

- thanked the Director Of Partnerships, Communications and Engagement for the new Director's report and the information regarding the development of Llais, not only a local basis but also on a new relationship nationally
- noted that the Interim Board Secretary intended to realign the Standing Orders with the Terms of Reference and that both the NWCHC Chair / AVOW representative and the North Wales Hospices' representative had offered to assist in this regard.

#### **Election of new Chair and Next Steps**

Cllr. Mike Parry was elected as the new Chair, however will remain Chair Elect until receipt of Ministerial approval. Election process now underway to appoint a new Vice Chair.

#### **Special Measures Update**

The Group received a presentation on Special Measures, which included an overview of the work underway in collaboration with Welsh Government.

The Group sought and received assurance that it would be involved with future developments at the planning stage, as opposed to what has taken place historically. Members felt this was an opportunity to re-establish trust in the relationship - a comment endorsed by the Interim Chief Executive. The Interim Board Chair agreed to give more thought to what the Board should be sharing with the SRG and reported that there was also a desire over the next year to physically go out to the communities to seek their views and opinions on the organisation.

### **Volunteering Scoping Exercise**

The Group was provided with the draft report into the Volunteering Scoping Exercise within BCUHB. The report delivered an assessment of the current situation and provided ideas as to how to produce a more cohesive and strategic approach to volunteers within the organisation.

The Interim Chief Executive welcomed the report as she felt that embracing and maximising volunteering opportunities should be a central approach within the organisation. She felt that volunteering provided an opportunity for all ages - younger people to get experience to test various career options; people in semi-retirement; for those people who might have had a caring role in their lives and wished to give back to the community; time banking as well as retirement fellowships.

### **Draft Additional Planned Care Business Case, Llandudno**

The Draft Additional Planned Care Business Case - to build two new operating theatres, refurb a 19-bed ward and develop an 8-bedded post-anaesthetic care unit, in Llandudno - was verbally presented and well received.

Members expressed concerns regarding possible loss of community beds in Llandudno/ YGC - but it was reported that this project will be a ring fenced, stand-alone unit as such.

### **ITEMS TO BE ESCALATED TO THE BOARD**

No items were escalated to the Board.



## NEXT MEETING

The next meeting of the Stakeholder Reference Group will be held on 4<sup>th</sup> December 2023.

V2.0



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Corporate Governance Report</b>
<b>Adrodd i:</b> <i>Report to:</i>	<b>Health Board</b>
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	<b>Thursday, 30 November 2023</b>
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to provide the Board with a comprehensive update on Corporate Governance arrangements. The report follows up on the Board Report on 28 September 2023 that outlined the Committees that the Health Board will establish and the Corporate Governance arrangements that support this. This includes progress updates on:</p> <ul style="list-style-type: none"><li>• Next steps to fully establish the BCUHB Committees</li><li>• Developing Board, Board Committee and Advisory Group workplans</li><li>• Developing Terms of Reference for Committees and Advisory Groups</li><li>• Providing Corporate Calendars for 2023/24 and 2024/25</li><li>• Corporate Governance Standing Operating Procedures</li><li>• Board Induction arrangements</li><li>• Providing Board Development arrangements</li><li>• Reporting of Chair's Actions and Common Seal Applications since the Last Board meeting</li><li>• The Board Assurance Framework</li><li>• The Corporate Risk Register</li><li>• The appointment of a Vice Chair of the Stakeholder Reference Group</li></ul> <p>The report is for consideration rather than approval because much of the detailed information was reported and received at the Audit Committee on 16<sup>th</sup> November 2023 and this report reflects some key feedback from that Committee.</p>
<b>Argymhellion:</b> <i>Recommendations:</i>	<p><i>The Board is asked to:</i></p> <ul style="list-style-type: none"><li>• <b>Note and Consider</b> the updates provided</li><li>• <b>Be Assured</b> that progress is being made on Corporate Governance arrangements to establish the Governance of the Health Board</li></ul>

	<ul style="list-style-type: none"> <li>• <b>Receive Assurance</b> that the Chair's Action and Common Seals enacted since the last Health Board Meeting are captured in this report.</li> <li>• To be <b>Assured</b> that the monitoring of risks in relation to delivering on the Annual Plan, Board Assurance Framework (BAF) is underway</li> <li>• Receive <b>assurance</b> on the new approach of consolidating all high-extreme operational risks to thematically formulate strategic corporate risks</li> </ul>			
<b>Arweinydd Gweithredol:</b>	Phil Meakin - Acting Board Secretary			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Phil Meakin – Acting Board Secretary Nesta Collingridge – Head of Risk Management Catrin Rhys-Williams – Head of Corporate Office			
<b>Report Authors:</b>				
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	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"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol Significant</b> <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>	<b>Derbyniol Acceptable</b> <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>	<b>Rhannol Partial</b> <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>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>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:</b>  <b>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:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	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 to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No</p> <p>This is not applicable for this report.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>The nature of this paper, inparticular the Section on Corporate Risk Register has an impact on the way risks are reported and managed in the Health Board.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>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 and less waste</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Iterations of the paper received at: QSE Committee 27/10/23 PFIG Committee 02/11/23 Audit Committee 16/11/23</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>The nature of this paper, inparticular the Section on Corporate Risk Register has an impact on the way the Board Assurance Framework will be reported and managed in the Health Board after the Development of a Risk Management Framework.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <ol style="list-style-type: none"> <li>1. The Office of the Board Secretary to arrange meetings with Committee Chairs and current Independent Members to progress final Terms of Reference and Committee workplans for Board Committee and Advisory Groups.</li> </ol>	

2. The Chair of the Health Board's recommendations for the establishment of the remaining three Board Committees with the necessary administrative arrangements will be implemented.
3. Progress Board Development feedback following the Chair of the Health Board's review of the 2023/24 programme.
4. For the Committees and the Board to receive formal updates on the Board Assurance Framework and Corporate Risk Registers.

***List of Appendices:***

***Appendices are provided as links.***

Appendix 1 - [Draft Committee Workplans](#)

Appendix 2 - [Draft Committee Terms of Reference](#)

Appendix 3 - [Corporate Calendar](#)

Appendix 4 - [Corporate Governance Standard Operating Procedure](#)

## Corporate Governance Report - Section 1

### Proposal for BCUHB Board Committees and Advisory Groups.

#### 1. Introduction/Background

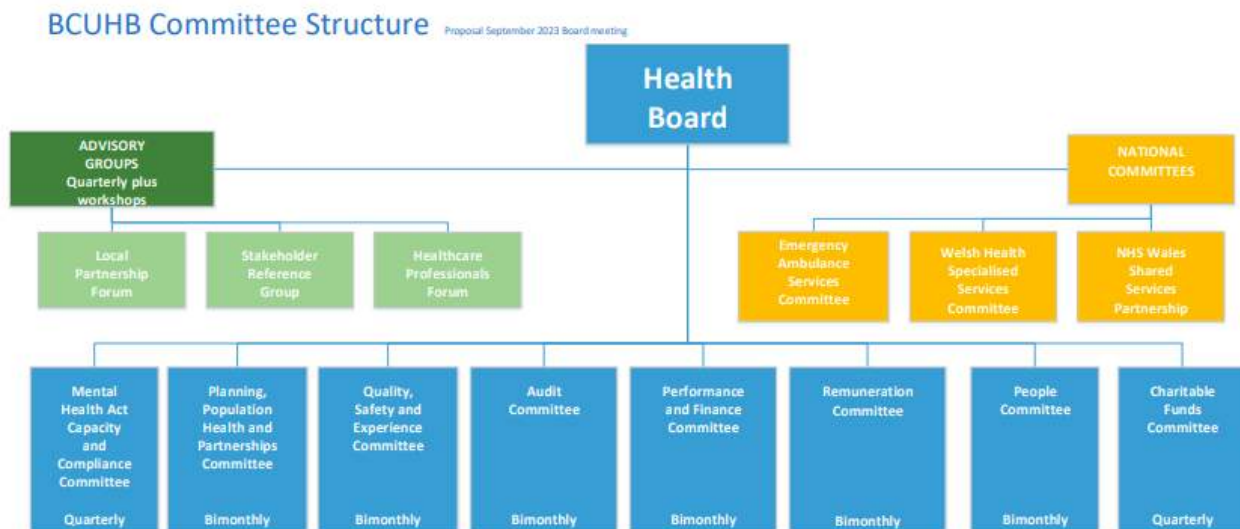
The purpose of this report is to provide the Board with an update on Corporate Governance. More specifically, the report follows up on the Board Report on 28 September 2023 that outlined the Committees that the Health Board will establish and the Corporate Governance arrangements that support this. This report also reflects on the review that this matter received on the Audit Committee of 16 November 2023.

#### 2. Establishing All the Board Committees of Betsi Cadwaladr University Health Board

The Board agreed at its meeting of 28 September 2023 to a Committee structure that is outlined in Figure 1 below. The Committee structure complies to the requirements of the Standing Orders of the Health Board. It is important to note that the remaining three Committees of the Health Board will be established when there are sufficient Independent Members of the Board recruited through the Public Appointment process. This was agreed at the Board Meeting held on 28 September 2023.

The Chair of the Board plans to engage with Independent Members and the Office of the Board Secretary throughout November and December 2023 to agree when these three Committees will be established, based on the progress made on the Public Appointment process. A final proposal will be reported at the January 2024 Audit Committee and January 2024 Health Board meeting.

**Figure 1 – BCUHB Committee Structure**



#### 2.1 Developing Committee and Board Workplans

On 16th November 2023, the Audit Committee noted, considered and received assurance on how Committee and Board workplans are being developed to support the effective Governance of the Committees in Figure 1. Appendix 1 provides these details in a link to the detailed documents.

There are draft workplans in place for the Committees that are already established and these will continue to be refined with Chairs of Committees and lead Executives throughout November and December 2023. The versions that are presented in this Board report only

reflect the development of an initial version ready for Chairs and lead Executives to review. These are:

- The Board
- Audit Committee
- Charitable Funds Committee
- Performance Finance and Information Governance Committee
- Quality Safety and Experience Committee
- Remuneration Committee

Initial workplans will need to be developed for the three Committees that have not yet been established. These will need a longer lead time to align with the recruitment of Independent Members through the Public Appointment process and require a longer timescale to develop workplans. These draft workplans will be provided by end of December 2023. These are:

- Mental Health Act Compliance and Capacity Committee
- People Committee
- Planning, Population Health and Partnerships Committee

## **2.2 Developing Terms of Reference for Committees**

The Board approved outline Terms of Reference at its meeting on 28th September 2023. The Office of the Board Secretary (OBS) has developed more detailed Draft Terms of Reference based on this and they are provided in *Appendix 2* for the Board Committees and Advisory Groups.

After consideration by Audit Committee the Terms of Reference for established Committees will be shared by Chairs and Executive Leads of those Committees. This will take place throughout November, December and early January 2023.

It is important to note that feedback has been received since the last meeting of the Board related to the duty of the Health Board to have a Committee that has responsibility for Information Governance. In the Board Report this was proposed to be Audit Committee (currently in scope of Performance, Finance and Information Governance Committee). In terms of the remit of the Audit Committee it was agreed that Information Governance should remain in Performance and Finance Committee (to be named as Performance, Finance and Information Governance Committee) subject to the agreement of the Chair of the Health Board.

The Corporate Governance report was approved at the Audit Committee on 16 November 2023 but noted the dependency on Independent Member recruitment

The workplans for committees that are yet to be established will be shared with Chairs and Executive Leads when they have been identified and confirmed by the Chair of the Health Board. This will be actioned by the end of December 2023.

## **2.3 Developing Corporate Calendars for 2023/24 and 2024/25**

Significant progress has been made on the development of the Corporate Calendar for 2023/24 through more effective engagement with Board Members. The detail of which is attached as a link in *Appendix 3*.

Until future Independent Member recruitment and alignment to Committees is confirmed it is not possible to complete the Corporate Calendar for 2024/25.

The Office of the Board Secretary has developed a summary of key principles for the development of the Corporate Calendar for 2024/25 to give assurance that the approach is appropriate. This is also attached in Appendix 3.

## **2.4 Corporate Governance Standing Operating Procedure (SOP)**

A Standard Operating Procedure has been developed to improve process and clarity on Corporate Governance arrangements for BCUHB staff and report writers. A copy of this is attached as a link in Appendix 4. This will allow for improvements in the basic disciplines of Corporate Governance.

## **3 Board Induction Arrangements**

A key deliverable for Special Measures is the development of a suitable Board Induction Programme. The Chair of the Health Board has reviewed a re-developed Board Induction Programme.

The current version reflects the Chair of the Health Board's feedback and will be regularly reviewed to ensure content is updated. The Induction arrangements will be deployed immediately with new Independent Members that have been appointed.

## **4 Board Development Arrangements**

Another key deliverable for Special Measures is the development of a Board Development Programme for the remainder of 2023/24.

An outline programme for the remaining period of 2023/24 is under development and will be shared for feedback with the Chair and Interim Chief Executive prior to sharing it with the Board. At the time of writing this report, this outlined programme has not developed sufficiently to share it with the Board. A draft of the programme will be shared with the Chair and Chief Executive of the Health Board by 22nd November 2023.

## **5 Reporting of Chair's Actions and Common Seal Applications Since the Last Board**

This section of the Corporate Governance Report advises of agreements that have required the affixing of the BCUHB seal and identified any Chair's Actions that have been taken by the Chair of the Board since the previous meeting of the Board. This is a regular report for the Board to receive.

The BCUHB common seal is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. We maintain a Register of Sealings that records the sealing of every document. Log No 182-194 are highlighted below.

The Board is asked to note:

- That there were nil Chair's Actions taken by the Chair of the Board since the last Board Meeting.
- That there has been 13 uses of the Common Seal since the last Board Meeting to report to the Board.



No	Contract Name and Address	Approval Route	Date Signed and Sealed	Seal Required Yes/No	Seal No	Collected by	Saved on System	Date Collected
182	AOPMHU - Consultant Project Manager Services YGC	F&P Committee 22/08/2019	14/11/2023	Yes	670	June Affleck	Y	16/11/2023
183	AOPMHU Consultant Project Manager Services Framework Call off Contract YGC	WG Funding FBC Approval Letter 13/03/19 / F&P Committee 22/08/2019	14/11/2023	Yes	671	June Affleck	Y	16/11/2023
184	Anglesey DomCare Contract	HBLT 18/01/2023 & HB 26/01/2023	14/11/2023	Yes	672	Sharon Torr	Y	17/11/2023
185	Anglesey DomCare Contract	HBLT 18/01/2023 & HB 26/01/2023	14/11/2023	Yes	673	Sharon Torr	Y	17/11/2023
186	Anglesey DomCare Contract	HBLT 18/01/2023 & HB 26/01/2023	14/11/2023	Yes	674	Sharon Torr	Y	17/11/2023
187	Anglesey DomCare Contract	HBLT 18/01/2023 & HB 26/01/2023	14/11/2023	Yes	675	Sharon Torr	Y	17/11/2023
188	Anglesey DomCare Contract	HBLT 18/01/2023 & HB 26/01/2023	14/11/2023	Yes	676	Sharon Torr	Y	17/11/2023
189	Anglesey DomCare Contract	HBLT 18/01/2023 & HB 26/01/2023	14/11/2023	Yes	677	Sharon Torr	Y	17/11/2023
190	Plas Gororau Staff Relocation Phase 1	HB Chair's Action 09/01/2023	14/11/2023	Yes	678	June Affleck	Y	16/11/2023
191	Plas Gororau Staff Relocation Phase 1	HB Chair's Action 09/01/2023	14/11/2023	Yes	679	June Affleck	Y	16/11/2023
192	Lease of Accommodation - Unit 20 & 31, The Optic Centre	F&P Meeting 24.02.2022	14/11/2023	Yes	680	Alan Thomas	Y	17/11/2023
193	Lease of Accommodation - Unit 23 The Optic Centre	PFIG 25.05.2023	14/11/2023	Yes	681	Alan Thomas	Y	17/11/2023
194	Lease of Accommodation - Unit 1 & 16, The Optic Centre	F&P Meeting 24.02.2022	14/11/2023	Yes	682	Alan Thomas	Y	17/11/2023

The Board is asked to;

- **Be assured** that the use of Chair's Actions and the use of the BCUHB Seal since the last report in July 2023 are highlighted in this report.

## **6 Update on Board Assurance Framework**

At its meeting on 16 November 2023 the Audit Committee received an update on the development and reporting of the Board Assurance Framework (BAF). The purpose of the BAF is to inform and assure the Board with controls and action plans for identified high-extreme risks that relate to any possibilities of not delivering on the objectives of the Health Board.

Following the presentation draft outline of the BAF at PFIG Committee, feedback was received from the Head of Internal Audit on the BAF not being aligned to the Health Board's objectives but to the strategic priorities and subsequently to the Annual Plan. This also related to the Internal Audit limited assurances report received for risk management where recommendations were made around the BAF.

The BAF was subsequently presented to the Executive Team on the 08/11/23 where further steer was provided to continue with the work as planned and the Executive Director Transformation and Strategic Planning will progress reviewing the 24/25 objectives with the Board.

The corporate risk team will continue to work closely with the Executive Director Transformation and Strategic Planning and Director of Transformation & Improvement to ensure progress on the Annual Strategic Priorities and monitoring of any risks. All leads in relation the Annual Plan strategic priority deliverables have been contacted to further understand the risks they face in not achieving their priorities.

It is anticipated that out of the 19 Strategic Priorities, 9 are likely to be anticipated in the full BAF report and potentially high risk of failing to deliver on the strategic priority. However, controls and action plans detail the work ongoing to mitigate and overall reduce this risk. The Board will be updated on progression of action plans and movement in score.

The Board Assurance Framework was approved at the Audit Committee on 16th November 2023 but feedback was noted on the three lines of defence, Board and Committee being incorrectly referenced as a line of defence and noted as an action to be updated.

The next steps that were agreed for the:

1. Committees are to receive a completed BAF report for approval.
2. The Board will continue to receive BAF papers in relation to strategic priorities until the BAF is align to objectives.
3. Corporate Risk Team to continue to work with the leads on any high risks in relation to the Strategic Priorities.

## **7 Update on Corporate Risk Register**

Following the approval of the Risk Management Framework, the corporate risk register has been reviewed in order to develop strategic risks and take a consolidated view of high and extreme risks (Tier 1).

According to the Health Board's previous Risk Management Strategy all Tier 1 risks were to be reflected on the corporate risk register. This procedure has now been modified under the revised Risk Management Framework approved at Board. Tier 1 risks (scoring 15-25) can now be locally owned and a consolidated view has been developed.

A list of 16 themes and potentially 16 corporate risks have developed from the analysis and a proposed description of the strategic risk has been outlined. Tier 1 risks titles have also been detailed as well as the accountable Executive for the operational risk providing the rationale for the strategic risk.

A committee has been proposed as the accountable meeting to oversee each risk as well as an overarching accountable Executive/Director for the strategic risk.

Through reviewing this "bird's eye view" of all high-extreme risks, any gaps in risks that may become apparent can be escalated to the Corporate Risk Team to support the progression with a service representative.

Following presentation of the paper at Quality Safety and Experience (QSE) Committee, Performance Finance and Information Governance (PFIG) Committee and Audit Committee, positive feedback was received. QSE discussed the role of the committee is deciding which Corporate risks are then reviewed by the Board, allowing for a more focused approach on risks discussed at Board. PFIG noted that further work could be done on risk no. 10 'community provision' and is due to be further discussed and refined with the Interim Executive Director of Operations. Audit Committee noted the People Committee would be

best to receive the 'Leadership/Special Measures' risk but will receive this until the meeting is formed.

The outline of the proposed Corporate Risk Register and approach to consolidate risks was approved at the Audit Committee on 16<sup>th</sup> November 2023 noting some Executive feedback still outstanding on the descriptions of the risks. Positive feedback was received and noted the work is ongoing to progress the completion of all corporate risk templates.

## **8 Appointment of Vice Chair to the Stakeholder Reference Group**

The Board received a report on the 24 August 2023 to set out the next steps required to appoint a new Vice Chair of the Stakeholder Reference Group following the successful confirmation of a new Chair of the Stakeholder Reference Group (SRG) who was the previous Vice Chair.

There was an election process of SRG members following expressions of interest being provided

A report has been prepared for the private part of the Health Board on 30 November. The report is in private because the report necessarily contains information related to an individual.

## **9 Next Steps Following This Report**

- The Office of the Board Secretary to arrange meetings with Committee Chairs and current Independent Members to progress final Terms of Reference and Committee workplans for Board Committee and Advisory Groups.
- The Chair of the Health Board's recommendations for the establishment of the remaining three Board Committees with the necessary administrative arrangements will be implemented.
- Progress Board Development feedback following the Chair of the Health Board's review of the 2023/24 programme.
- For the Committees and the Board to receive formal updates on the Board Assurance Framework and Corporate Risk Registers.

## **Appendices**

**Appendices are provided as links due to the size of the documents within them**

Appendix 1 - [Draft Committee Workplans](#)

Appendix 2 - [Draft Committee Terms of Reference](#)

Appendix 3 - [Corporate Calendar](#)

Appendix 4 - [Corporate Governance Standard Operating Procedure](#)



<b>Teitl adroddiad:</b> <i>Report title:</i>	Summary of Private Board Business		
<b>Adrodd i:</b> <i>Report to:</i>	Health Board – Public		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to note the report		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Phil Meakin – Acting Board Secretary		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Diane Davies – Corporate Governance Manager		
<b>Pwrpas yr adroddiad:</b> <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"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <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>	<b>Derbyniol Acceptable</b> <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>	<b>Rhannol Partial</b> <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>
			<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>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:</b>  <b><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></b>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>		No - N/A/	
<b>Link to Strategic Objective(s):</b>			
<b>Goblygiadau rheoleiddio a lleol:</b>		No - N/A/	
<b>Regulatory and legal implications:</b>			

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>	No - N/A/
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	No - N/A/
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	No - N/A/
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	None
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations</b>  The Health Board considered the following matters in private session on the following dates: 25.5.23 <ul style="list-style-type: none"> <li>received Health and Safety Executive (HSE) update</li> <li>approved Radiology Informatics Systems Procurement (RISP) Full Business Case</li> </ul>	

- approved tenders of Construction Consultant Framework
- approved High Value claims settlements
- noted changes to Intervention Orders

22.6.23

- agreed Continuing Health Care/ Care Provider Fee setting 2023/4

31.7.23

- approved extension of the legacy Laboratory Information Network Cymru (LINC) Programme agreement term
- received HSE Update
- received RISP Update
- noted Financial Plan for 2023/24

24.8.23

- noted Stakeholder Reference Group election process update

28.9.23

- endorsed submission of the Elective Orthopaedic Surgical Hub at Llandudno Hospital business case to Welsh Government
- approved the extension of an existing contract as a contingency action for the delay in the RISP Programme
- approved the novation of a dental contractor providing orthodontic services
- approved a High Value claim settlement

**Rhestr o Atodiadau:**

Dim

**List of Appendices:**

None