

Bundle Health Board 28 March 2024

1.0 PRELIMINARY MATTERS

1.1 09:30 – 24/36 Welcome, introductions and apologies for absence

Chair

1.2 09:35 – 24/37 Declarations of interest relating to agenda

Chair

1.3.# 09:36 – 24/38 Draft minutes of the previous meeting held on 25.1.24

Chair

24.38 – Draft minutes of the previous meeting held on 25.1.24

1.4.# 09:37 – 24/39 Action Log

Chair

20240321Action Log_Health Board public session

1.5.# 09:42 – 24/40 Patient Experience/Story

Executive Medical Direrctor

24.40 – Patient Experience Story

1.6.# 10:02 – 24/41 Chair's Report

Chair

24.41 – Chair's Report

1.7.# 10:07 – 24/42 Chief Executive's Report

Chief Executive

24.42 – Chief Executive's Report

1.8.# 10:12 – 24/43 Vice Chair's report

Vice Chair

24.43 – Vice Chair report

2 ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1.# 10:17 – 24/44 Special Measures Report – Stabilisation phase

Chief Executive and Executive Director of Transformation & Planning

24.44 – Special Measures Report – Stabilisation phase – Cover Paper

24.44 – Special Measures Report V2.0

2.2 10:47 – 24/45 Audit Wales Report on Board Effectiveness and Response

Chief Executive

24.45 – Audit Wales Report on Board Effectiveness and Response

24.45 – Appendix 1 – Full Report Board Effectiveness Follow-up Betsi Cadwaladr University Health Board – English

24.45 – Appendix 2 – Health Board Response to Board Effectiveness Follow up Report

2.3.# 10:57 – 24/46 Draft 3 year Plan 2024–2027 and annual delivery plan 2024–2025 (including Finance, Capital and Workforce planning)

Chief Executive, Executive Director of Transformation & Planning and Interim Executive Director Finance

24.46 – Draft 3 year Plan 2024–2027 and annual delivery plan 2024–2025 – Cover Paper

24.46 – Draft 3 year Plan 2024–2027 and annual delivery plan 2024–2025 – MAIN DOC

2.4.# 11:27 – 24/47 Corporate Governance Report

Acting Board Secretary

24.47 – Corporate Governance Report – Cover Report v4

24.47 – Appendix 1 – Corporate Governance Report – Risk Register – Final

2.5.# 11:37 – 24/48 Strategic Equality Plan – 2024–2028

Associate Director Workforce in attendance

24.48– Strategic Equality Plan – 2024–2028 – Cover Report

24.48 – Strategic Equality Plan – 2024–2028

2.6.# 11:52 – 24/49 Royal Alexandra Business Case Update

Chief Executive

24.49 – Royal Alex business case update – Board Cover sheet Public LRD approved v3

24.49 – Royal Alex business case update – Executive Summary Public English LR-D Approved

Executive Director Nursing and Midwifery

24.50 – Board Committee Cover Sheet – Nurse Staffing Levels Three Year Assurance Report March 2024

- 24.50 – Three yearly assurance report on compliance with the Nurse Staffing Levels (Wales)
- 2.9.# 12:12 – 24/51 Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.
Executive Medical Director
- 24.52 – Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.
- 24.52 – (Eng) Appendix 1 – Approved Clinicians Data – for All Wales AC and S12 March 2024 board report
- 24.52 – (Eng) Appendix 2 – Section 12(2) Doctors Data – for All Wales AC and S12 March 2024 board report
- 3 12:14 – Comfort break
- 4 ITEMS FOR DISCUSSION/ASSURANCE
- 4.1.# 12:24 – 24/52 Improving Quality Report
Executive Medical Director, Executive Director of Nursing and Midwifery, Executive Director of Therapies and Health Science
- 24.53 – Improving Quality Report
- 24.53 – Improving Quality Report Appendix 2 – PSOW Annual Letter – Letter from
- 24.53 – Improving Quality Report Appendix 2 – PSOW Annual Letter – Response from HB
- 4.2.# 12:44 – 24/53 Partnerships report
Director of Partnerships, Communications and Engagement
- 24.53 – Partnerships report
- 4.3.# 12:59 – 24/54 BCU response to EMRTS Engagement
Director of Partnerships, Communications and Engagement
- 24.54 – BCU response to EMRTS Engagement
- 24.55 – App 1 BCU response to EMRTS Engagement
- 24.55 – App 2 BCU response to EMRTS Engagement
- 24.55 – App 3 BCU response to EMRTS Engagement
- 24.55 – App 4 BCU response to EMRTS Engagement
- 24.55 – App 5 BCU response to EMRTS Engagement
- 24.55 – App 6 BCU response to EMRTS Engagement
- 4.4 24/55 Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales
Acting Board Secretary
- 24.55 – Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales
- 4.5 13:14 – 24/56 Integrated Performance Report
Interim Executive Director of Finance
- 24.56 – Integrated Performance Report – Cover Paper
- 24.56 – Integrated Performance Report
- 4.6 13:34 – 24/57 Financial Performance report 2023/24 Month 11
Interim Executive Director of Finance
- 24.57 – Financial Performance report 2023–24 Month 11
- 24.57 – Financial Performance report 2023–24 Month 11
- 5 13:49 – FOR INFORMATION
- 5.1.# 24/58 Chair and Advisory Group Chair Reports
Audit Committee
Mental Health Legislation Committee
Quality, Safety & Experience Committee
Remuneration Committee
Charitable Funds Committee
Performance, Finance & Information Governance Committee
SRG Advisory Group
HPF Advisory Group
LPF Advisory Group
- 24.58 – Chair and Advisory Group Chair report – Audit Committee – 15.03.2024 V1.0
- 24.58 – Chair and Advisory Group Chair report – MHLCC 11.1.24 V1.0
- 24.58 – Chair and Advisory Group Chair report – QSE 20.02.24 V1.0
- 24.58 – Chair and Advisory Group Chair report – Rem Com 23.01.24 V1.0
- 24.58 – Chair and Advisory Group Chair report –CFC 01.02.24 V1.0
- 24.58 – Chair and Advisory Group Chair Reports – PFIG 2.11.23 to 30.11.23 V1.0

24.58 – Chair and Advisory Group Chair report – SRG 4.3.24 V1.0

24.58 – Chair and Advisory Group Chair report –HPF 01.03.24 V1.0

- 5.2 13:54 – 24/59 Summary of private Board business to be reported in public
Acting Board Secretary
- 6 13:55 – OTHER MATTERS
- 6.1 24/60 Meeting effectiveness
Chair
- 6.2 24/61 Any other business
Chair
- 6.3 24/62 Date of next meeting 9.30am 30.5.24 Venue Cymru
Chair
- 6.4 Resolution to Exclude the Press and Public
"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Betsi Cadwaladr University Health Board (BCUHB)
DRAFT Minutes of the Health Board meeting held in public
on 25th January 2024 at Venue Cymru, Llandudno

Board Members Present	
Name	Title
Dyfed Edwards	BCUHB Chair
Karen Balmer	Independent Member
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Gareth Evans	Acting Executive Director of Therapies & Health Science
Urtha Felda	Independent Member
Adele Gittoes	Interim Executive Director of Operations
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Phil Meakin	Acting Board Secretary
Dr Jane Moore	Acting Executive Director of Public Health
Mike Parry	Associate Member – Chair Stakeholder Reference Group
Dylan Roberts	Chief Digital and Information Officer
Fôn Roberts	Associate Member – representing Directors of Social Services
Carol Shillabeer	Chief Executive
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	BCUHB Vice Chair
Jane Wild	Associate Director – Chair Healthcare Professionals Forum
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Georgina Roberts	Associate Workforce Director
Diane Davies	Corporate Governance Manager
Organisations / Individuals observing the meeting	
Gordon Hughes	Llais - North Wales
Geoff Ryall Harvey	
Andrew Doughton	Audit Wales
Teresa Owen	Previous Executive Director Public Health BCUHB

Agenda Item	Action
OPENING BUSINESS	
HB24/1 Welcome, introductions and apologies for absence	



<p>HB24/1.1 The Chair welcomed everyone present, including Dr Jane Moore to her first meeting in undertaking responsibility for the Public Health portfolio. He invited bilingual discussion to take place as translation facilities were available. Apologies were noted from Jason Brannan, Deputy Director of People for whom Georgina Roberts, Associate Workforce Director deputised.</p> <p>HB24/1.2 The Chair and CEO acknowledged the significant and diligent contribution that Teresa Owen had made to the Health Board as a longstanding Executive Director of Public Health, as she had chosen to step down from this role. However, they were pleased to note that she would be providing senior leadership to Mental Health & Learning Disability services and continuing responsibility for the Welsh language portfolio for a temporary period. The Associate Member representing Social Services Directors also recognised and commended her significant contribution and professionalism to the many wider collaborative platforms she had been involved with over many years.</p>	
<p>HB24/2 Declarations of Interest on current agenda</p> <p>There were no declarations of interest made in respect of items on the agenda.</p>	
<p>HB24/3 Draft minutes of the previous meeting held on 30.11.23</p> <p>The draft minutes of meeting held on 30.11.24 were approved.</p>	
<p>HB24/4 Action Log</p> <p>HB24/4.1 The updates provided within the action log were agreed.</p> <p>HB24/4.2 The Vice Chair drew attention to recent focus on diabetes within an All Wales Vice Chair meeting. He shared with the Board that care related to diabetes accounted for 10% of all admissions and emphasised the need for BCU to focus on prevention within this pathway to reduce the need for patients to be hospitalised. The Quality, Safety and Experience (QSE) Committee Chair assured that this was an upcoming focus area for the QSE Committee.</p>	
ITEMS FOR DISCUSSION/ASSURANCE	
<p>HB24/5 Patient Experience Story - Cauda Equina Syndrome and Spinal Education</p> <p>HB24/5.1 The Executive Medical Director advised that the patient story video shown at the meeting was very powerful and demonstrated the devastating impact on the patient whom had agreed to share this experience. He quantified how rare the presentation was for medical professionals and described improvements which had been put in place to strengthen cross border links and enabling the implementation of 'follow on' rehabilitation services following acute discharge. Education was key to improving care for future patients presenting</p>	

with this condition. In the discussion which followed Board members agreed that these powerful examples of patients' experiences should be shared with healthcare students and professionals to widen their knowledge, as well as external associated services such as social services. In response to the Chair's question, the Executive Medical Director concurred with the need to consider patients' holistically as part of their treatment especially as the wider impacts of their condition emerged, for example with mental health service support for their emotional wellbeing. An Associate Member reflected on the cultural change this required, especially considering provision of the next stage of patients' support and their journey to wellness.

HB24/5.2 Discussion also ensued on strengthening and monitoring quality standards within commissioned services, the need to listen to patients, especially in respecting knowledge of their own conditions and shared decision making. Providing a consistent approach to seeing a person beyond their illness was important. Whilst this was acknowledged as difficult when under pressure, it was an important cultural change that would improve the quality of patient care for those whom BCU existed to serve.

It was resolved that the Board
noted the report

HB24/6 Citizen Experience Report

HB24/6.1 The Director of Partnerships, Engagement & Communications introduced this newly developed report which had been shaped in response to the Chair's wish to provide a regular North Wales population voice to the Board table at meetings. It was compiled based on experiences shared by patients, carers, correspondence with their advocates eg Senedd and UK Parliament Members and also sought to highlight any emerging trends.

HB24/6.2 The Chair invited the Llais Chief Officer to join the Board table for this item and to continue to contribute on this item at future Board meetings. It was noted that this invitation would also be extended to BCU's Head of Patient Experience.

HB24/6.3 The Llais Chief Officer was supportive of this new report which would improve the Board's awareness of issues in order to resolve them. He described how Llais, as the official advocacy organisation across North Wales following the dissolution of Community Health Councils, gathered their information through care co-ordinators. He cited patient dissatisfaction trends with regard to long term condition support, fractured connections between primary and secondary care referrals and diagnostic result provision, surgical delays, joint replacement waits and cataract treatment. In addition, he highlighted worrying trends in patients seeking treatment outside the NHS due to long waits, some of whom also incurred personal debt. Whilst these were difficult issues, there was also much positive work being undertaken in collaboration. As senior leaders were often in attendance at such meetings with concerned stakeholders, this enabled

<p>improvement decisions to be agreed and implemented at a much quicker pace, which was very welcomed.</p> <p>HB24/6.4 A keen discussion ensued in which a number of suggestions were put forward. These included the exploration of a single point of contact model with high standards of listening and empathy skills, the need to strengthen communication that patients were treated according to clinical priority, and listening to patient expertise in their own condition. The Interim Executive Director Operations shared ongoing Task and Finish Group work and also national patient communication campaigns in this area. She undertook to incorporate the feedback from this item to these developments.</p> <p>HB24/6.5 It was recognised that the organisation also received a great deal of positive feedback and commendations on the treatment provided by individual staff members, teams and services on an ongoing basis.</p> <p>HB24/6.6 The CEO was keen to ensure the themes identified fed into BCU's prioritisation process and suggested the report be further developed to periodically present the actions undertaken to resolve emerging themes. She agreed that providing an effective tool for patients to navigate access to BCU's services was a challenging area which required attention. She took on board the comments regarding flexibility of access.</p> <p>HB24/6.7 The CEO emphasised that improved culture and attitude required effective leadership across the organisation with quality standards instilled and maintained by the Board. She stressed the importance of providing a good and equitable experience for patients no matter where they live across North Wales.</p> <p>HB24/6.8 The Board acknowledged that it was often small things in relation to providing care that make a difference and effective communication was key.</p> <p>It was resolved that the Board noted the report noted future development of the report in collaboration with Llais officers and welcomed further feedback from Committees on how they could contribute to this developing report</p>	<p>HSJ</p> <p>PM</p>
<p>HB24/7 Chair's Report</p> <p>HB24/7.1 The Chair stated that a multitude of activity had been undertaken through the holiday period by individuals, teams and units to share the Christmas spirit amongst patients, carers, staff and visitors. In particular he highlighted the work of Chaplain Manager Reverend Wynne Roberts who had co-ordinated many events across North Wales along with staff.</p> <p>HB24/7.2 The Chair extended his sincere thanks, on behalf of the Board, to all staff whom had supported BCU services whilst industrial action had recently taken place. He was also pleased to share the First Minister's very positive feedback at a recent visit to the Wrexham Maelor site.</p>	



<p>It was resolved that the Board noted the report</p>	
<p>HB24/8 Chief Executive's Report</p> <p>HB24/8.1 The CEO remarked on the positive sense of community she had experienced in her recent site visits. She also highlighted her visit to the Wrexham Maelor Research Academy whose facilities and research portfolio was highly impressive and presented a significant opportunity to develop new knowledge and practices in supporting healthcare professionals.</p> <p>HB24/8.2 The CEO took the opportunity to repeat her sincere public apology to the family of the patient whose care failings had been reported by the Health and Safety Executive, and for the impact on them. She emphasised that the learning that had taken place was continuing to be driven forward.</p> <p>HB24/8.3 The CEO was pleased to highlight the Gold standard Armed Forces covenant which had been signed the previous day. It was noted that a substantive appointment had been made to the role of Corporate Governance Director and that Ms Adele Gittoes' tenure in the role of Interim Executive Director of Operations would complete at the end of March 2024. She was thanked for her contribution.</p> <p>It was resolved that the Board noted the report</p>	
<p>HB24/9 Vice Chair's Report</p> <p>The Vice Chair was pleased to present this first report to the Board as Vice Chair which related to many introductory meetings in his areas of particular responsibility i.e. Mental Health & Learning Disability and Primary & Community Care services. The report would be a regular submission to future meetings.</p> <p>It was resolved that the Board noted the report</p>	
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
<p>HB24/10 Special Measures Report</p> <p>HB24/10.1 The Executive Director of Planning and Transformation introduced the report advising that the Executive Team had discussed the updates to the end of cycle 3 the previous day. He advised that he was satisfied with the completion of two thirds of the tasks at this point in time as this reflected that the programme had been set out with realistic but ambitious targets. He also drew attention to the change log requests in response to operational needs.</p> <p>HB24/10.2 A discussion ensued in which an Independent Member questioned whether there was effective alignment in updating the Board Assurance</p>	

<p>Framework (BAF), Risk Management and the Plan. The CEO stated that it was almost one year since the Board had been placed in Special Measures and it would be important to consider in the round the effectiveness of the identification of targets and their monitoring.</p> <p>HB24/10.3 An Independent Member questioned what was required to move into de-escalation, whether the internal assessment would demonstrate how patient care had been successfully impacted and also the plans for next 12 months.</p> <p>HB24/10.4 The CEO reflected on the recent additional stages of escalation which had been introduced across Wales by the Health Minister. It was noted that some other Health Boards had been escalated into various states of escalation that week. She stated the importance of holding BCU to high standards and the need to demonstrate effectively the improvements which had been made along with how learning had been effectively embedded within BCU's processes. It was important to ensure realism and not over promise and under deliver.</p> <p>HB24/10.5 The Executive Director of Planning and Transformation undertook to share with other Board Members areas which demonstrated learning and transformation had taken place.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • noted assurance on progress made in the second 90-day cycle, acknowledging the areas of challenge • approved the items of change control • noted plans for integrating Special Measures into the 3 year planning process 	CS
<p>HB24/11 Corporate Governance Report</p> <p>HB24/11.1 The Acting Board Secretary introduced the report drawing attention to the work undertaken to establish inaugural meetings of the new Committees following appointment of new Independent Members and also draw together revised Terms of Reference for all the Board's Committees and Advisory Groups. Draft Cycles of Business were provided which would be developed further at Committee sessions or workshops.</p> <p>HB24/11.2 The Board debated the format of the Board Assurance Framework as well as questioning whether there was effective alignment with other key BCU documentation. Some Independent Members sought more robust discussion within Committee meetings to challenge the levels of assurance and content submitted, along with the impact levels and mitigation provided within their assigned risks. An example was highlighted as to whether 24.05 'Overspend risk' was aligned with other assessments and organisational conversations.</p> <p>HB24/11.3 Following an Independent Member's suggestion it was agreed that a summary of de-escalation and escalation movements be provided in future executive summaries within the covering template.</p>	PM



<p>HB24/11.4 It was noted that whilst the BAF and Corporate Risk Register (CRR) tools were maintained within the Office of the Board Secretary, it was important to emphasise that the responsibility for discussion and assessing accuracy of the levels, impacts and effectiveness of the mitigations applied, lay with the Executive Lead assigned.</p> <p>HB24/11.5 The Audit Committee Chair stated the process to be at an immature stage of development, however it was moving in the right direction. It would be important for discussion and <i>assessment</i> to take place at each Committee meeting in order that the Board could be provided with greater assurance on the content, and a more useful summary document showing the key risks and their movement. Furthermore, consideration to be given on aligning significant risks to the Performance reports.</p> <p>HB24/11.6 In regard to the Chair's actions undertaken which required decisions prior to year end, a well attended meeting of Independent Members was convened virtually to discuss and agree to:</p> <ul style="list-style-type: none">• Endorsement of the capital allocations presented in the paper supported at Executive Team on 20.12.23.• Ratification and support of the Patient Related Outcomes Measures platform provider through a mini-competitive tender and appointment of the preferred supplier.• Support and approve the lowest tender value for the motor fleet insurance for all the Health Board's vehicles. <p>In addition a separate briefing was discussed with some IMs to agree to</p> <ul style="list-style-type: none">• Approve the arrangements for Consultants and Speciality & Specialist Doctors to undertake additional work outside of their contractual arrangements during the period of industrial action from 7am on 15th January 2024. The Health Board arrangements being in keeping with general NHS Wales guidance received by health organisations. <p>It was resolved that the Board</p> <ul style="list-style-type: none">• approved the Terms of Reference for the Committees and Advisory Groups of the Health Board and• noted the work on developing Committee cycles of business• noted the Corporate Risk Register• noted the Board Assurance Framework• noted and ratified the Chair's Actions undertaken since the previous Health Board meeting	PM/RC
<p>HB24/12 Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.</p> <p>It was resolved that the Board</p> <p>noted the contents and</p> <p>ratified previous Chair's Action Letters which contained recommendations to grant approval or reapproval for Approved Clinicians and Section 12(2) Doctors across the Principality</p>	



HB24/13 2023-24 Month 9 Finance, Capital and Savings Report

HB24/13.1 The Interim Executive Director Finance presented the Month 9 Financial position. He clarified how the revised control end of year target had now been amended to £20m deficit, due to additional non-recurrent monies provided by Welsh Government. This was a significant change from the planned £33m deficit target previously being implemented however, actions were being undertaken to ensure progress towards this.

HB24/13.2 He was pleased to report that a £6m surplus had been reported in the month of December, which was the first time a surplus had been reported in year. He drew attention to the savings performance within the report which indicated that savings targets had now been exceeded. Areas of risk remained which included Energy costs, cost pressures and the financial consequences of the mitigation put in place whilst industrial action had taken place. The organisation was pleased to receive the significant additional revenue allocation provided by WG as reported within the Chair's actions. Whilst WG had indicated that it was only able to agree strategic cash support to the value of £20m, there was confidence expressed that cash flow could be managed successfully in the context of BCU's total budget. An Independent Member sought assurance that smaller suppliers would not be affected by any potential payment delays as cash flow was an impactful aspect of their business.

HB24/13.3 The Independent Members raised a number of questions. In response, the Interim Executive Director Finance advised that work had been undertaken with Welsh Government to address the greatest cost drivers, as these were also issues shared across Wales. These included Continuing Health Care costs and Medicines Management prescribing. He agreed to share further details of these workstreams with Board members, highlighting that the key area of transforming patient discharge which would result in significant improvements. He was keen to emphasise that cultural changes across all areas of the workforce needed to be embedded to fully understand why budgets could not be exceeded and that there were no additional monies available.

HB24/13.4 The CEO acknowledged that a firm grip had been applied in year to halt expenditure however, this could not be the long term solution. More effective budget management was required to be embedded within the organisation as it was not yet 'match fit' for the financial challenges ahead. She welcomed the impact that the Audit Committee was having on controls but there was more governance work to implement. The CEO emphasised the need for everyone to consider Financial and Quality performance as equally important in driving forward improvements. Spending public money wisely was imperative.

It was resolved that the Board

- **received** and **scrutinised** the report
- **noted** the additional capital allocations received to date

RC

HB24/14 Integrated Performance Report

<p>HB24/14.1 The Interim Executive Director of Finance shared improvements introduced to the Performance report format, stating that there would be a short session within the Board Development programme to provide guidance on the benefits of Stastical Probabiity (SP) charts and their interpretation. He advised the introduction of improved escalation pages would provide greater opportunities for more detailed discussion at Committee meetings.</p> <p>HB24/14.2 The Interim Executive Director Operations drew out the performance highlights within the report. In regard to Planned Care, this included improvement in greater than 104 week waits for patients (being 1.4% off target), deterioration in breast cancer service provision for patients, ambulance handover of patient waits, Same Day Emergency Care centres and urgent primary care performances. She emphasised that pathway delays were occurring in the system as medically fit patients were not able to be appropriately discharged. The Interim Executive Director Operations drew attention to 4 priority areas which required focus i.e. Risks, Delayed follow up appointments, Seen on Symptom process and Referrals which would require system changes to remedy the issues.</p> <p>HB24/14.3 The Associate Workforce Director highlighted the improvements made in PADR (staff appraisal) completion and Staff sickness absence as well as the reduction in Nursing and Midwifery vacancies.</p> <p>HB24/14.3 In regard to vaccination rates, the Acting Executive Director Public Health was very keen to emphasise that the incidence of measles was increasing within the population of North Wales and there were indications that potentially a third of these patients might require hospital admission.</p> <p>HB24/14.4 The Vice Chair raised concern in regard to the financial performance reported on page 9. He sought data for comparison with other Health Boards to enable a better reflection of efficiency to be demonstrated. He also questioned whether BCU could seek details of the actions they were undertaking which, following consideration, might also assist BCU's position. The Chair concurred and suggested that wider than Wales needed to be explored to support BCU's ambition. The CEO undertook to communicate with appropriate officers regarding benchmarking, especially in regard to referrals, as this would require national work to be undertaken.</p> <p>It was resolved that the Board noted the report</p>	CS/RC
<p>HB24/15 Quality Report</p> <p>HB24/15.1 The Executive Medical Director introduced the report highlighting that senior level discussion was taking place to develop a Quality Management System (QMS) which would provide a consistent quality approach across all areas of the Health Board, further detail would be provided at the next Board Development session. He drew attention to the evolving quality dashboard and the timeliness/quality performances reported in regard to concerns. The</p>	



<p>Executive Medical Director was pleased to draw attention to the positive Healthcare Inspectorate Wales (HIW) report on Morfa, especially in regard to the provision of compassionate care.</p> <p>HB24/15.2 A discussion ensued on the quality agenda including whether the Quality report could include early sight of issues arising for the benefit of Board Members. The Executive Director of Nursing and Midwifery was pleased to report a move in the right direction in regard to the timeliness and quality of responses which had improved from 19% to 35% however, there remained significant work to do.</p> <p>It was resolved that the Board noted the report</p>	
<p>HB24/16 Engagement Report</p> <p>HB24/16.1 The Director of Partnerships, Engagement & Communications introduced the bi-annual report which provided information on some of the key engagement work undertaken by the Health Board over the previous six months as well as updates on BCU's planned and ongoing engagement priorities over the coming year. The move towards strengthening engagement was an important role within service developments and connecting senior leadership within local communities was highlighted with examples.</p> <p>HB24/16.2 The Board was pleased to receive the report which a member commented was an important way forward for people to be more engaged with shaping their services. Comments were also expressed on the importance of reflecting a balance of positive and negative experiences as well as reporting on 'what has changed' as a consequence of engagement. The Director of Partnerships, Engagement & Communications took on board the Board Members comments and welcomed any further feedback outside the meeting.</p> <p>It was resolved that the Board noted the report</p>	
<p>HB24/17 Partnerships Report</p> <p>HB24/17.1 The Director of Partnerships, Engagement & Communications advised the report provided a summary of the matters discussed and agreed at recent partnership board meetings, of which BCU was a member, including</p> <ul style="list-style-type: none">• North Wales Regional Partnership Board• Conwy and Denbighshire Public Services Board• Flintshire and Wrexham Public Services Board• Gwynedd and Ynys Môn Public Services Board• NHS Wales Shared Services Partnership Committee <p>HB24/17.2 She reported that BCU was planning to review the partnership space in order to improve effectiveness in these areas.</p>	

<p>It was resolved that the Board noted the report</p>	
<p>HB24/18 Joint Committees Report</p> <p>The CEO drew particular attention to the intention to merge the Welsh Risk Pool into the Welsh Health Specialised Services Committee (WHSSC) with effect from April 2024.</p> <p>It was resolved that the Board noted the report</p>	
<p>ITEMS FOR INFORMATION</p>	
<p>HB24/18 Committee and Advisory Group Chair reports</p> <p>The Chair advised that the Chair's reports from Committees would be provided for noting at future meetings, however he encouraged Committee Chairs to draw the Board's attention to any specific issues. The QSE Chair highlighted the important push on Quality which was being developed, as noted in the Quality report, and that there would be a focus on the Diabetes pathway in the QSE workplan. The Stakeholder Reference Group Chair drew attention to the disappointing level of recent attendance which he was actively addressing.</p> <p>It was resolved that the Board noted the Chair reports of the Committees and Advisory Groups below, with meetings held since the previous Board meeting:</p> <ul style="list-style-type: none"> • Audit Committee • Quality, Safety and Experience Committee • Planning, Population Health and Partnerships Committee • People and Culture Committee • Mental Health Legislation Committee • Local Partnership Forum (Trades Unions) • Health Professions Forum • Stakeholder Reference Group 	
<p>HB24/19 Summary of business discussed in private session</p> <p>It was resolved that the Board noted the report</p>	
<p>HB24/20 Review of meeting effectiveness</p> <p>The Chair invited all members present to provide feedback, within or outside the meeting, which would be considered in future meeting planning. The following comments and suggestions were raised:</p>	

<ul style="list-style-type: none"> • The Chair acknowledged improved item timekeeping was needed. However more realistic time allocation needed to be agreed on consideration of the agenda. • Sufficient time was needed to fully discuss the Patient / Staff Story, acknowledging the power it brought to the meeting. • There was potential to review the time allocated for presentation of the Chair, CEO and Vice Chair reports, or provide for noting within the 'for information' section. • The Partnerships and Joint Committee reports could include the consequences to BCU of the matters which had been discussed. • Providing greater clarity within report recommendations on what action was required of the Board would be beneficial. • Focusing discussion on aligning Performance/Quality/Risk was needed to ensure the Board fully understands implications. • Providing greater clarity on Board requests when assigning Committees to focus on certain areas. • Demonstrating the commitment of the Board to act on patients' concerns. • Having a greater understanding of crossover business with the Regional Partnership Board – which was being progressed within the action agreed on the Partnership report. 	
<p>HB24/21 Any other business</p> <p>None had been prior notified. The Chair took the opportunity to emphasise the Board's commitment to ambition and ensuring open and honest discussion. Quality would be paramount to the success of BCU moving forward in all its services.</p>	
<p>HB24/22 Date of next meeting</p> <p>28th March 2024 at Venue Cymru, Llandudno and via livestream</p>	
<p>Resolution to Exclude the Press and Public</p> <p>"Those representatives of the press and other members of the public be excluded from the remainder of the meeting which would take place after the Trustee meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	

Health Board

Table of actions log – arising from meetings held in public updated 27.2.24

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
HB23/223.3	Deputy Director of People.	Staff Absence Provide further detail of all absence rates at the next PFIG Committee with especial focus on Estates and Facilities.	23.10.23	21.11.23 The data is regularly captured and is accessible through our workforce dashboards for board members and senior managers across the organisation. The detailed position will be presented at the next PFIG meeting on 18.1.24. 9.1.24 A more detailed position is outlined in the Workforce Report prepared for the January PFIG, which has subsequently been deferred to late February. 19.3.24 This was presented at PFIG on 22 February 2024	Proposed for closure	
HB23/223.4	Chief Executive	Integrated Performance Report Provide assurance that the developing	23.10.23	21.11.23 The Interim CEO advises: This is under development and narrative on impact/evaluation of	Propose remain open until next presented at PFIGC	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
		IP report would provide clarity on “What worked and What didn’t work” in future reports to the PFIG Committee.		action will be included in future report iterations.		
Actions agreed at Health Board meeting 30.11.23						
HB23/256.1	Interim Executive Director of Finance	Financial report Share the conclusion of the investment review at the next Performance, Finance and Information Governance Committee.	18.1.24	The conclusion of the investment review has been shared with the Chair of PFIGC. However, the PFIGC Committee meeting will not be held until February 2024.	To be presented on 30 April 2024 due to planning taking precedent.	
Actions agreed at Health Board meeting 25.1.24						
HB24/10.5	Executive Director of Planning and Transformation	Special Measures Report Arrange to share with other Board Members areas which demonstrated learning and transformation had taken place.	14.3.24	The Special Measures “One Year On” report covers this action in-depth, outlining the learning and improvements across all areas. All of this learning is being taken forward to the Annual Plan where the energy and drive brought about by 90-day cycles will be built upon into a more sustainable approach.		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
HB24/11	Acting Board Secretary	Corporate Governance Report Arrange for inclusion of a summary of de-escalation and escalation movements in future executive summaries within the covering template.	14.3.24	Update on 19 March 2024 An update to the BAF and Corporate Risk Register dashboards has been introduced which shows a simple direction of risk scores. In addition, the dashboards include a commentary of de-escalation and escalation movements in the dashboard summary.	Suggest close	
HB24/11.5	Acting Board Secretary / Interim Executive Director Finance	Corporate Governance Report Consider an improved summary document showing the key risks and their movement. aligning significant risks to the Performance reports.	14.3.24	Update on 19 March 2024 The Acting Board Secretary and Interim Executive Director of Finance are meeting on 19 March 2024 to agree an approach that can be agreed at the Executive Committee during April 2024 and implemented from May 2024 onwards.	PM & RC A process has been agreed to align corporate risks to the escalation section of the performance report and the performance reference will be included within the Corporate Risk report from May	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
	RAG					
	Action Closed					
	Action ongoing					
	Action Outstanding					

Teitl adroddiad: Report title:	A collection of Vascular Service patient and carer experiences			
Adrodd i: Report to:	Board			
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 28 March 2024			
Crynodeb Gweithredol: Executive Summary:	A patient story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.			
Argymhellion: Recommendations:	The Board is asked to note this report.			
Arweinydd Gweithredol: Executive Lead:	Angela Wood, Executive Director of Nursing and Midwifery Dr Nick Lyons, Executive Medical Director			
Awdur yr Adroddiad: Report Author:	Matthew Joyes, Deputy Director of Quality Dr James Risley, Deputy Medical Director Mandy Jones, Deputy Director of Nursing Leon Marsh, Head of Patient Experience Rachel Wright, Patient and Carer Experience Lead Manager			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
In line with best practice, a patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the collection of stories.				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		Outcome 4 - Improved access, outcomes and experience for citizens Outcome 5 - Recognition of BCU as a learning and self-improving organisation		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		Vascular services is a specific component of the Special Measures Programme under Outcome 4. Additionally, HIW (as the regulator) published a local review of the vascular service in 2023.		



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>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A	
Rhestr o Atodiadau: List of Appendices: Appendix A - Patient Story Summary Link to the audio story: Vascular Story	

Betsi Cadwaladr University Health Board
Patient Story: A Collection of Vascular Story

An audio-visual story will be played at the meeting

Overview of Patient Story

This story is an audio visual collection of three Vascular Service patient stories shared by patients and carers around the following themes:

- Vascular surgical experience
- Overall vascular service
- A daughters experience of her father's care

Key Messages

The audio visual collection of the three Vascular Service patient stories identify the following key messages:

- Praise for Vascular Services
- A positive experience of a patient's waiting time for treatment
- A patient feels looked after and describes a 'brilliant service' and 'superb' nursing care.
- Patients describe staff on Ward 3 at Ysbyty Glan Clwyd as hardworking, caring and empathetic
- Opportunities identified to improve communication and information with patients and carers.

Background to the Vascular Service

In April 2019, Ysbyty Glan Clwyd became the arterial centre for the Vascular Network and provided all emergency and elective arterial surgery and complex endovascular interventions. In order to support this the Health Board appointed clinical staff, opened an additional ring fenced arterial ward and installed a state of the art hybrid operating theatre. This change was underpinned by the aim that the adoption of a hub and spoke model would mean that patients would have equal access to the best expertise, regardless of where in North Wales they live.

A number of serious concerns were raised regarding the model and new service, including a report from the North Wales Community Health Council.

In September 2020, the Health Board requested an Invited Service Review from the Royal College of Surgeons in England (RCSE) including a clinical record review of fifty cases relating to vascular surgery.

A report of the January 2021 review was issued on 15 March 2021.

In July 2021, the Royal College of Surgeons in England (RCSE) undertook the second part of the review, an examination of forty-four clinical records relating to vascular surgery, on behalf of Betsi Cadwaladr University Health Board (BCUHB). They subsequently published a report in January 2022 setting out a number of findings and recommendations. A number of findings within the report raised questions in relation to the quality and consistency of care provided.

Following publication of the RCSE report, Healthcare Inspectorate Wales considered the findings which raised questions in relation to the quality and safety of patient care, and the consistency in the service provided across the Health Board. Consequently, in February 2022, HIW considered the vascular service under its Service of Concern process, and subsequently designated the service as a Service Requiring Significant Improvement (SRSI).

In response to these reviews, the Health Board established an independently chaired, multi-disciplinary Vascular Quality Review Panel to review all the cases in detail to ensure all learning was identified and any Putting Things Right Regulations requirements were met.

Additionally, the Executive Medical Director led a Vascular Steering Group to drive and assure improvements in the vascular service, in response to the learning from these various reviews.

A significant improvement plan was established and delivered.

In late 2022 and early 2023, HIW undertook a local review of the service. HIW found:

- *“satisfactory progress has been made against all nine recommendations made by the RCS review team, and work to address the five urgent patient safety risks was commenced promptly by the health board. However, further work is still required to strengthen some aspects of clinical record keeping, and to ensure a patient’s journey through the vascular pathways is consistent and robust. This is to ensure that care is equitable regardless of a patient’s geographical location, that the quality of written communication is maintained, and records are filed in a timely manner and in chronological order, to maintain patient safety.*
- *“evidence to demonstrate that prompt actions were taken by the health board to follow-up on all patients (or next of kin), who were reviewed as part of the RCS review, in line with the duty of candour. In doing so, the health board also met its ethical and legal obligations by establishing the outcome for several patients, where the RCS team could not determine this during their review.”*
- *“satisfactory progress with the improvements required for MDT working. Immediate ‘make safes’ were implemented within the vascular surgery service, which including enhanced consultant cover and closer MDT decision-making support, which was provided from Liverpool University Hospital Foundation NHS Trust (LUHFT). This also included dual consultant operating during complex arterial surgery, such as Abdominal Aortic Aneurism (AAA) repairs.”*
- *“a process has also been implemented by the health board, to gain the required clinical support within the vascular MDT meetings, and in relation to the aneurysm pathway.”*
- *“Standard Operating Procedures (SOP) had also been implemented to manage the MDT meetings. This is to accurately facilitate and reflect the discussions taking place*

and the decision-making process regarding patient care and the plans for treatment. This included the implementation of MDT forms, which are completed during the MDT meetings and filed within the clinical records.”

- *“the health board had also updated and implemented several patient care pathways across the service. The management for the implementation and revised pathways process was undertaken through the health board’s RCS targeted intervention plan. However, further improvement is still required to ensure that the continuity of patient care is maintained to a high standard throughout the different pathways of care, and that the standard of communication within clinical records is further improved and promoted across all MDTs.”*
- *“the quality of record keeping was much improved since the findings of the RCS team. However, further improvement is required, particularly in relation to our findings in Ysbyty Gwynedd (YG) and Wrexham Maelor Hospital (WMH).”*
- *“satisfactory progress has also been made by the health board for the consent-taking process within vascular services. We found evidence of improvements through consent process audit results and through our clinical records review.”*

In recognition of the overall progress made against the RCSE recommendations, HIW de-escalated the vascular service from the Service Requiring Significant Progress (SRSI) designation. Whilst HIW noted improvements across the vascular services, they made 11 recommendations to further strengthen the arrangements in place.

The impact of the improvement work can also be evidenced through the service’s performance throughout 2022, against the following key indicators, outlined within the NVR Statement of the Nations Report (November 2023): Outcomes and survival rates have improved for people who have had AAA repair, bypass surgery and amputations, for example.

Summary of learning and improvement to improve Vascular Services patient and carer experience

The collection of patient and carer stories describe three patient’s overall experience of accessing the Vascular Service as positive, with identified improvements around communication and information sharing with patients and carers.

The North Wales Vascular Network is committed to improving the experience of patients, families, carers and staff and is undertaking a significant piece of work to ensure this is embedded within the service. The Network aspires to work in partnership with the people who use the services and their family members/ carers, to seek opportunities to improve the quality of care that we provide.

The North Wales Vascular Network patient and carer experience improvement work is built upon the principle of relationship-centred care. Relationship-centred care provides a framework for conceptualising healthcare that recognises the nature and quality of relationships in healthcare influence the process and outcomes achieved. It is based on the idea that all participants in healthcare – the patient, their family members/ carers, healthcare professionals and providers – appreciate the importance of their relationships with one another.

Following principles of relationship-centred care and strengthening the way the Vascular Service engage with its workforce is central to their improvement approach. Understanding how we to improve people's experience of working across the Network is an important way of fostering a strong, capable and consistent workforce, capable of delivering the highest possible care.

The North Wales Vascular Network has developed '*Your VOICE – patient, carer and staff experience and engagement plan*' for improved communication. The engagement plan outlines improvement work that includes improvement work related to the experiences of patient and carers:

- Communicating with the vascular workforce in order to build a positive culture of communication and collaboration across hub and spoke sites
- Communicating with partners and key stakeholders in order to strengthen service delivery and the delivery of positive outcomes
- Engaging with patients, their family members/ carers regarding their experiences of care, and using lived experience to support continuous service improvement
- Engaging with the workforce across the three sites, in order to improve job satisfaction, staff well-being, recruitment and retention.

The aim is to promote the inclusion of patient and carer feedback into delivering improvements as part of the everyday quality improvement work of the Vascular Network. Working with the PALS team, the intention is to broaden the approach to working with vascular patients and their family members/carers. This will include ensuring the service capture and make use of feedback from vascular patients who access care and treatment from each of the three sites.

To ensure the Vascular Service learn from lived experience they will work with PALS to identify Patient and Carer Experience Champions to lead on and actively promote the collection of patient and carer feedback. This includes regularly feeding back on the impact that patient and family member/carers feedback has made to service delivery, following a '*You Said, We Did*' approach.

The Network will continue to develop a suite of patient information leaflets, including the development of a public-facing vascular service internet page. The purpose of this page will be to provide information to patients about what the Network does, what to expect when receiving care and treatment from the teams, where patients will go and who they'll see. With time, the webpage will be developed to include a range of patient information leaflets, and information on managing people's condition and seeking support.

The North Wales Vascular Network will work with the PALS team who will meet with vascular patients in order to better understand their information needs, and ensure that the information we provide satisfies those requirements.

A Vascular Quality Group will be established in order to lead on the following:

- Discuss performance and quality metrics regarding patient, carer and staff feedback, including complaints, concerns and compliments, identifying themes and trends
- Demonstrate engagement activities
- Feedback from surveys and present action plans/ outcomes
- Sharing learning from both positive and negative patient, carer and staff experiences
- Present planned projects for improvement
- Provide evidence of how patient, carer and staff experience and engagement outcomes have been shared within the Network and across the Health Board
- Demonstrate how patient and carer experience and staff satisfaction correlate

This Vascular Quality Group will sit alongside the Clinical Governance meetings, as key delivery groups, that will feed up into a Vascular Programme Board, as well as into the Patient and Carer Experience Group at IHC and Health Board level.

The Patient and Carer Experience Team will continue to provide guidance and support to the Vascular Service to help capture and learn from patient and carer experience.

The Patient and Carer Experience Team extend their gratitude and appreciation to the patients and carer involved in sharing their experiences.



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

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

Report of Chair to Betsi Cadwaladr University Health Board

March 28, 2024

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

Appointments

The Minister for Health and Social Services has now confirmed the appointment of 4 Independent Members and a Trade Union Representative. Karen Balmer, Clare Budden and Rhian Watcyn Jones have served the Board since February 2023 of course and Christopher Field joins the Board for the first time. Chris has a legal background and lives locally in St. Asaph. Billy Nichols is the Trade Union representative and brings a wealth of experience to the Board, with his RCN background and years of working within the Trade Union movement. This full complement of Independent/TU members will allow us to strengthen our governance as we progress the work across 8 committees and 3 advisory groups. I am very grateful for the considerable work undertaken by colleagues.

Working with others

My monthly meetings with the Minister for Health and Social Services continue as does the bi-monthly Special Measures Forum with the full Board present for discussions with both the Minister and Deputy Minister. I attended the recent Chair's 'Away Day' and the Chairs/CEO meeting with the Minister for Health and Social Services and Deputy Minister for Mental Health and Well Being and Deputy Minister for Social Services. The Chief Executive and myself also gave evidence to the Senedd Public Accounts and Public Administration Committee on March 7. This committee, together with the Health and Social Care Committee, will continue to monitor our progress as a Health Board and call for evidence when appropriate.

Developing the Organisation

The important work around culture and developing compassionate leadership is progressing. A recent event addressed by Michael West and Henry Engelhardt was attended by some 250 people and was well received. The People and Culture Committee will be able to monitor progress and support this important aspect of their agenda. Board Development sessions continue to be a valuable opportunity to learn more about particular areas of our work. Our recent session involved discussions on Mental Health and Quality and gave Board members the opportunity to hear from Independent Advisers and staff members.

Engaging with others

The 12 month 'anniversary' of the Health Board being placed in Special Measures has provided us with the opportunity to arrange a series of meetings to brief partners and the public alike. These meetings, together with the series of public conversations we are holding, allow us to continue to develop our relationship with others and signal our ambition to be open and transparent and learn directly from the people we work with – our partners, and those whom we serve – the public. Similarly, we have also been able to report to our staff on our progress in Special Measures and hear their thoughts about the progress we are making as a Health Board.

Below is a summary of some of my meetings and visits for the period up to 14 March, 2024

Date	Meeting / Visit
15 January 2024	Councillor Ian Roberts, Leader Flintshire County Council
15 January 2024	Jonathon Austin, Best Companies
16 January 2024	All Wales Chairs and Welsh Government - Strategic Governance
16 January 2024	Briefing on Vascular Review with Kevin Conway, Consultant
18 January 2024	Rhun ap Iorwerth re Hwb Iechyd Caergybi
18 January 2024	Flintshire Social Care and Health Scrutiny Meeting, County Hall, Mold
19 January 2024	Meetings with Senedd Members and Members of Parliament
22 January 2024	Monthly Meeting with Minister for Health and Social Services
22 January 2024	Audit Wales
23 January 2024	Remuneration Committee
24 January 2024	Senedd Health and Social Care Committee, Cardiff
25 January 2024	BCU Board Meeting followed by Trustees Meeting
29 January 2024	Stakeholder Reference Group Workshop
30 January 2024	Board Community Engagement Event, Denbigh
30 January 2024	Radio Wales interview
31 January 2024	Radio Cymru Interview
31 January 2024	Special Measures Forum with Minister for Health and Social Services
31 January 2024	CEO Leadership Briefing
31 January 2024	Finance Oversight Group
31 January 2024	Audit Wales re Structured Assessment
1 February 2024	Recording for Radio Cymru
5 February 2024	RVS, Wrexham Maelor
5 February 2024	Meeting re Pen-y-Maes Surgery, Wrexham
5 February 2024	Board Community Engagement Event, Wrexham
6 February 2024	Newyddion S4C (BBC) interview
6 February 2024	Independent Board Members interviews
7 February 2024	Independent Board Members interviews
8 February 2024	Attendance at Advanced Leadership Team Development Event, St Asaph
9 February 2024	Meeting with Mark Tami MP
9 February 2024	Visit to Hanmer Surgery with Llais and Llyr Gruffydd MS
12 February 2024	Visit to Hwb Iechyd Caergybi
13 February 2024	Liverpool - Clatterbridge Cancer Centre
13 February 2024	Chester - Countess of Chester Hospital
14 February 2024	Staff Wellness Centre, Bryn y Neuadd
15 February 2024	Radio Wales interview
15 February 2024	Radio Cymru Interview
16 February 2024	Meeting with Mabon ap Gwynfor MS
19 February 2024	Meeting with Darren Millar MS
20 February 2024	Monthly Meeting with Minister for Health and Social Services
20 February 2024	Quality, Safety and Experience Committee

22 February 2024	Meeting with Minister for Health and Deputy Minister for Social Services re Delayed Transfers of Care
23 February 2024	Special Measures One Year On Staff Briefing
23 February 2024	Special Measures One Year On Partners Briefing
23 February 2024	Special Measures Progress Report for MSs and MPs
26 February 2024	Local Partnership Forum
26 February 2024	Dental Academy Bangor
27 February 2024	Leadership Conference, Venue Cymru
28 February 2024	Guest Speaker, Student Nurses Forum, Wrexham
29 February 2024	Board Development
29 February 2024	Dermatology, Ysbyty Gwynedd
4 March 2024	Meeting with Vice Chair of Hywel Dda Health Board
4 March 2024	Special Measure 1 Year On Public Briefing
7 March 2024	Senedd Public Accounts and Administration Committee, Cardiff
7 March 2024	Ministerial Away Day with Chairs
7 March 2024	Meeting with Minister for Health and Social Services
11 March 2024	Board Community Engagement Evet, Coed Mawr, Bangor
13 March 2024	Special Measures Forum with Minister for Health and Social Services
13 March 2024	Film premier 'Living Better with Dementia', Wrexham
14 March 2024	Speaker at Healthcare Science Workshop, Conwy Business Centre
14 March 2024	Speaker at Social Prescribing Event, Rhyl
14 March 2024	Meeting with Minister for Health and Social Services and Board CEO and Chairs



Teitl adroddiad: Report title:	Chief Executive Report			
Adrodd i: Report to:	BCUHB Board			
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 28 March 2024			
Crynodeb Gweithredol: Executive Summary:	<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 January to 20th March 2024. 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>			
Argymhellion: Recommendations:	The Board is asked to DISCUSS and NOTE the report.			
Arweinydd Gweithredol: Executive Lead:	Chief Executive			
Awdur yr Adroddiad: Report Author:	Chief Executive			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				
Cyswllt ag Amcan/Amcanion Strategol:	Relates to all objectives			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:				
Regulatory and legal implications:				
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	N/A			

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

Introduction

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of January to 20th March 2024. Some of the content is further expanded in other reports on the Board agenda.

Key Developments/Updates

There are a number of key items on the main agenda of the Board. Whilst the detailed reports will be presented, specific emphasis is given to the following:

- **Special Measures – one year milestone.** The health board will consider the report that draws together the three cycles of work that has formed the Special Measures Response Plan. The Special Measures Assurance Board has been held, as has the Ministerial Special measures Forum. Each of these accountability meeting has provided the opportunity to share progress and outline the work that is underway to respond to the organisation's key challenges. Briefings for stakeholders, staff, elected members (Members Senedd/Members of Parliament) and the first public briefing. This approach underlines the commitment to openness and transparency. It is important to note that Welsh Government published a revised Arrangement's for escalation and intervention moving from 4 to 5 levels of escalation. The health board is at level 5 equating to Special Measures. [NHS Wales escalation and intervention arrangements](#) | [GOV.WALES](#) Finally, a scrutiny session has been held by the Public Accounts and Public Administration Committee of Welsh Parliament/Senedd, examining the progress being made by the health bard and considering specifically the Audit Wales Follow-up review of Board Effectiveness, which is presented elsewhere on the agenda. The session remains available via the Senedd website.
- **Three-year Plan.** Planning is an area of development in the organisation and the opportunity to develop a Three-year Plan is part of the process of improvement. Whilst the independent planning review commissioned by Welsh Government did not report in time to wholly inform the draft Three-Year Plan, dialogue with the Reviewer has enabled some key themes to be drawn in. The Plan provides the focus for the whole organisation and is centred around 5 core strategic objectives. Having a stronger plan will provide the context for the improvement of delivery arrangements including further implementing the performance and accountability framework approved by the Board in September 2023.
- **Developing a Quality Management System (QMS).** Quality is a key area of improvement and will be a strong focus in the coming year. The development and approval of a Quality Management System is key to enable a systematised approach to quality planning, control, improvement and assurance. The health board is utilising the support of the Institute of Healthcare Improvement in developing its approach to quality, learning from elsewhere. Aligned to the work on the QMS, is the programme established to maximise learning from care provided that is subject to inquest and other external review. This is significant work and enables a proactive approach to some core issues that impact quality, including those already subject to Prevention of Future Deaths notices. The core themes that relate to PFDs are also subject to specific work including the development of an Electronic Health Record and improvement to the urgent and emergency care system.

Inquiries

There are a number of inquiries, established under the Inquiries Act 2005 that are particularly pertinent to the health board. These include:

- COVID-19 Inquiry
- Thirlwall Inquiry
- Infected Blood Inquiry

- **COVID-19 Inquiry:** This began on 28th June 2022 and is led by Rt Hon Baroness Heather Hallett DBE. Six modules of the Inquiry are currently live:
 - o **Module 1** – Resilience and Preparedness. This has taken evidence and the report is due to be published in 2024.
 - o **Module 2** – Core UK decision-making and political governance. This module is split into 3 parts (A, B and C). Wales forms Module 2B and evidence through Public Hearings was held in Cardiff during 27th February – 14th March 2024.
 - o **Module 3** – Impact of the COVID-19 pandemic on healthcare systems in the 4 nations of the UK. Although the module opened in November 2022 and initial preliminary hearing were held in February and September 2023, it is expected that the main Public Hearings will take evidence in the autumn of 2024.
 - o **Module 4** – Vaccines and Therapeutics. This module will now take evidence early in 2025 having been postponed to enable a greater focus of participants on Module 3.
 - o **Module 5** – Procurement. This module opened in October 2023 and is expected to hear evidence from March 2025.
 - o **Module 6** – Care Sector. This module opened in December 2023 although the full hearing schedule is not yet available.
 - o **Further modules will be announced and are likely to cover testing and tracing;** The Governments business and financial responses; Health inequalities and the impact of COVID-19; education, children and young people; and other public services, including frontline delivery by key workers.

The Lead Director for this inquiry has been the Acting Board Secretary; which will move to the Director of Corporate Governance from 2nd April 2024. The health board has arrangements in place to manage responses to requests of the Inquiry Team and to date all requests have been provided in a timely manner, complying fully with the detail of the request. It is anticipated that there will be significant contribution to be made to Module 3.

The health board will consider reports published for each Module and in line with Strategic Objective 5 in the organisation enable a learning approach to be taken.

- **Thirlwall Inquiry:** This Inquiry was established on October 23rd 2023 to examine the events at the Countess of Chester Hospital and their implication following the trial and conviction of Lucy Letby, former neonatal nurse. There remain legal proceedings underway relating to Lucy Letby and therefore evidence hearing are unlikely to commence until Autumn 2024 at the earliest. The health board has established a Thirlwall Inquiry Steering Group, led by the Chief Executive at this stage. Early work has been undertaken in preparing for any requests that may be made by the Inquiry of the health board, noting that the health board has not been identified by the Inquiry as a core participant.
- **Infected Blood Inquiry:** This is an independent public statutory inquiry established in 2018 and led by Sir Brian Langstaff to examine the circumstances in which men, women and children treated by the NHS were given infected blood and blood products, dating back to 1970. The health board has provided information to the Inquiry, which is due to report its findings and conclusion on 20 May 2024. Once the report is received, a learning process will be implemented within the health board, working with Welsh Government, wider NHS Wales and other key stakeholder's were appropriate.

Visits/Events

- **St David's Hospice, Llandudno** - A visit took place to meet the colleagues working in this key service and to learn more about their work. The facility and ethos is highly impressive and presents a significant opportunity both the develop further services in partnership with the Hospice for the benefit of people across North Wales. The other centre, based in Holyhead is due to be visited in the next few weeks. Wider work will be developed moving forward on the longer-term approach to supporting people with palliative care needs, including those who do not have cancer.

- **Alltwen Hospital** – A visit took place to the community hospital in Gwynedd, with an opportunity to meet a wide range of staff and patients. The building itself, redeveloped to meet modern standards, provides an excellent environment of patients and staff. The visit to the renal unit demonstrates the beauty of the environment, something that patients experiencing renal dialysis commented on. It was particularly pleasing to meet new members of staff for whom the step into healthcare had recently been made.
- **Eryri Hospital** – A visit took place to several areas of the hospital including the Stroke Unit and an impromptu discussion with the team supporting patients recently discharged from hospital. The Stroke service in particular was an example of advanced multi-professional working and the developments that have been introduced have been subject to significant praise in national conferences. There is significant learning to spread across the health board from this work.
- **Derwen Childrens Centre** – A brief visit took place to the Children's Centre, where on a multiagency basis, the team provides care to children with a learning disability and their families. Mature integrated working was demonstrated and again is an example that could be shared across the health board. The estate environment provides a challenge and discussion took place regarding future ambition for a new children's centre.
- **Cybi Iechyd Hwb** – A visit, with the Chair and Independent Member Dyfed Jones, took place to the Health centre that has particular short term challenges with medical staffing. The Cluster Lead and Associate Director of Primary Care along with other colleagues supported a discussion on the development of primary care in the area and potentially across the health board region.
- **Dental Academy, Bangor** – a brief initial visit has taken place to meet colleagues developing dental services in Gwynedd. The Academy provides a key opportunity as a driver of development in dental care of new services and new roles, and offers significant potential for further strengthening the partnership between the NHS and Universities.
- **Renal Unit, Bangor** – The visit focused both on the research activity that the service has been undertaking, particularly examining the impact of night time dialysis, and the provision of the service and acted as a follow-up to the visit to the renal service in Alltwen. It is clear that staff are highly committed to developing renal services further and it is particularly pleasing to hear that the Llinos Williams, Branwen Ainscough and Sarah Hirst Williams have been shortlisted for a St David's Award 2024 (Ceremony on 11th April) in the category of Critical worker.

Also nominated and shortlisted for a St Davids Award is the CARIAD team based at North Wales Centre for Primary Care, nominated for Innovation, science and technology award. This team has been developing and implementing practice related to the provision of end-of-life care with involvements of friends and family of the patient. Having 2 teams from North Wales shortlisted for a St Davids Award is significant and best wishes go to both teams for the ceremony on 11th April 2024.

Service matters

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

- **Industrial Action** is taking place week commencing 25th March 2024 by junior doctors. This follows the 72 hour strike that took place 15th – 18th January. Learning and reflection that took place following the January action has influenced planning for March. There is expected to be further industrial action taking place in the coming weeks and months including from Consultants, and Senior Specialists.

- The Integrated Performance Report is presented within the Board agenda. There continue to be particularly challenged service areas in relation to the timeliness of access to care and although improvement particularly in planned care for long waiting patients, further significant work is underway as part of the Planned care Programme. It is intended to bring forward a 'focus on' item on Planned care in the coming Board meetings.

Working with Partners

- Meetings have been held with Local Authority Chief Executives in Ynys Mon and subsequently in Gwynedd to discuss areas of joint interest and opportunity for collaboration. Several key developments were discussed particularly regarding the potential for joined up support to communities.
- A further roundtable has been held regarding joint work on the proposal for the Royal Alex Hospital. A summary case is presented to the Board and reflects the positive joint working that has taken place over the last three months in particular. This is a key development which, if supported by Welsh Government, could significantly improve service provision to a community with specific needs.
- Positive discussions have taken place with colleagues in the Clatterbridge Cancer centre in Liverpool. Recognising the significant and highly valued contribution of that organisation to the care of people in North Wales, the desire to further strengthen the partnership for the future was made by both parties. Further work will be developed over the coming months to examine opportunities for the medium and longer term in relation to pathway and service development.

Leadership Development

- A Leadership Conference was held on 27th February engaging with over 250 colleagues. This forms part of the approach to developing culture, leadership and engagement that the Board considered at its meeting in September 2023. Professor Michael West, an expert in Compassionate Leadership and Henry Engelhardt former CEO of Admiral Insurance were guest speakers with local speakers and workshops also part of the day. A further Leadership Conference is planned for June 2024.

Conclusion

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

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

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

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

Four months into taking on the role of Vice-Chair I still feel very much in listening and learning mode.

Mental Health

I have continued to develop my understanding of mental health. I completed my initial visits to the acute facilities managed by Mental Health and Learning Disabilities (MHLD) with:

- a very interesting few hours at Heddfan, including finding out about the impressive work of the 111 #2 team who are based there, responding to calls from North Wales residents concerned about their mental health.
- a visit to the medium security forensic facility at Ty Llewellyn on the Bryn y Neuadd site.

I also had a long and useful formal introductory meeting with Dr Alberto Salmoraighi, the Medical Director of MHLD and continued my regular meetings with Teresa Owen and with Ros Alstead, our external advisor.

Unfortunately, I have not yet had the opportunity to visit the **Children and Adolescents' Mental Health Services (CAMHS)** teams based in the IHCs, as an initial planned meeting had to be postponed due to the over-running of an appeal which I was hearing. However, this, together with the North Wales Adolescent Service in-patients unit in Abergele is now (re)scheduled for early April.

I chaired my first meeting of the Together 4 Mental Health Partnership (which meets under the aegis of the Regional Partnership Board) and attended a meeting of the BCUHB Service Transformation Delivery Group, both of which usefully cover both the work of MHLD and of CAMHS. I also took part in the latest of a regular series of meetings with the Deputy Minister for Mental Health which went well and met the Deputy Minister for Social Services in the context of a visit to the ICAN Centre (third-sector commissioned services to support young people with mental health and well-being) in Caernarfon, run by GISDA.

I contributed to a response from the Health Board to a Senedd consultation on a proposed Private Member's Bill on Mental Health and intend to be closely involved in shaping our thinking on our response to two important consultations by the Welsh Government on the new Mental Health Strategy and the Suicide Prevention Strategy.

I continue to be concerned about the estate and the pressure on the community mental health teams, whose caseload is close to unmanageable and presents a significant risk. A meeting is being arranged with the local authorities to discuss future models of collaboration as part of the work of the Together 4 Mental Health Partnership.

Primary (and Community) Care

I have started to increase my knowledge and understanding of the landscape of primary and community care.

I have held meetings with:

- Karen Higgins, Director of Primary Care
- Jane Moore, Acting Executive Director of Public Health
- Chris Couchman, Assistant Director of Primary Care IHC West
- Alison Kemp, Assistant Director of Primary and Community Care, IHC Centre
- Adam Mackeridge, Assistant Director of Community Pharmacy

- Lynne Joannou, Director of Primary Care Contracting and Commissioning
- Pete Greensmith, Assistant Director, North Wales Dental Service
- Jo Phillips, Manager Wrexham Maelor Urgent Primary Care Centre
- Gemma Nosworthy Primary and Community Care Academy

I also visited a BCUHB Managed Practice in Criccieth and Porthmadog and, in the last few days have visited both Ysbyty Penrhos Stanley (where there was considerable enthusiasm in expanding the hours and scope of the MIU to bring services closer to home and relieve pressure on the ED at YG) and Ruthin Hospital and the Community Resource Team for South Denbighshire which seems a model of multi-disciplinary team working.

Finally, I attended a meeting of the Primary Care Senior Leadership Team which led to an interesting discussion about the strategic vacuum which was felt to exist in terms of primary care..

I continue to believe that the key challenges we need to address are:

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

Vice-Chair Network

I have continued to participate in the Vice-Chair Network, convened by the Welsh NHS Confederation which had a very useful face-to-face meeting in February as well as its regular monthly Teams meetings. The Network is a very useful source of intelligence on recent and current developments and provides access to a wide range of key staff in Welsh Government, the NHS Executive and the NCCU (National Commissioning Co-ordinating Unit). The Network holds regular meetings with Ministers, the most recent on 18 March.

I have circulated a briefing note on key issues discussed at network meetings, along with presentations made, to colleagues who may have an interest in items on the agendas and intend to do so in future. Any feedback would be appreciated.

I raised within the Network the need for a discussion on strategy with regard to Managed Practices, and as a result, a Sub-Group to discuss this, with the engagement of the Strategic Programme for Primary Care is to be set up, with its first meeting in early May.

Alongside the formal meetings, I have met bilaterally with my opposite numbers, including some very interesting exchanges with the Vice-Chair of the Wales Ambulance Services Trust (WAST) about their focus on providing support to callers (including those with mental health problems) at home where possible.

Other Issues

Alongside this work on the specific matters on which the Vice-Chair leads, I have been involved with a number of strategic initiatives either alongside the Chair or representing him. This included taking part in the first Leadership Conference and representing the Board at the BCUHB Welsh Learner of the Year award – an enjoyable celebration, albeit one which involved the trauma (probably for those attending as well as myself) of delivering my first speech in the medium of Welsh!

Gareth S. Williams
Vice-Chair

19 March 2024



Teitl adroddiad: <i>Report title:</i>	Special Measures Annual Board Report – ‘One Year On’			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 28 March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the progress made during the first 12 months of Special Measures, and look ahead to 2024/25 and beyond as Special Measures Outcomes become Annual Plan Strategic Objectives.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to RECEIVE ASSURANCE on the progress made during the first 12 months of Special Measures.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: <i>Report Author:</i>	Sophie Stevens-Jones, Communications and Engagement Manager Paolo Tardivel, Director of Transformation and Improvement			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		To support Special Measures		

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



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MARCH 2024

ONE YEAR ON...

Betsi Cadwaladr University Health Board's
Special Measures delivery over the last year





Contents

1. Opening statement	p3
2. Background:	p4
<ul style="list-style-type: none">• An overview of the approach taken, our five outcomes and Cycle Closure Reports.	
3. Discovery – Independent Reviews:	p5
<ul style="list-style-type: none">• An overview of the status of each report.• Summary of report purpose, recommendations made and actions taken.• Key themes and the adoption of a thematic approach.	
4. Progress in the first nine months	p12
<ul style="list-style-type: none">• Outcome one: A well-functioning Board<ul style="list-style-type: none">◦ Background, progress so far, delivery against plans and impact.• Outcome two: A clear, deliverable plan for 2023/24<ul style="list-style-type: none">◦ Background, progress so far, delivery against plans and impact.• Outcome three: Strong leadership and engagement<ul style="list-style-type: none">◦ Background, progress so far, delivery against plans and impact.• Outcome four: Improved access, outcomes and experience<ul style="list-style-type: none">◦ Background, progress so far, delivery against plans and impact.• Outcome five: A learning-self improving organisation<ul style="list-style-type: none">◦ Background, progress so far, delivery against plans and impact.	
5. Summary of impact	p23
6. 2024/25 and beyond	p24
<ul style="list-style-type: none">• Special Measures Outcomes to Annual Plan Strategic Objectives.• Embedding Special Measures response into the Annual Plan.• Key reflections and moving toward change.	
7. Closing statement	p29

Opening statement

A message from Dyfed Edwards, Chair and Carol Shillabeer, Chief Executive on:

Betsi Cadwaladr University Health Board's improvement progress over the last year

This time last year, Welsh Government announced that Betsi Cadwaladr University Health Board was being placed in the highest level of escalation; Special Measures. This decision was taken due to serious concerns about performance, leadership and culture. Over the last year, there have been many changes within the health board with support and advice provided by expert independent advisors.

There has been a change in leadership and approach. We now have a much firmer foundation to build on, with a new Chief Executive, Chair and Board members in place who are committed to improving our ways of working, our handling of finances and ultimately improving the quality of care provided and the experiences of our patients and their families.

Of course, there is much more still to be done and as we continue on our improvement journey, we are committed to ensuring excellent healthcare services and long-term positive change for the people of north Wales

Audit Wales' recent Board Effectiveness report showed the health board is moving in the right direction with more stability. There is a clearer direction towards a positive and supportive culture and we know we must focus on rebuilding trust and confidence in the organisation amongst public, staff and partners.

We still face many challenges, we have services that still need to improve, ongoing financial challenges



and more to do to lay the foundations of the organisation we want and need to be.

We know that people have been frustrated by the amount of time they have had to wait for appointments, care and treatment and over the last year we have been able to make real inroads in reducing some of the waiting times for our longest waiters. We will continue to prioritise reducing waiting times as we move forward.

Our staff continue to work incredibly hard to provide the services required across primary, community and hospital settings. We want to support them in doing the jobs they are expertly trained to do, well; celebrating their efforts and successes along the way.

We are committed to working with our staff, our partners and our communities to make even more progress over the year to come and beyond.

Background

On 27 February 2023, the Minister for Health and Social Services, Welsh Government announced that Betsi Cadwaladr University Health Board (BCUHB) would be escalated to Special Measures. The organisation has previously been at the Targeted Intervention level of escalation and therefore has now been escalated to the highest level under the Escalation and Intervention arrangements. The Minister for Health and Social Services indicated in the statement announcing Special Measures escalation particular concern regarding leadership, culture and performance. It is understood that in total there were eight areas of concern, including:

- Governance and board effectiveness
- Workforce and Organisational Development
- Financial governance and management
- Compassionate leadership and culture
- Clinical Governance, patient experience and safety
- Operational delivery
- Planning and service transformation
- Mental Health

The Health Board experienced significant leadership instability as a result of reported 'dysfunction' (Audit Wales Board Effectiveness Report – February 2023) and the subsequent substantial changes to Board membership in February 2023. This level of significant change has been unprecedented in health boards since their inception in 2009. The direct appointment, by the Minister for Health and Social Services, of an interim Chair and three Independent Members started the process of building a new Board.

In the immediate period following the escalation, Welsh Government also deployed a number of Independent Advisors as part of an Intervention and Support Team to undertake a series of independent reviews so that the root-cause of issues could be more thoroughly understood. These reviews are outlined from page 5.

A Special Measures Response Plan was prepared for and approved by the Board in May 2023. The Response Plan focused on five outcomes (shown across) and took a rapid stabilisation approach of three 90-day cycles running from 1 June 2023 to the end of February 2024, giving pace and focus to addressing the challenges faced.

The five outcomes were designed not only to respond to the list of key issues of concern, but also to start building a more effective organisation able to lay the foundations for long-lasting change.

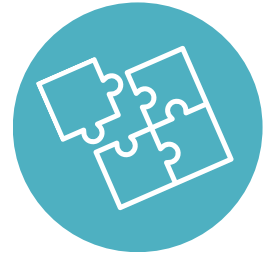
Regular reports have been presented for consideration at the Board and published to enable an open and transparent approach to demonstrating progress.

Each end of cycle report and all documentation relating to the response to and progress within Special Measures will be available here:

www.bcuhb.nhs.wales/about-us/special-measures/health-board-progress/



1) A well-functioning Board



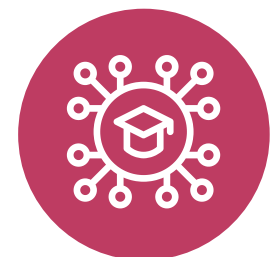
2) A clear, deliverable plan for 2023/24



3) Strong leadership and engagement



4) Improved access, outcomes and experience



5) A learning, self-improving organisation

Discovery: Independent Reviews

Welsh Government commissioned a series of Independent Reviews to assist the new Board in gaining rapid insights into key areas within the Health Board. The reviews have been undertaken over the last nine months and are systematically being considered through the Board and its Committees and will all subsequently be published along with a response plan.

Review	Description	Status
Mental Health Inpatient Safety	A quality and safety review and inspection of all 24 inpatient Mental Health & Learning Disability units provided by the Health Board.	Published alongside management response.
Patient Safety	A number of concerns around patient safety across BCUHB had been raised, prompting an assessment of their validity.	Published alongside management response.
Use and Recruitment of Interim Staff	An independent assessment of interim arrangements for executive posts at BCUHB due to a rise in usage and expense.	Published alongside management response.
Office of the Board Secretary	An assessment into processes and documentation within the Office of the Board Secretary, as well as support and communication with Independent Members.	Published alongside management response.
Contract Procurement Management	An investigation into compliance with Standing Financial Instructions (SFIs) in relation to contracting and procurement.	Final report received with an action plan in development which will be discussed at relevant committees before publishing.
Quality Governance Systems	A review into quality management, assurance, and the embedding of continuous improvement across BCUHB.	Independent Advisors are working with BCU, supporting the development of a Quality Management System
Mental Health Reviews Stocktake	An independent assessment as to how recommendations made by previous reviews into mental health services in BCUHB have been implemented.	Final report received with an action plan being developed, which will be discussed at relevant committees before publishing.
Planning	A review into BCUHB's approach to strategic, operational and business planning as an important aspect in achieving wider strategic objectives.	Final report received with an action plan developed which will be discussed at relevant committees before publishing.
Vascular	An assurance assessment of the quality of vascular services and whether previous review recommendations have been implemented.	Part one received with positive indications of change with part two (giving further assurance) likely to be presented to Board in May 2024.
Executive Portfolios	Challenges in respect of capacity and continuity of executive leadership has led to a need to ensure a more stable sustainable senior staffing model.	The report has been received and has formed the Chief Executive's plans which are now underway.

Summary of reviews

Office of the Board Secretary

The Review of Office of the Board Secretary took place to consider concerns raised regarding; the quality of Board papers and subsequent ability to make informed decisions, future planning for Board and Committee agendas, engagement with and support to Independent Members, lack of clarity between Committees as well as the scope and responsibilities of the Office of the Board Secretary.

A number of focus areas were identified, including:

- Clarity of structure and roles
- Training and awareness of good governance practice
- Compliance with Welsh Government Standing Orders
- Planning the cycle of business

Since receiving the report, a detailed action plan has been developed and published and is on track to deliver against all recommendations with some areas dependent on other reviews or plans.

73%

of actions complete

scheduled by end 23/24

14%

13%

scheduled by end 24/25

Use and Recruitment of Interim Staff

An independent assessment of interim arrangements for executive posts at BCUHB found that the use of senior interims had expanded significantly over time to “excessive and unsustainable” levels, adding to existing cultural challenges within the Health Board and a need to ensure compliance with appropriate procurement processes. There was also a lack of visibility of these appointments to the then Remuneration & Terms of Service Committee and the common practice of prolonged usage of interim appointments with extensions being common place.

71%

of actions complete

The review made a number of recommendations for:

- Welsh Government to provide detailed guidance as to the governance and requirements around senior interim use that the Health Board should ensure compliance with
- BCUHB to strengthen governance processes to ensure greater value is secured as well as a cultural shift away from employing senior interims ‘as the norm’.

Since receiving the report, a detailed action plan has been developed and published and is on track to deliver against all recommendations, including workforce and talent development, vacancy management and more robust governance arrangements.

Mental Health Inpatient Safety

There has previously been a number of high profile inquests and incidents relating to the Mental Health service in the health board. Following these incidents, the Coroner raised a number of concerns around learning from experience and putting in place measures to prevent further incidents. Fieldwork was carried out during April and May 2023, with the report being received by the Health Board in June 2023.

The report contained eight recommendations:

- 1) Ensure all relevant staff are trained to undertake ligature risk assessments, with risks being mitigated as soon as possible.
- 2) Ensure processes are in place to confirm that all physical health monitoring documentation is completed.
- 3) Strengthen the escalation and governance arrangements from "Ward to Board."
- 4) Ensure all staff are aware of and follow the most up to date operational policies and procedures.
- 5) Ensure all staff, including temporary staff, are trained to meet the needs of patients and are aware of potential areas of risk.
- 6) Ensure care and treatment plans reflect the necessary and intended outcomes of patients admitted to inpatient services.
- 7) Strengthen opportunities to receive feedback from service users, families and carers.
- 8) Consider a follow up review to ensure improvements have been sustained and actions completed or on track.

32% of actions complete

scheduled by end 23/24

37%

31% scheduled by end 24/25

Since receiving the report, a detailed action plan has been developed and published and is on track to deliver against all recommendations (also taking into account the "re-review" discussed on page 8).

Patient Safety

A number of historic concerns around patient safety across BCUHB had been raised at the time of being escalated into Special Measures, prompting an assessment of their validity. The review process included speaking with staff who had previously raised concerns, reviewing data around incidents to establish potential patterns and considering clinical governance and safeguarding infrastructure to determine the robustness of reporting mechanisms.

11% of actions complete

The review suggested areas of focus that fully align to the overarching themes identified from all of the collective reviews undertaken as part of Special Measures to date. The review is also co-dependent on other reviews taking place, particularly around clinical quality governance systems. The areas of focus suggested are around:

scheduled by end 23/24

33%

56% scheduled by end 24/25

- **Infrastructure:** there is a need to design and implement a systematic approach using data effectively.
- **Culture:** Implement and embed a cultural change programme, including learning from incidents.
- **Specific clinical areas of concern:** More work should be undertaken to gain more detailed assurance of ways of working relating to patient safety, experience, and outcomes.
- **Safeguarding:** Ensuring up to date training and compliance.
- **Workforce:** Reviewing capacity and capability.

Since receiving the report, a detailed action plan has been developed and published and is on track to deliver actions, including the development of a Quality Dashboard and new ways of reporting to the Board.

Contract Procurement Management

Following the escalation into Special Measures, a review of contract and procurement management was commissioned to review:

- All areas of contracting and procurement across the Health Board.
- The contracting cycle and the current policies, procedures and processes across the cycle, undertaken by Health Board operational staff, finance staff and by the NHS Wales Shared Services Partnership (NWSSP) local procurement team and NWSSP centrally.
- Compliance with Standing Financial Instructions (SFIs) in relation to contracting and procurement.

The final report has been received with an action plan developed against the key findings, which are grouped into the following areas:

- Contracting and Procurement across the Health Board
- Policies and procedures
- Ernst and Young (EY) report and subsequent action plan
- Internal Audit and other reviews
- Single Tender Waiver (STW)/Single Quote Waiver (SQW) processes
- Contract approval processes
- Application of Scheme of Reservation and Delegation (SORD)
- Roles and responsibilities
- Purchase Orders
- Variation in practice and compliance levels
- Comparison with other Health Boards
- Staff training
- Contract registers

The full report and action plan will be considered by relevant committees (PFIG, March 2024) before being published.

Mental Health Reviews Stocktake

Previous concerns around Mental Health services in Betsi Cadwaladr Health Board, resulted in a series of external reviews and reports making recommendations on actions to improve services.

This “re-review” or “review of reviews” was conducted jointly by the Royal College of Psychiatrists (RCPsych) Wales and the Royal College of Nursing (RCN) Wales provides an independent assessment as to how recommendations made by previous inquiries and reviews into Mental Health services in BCUHB have been implemented by the Board.

As of March 2024, structured interviews, sample visits and reviews of key data and documents have been carried out, with the final report having been received. There are signs that some progress is being made against the recommendations previously received, as well as some key areas of focus, which are:

- Investment in infrastructure: An electronic healthcare record will be critical.
- Improvements in estate where patients receive care.
- Management structures and ensuring the appropriate clinical expertise, e.g, in Dementia care.
- Staff engagement and consultation.
- Service user involvement and co-production.

The final report has now been received and a full action plan is being developed for discussion at relevant Committees.

Quality Governance Systems

Concerns about the Health Board's quality systems, preparation for inquests and investigation processes and demonstrable learning from serious incidents has led to a review of our clinical and quality governance systems. Interdependent with other reviews, the aim of this programme of work is to support us in becoming an organisation that takes a systematic learning approach to quality governance and assurance.

The Patient Safety report set out recognised and potential risks, gaps and opportunities regarding the current quality management approach. These predominantly related to assurance and the embedding of continuous improvement across BCUHB. There is a need to cultivate a culture of supporting ongoing quality improvement and organisational learning to help enable the delivery of the best outcome and experience for patients, their families and carers.

The work into Quality Governance Systems is ongoing and is running in parallel to us beginning work on the development of a robust Quality Management System; the first version of which is due to be developed by May 2024.



More information on the development of a Quality Management System can be found on page 21.



Planning

The review into Planning is to gain a better understanding of how integrated planning is undertaken in BCUHB and to identify improvement areas, with a specific focus on strategic planning capacity and capability. Since the inception of the NHS Wales National Integrated Medium Term Plan (IMTP) process, the Health Board has been unable to secure approval for a three year plan and annual plans have been the norm. We have however been commended for our pandemic response and recent annual plans as "being evidence of promising improvement."

Review fieldwork has been carried out through face to face interviews and the review of relevant documents, with three key areas of recommendation identified:

- The development of an organisational strategic route map
- The development of an effective organisation wide planning system
- Improvement of Planning capacity and capability across the organisation

The final report has now been received and a full action plan is being developed for discussion at relevant Committees.

Vascular

Since the reorganisation of vascular services in April 2019, there have been a number of high profile inquests and incidents relating to the service provided by the Health Board. This is in addition to a number of inspections by the Royal College of Surgeons and Healthcare Inspectorate Wales (HIW) designating vascular services as a service requiring significant improvement in March 2022.

This review is a supportive, two-part process to assess the quality of vascular services and whether previous recommendations have been implemented. Since starting the review, vascular services have been formally de-escalated by HIW and we have developed a revised, more open approach to involving and engaging with families of those affected by previous incidents, which we will continue to build on.

Early findings indicate that the vascular service has improved and in the opinion of the reviewers, now provides a much safer service. There is evidence of collaborative ways of working by vascular surgeons and patient management being multi-disciplinary team driven, with good integrated support from the vascular transformation team.

It is important to understand that the BCUHB vascular service shares many of the issues which affect the other networks across the UK, in that it is constrained by capacity issues but has clear aspirations to continue to improve. As with other areas of the Health Board, further cultural change is needed to allow improvements to really embed.

The second phase of the most recent review examined 40 more recent case notes to ensure we are fully aware of and understand any current issues affecting service provision. We are expecting the final report to be discussed at relevant committees and published in May 2024.

Executive Portfolios

On 23 February 2023, Audit Wales published its review into Board Effectiveness within BCUHB. This report highlighted issues relating to the Executive Team and senior management capacity and capability, including significant churn and an over-reliance on interim roles for posts within the Executive Team and senior management structure. The report highlighted that urgent action was needed to move to a more stable and sustainable senior staffing model.

The review of executive portfolios was therefore to consider whether the roles and portfolios are appropriate to effectively address the performance, cultural and operational challenges faced.

The report has been received by the Chief Executive and has been shared with members of the executive team. A plan has been developed for future ways of working and is being mobilised.

Published reviews

The reviews that have been reviewed and responded to so far, can be found at our website here:
<https://bcuhb.nhs.wales/about-us/special-measures/health-board-progress/independent-reviews-and-our-response>

Independent Reviews: Key themes



Data, intelligence and insights: Ensuring that there is a BCUHB-wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This is a key enabler for sustainable improvement as well as supporting identification of future potential challenged services.



Culture: Defining, engaging and committing to the long-term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.



Risk management: Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.



Patient, family and carer involvement: A single coordinated approach to maximise involvement and engagement with our patients, their families and carers, using their experiences to guide our ongoing service improvement.



Operating model: Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.



Organisation governance and compliance: Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.



Integrated planning: A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.

Adoption of review themes

For those independent reviews received with management responses developed, progress is underway in delivering the actions to meet each individual recommendation made.

We have also taken a thematic based approach in terms of bringing together the findings of the reviews in order to address the real root causes of the issues. This is being overseen via the appropriate Executive Led Delivery Group or equivalent governance. It will ensure that learning and change occurs across the wider organisation and not just within the area that was reviewed, whilst simultaneously ensuring all individual findings are still addressed within the separate reviews.

Progress: the first nine months (from June 2023)

There has been a huge amount of progress and learning across the three ninety days cycles of the first nine months. This section talks through the progress across each of the five Special Measures outcomes. The final cycle ended in February 2024 and overall **70%** of the milestones were completed – making it the most successful cycle in terms of delivery yet.

Outcome one: A well-functioning Board

Background

[A report by Audit Wales](#) into the effectiveness of the Board in February 2023, called for urgent action to tackle reported ‘dysfunction’ within the Board. The report highlighted how this was compromising the ability to deal with the many challenges that the Health Board faced. There was also criticism of the high number of interim staff who were in positions of senior leadership.

What have we done so far?

- Substantive, experienced Chief Executive appointed, with experience in NHS Wales.
- Recruitment of Chair, Vice Chair and permanent Independent Members following a public appointments process.
- New Risk Management Framework agreed at the September Board, with implementation underway reporting to the Audit Committee.
- The independent reviews received to date have been considered in Board Committee Development Sessions, prior to Management Responses being developed. These have been highlighted in the regular Special Measures reports to full Board.
- Good progress made within corporate governance arrangements including Board Committee structures and cycle of business, with appointment made to the revised role of Director of Corporate Governance.

A Board Development Programme has been developed and is being implemented, including focus on areas such as:

- Compassionate Leadership
- Mental Health
- Planning
- Performance management
- Risk management
- Digital
- Quality
- Winter Resilience Planning

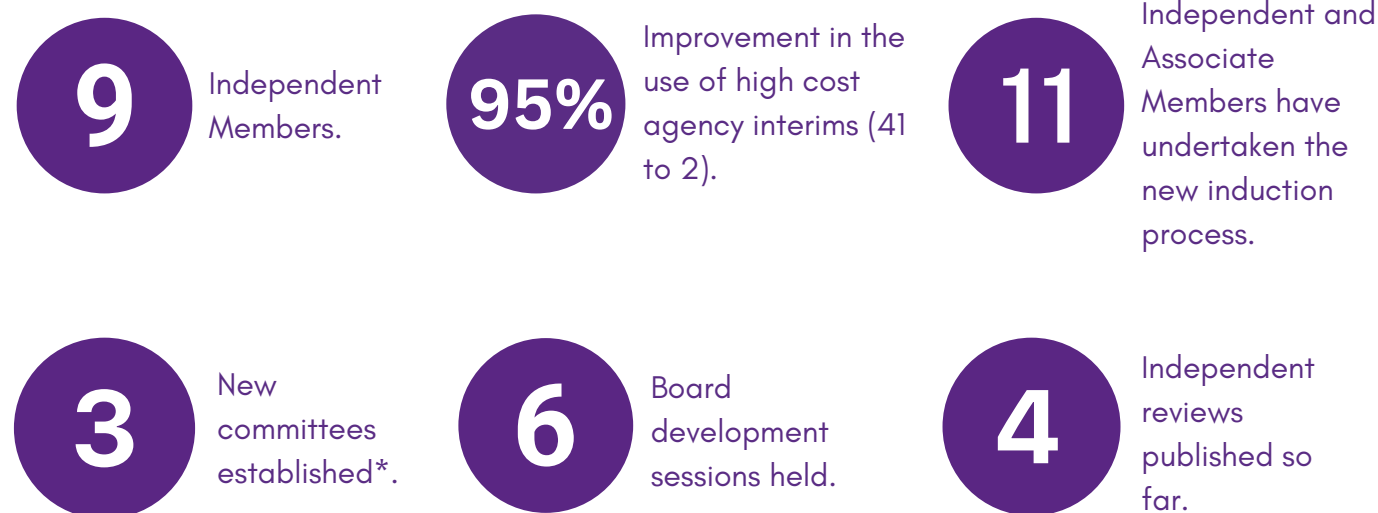
Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	70% (14/20 completed)	79% (15/19 completed)	81% (13/16 completed)

Areas not yet delivered

- Implementation of the Executive Portfolio plan has commenced, but will necessarily continue in FY24/25.
- Now we have a full complement of Independent Members, once inductions have taken place we will start the new financial year in a more stable position to progress work on corporate governance, establish the Corporate Business Management Group and fully implement any new policies and improvements.
- A “Policy on Policies” will then be taken through the necessary governance to outline best practice standards for the development of and adherence to policies across the Health Board.

What difference has been made?



*People and Culture, Planning, Population Health & Partnerships and Mental Health Legislation.



“Overall, we found that following a period of significant disruption and churn during 2023, the board is now in a more stable position.” – Audit Wales, February 2024

We welcomed Audit Wales latest report (15 February 2024) which states that, compared with a year ago, the Board is in a more stable position and working relationships amongst senior leaders are more positive.

Dyfed Edwards, Chair, said: “I welcome this report which acknowledges the progress the health board has made over the past year. I fully understand that there is much more to be done as we continue on our improvement journey in order to ensure excellent healthcare services for the people of north Wales.”

“I see the Audit Wales report as a milestone to show we are moving in the right direction. We now have a firm foundation to build on, with a new Chief Executive and new Board members in place who are committed to improving our governance, our financial management and ultimately improving our focus on quality and the experience of the patient and their families.

“I am grateful for the support of our partners and Government in all our efforts.”

The full report can be found via [Audit Wales here](#).
Our full response to the report can be found [here](#).

Outcome two: A clear, deliverable plan for 2023/24

Background

The requirements within this outcome seek to improve the ability of the organisation to develop capability in planning, recognising the Health Board has been unable to develop an approvable 3 Year Integrated Medium-Term Plan since the requirement was established. Furthermore, this outcome is focused on improving financial governance and performance.

What have we done so far?

- Annual Plan (2023/24) developed and submitted to Welsh Government end June 2023. Positive feedback received on this and it provides the platform for moving toward a 3-year plan approach for 2024/27 (more information on this is on page 24).
- A new Integrated Planning Framework developed, approved by Board and implementation commenced.
- Integrated Performance Framework developed, approved at the September Board, with implementation commenced.
- The Independent Planning Review draft report has been received.
- The Independent Contract and Procurement Management Review has been received, considered by Executive Team and a management response is in development. A full report will be presented to Audit Committee for consideration in May 24.
- Financial Control Actions have progressed well, with the Standing Financial Instructions (SFIs), Scheme of Reservation and Delegation (SORDs) and Standing Orders (SOs) revised and endorsed by Board.
- Targeted Procurement training delivered to over 500 BCU staff at different levels, including the Executive Team.

Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	50%	63%	88%
	(14/28 completed)	(15/24 completed)	(15/17 completed)

Areas not yet delivered

- More work to fully underpin financial challenges and opportunities for the year ahead as well as delivery of the Financial Plan, taking Special Measures and 3 Year Plan priorities into account.
- Responding to the Planning Review and fully implementing the associated action plan.
- Recurrent finance staffing requirements and ongoing permanent recruitment processes.

What difference has been made?

Improved financial performance evident from August 2023 to January 2024 (current financial year):



Increase in the savings schemes being delivered throughout April 2023 to February 2024 (current financial year). Now exceeding the target:



Outcome three: Strong leadership and engagement

Background

This outcome focuses on improving the stability of leadership in the organisation as well as enabling more effective engagement and involvement with staff internally and stakeholders and communities externally. The organisation must focus on improving the culture and the way leaders are attracted, identified, developed and retained. Improvements must also be made to the way the Health Board engages and involves communities, staff and stakeholders. The Health Board is committed to strong, visible leadership internally and externally, including with the media and public, to re-build trust in the services BCUHB provides.

What have we done so far?

- Board approved (Sept 2023) its Strategic Intent in relation to developing Culture, Leadership and Engagement, agreeing nine key areas of initial focus.
- A new Organisational Development Steering Group has been established to lead the work, chaired by the Chief Executive, and a new People and Culture (Board) Committee has been formed, chaired by the Chair of the Health Board.
- Developing transparent, strong, and visible leadership specifically on key issues, e.g., Health and Social Care Committee and media interviews.
- A new approach to the Public Annual General Meeting has been developed and implemented, including Health Fayres held in local community centres, enabling conversations between the Health Board and local communities.
- Three community engagement events held during quarter 4 2023/24, testing and refining the approach for further events across the region during 2024.
- New Integrated Leadership Development Framework in its final stages of development for implementation from March 2024 onward.
- Draft ‘Listening to Patients, Families and Communities’ Report received from the Independent Advisor, with findings and recommendations currently being considered. A new engagement approach taken with those affected by vascular service issues.
- Clinical Engagement Rapid Review completed, considered by the Executive Team and Organisational Development Steering Group ahead of consideration by the People and Culture Committee.
- A series of Leadership Conferences is being implemented. Following a whole day, whole Board session on Compassionate Leadership, a health board-wide conference has been held focusing on compassionate leadership and culture, with sessions from experts Michael West and Henry Engelhardt.
- There is significant reduction in the usage of high cost agency interim staff from 41 in December 2022 to 2 by the end of February 2023.

Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	59% (22/37 completed)	57% (12/21 completed)	79% (23/29 completed)

Areas not yet delivered

- There is a need to complete a full stocktake of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally to understand benefits and issues.
- An Integrated Leadership Development Framework: This is still in development and having executive ownership of the framework will be key to ensuring any culture change is truly embedded.
- Revisiting and revising where necessary, the values of the organisation: Having clear, defined values that are known and practised by all staff is a well recognised feature of successful organisations.
- A behaviours framework: Having an agreed and co-designed behaviours framework, owned by the Board, outlining what kind of organisation we want and need to be.
- A full Organisational Development plan: Work has begun via an Organisational Development Steering Group, which has been established and has begun to discuss the approach and way forward but will be accelerated for 2024/25 with a focus also on Clinical Engagement and Leadership.
- Expand the use of patient experience feedback as a vital insight into our services and way of identifying opportunities for improvements.
- Culture Change Programme: Putting the right foundations in place for a positive, supportive culture, taking NHS Wales Staff Survey feedback into account.

What difference has been made?

5

Stakeholder sessions held in a new approach to involving and updating our stakeholders, highlighted through our "One Year On" Health Board Progress campaign.

2

Second highest completion of the Staff Survey amongst Health Boards in Wales.

3

There have been three public engagement "Healthy Fayre" sessions with members of the public and members of the Board in the last three months.

25

25 of our partners, or representatives of our partner organisations, including councillors, local authorities, housing associations and the third sector, attended a Health Board Progress stakeholder briefing.



Outcome four: Improved access, outcomes and experience

Background

This outcome is the area that is most likely to impact patients and clients most directly, and not dissimilar to other NHS organisations is where significant service pressure exists. There are however specific issues relating to North Wales services that require both short and longer-term action.

People are frustrated about the amount of time they have to wait for appointments. There are too many people experiencing difficulty accessing a GP or an NHS dentist and too many are waiting too long for hospital appointments and important diagnostic tests.

What have we done so far?

- **Planned care:** A new Planned Care Programme has been established to take forward systematic improvements. These include streamlining and standardising the approach to booking and scheduling, implementing the GIRFT (Getting It Right First Time) findings and recommendations across several clinical service areas, and implementing developments such as 'See On Symptoms', 'Patient Initiated Follow-up' and the 3Ps 'Promote, Prevent and Prepare' assisting people awaiting their planned care intervention.
- Progress has been made across a range of indicators in relation to planned care waiting times, including a 19% reduction in people waiting 208 weeks to begin treatment, a 63% reduction in people waiting over 156 weeks to have their first appointment or to have started treatment and a 21% reduction in people waiting 104 weeks in comparison with our position last year.
- **Vascular:** Healthcare Inspectorate Wales, following their review in June 2023, de-escalated the service from a 'Service of Concern'. Two further elements of review are currently in process. The first of these is a review by the National network which is reported positive results; the second is in the process of being finalised.
- **Dermatology:** Significantly challenged service as a result of workforce gaps, however a plan to resolve immediate issues is being implemented with service modelling for a sustainable solution commenced. A new teledermoscopy service approach has been approved and funded by the Welsh Government.
- **Urology:** This service is under pressure due to workforce challenges and service configuration issues. A GIRFT review and Royal College Review has been received and a plan for the short term is in place. Longer-term service planning will be required for this specialty.
- **Mental Health:** Several key elements of work have been undertaken including:
 - **Inpatient Quality and Safety Review:** An initial review of Mental Health inpatient safety took place in spring 2023 and an action plan implemented as a result. A follow-up review has been carried out to observe and evidence where improvements have been made and sustained. In addition, the views and experience of those not represented in the first review, e.g., ward staff, service users and carers, as well as those who previously participated, have been asked their perceptions of progress or areas of concern.



A new service model for high volume-low complexity Orthopaedics has been developed and is being implemented. The development of a Planned care Hub has been approved by Welsh Government and the development at Llandudno Hospital is now underway. The dedicated site will remove the risk of planned care cancellations that currently occur in District General Hospitals as a result of urgent and emergency care pressures.

- 'Review of Reviews': The Royal College of Psychiatrists has undertaken a look-back across several reviews dating back some 10 years to understand where progress has been made. (Further information on page 8).
- Performance in relation to access to Mental Health services continues to show an overall positive position. The new '111 press 2' service is now provided over a 24 hour period, providing immediate access to mental health support. This service is being well-utilised and has now formed a core element of provision across the region.
- **Urgent and Emergency care:** Improvement work at Emergency Departments as well as further into the hospitals is taking place, with the further development of Same Day Emergency Care for example. In relation to 4 hour ambulance handover delays, some improvement had been achieved, however was impacted by winter pressures, further improvement is still required. The Board dedicated a session in its development programme to urgent and emergency care and did a 'walk-through' of the hospital patient pathway at Ysbyty Gwynedd in October, prior to considering the Winter Resilience Plan at the Board meeting in November.
- **Oncology:** Key Oncology staffing appointments have been made to be able to treat more people within BCUHB and joint opportunities are being explored with Bangor University.
- **Plastics:** An initial review of dermatology patients completed with a contract in place with St Helens & Knowsley and a consistent partnership clinical model and data sharing model operating across BCUHB.

Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	69% (37/54 completed)	62% (28/45 completed)	53% (27/51 completed)

Areas not yet delivered

- Detailed Demand and Capacity modelling which is key to establishing and ensuring robust service models and making sustainable improvements. Delayed as dependent on external support.
- Further stabilising our "challenged" services, particularly in Dermatology where waiting times are reducing but there is further work required to strengthen the service and manage the timely treatment of skin cancer.
- There is a need to further stabilise and reduce delays in urgent and emergency care, much of which requires working with partners on whole system solutions.
- Adoption of actions as outlined in the Urgent Primary Care Review which assessed the effectiveness of Urgent Primary Care Centres, taking into account learning from across BCUHB and Wales.
- Implementation of the Integrated Urgent and Emergency Care (6 Goals) Plan: Continuing to work with the support of the national programme on local implementations to make a long term sustainable difference.

It is worthy of noting that despite the pressures and challenges, that Ysbyty Gwynedd Emergency Department was ranked 1st in the UK General Medical Council (GMC) survey for best training site for doctors.

Ysbyty Gwynedd Emergency Department ranked best place to train in the UK by junior doctors

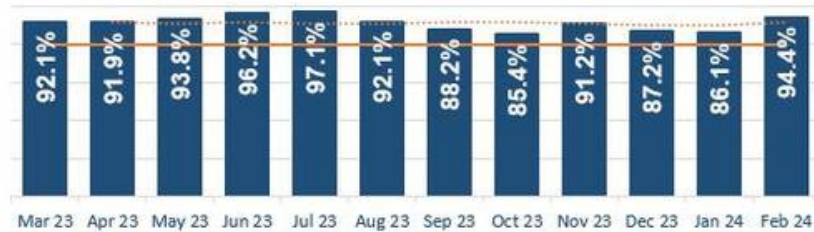


What difference has been made?

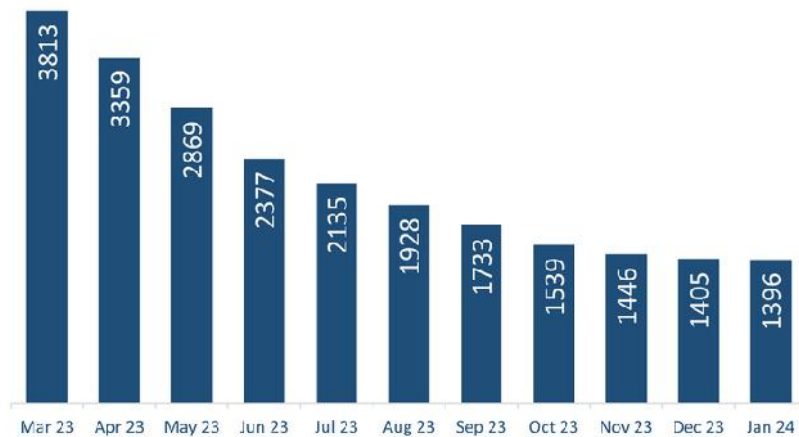
% of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health.

Welsh Government target = 80%

2nd of 7 in Wales. 94.4% achieved.



63% reduction in people waiting over 156 weeks to begin treatment.



Reducing trend in the number of patients waiting more than 52 weeks for referral to treatment.



% of children waiting 14 weeks or less for a specified Allied Health Professional (AHP).

2nd of 7 Wales. 95.8% achieved.



The number of people waiting over 8 weeks for a diagnostic test has improved with,

c.4000

fewer waiting in November 23 compared with the year before

% of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan:

91.7%

2/7 in Wales. 1.7pp above target.

Median time from arrival at an emergency department to triage by a clinician improved by:

11 mins

since Dec 2022, now 21 mins compared to 32 mins previously.

81.9%

of respondents to the All Wales Real Time feedback survey felt their overall experience of accessing Health Board services was "very good".

Outcome five: A learning, self-improving organisation

Background

It is essential in building an effective organisation that can implement long lasting change, that a focus on learning and mechanisms that support improvement are embedded. This outcome therefore draws in elements that will enable the organisation to identify issues and areas for improvement earlier and build capacity and capability to itself make changes without a heavy reliance on external support.

The Health Board is determined to learn from its experiences and are developing better ways to use all feedback, information (data) and insight available to continually improve – both now and in the future.

What have we done so far?

- Significant work has been undertaken to develop a business case to invest in an Electronic Healthcare Record for North Wales. This would enable systems of care to be transformed, supporting staff to provide safer, more effective care. Discussions are underway with Welsh Government and Digital Health and Care Wales in relation to progressing this case to the next stage.
- A Healthcare Public Health Programme proposal has been developed and approved focusing on diabetes (prevention and care).
- Transformation and Improvement resource has been aligned to key areas of focus at the front line, providing extra support to those areas most in need.
- A Learning Organisation Framework is being developed to support the culture, system and process of learning.
- An Investigations and Learning Programme has been established to review retrospectively the standards and effectiveness of investigations relating to clinical care within the organisation. The Programme focuses on the quality of action planning and the evidence that embedded learning has taken place.
- Training and guidance provided in the use of Information products through a series of sessions to support capability in becoming an intelligence led organisation.



The development of a Quality Management System for the organisation is underway. The Board is working with the Institute of Healthcare Improvement and Improvement Cymru in developing a strong understanding of quality systems in healthcare. It is anticipated that the Board will consider a draft Quality Management System (Framework) in May 2024, testing, building and refining the system thereafter. Learning from other organisations in the UK and internationally is supporting this work.

Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	74% (17/23 completed)	76% (13/17 completed)	79% (15/19 completed)

Areas not yet delivered

- A central and digital learning repository and cascade system prototype developed, based on Office 365: It was agreed that this would be developed as a method of learning from incidents, using consistent datasets that facilitate shared learning, benchmarking and measurement of progress.

What difference has been made?

400+

people have signed up to bespoke The Betsi Way Improvement training courses.

16

service areas are being supported to make lasting improvements, including outside of the Special Measures areas of focus.

10

pathways are being re-designed or embedded with clinical, operational and service user involvement, as well as bespoke support within vascular services.



Based on user feedback, a new telephony system for people calling with complaints and enquiries will be launched in April 2024.



Based on service user and staff feedback, the blood taking service in the East has been changed to support more people having their appointments closer to where they live.

A focus on Diabetes in 2024/25:

An initial review of intelligence and evidence suggests that there are three main areas where BCUHB could improve health outcomes for people with diabetes and deliver more effective and sustainable services. They are:

- Preventing people developing diabetes.
- Developing effective primary and community models of care.
- Improving the intelligence to plan and manage diabetes care.

At the heart of this is the transformation of primary and community services so that they are focussed on the prevention and early intervention of diabetes to keep people healthy and not requiring intensive health and social care interventions.

Work in 24/25 will address three key questions:

- 1) What would effective models of diabetes care look like in primary and community care (e.g. system partnership working involving statutory and Voluntary Community and Social Enterprise organisations) and how is this supported by secondary and specialist services?
- 2) How do we move resources towards prevention and early intervention that is delivered by the new models of diabetes care?
- 3) How do we work with communities and individuals to enable them to support active management of health issues e.g. through social prescribing and how do we co-develop and deliver diabetes care with our communities?

18

days improvement in prostate cancer diagnosis journey time due to new 'straight to test' approach.

5&6

year waits eradicated

9

Independent Members, supporting stronger and more stable leadership.

63%

improvement in the number of people waiting over 156 weeks to have their first appointment or to have started treatment.

We have reduced use of 'interim' staff from

41 to 2

reducing expensive, short term contracts.

In

Summary...

>200

fewer people waiting over 208 weeks to have their first appointment or to have started treatment.

500+

staff trained in procurement/how we pay for services, allowing us to better manage the money.

21%

fewer people waiting 104 weeks to begin treatment.

>£29m

Investment secured to develop a dedicated, planned care centre in Llandudno will mean more people will be seen sooner at a dedicated site.

c.4000

fewer people waiting more than 8 weeks for vital diagnostic tests.

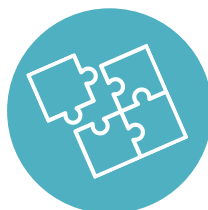


2024/25 and beyond

2023/24 Special Measures Outcomes



A well-functioning
Board



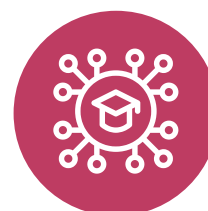
A clear, deliverable
plan for 2023/24



Strong leadership
and engagement



Improved access,
outcomes and
experience



A learning, self-
improving organisation



2024/25 BCU Strategic Objectives



Building an effective
organisation



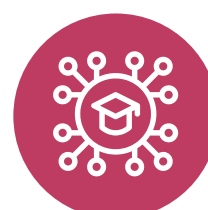
Developing strategy
and long-lasting
change



Creating
compassionate
culture, leadership
and engagement



Improving quality,
outcomes and
experience



Establishing an
effective environment
for learning

Embedding our Special Measures response into our 3 Year Plan

Preparation for the financial year 2024/25 is close to completion with the Special Measures plan being incorporated within the Health Board 2024-27 Plan. Given that there will be considerable overlap between the requirements for improvement outlined within Special Measures and the priorities included in the 2024-27 plan, this allows a more streamlined and efficient planning and oversight approach within the Health Board going forwards.

The Health Board's approach to Special Measures gave significant focus and pace and will be built upon to enable longer term planning. Ensuring that the specific focus areas are fully embedded into the the 3 Year Plan and reflecting the more stable position the Board is now in, the main focus will be on 'business as usual' planning processes, incorporating all learning to provide integrated monitoring, assurance and reporting against plans.

1) Building an effective organisation: key areas of focus

Board Effectiveness

- 1) Complete substantive recruitment of Executive members of the Board.
- 2) Progress a Board Development Programme, supporting a substantively appointed Board.
- 3) Complete the re-establishment of a full complement of Board committees.
- 4) Review the Board Assurance Framework and Corporate Risk Register, under the leadership of the recently appointed Director of Governance.



Risk management

- 5) Alignment of the Board Assurance Framework with risks appetite, annual plan, and the emerging strategic objectives of the Health Board.
- 6) Development of a risk management dashboard to improve triangulation with Planning and Performance as well as other directorates.

Operating model

- 7) Complete the stock-take of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally to understand benefits and issues.
- 8) Assess the Business Partnering model across the organisation, drawing together proposals for revision where necessary.
- 9) Develop proposals for any revision to the current operating model, considering a careful approach to supportive change.
- 10) Identify opportunities for greater efficiency through the use of digital tools e.g. Microsoft Office 365.
- 11) Review and revise where necessary the clinical leadership model in the organisation, drawing in the learning from the Rapid Review of (Clinical) Engagement, to build a stronger clinical leadership and engagement approach.

Quality Management System

- 12) During 2024-25 the Health Board will complete the design of an appropriate Quality Management System (QMS) for deployment across the organisation.
- 13) The Health Board will continue to iterate the QMS throughout 2024-27 to ensure it meets the objectives laid out within the Duty of Quality.
- 14) Agree FY24/25 financial control action plan, including the next steps associated to the Recurrent Investment Group Assurance (RIGA) and Establishment Control Review Panel processes
- 15) Contract Procurement Management review – Understand, consider recommendations and agree resultant action plan via PFIG Committee and the publish via Board. Implement action plan including completion of appropriate procurement training to cover: initial training of existing staff, ongoing periodic training and induction process.



2) Developing strategy and long lasting change: key areas of focus

Planning

- 1) Planning review – Understand, consider recommendations and agree resultant action plan via PFIG Committee and the publish via Board.
- 2) Areas of focus from the review and FY24/25 learning to be centred around: a) Development of an organisational route map, b) Designing a planning system to support the change agenda, c) Understanding the capacity and capability to support the change agenda.

Approach to challenged services

- 3) Reflection exercise to identify the common themes and flags identified from addressing the first tranche of challenged services.
- 4) Work with Hywel Dda Health Board to learn from the work that they have already done in this area.
- 5) Taking the activities above, commence a clear triangulation approach in the Health Board that is designed to identify challenged services at an earlier point.
- 6) Engage with the national work looking at 'fragile services' that forms part of the work programme of the clinical variation and service configuration workstream within the Value and Sustainability Board work.

Digital contribution to Major Change Portfolio

7) Moving the Electronic Healthcare Record work forward to be considered for funding approval and then implementation. Importantly, as part of a broader change programme not just a “digital only” endeavour.

3) Creating compassionate culture, leadership and engagement: key areas of focus

Organisational Development is a continual process that will therefore not be completed within 2024/25. During 2024/25 the Health Board will:

- 1) Develop and commence the implementation of the Cultural Change Programme.
- 2) Approve and implement the organisations Leadership Development Framework.
- 3) Introduce approaches to enable a Board and Committee focus on staff experience, including staff experience stories.
- 4) Support the establishment and effective working of the new People and Culture committee.



Citizen and Patient Involvement & Engagement

- 5) The Health Board will build a wide-ranging engagement programme with communities across North Wales, providing opportunities to ask questions and find out more about the plans for the future.
- 6) A Citizens Experience Report, produced every other Board meeting, will inform Board members about the key themes of interest and concern to the public.
- 7) An Engagement Working Group will act as a catalyst for stronger cooperative working across the organisation and with independent colleagues and citizens (eg Llais, Forum Chairs). It will build genuine co-production in engagement and patient experience and bring together expertise and knowledge. The Group will develop the Betsi Engagement Way and embed this across the organisation.
- 8) The Health Board will learn from engagement with families, listening to family stories during reviews, understand what families continue to need and how they can be routinely involved and build an approach which becomes embedded.

Patient experience

- 9) Expand the offer to patients to complete Patient Experience questionnaires following the use of clinical services (outpatient, acute hospital inpatient and Emergency Department settings).
- 10) Embed a system of feedback analysis that allows the recognition of good practice (to be disseminated) and early warning opportunities where additional intervention and support may be required.
- 11) Embed feedback reporting for public, Board and partner assurance.



4) Improving quality, outcomes and experience: key areas of focus

Challenged services

- 1) Continuing to drive improvement across key “challenged” services and clinical areas: Planned Care, Urgent & Emergency Care, Mental Health & Learning Disabilities, Children’s and Adolescents Mental Health, Neurodiversity, Vascular, Urology, Ophthalmology, Oncology, Dermatology, Plastics, Orthodontics, Orthopaedics.

Public Health Programme

- 2) Continue to refine, evolve and deliver the Healthcare Public Health Diabetes programme.
- 3) Review which other areas can follow the same model.

5) Establishing an effective environment for learning: key areas of focus

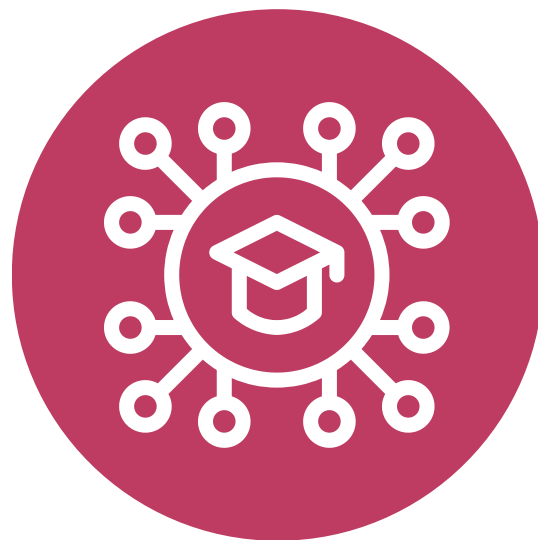
Learning Organisation

- 1) The Health Board will complete its review of how the organisation investigates and then learns from serious incidents.
- 2) The Health Board will then implement change to address the potential improvements identified through the review. In doing so, the Health Board will apply the principles of the emerging Quality Management System, further increasing the opportunity to implement learning.

Intelligence led

The Health Board will build upon the work commenced in 2023/24 to:

- 3) Establish a Health Board data quality and governance forum.
- 4) Introduce a data kite mark system.
- 5) Further develop BCU's data warehouse, broadening the range of datasets available.
- 6) Undertake a skills / training needs analysis to inform a data literacy workplan.
- 7) Develop organisational capability around demand and capacity analysis and planning.
- 8) Identify priority areas and improve clinical engagement with data using Comparative Health Knowledge System (CHKS) as the chosen clinical benchmarking tool.
- 9) Implement dashboard standards, applying design principles and embedding data stewardship.



Key reflections and moving toward change

Key learning from the Special Measures approach:

- 1 Having absolute clarity on the specific issues of concern.
- 2 Amount of foundational work required to enable future improvements.
- 3 90-day cycles support pace but longer term plans also required.
- 4 Independent Reviews – quality, length and focus on key actions.
- 5 Special Measures as a level of escalation not a central programme.

The focus over the last nine months has been on ‘stabilisation’, making the most significant and immediate changes necessary after the escalation into Special Measures to continue to provide services to the residents of North Wales.

During 2024-2027 the Health Board will build upon this to implement an approach that both ensures an approach to service delivery in North Wales that is more ‘standardised’, making the changes needed to place the Health Board on a ‘sustainable’ footing for the future.



During the last year the Health Board has started to progress in a number of areas and although there are still many challenges, there is a commitment to taking the learning from the processes introduced to ensure that BCUHB is an organisation that can proactively plan, identify risks and challenges and put in place necessary actions to address them.

Embedding the Special Measures response into the 3 Year Plan will enable the organisation to move through each of the phases outlined above and to make real and lasting improvements to services. Working with the Health Board’s partners across the whole system, along with continued Welsh Government support, will ensure the organisation is sustainably set up for success in the future.

There is still a long way to go ...



Whilst we're really pleased that the recent Audit Wales report acknowledges the progress that we've made over the past year and we can point to examples of progress that are underway, we know that there is still much more to be done as we continue on our improvement journey.

We are committed to providing excellent healthcare services for the people of north Wales and know that there are still people waiting longer than we would like or who feel frustrated over their experiences of our services. We also know that we have some fantastic staff who are with us on this journey and thank each and every one for their continued hard work and commitment. We hope that the next phase for Betsi Cadwaladr University Health Board continues to build on the stabilisation we have set out to achieve and that people can see the opportunity we have now to transform ourselves and our services.

We've welcomed the support from our partners and from the Welsh Government and over the next 12 months we will focus on how we can ensure our approach to the last year is replicated and built upon so that we can build an effective organisation, with a robust plan for long-lasting change so that we can truly improve quality, outcomes and experience.



We want to be known as an organisation with a compassionate culture, with visible leadership and engagement with staff, partners and our communities to be a Health Board they trust and can be proud of.

We must learn from the past, from our previous experiences and are committed to ongoing and continuous improvement.

Thank you to everyone for being involved in our journey so far and we look forward to working with you in the months and years ahead.

**"The board has the opportunity to regenerate itself and lead the organisation through the challenges it continues to face." –
Audit Wales, February 2024**

A handwritten signature in dark ink, reading "Dyfed Edwards".

Dyfed Edwards,
Chair, BCUHB

A handwritten signature in dark ink, reading "Carol Shillabeer".

Carol Shillabeer,
Chief Executive, BCUHB



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

For more information:

www.bcuhb.nhs.wales/about-us/special-measures/health-board-progress/



A well-functioning
board



A clear, deliverable
plan for 2023/24



Strong leadership
and engagement



Improved access,
outcomes and
experience



A learning, self-
improving organisation



Teitl adroddiad:	Board Effectiveness Follow Up and Health Board Response			
Report title:				
Adrodd i:	Health Board			
Report to:				
Dyddiad y Cyfarfod:	Thursday, 28 March 2024			
Date of Meeting:				
Crynodeb Gweithredol:	The objective of this report is to provide the Board with the final response to the Board Effectiveness Follow Up Review.			
Executive Summary:	<p>The Board has received an update on this previously in a “private/in-committee” part of the January 2024 Board Meeting.</p> <p>Overall, Audit Wales “found that following a period of significant disruption and churn during 2023, the board is now in a more stable position. However, some fundamental challenges still remain in the context of an organisation that is in special measures. The detail of this is featured in the report.</p>			
Argymhellion:	<i>The Board is asked to note and consider</i>			
Recommendations:	<ul style="list-style-type: none"> The Board Effectiveness Report and Formal BCUHB Response 			
Arweinydd Gweithredol:	Carol Shillabeer – Chief Executive			
Executive Lead:				
Awdur yr Adroddiad:	Phil Meakin – Acting Board Secretary			
Report Authors:				
Pwrpas yr adroddiad: Purpose of report:	I’w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where ‘Partial’ or ‘No’ assurance has been indicated above, please indicate steps to achieve ‘Acceptable’ assurance or above, and the timeframe for achieving this:</p>				

Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<p>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.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	This is not applicable for this report.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	This is not applicable for this report.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The nature of this paper has an impact on the way Corporate Governance is reported and managed in the Health Board. Risks related to Corporate Governance are reflected in the body of the report and the development of this work will support better oversight and management of them.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	The effective and management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	The recommendations and delivery of the response contained within this report can impact positively on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks:	This links to the BAF Risk SP16 "There is a risk of failing to effectively strengthen the Board arrangements following special measures and implement critical

<i>(or links to the Corporate Risk Register)</i>	governance, accountability, planning, and performance improvements”
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
<i>Next Steps:</i> <i>The Health Board responses will be followed up and actions taken to progress them.</i>	
<i>List of Appendices:</i> <i>Appendix 1 – Board Effectiveness Report</i> <i>Appendix 2 – The Health Board response to the Board Effectiveness Report</i>	

Audit Wales Board Effectiveness Follow Up Report and Health Board Response

1) Introduction and Background

The objective of this report is to provide the Board with the formal response to the Audit Wales Board Effectiveness Follow Up Report issued in February 2024. A briefing on this report and response has also been received by the Board in the private section of the January 2024 Board Meeting and a formal response provided to Audit Wales on the 26th February 2024. The Audit Committee received and noted the full report and Health Board response from Audit Wales colleagues on the 15th March 2024.

Appendix 1 to this report provides the full detail of the report.

Appendix 2 is the formal Health Board response to the report.

The purpose of bringing this report to the Board is to make sure that the full Board have an opportunity to note and consider the formal Health Board response.

2) Key Information Relating to the Report

2.1 Overall, Audit Wales “found that following a period of significant disruption and churn during 2023, the board is now in a more stable position. There is a new substantive Chief Executive in post, the dysfunctionality within the board described in our previous report is no longer evident and working relationships amongst senior leaders are more positive in overall terms.”

2.2 However, some fundamental challenges still remain in the context of an organisation that is in special measures. Substantive appointments to the board need to be completed as quickly as possible to bring the board up to full capacity. Work must continue to build a united and effective Executive Team, to resolve the on-going personnel issues in the Finance Department, and to strengthen corporate governance leadership arrangements within the organisation. These activities need to be supported by continued progress with a board development programme that builds a cohesive and unified board that supports a positive organisational culture by setting the right “tone from the top”.

2.3 Appendix 2 contains the formal Health Board response to this report. The Health Board’s response recognises that it is essential that the Health Board has robust arrangements in place to meet the requirements of legislation and the Standing Orders and therefore welcomes this report and the response thanks Audit Wales for the findings and the recommendations. The Health Board agree fully that there is much more to do and it is encouraging to know that Audit Wales have assessed the Board as more stable, with stronger leadership and engagement evident.

3) Recommendations

*The Board is asked to **note and consider***

- The Board Effectiveness Follow Up Report and Formal BCUHB Response

Board Effectiveness Follow-up – Betsi Cadwaladr University Health Board

Audit year: 2023

Date issued: February 2024

Document reference: 3766A2023

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

Summary report	
Background	4
Key findings	5
Detailed report	
Responding to independent reviews and investigations	6
Rebuilding and strengthening senior leadership capacity	9
Building a more cohesive and effective board and executive team	11
Concluding comments and on-going issues that need to be managed	14
Appendix 1 – Audit methods	16

Summary report

Background

- 1 In February 2023 the Auditor General for Wales published a report in the public interest on the effectiveness of the board at Betsi Cadwaladr University Health Board. The report described a worrying degree of dysfunctionality within the board and wider senior leadership of the organisation. The Auditor General concluded that collectively the concerns identified were fundamentally compromising the ability of the board to work effectively and in an integrated manner to address the significant challenges the Health Board faces. He also concluded that the situation was unlikely to be rectified without some form of external intervention.
- 2 The Auditor General's report highlighted:
 - clear and deep-seated factions within the Executive Team and, to an extent, the wider board;
 - concerns about Executive Team's grip on operational challenges and quality of assurances that were being provided to the board and its committees;
 - an erosion of trust and confidence that the Independent Members had in the Executive Team;
 - examples of very challenging public scrutiny of the executive by some Independent Members which adversely affected working relationships and functionality within the board;
 - a need to respond to and resolve the issues identified in a large number of whistleblowing disclosures that related to business processes and the behaviour of some of the then senior leaders of the Health Board;
 - a failure of previous board development work to secure more collegiate and unitary working within the board; and
 - pace of change and sustained improvement being affected by turnover, portfolio changes and a continued over-reliance on interim roles to cover key posts in the management structure.

The Auditor General's report on board effectiveness set out a number of areas for immediate action to resolve some of the key issues highlighted.
- 3 The week following the publication of the Auditor General's report on board effectiveness saw the Health Board placed back in special measures, and the resignation of all the board's Independent Members. Some 12 months on from these developments, this report sets out the findings of follow up work undertaken by the Auditor General. Recognising that the make-up of the board has fundamentally changed, our follow up work seeks to provide an up-to-date commentary on the effectiveness of the current board and the extent to which the areas for immediate action identified in our original report have been addressed. The fieldwork that informs the findings in this report was undertaken between late October and early December 2023.

Key findings

- 4 Overall, we found that **following a period of significant disruption and churn during 2023, the board is now in a more stable position. There is a new substantive Chief Executive in post, the dysfunctionality within the board described in our previous report is no longer evident and working relationships amongst senior leaders are more positive in overall terms.**
- 5 **However, some fundamental challenges still remain in the context of an organisation that is in special measures. Substantive appointments to the board need to be completed as quickly as possible to bring the board up to full capacity. Work must continue to build a united and effective Executive Team, to resolve the on-going personnel issues in the Finance Department, and to strengthen corporate governance leadership arrangements within the organisation. These activities need to be supported by continued progress with a board development programme that builds a cohesive and unified board that supports a positive organisational culture by setting the right “tone from the top”.**
- 6 The findings underpinning these overall messages are summarised below under the following headings which align to the areas for immediate action identified in our February 2023 report:
 - responding to independent reviews and investigations;
 - rebuilding and strengthening senior leadership capacity; and
 - building a more cohesive and effective board and executive team.
- 7 Our concluding comments at the end of the report highlight the immediate priorities and on-going risks that the Health Board needs to manage as it moves forward.

Detailed report

Responding to independent reviews and investigations

- 8 Our review considered the extent that the Health Board effectively responded to findings of independent reviews and investigations. We considered whether the Health Board:
- adopted a pragmatic and effective approach to respond to the findings of the reviews of protected disclosures (whistleblowing);
 - responded effectively to the specific issues which affected the accounts opinion in 2021-22 and which led to the subsequent EY review and the qualified opinion in 2022-23; and
 - responded effectively to reviews undertaken as part of special measures, where the findings relate to board effectiveness (as part of this we considered the extent of board oversight of the Health Board's response to the reviews).
- 9 We found that **whilst the Health Board has made progress in responding to independent reports and recommendations, for a variety of reasons this has been slower than intended and there is scope to strengthen oversight in some areas.**

Reviews of protected disclosures

- 10 As reported in our original review, during November and December 2022 a significant number of disclosures emanated from within the Health Board raising various concerns about business processes and the behaviour of some senior leaders within the organisation. In response, the Welsh Government commissioned independent reviews to investigate the concerns. These have been concluded and the findings considered by both the Welsh Government (in respect of concerns raised about previous Independent Members) and the Health Board (in respect of concerns raised about previous members of the Executive Team and other senior officers). Debrief sessions have been held with each of the current Executive Directors to share the findings from the reviews, and feedback provided to those who made the disclosures where their identity is known.
- 11 The issues identified by the independent reviews have partly been addressed through numerous changes to board membership in relation to both Independent Members and members of the Executive Team. Additional reviews undertaken as part of the escalation to special measures have also prompted improvements in specific areas, including processes for appointing interim senior staff on high-cost agency rates, as well as feeding into development programmes for the board and the Executive Team.
- 12 The above actions should enable the Health Board to move forward on the specific issues raised within the disclosures in 2022. However, in our view there is also a

need for the new board to set aside time as part of its board development to properly consider and reflect upon the findings from the independent reviews, and to ensure that lessons are learnt to help prevent similar circumstances occurring again. This should be part of the work that the board has already instigated on culture and compassionate leadership.

Responses to issues identified by the audits of accounts and EY

- 13 The Health Board is responding to the issues identified in our audits of the 2021-22 and 2022-23 accounts, as well as those identified in the EY review. The issues highlighted included errors within accounts and a need for better training and strengthened financial controls, particularly in relation to contract management. Progress in addressing these issues has been slower than intended, although the Health Board has asked its Internal Audit service to undertake a review of procurement and contract management, the findings from which were being finalised at the time of writing this report. There is also scope for the board's committees to receive fuller information on these matters to aid oversight and provide assurance that all required improvements are addressed. Three senior members of the Health Board's Finance team remain suspended pending conclusion of the internal investigations that followed the EY review. The impact of this on the Finance Team is considered in a separate section later in this report.

Response to special measures

- 14 The Health Board was placed back into special measures in February 2023. The Welsh Government's special measures framework was presented to the new board at the end of March 2023. The framework is based around a number of themes, starting with "discovery", and moving to "stabilisation" which would conclude at the end of February 2024, and then beyond that into phases of "standardisation" and ultimately "sustainability". As part of the discovery phase, the special measures framework incorporates independent reviews and other work in the following areas:
- Mental Health Inpatient Safety
 - Executive Portfolios
 - Use and recruitment of 'Interim' Staff
 - Planning
 - Patient Safety
 - Clinical Governance systems
 - Stocktake review of progress against previous Mental Health Reviews
 - Review of Office of the Board Secretary
 - Vascular review.
- 15 Although the board received the Welsh Government's framework in March 2023, at the time of the appointment of a new interim Chief Executive in May 2023, no special measures response plan was in place. This delay was due to uncertainties

in leadership arrangements at the time of escalation, especially regarding Accountable Officer responsibilities, as the previous interim Chief Executive was on sick leave. Once the new interim Chief Executive was in place the situation was quickly rectified with a special measures response plan in place by the end of May 2023. The plan is organised into three 90-day cycles from June 2023 through to the end of February 2024, and contains five clear outcomes including a well-functioning board.

- 16 The Health Board has assigned responsibility for operational oversight of delivery of the special measures response plan to the Executive Team and the Programme Management Office, and there is regular reporting to the board and its committees. The Health Board has grouped its actions and responses to the special measures plan and the individual reviews undertaken as part of the special measures framework under a number of themes¹. This thematic analysis is helpful and necessary. However, it is important the Health Board also monitors and reports on the progress being made in addressing the more specific actions identified within individual reviews to prevent the risk of key actions being lost when consolidated into broader improvement themes.
- 17 The Health Board also needs to have a clearer way of describing progress within the special measures update papers provided to the board and committees. Narrative on progress prepared by Programme Management Office needs to be better aligned with the overall RAG rating provided by the Executive Lead. As part of this, the Health Board needs to ensure common understanding of its RAG rating process to avoid giving the impression that outcomes have been achieved when in practice there is still much work to be done.
- 18 Whilst good overall progress has been made in delivering actions set out in the special measure response plan, there has also been some slippage. This reflects some over-ambition on the part of the Health Board in setting the original milestones (in the context of an organisation looking to stabilise itself), and some delays in receiving a number of reviews that were commissioned as part of the discovery phase of special measures.

Rebuilding and strengthening senior leadership capacity

- 19 Our work examined the actions that have been taken to rebuild and strengthen senior leadership capacity within the Health Board with a particular focus on:
 - the timely recruitment of a substantive Chief Executive Officer;

¹ There are seven themes within the special measures response plan, namely: Data, intelligence and insight; Culture; Risk Management; Patient, Family, Carer Involvement; Operating model; Organisation Governance and compliance; and Integrated planning.

- the action taken to reduce reliance on interim appointments in senior roles; and
- a need to bolster senior staff capacity within the Finance team to ensure business continuity.

20 We found that **important progress has been made in stabilising the Health Board's senior leadership arrangements via the recruitment of a substantive Chief Executive. Progress has also been made in reducing reliance on interim arrangements to fill senior roles, although further work is still needed in this space. This is particularly the case in the Finance Team which has been significantly disrupted following the continued suspension of three senior members of that team. The Health Board also needs to move quickly to strengthen the leadership of its corporate governance arrangements.**

Recruitment of a substantive Chief Executive

21 The Health Board's initial attempts to recruit a substantive Chief Executive earlier in 2023 were not successful and a new interim Chief Executive was appointed in May 2023. In November 2023, the Health Board announced that the interim post holder had been successful in securing the substantive Chief Executive role following an open recruitment process, with the role commencing in early January 2024. This is a key step forward for the Health Board which should help stabilise organisational leadership, particularly in respect of the Executive Team. The fact that the substantive Chief Executive has already had a period in post in an interim capacity will assist with continuity and means that the post holder will have already built up an understanding of the specific issues and challenges facing the Health Board.

Reducing reliance on interim appointments to senior roles

- 22 Our follow-up work found that the Health Board has made progress in reducing its reliance on interim roles in response to concerns raised in our previous audit work and the special measures review on use of interim managers.
- 23 Controls around the use of senior interim appointments have been strengthened, with evidence of better governance of establishment control and proper impact assessment for all requests to extend the tenure of senior interim roles. There is also evidence of better oversight of the use of interim roles by the Remuneration Committee. In addition, several people in interim roles who were paid on an agency rate basis have been moved to temporary NHS contracts which should help secure better value for money.
- 24 These are positive and necessary developments. However, some caution is needed when interpreting quoted reductions in the use of interim staff as there has been some re-classification of interims into "acting" roles. While it is technically accurate to refer to such staff in this way, it does not reduce the reliance on temporary staffing solutions. It is acknowledged, however, that in taking forward

longer-term plans to reduce reliance on interim roles, the Health Board will need adopt a managed approach to avoid de-stabilising key functions.

- 25 More broadly, the general direction of travel in respect of having less reliance on interim arrangements to cover senior leadership roles needs to continue. At the time of our fieldwork the role of Executive Director of Therapies and Health Sciences, the Executive Director of Workforce, the Executive Director of Operations, the Executive Director of Finance, and the Board Secretary were all being covered by interim or acting up arrangements.
- 26 The need to move away from having interim Board Secretary arrangements and recruit a substantive Director of Governance is a particular priority for the Health Board noting the immediate challenges that exist around the rebuilding of the board and some of the key governance arrangements that underpin it, including the reinstatement of a full committee structure below the board. We noted that at the time of our fieldwork the Health Board was running a recruitment campaign for a substantive Director of Corporate Governance.

Capacity of the finance team

- 27 The ongoing investigations into the financial irregularities identified by Audit Wales and the EY review have inevitably had a disruptive effect on the finance team and have resulted in a reliance on interim appointments and temporary staffing arrangements. There has been churn in the team leadership with two interim Executive Directors of Finance and a need to support interim and temporary staff to get up to speed quickly. Staff resource has been moved into the team from elsewhere in the Health Board, but this has left resultant gaps in the roles they moved from which have needed to be filled.
- 28 The investigations in respect of the suspended staff have proved to be complicated processes and are still on-going some 12 months after the staff were originally suspended. A number of policies relating to Respect and Resolution², Raising Concerns and Disciplinary Processes have needed to be activated which have collectively contributed to the elongated timescales. We understand that the Health Board is progressing the disciplinary investigations where it can, and that a further extension to the interim Executive Director of Finance's contract has been secured to the end of June 2024 to cover the completion of the 2023-24 accounts.

Building a more cohesive and effective board and executive team

- 29 Our work considered the risks, challenges and progress made in relation to the operation of the Board and its committees since we published the Board

² Respect and Resolution processes seek to secure constructive and lasting solutions to workplace disagreements, conflicts and complaints.

Effectiveness review in February 2023, as well as the extent to which the issues we previously identified in relation to the executive team are being addressed. In examining these areas, we considered whether:

- the Health Board is taking action to ensure Independent Member capacity is sufficient to adequately discharge the board's functions;
- the quality of assurance provided to the board and its committees is improving and the scrutiny provided by Independent Members is appropriate and improvement-focussed and based on an agreed position on organisational risk;
- the Executive Team is functioning in a more cohesive and effective manner;
- progress has been made in building positive working relationships between new Independent Members and the Executive Team; and
- board development work has been undertaken to help support the concept of a cohesive and unitary board.

30 We found that **from a difficult position in February, the board and committee arrangements have steadily improved although there is much more to do which includes re-establishing a full set of committees below the board and improving the quality of assurances provided in board and committee papers. The factions we observed in the Executive Team during our original review are much less evident. This provides a basis for the further work required to build a cohesive Executive Team that is united around a common purpose and appropriately connected to other operational leadership structures in the Health Board.**

Rebuilding Independent Member capacity

- 31 At the end of February 2023, the Chair, Vice Chair, and all the board's Independent Members agreed to step aside following the escalation to special measures. The Minister made a number of immediate direct appointments in the form of a new interim Chair along with three other temporary Independent Members.
- 32 The immediate departure of the whole cadre of the board's Independent Members inevitably created a significant degree of instability within the board and left it having to operate with an absolute minimum of Independent Members that were new to the organisation, and no Vice Chair. Action has been taken throughout the remainder of 2023 to slowly rebuild Independent Member capacity on the board. Recent substantive Independent Member appointments have included that of a Vice Chair and there are on-going processes to move from temporary to substantive appointments, including that of the Chair.
- 33 There was little or no induction for the directly appointed temporary Independent Members when they first took up their posts. This made an already difficult task even more challenging especially as not all of the appointees had an NHS background and had to quickly get to grips with a complex organisation in a state of significant disruption, facing a number of specific challenges and concerns about

the quality of several of its services. We understand that the Health Board has since moved to strengthen the arrangements for induction of new Independent Members.

- 34 Having to operate with a significantly reduced number of Independent Members has had a clear impact on the operation of the board's committees. The Partnerships People and Population Health (PPPH) and Mental Health and Capacity Compliance (MHCC) committees were stood down and their business subsumed into that of the remaining committees and the board. While our analysis found the has board continued to discharge its statutory requirements, the consequence of having fewer Independent Members has been less committee oversight and scrutiny on important business aspects such as planning, population health, workforce issues and aspects of mental health services. At the time of preparing this report the PPPH and MHCC committees were still stood down. We understand that once Independent Member recruitment is complete and the board is at full complement, the Health Board will implement a revised committee structure, which the board agreed in September 2023.
- 35 In the context of the challenges described above and the scale of the change within the board that took place in late February 2023, it is important to acknowledge the role that the interim Chair and the directly appointed Independent Members played in maintaining the core business of the board.

Quality of scrutiny and assurance

- 36 Our February 2023 report highlighted concerns around the quality of the assurances provided to the board and its committees by officers. Our follow up work has seen some improvement but also a recognition by the Health Board that this is still an area for attention which will need to be a key priority for the new Director of Corporate Governance, working with all board members. In particular, some papers submitted to the board and its committees are too long and need to present a clearer and more concise picture of the issue in question, what is being done about the issue, what impact actions are having and what are the risks to improvement.
- 37 We previously reported that an important development for the Health Board will be ensuring that the Executive Team has the necessary ownership and oversight of the assurances that are provided to the board and its committees. This will include ensuring that the right officers attend to present items and that they are fully briefed on the topic being discussed. We have observed occasional recent examples where this has not been the case.
- 38 Our February 2023 report also drew attention to examples of overly robust and adversarial scrutiny of some officers by some Independent Members that was affecting the board's functionality and its ability to work in a cohesive and collective manner. It is positive to note that such behaviours are no longer present and that the style of scrutiny by the current Independent Members is creating a "safer space" to encourage a more open debate at board and committee meetings. The

move from virtual to face to face meetings has also been a factor in helping to build more positive working relationships within the board, as has work within the new board to develop an agreed approach to risk appetite and tolerance, supported by a clearer focus on standards.

- 39 The more positive environment that is now evident within the board and its committees should allow the new Independent Members to continue to develop in their role and to challenge appropriately but constructively when they need to. An important part of this is to ensure they quickly build up a good understanding of the Health Board's risks and challenges, noting that a lot of "corporate memory" was lost as a result of all the previous Independent Members standing down at the same time.
- 40 Particular challenges have been evident in ensuring adequate assurance, oversight and triangulation of information within the Quality, Safety and Experience Committee. This reflects the large volume of issues this Committee has to cover, the quality of assurances, and the fact that the Health Board is looking to replace "walkarounds" by individual Independent Members with "service visits" by all members of the board to learn more about how specific services are running.

Board development

- 41 With the immediate challenges of stabilising the organisation and rebuilding Independent Member capacity, it is perhaps not surprising that our follow up work noted limited progress in implementing a programme of board development activity that focuses on the development of the board as a "unitary team". However, the board has held several development sessions which have included discussions on the role of a unitary board and on risk management. A forward programme of board development activity was being prepared at the time of our fieldwork. This will need to be informed by an analysis of the skills and experiences across the new Independent Member cadre and linked to any wider work that is considering the make-up of the board's committees.

Cohesiveness of the Executive Team and wider senior leadership arrangements

- 42 There have been changes to the Executive Team make-up since our original review and the factionalised working relationships we described in our previous work are much less evident. We understand that Executive Team meetings are more effective with more constructive debate and better attendance.
- 43 However, there are still issues that need to be addressed, and which were contingent on the appointment of a substantive Chief Executive. These centre around responding to the review of executive portfolios undertaken as part of the special measures framework to ensure the executive team has the necessary breadth of skills and experience to meet the organisation's current and future challenges, moving away from long term reliance on interim roles, filling remaining

vacancies and having clear lines of accountability and responsibility within the team, linked to the Health Board's operating model.

- 44 Depending on the direction the new Chief Executive takes in response to the special measures review of executive portfolios, there may be a need to blend new roles such as a Director of Operations into the substantive team structure. The interim leadership arrangements that have operated since May 2023 have included the creation of an interim Executive Director of Operations post in August 2023. Our follow up work noted the need for greater clarity in respect of how the responsibilities for this post interface with others in the Executive Team. It will be important to reflect on these experiences as part of the onward development of the Executive Team.
- 45 There is also a need to consider how the Executive Team interfaces with the leadership roles that sit below it, most notably the Integrated Health Community (IHC) Directors but also with the leadership for its pan-North Wales services³. In particular, during the follow up review, it was apparent that there have been some tensions resulting from the IHC Directors feeling marginalised following changes to operational governance arrangements and decision-making processes, especially in respect of meeting the Health Board's financial challenges. We understand that these issues are being worked through constructively. As part of that, it will be important that the Health Board further develops a model of collective senior operational leadership that is understood and bought into, and which incorporates good clinical leadership and engagement within clearly defined accountabilities and responsibilities.

Concluding comments and on-going issues that need to be managed

- 46 The concerns we set out in our February 2023 report on board effectiveness at Betsi Cadwaladr University Health Board were significant and extremely worrying. They described a degree of dysfunctionality within senior leadership arrangements hitherto unseen at the Health Board, or in any other NHS body in Wales.
- 47 It is therefore positive that this high-level follow-up report is able to conclude that the significant dysfunction we previously described is no longer present and that with refreshed senior leadership in place, the board has the opportunity to regenerate itself and lead the organisation through the challenges it continues to face.
- 48 However, significant challenges remain which will need energetic, focused, resilient and brave leadership to address. There is an immediate need to continue, and to conclude the work aimed at stabilising the board and the wider senior leadership of

³ The Health Board's Pan-North Wales services include Women's Services and Mental Health and Learning Disability Services.

the organisation. That includes getting to a position where the board has a full complement of substantive Executive Directors and Independent Members, and with a substantive Chair in place. Linked to this is the urgent need to re-establish a committee structure below the board that provides the necessary oversight, scrutiny, and support across all aspects of the organisation's business.

- 49 The raft of disclosures that were received towards the end of 2022 should be used to inform the programme of board development that the new board will need to put in place. In particular, it should inform the work that is underway on organisational culture and compassionate leadership, and ensure that this starts with the right 'tone from the top'.
- 50 A key priority for the new Chief Executive will be to build a stable, cohesive, and appropriately skilled Executive Team that can provide the organisation with the operational leadership it needs. This will include settling on the right mix of Executive Director portfolios, reducing reliance on interim arrangements for senior leadership roles, and building leadership capacity and capability for the Health Board's corporate governance arrangements. The Executive Team must also be appropriately connected to the leadership structures that sit below it, something which will need to be supported by ensuring the Health Board's operational model is fit for purpose.
- 51 As the new board looks to take forward these challenges it will need to maintain a clear view on the outcomes it is seeking to achieve. Those must include rebuilding confidence in the Health Board's leadership within the organisation, and rebuilding trust and confidence in the Health Board amongst its external stakeholders.
- 52 In the short term, the Health Board will likely need to continue to draw upon appropriate levels of external advice and expertise as it responds to these challenges and the requirements of the special measures framework. However, it must also look to get itself as quickly as possible to a position where it has the necessary internal capacity and capability to sustain improvement and avoid the need to continually look to the outside for support to achieve the improvements which are necessary.

Appendix 1

Audit methods

The table below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Element of audit approach	Description
Observations	<p>We observed board meetings as well as meetings of the following committees:</p> <ul style="list-style-type: none">• Board meeting on 28th September and 30th November 2023;• Quality, Safety and Experience Committee 27th October 2023;• Performance, Finance and Information Governance Committee 2nd November 2023; and• Audit Committee, 16th November 2023
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none">• Dyfed Edwards (Interim Chairman);• Gareth Williams (Vice Chair and Chair of Performance, Finance and Information Governance Committee); and• Karen Balmer (Chair of Audit Committee)

Element of audit approach	Description
	<ul style="list-style-type: none"> • Rhian Watcyn Jones (Chair of Quality, Safety and Experience Committee); • Dyfed Wyn Jones (Independent Member); • Mike Larvin (Independent Member); • Jane Wild (Associate Member); • Clare Budden (Independent Member); • Fon Roberts (Associate Member); • Carol Shillabeer (Chief Executive Officer); • Chris Stockport (Executive Director Transformation, Strategic Planning and Commissioning); • Gareth Evans (Acting executive Director of Therapies and Health Sciences); • Teresa Owen (Executive Director of Public Health); • Nick Lyons (Executive Medical Director); • Adele Gittoes (Interim Executive Director of Operations); • Angela Wood (Executive Director of Nursing and Midwifery); • Phil Meakin (Acting Board Secretary); • Russell Caldicott (Interim Director of Finance); • Jason Brannan (Acting Director of Workforce and OD); • Michelle Green (Integrated Healthcare Community Director East); • Libby Ryan Davies (Integrated Healthcare Community Director Central); • Ffion Johnstone (Integrated Healthcare Community Director West); • Ian Wilkie (Mental Health Director); and • Dylan Roberts (Director of Digital)

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> • Special measures updates; • Board and committee papers; • Reviews undertaken as part of special measures first 90-day cycle; • Papers relating to use of interims; • Response to independent reviews; • Board development draft plans; and • Executive development draft plans.



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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



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Dyddiad / Date: 26th February 2024

Dear Dave,

RE: BCUHB Board Effectiveness Follow-Up Report

Thank you for your work in reviewing and reporting on the effectiveness of the Board in your recent follow-up report

Please find below the Health Board's response to Audit Wales' *Board Effectiveness Follow up Betsi Cadwaladr University Health Board* at annex 1.

It is essential that the Health Board has robust arrangements in place to meet the requirements of legislation and the Standing Orders and therefore we welcome this report and want to thank Audit Wales for the findings and the recommendations. We agree fully that there is much more to do and it is encouraging to know that you have assessed the Board as more stable, with stronger leadership and engagement evident.

The full Board as well as the Audit Committee have seen and been involved in shaping the feedback to improve ownership and assurance on the required improvements.

Our focus now is on our forward plan to look to the future and have a real positive impact on our organisation, our staff and the people of North Wales.

Yours faithfully,

Dyfed Edwards,
Cadeirydd/Chair

Carol Shillabeer
Prif Weithredwr/Chief Executive

Annex 1 - Response to Audit Wales Review of Board Effectiveness

No.	Conclusion	Response
1.	Significant challenges remain which will need energetic, focused, resilient and brave leadership to address. There is an immediate need to continue, and to conclude the work aimed at stabilising the board and the wider senior leadership of the organisation. That includes getting to a position where the board has a full complement of substantive Executive Directors and Independent Members, and with a substantive Chair in place. Linked to this is the urgent need to re-establish a committee structure below the board that provides the necessary oversight, scrutiny, and support across all aspects of the organisation's business.	<p>A) Independent member recruitment is underway. it is anticipated that full recruitment could be achieved by March 2024.</p> <p>B) An Executive Director Recruitment Programme starts in earnest during Quarter 1 2024.</p> <p>C) The Committee structure will be fully established during Q4 of 2023/24. New Committees have completed their set-up meetings during January 2023, and development sessions are being planned for February and March 2024 in order to assist fully operational Committees for 2024/25.</p> <p>D) A focus on strengthening the approach to reporting(including standards of reports) will be undertaken in Q1 2024/25</p>
2.	The raft of disclosures that were received towards the end of 2022 should be used to inform the programme of board development that the new board will need to put in place. In particular, it should inform the work that is underway on organisational culture and compassionate leadership, and ensure that this starts with the right "tone from the top".	<p>A) The Board will be actively engaged in the Compassionate Leadership development following the Board Day with Michael west in Dec 2023.</p> <p>B) A Board 'Team-Development' approach will be determined during Quarter 1 of 2024/25 as new Board members join.</p> <p>C) The Chair and CEO will take personal leadership roles in steering organisational development through leading the people and Culture Committee (Chair) and the Organisational Development Steering Group (CEO).</p>
3.	A key priority for the new Chief Executive will be to build a stable, cohesive, and appropriately skilled Executive Team that can provide the organisation with the operational leadership it needs. This will include settling on the right mix of Executive Director portfolios, reducing reliance on interim arrangements for senior leadership roles, and building leadership capacity and capability for the Health Board's corporate governance arrangements. The Executive Team must also be appropriately connected to the	<p>A) The Executive Portfolio Review, as well as other sources of evidence, have provide insight that shapes the form and function of the Executive Team. Quarter 4 will see a revised approach proposed and following engagement and any necessary modification, actively implemented including recruitment into vacant posts.</p> <p>B) The Director of Corporate Governance role has been recruited and a commencement date likely ahead of the new financial year. This appointment should provide leadership capacity and capability required to strengthen corporate governance across the organisation.</p>

	leadership structures that sit below it, something which will need to be supported by ensuring the Health Board's operational model is fit for purpose	C) A review of the Operating Model Structures is part of the Special Measures Response Plan, which will indicate where modification is required. Wider ways of working that connect the Executive with broader leadership will be further evaluated as part of this work.
4.	As the new board looks to take forward these challenges it will need to maintain a clear view on the outcomes it is seeking to achieve. Those must include rebuilding confidence in the Health Board's leadership within the organisation, and rebuilding trust and confidence in the Health Board amongst its external stakeholders	<p>A) An outcomes focused approach has been set within the Special measures Response Plan and as the planning for 2024/25 and beyond proceeds, outcomes will form a key element of objective setting, performance monitoring and assurance mechanisms.</p> <p>B) In addition to internal staff surveys that measure confidence in leadership and management, consideration will be given to mechanisms to gain external, stakeholder feedback ahead of 2024/25.</p>
5.	In the short term, the Health Board will likely need to continue to draw upon appropriate levels of external advice and expertise as it responds to these challenges and the requirements of the special measures framework. However, it must also look to get itself as quickly as possible to a position where it has the necessary internal capacity and capability to sustain improvement and avoid the need to continually look to the outside for support to achieve the improvements which are necessary.	A) As part of creating the Organisational Development Plan, a capacity and capability assessment will be undertaken, to reflect where specific expertise will be required. The implementation of the OD Plan will be incorporated into the 2024/27 3 Year Plan (IMTP).



Teitl adroddiad: <i>Report title:</i>	Three Year Plan 2024-2027			
Adrodd i: <i>Report to:</i>	Board Meeting			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 28 March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> • present to the Board the Three-Year Plan 2024-27 • confirm the approval of these documents • confirm that the documents will be submitted to Welsh Government on 28 March 2024 in accordance with the timeline agreed by Welsh Government <p>At the Performance, Finance and Information Governance Committee (PFIG) meeting held on the 7th March 2024, it was noted that the Health Board had already confirmed it is not in a position to submit a balanced and approvable IMTP, given that we are unable to meet all the requirements of the NHS Planning Framework.</p> <p>At the Performance, Finance and Information Governance Committee (PFIG) meeting held on the 21st March 2024 the attached version of the Three-Year Plan was considered, with minor alterations recommended which are detailed in an annex at the end of this coversheet. All of these amendments have now been made to the final version that will be submitted to Welsh Government if approved by the Board.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive the Plan and delivery objectives • Approve the Plan • Note that the final annual plan and supporting documents require submission to Welsh Government by 28 March 2024 in accordance with agreed timescales 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation and Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Dylan P Williams, Assistant Director – Health Strategy and Planning			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran</p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran</p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran</p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p>

	darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>The Plan sets out the Health Board response to national strategic objectives, including A Healthier Wales and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the HB's long term strategy, Living Healthier, Staying Well.</p> <p>The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023.</p> <p>The Plan also reflects shared priorities within the strategic partnerships in North Wales and nationally.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The Health Board must prepare a plan which sets out its strategy for securing financial balance, whilst improving the health of the population and providing healthcare to meet needs.</p> <p>As the Board is unable to submit an approvable IMTP, this statutory duty has therefore been breached.</p>			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>An Integrated Impact Assessment Template was included within the papers presented to the Board meeting on 28 March 2024 and summarises key issues.</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>An Integrated Impact Assessment Template was included within the papers presented to the Board meeting on 28 March 2024 and summarises key issues.</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p>	<p>Failure to fulfil the statutory duties as described above. This links to BAF risk 2.4 (see below.)</p> <p>Risks in relation to the financial position are noted within the Plan.</p>			

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Individual service areas are accountable for ensuring any risks within service delivery areas are identified and recorded, and mitigations set in place as far as is feasible.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	The financial implications are set out in the Finance section of the Annual Plan and reflect the organisations agreed Financial Plan.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	The workforce projections for 2024-25 are set out within the Plan.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	The approach to the development of the IMTP, and sharing of outline priorities has been presented and discussed at the Health Partnership Forum (HPF), Health Professionals Forum (HPF, Stakeholder Reference Group (SRG) and PFIG Committee. This has shaped the approach in formulating the annual plan.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: <ul style="list-style-type: none"> - Confirmation of accountability conditions will be communicated by Welsh Government following review of the final submission - Note the commitment to ongoing work to seek to improve the financial and delivery projections within the Plan 	
Rhestr o Atodiadau: List of Documents: <ul style="list-style-type: none"> • Three Year Plan 2024-27 • Appendix 1 – Planning Templates 	

THREE YEAR PLAN 2024-27

1. Introduction/Background

The Health Board is required to develop an Integrated Medium Term Plan (IMTP), financially balanced, under the requirements of the NHS Finance (Wales) Act 2014. The duty requires each health board to produce a three year IMTP that:

- Improves the health of the population
- Improves the provision of health care
- Is balanced over a three year period and
- Is approvable by Welsh Ministers

The development of a three year IMTP aligned with national and Health Board strategies is also a key element within the Targeted Improvement framework.

Where an NHS organisation is unable to deliver a Plan that meets the requirements for approval as an IMTP, an Annual Plan must be developed and agreed to ensure that there is a clear set of delivery objectives supported by finance, workforce and operational plans including planned care and unscheduled care.

In light of the financial position and projected performance against Ministerial targets, Accountable Officer letters were sent to Welsh Government confirming that the Health Board is unable to submit a balanced IMTP and would instead be submitting an Annual Plan by the 28 March 2024. The Health Board is not alone amongst Health Boards in Wales in being unable to achieve production of a balanced IMTP, reflective of the unprecedented financial context for the NHS.

2. Body of report

During 2024-25 we will be seeking to further stabilise and recover our delivery and performance. This is extremely challenging given the current financial environment, the whole system pressures and the improvement plans that will need to progress at pace. Specific challenges within the Plan are outlined as follows:

- The overall financial plan for 2024/25 is a £19.7m deficit. This reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate (despite the receipt of an uplift in funding), evidencing the need for transformational plans for healthcare as we look to the future.
- Mandated Planning Templates are included at Appendix 1 of the Annual Plan. These include estimated delivery positions, projected as of 28 March. There are further improvements to be made in terms of consistent delivery, efficiency and productivity levels, and regular formal review of the trajectories will take place through the year.
- An annual delivery plan will now be created that provides more granular, SMART, actions required to meet the priorities laid out within the plan. The delivery plan will be completed by the end of April 2024 and the actions will be cascaded through the organisation. Delivery of these will cascade through the Health Board using agreed delivery and performance frameworks and personal and team objective setting discussions.

The deliverables within the Plan will be monitored and regularly reported, including details of any remedial action required.

3. Budgetary / Financial Implications

The Finance section within the Annual Plan reflects the Financial Plan for the year. The financial plans align to the strategic ambition of the Health Board, and whilst not in 2024/25 attaining the key financial duty to break-even, it is envisaged the foundations will be laid that will enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable.

4. Risk Management

There is one BAF risk directly related to the production of an approvable IMTP (BAF risk 2.4.) It has been confirmed that the Health Board is unable to address all the requirements needed for an approvable IMTP to be achieved. There are risks associated with working to an Annual Plan, including the time constraints for delivering against objectives, the impact of resource shortfalls in specific areas, and the whole system pressures the Health Board are facing.

5. Equality and Diversity Implications

Full Equality Impact Assessment and SocioEconomic Impact Assessment were undertaken to support the 2022–2025 three year plan (the first year of which was subsequently adopted as the Annual Plan for 2022-23) . These assessments have being updated alongside the development of the 2024-25 Annual Plan. An Integrated Impact Assessment Template has been completed and, which summarises key issues for consideration.

The financial plan clearly causes constraints in terms of delivery. The requirement to stabilise and recover our performance means that patients will be waiting longer for treatment than would otherwise be expected during 2024/25. Care will need to be taken to assess the impact of any individual developments on groups who share equality protected characteristics, to ensure that any barriers to health and health care are not further exacerbated and disproportionately experienced, and that specific community and individual needs are considered and addressed.

Annex - Recommendations, comments and responses to the Three-Year Plan that arose from discussions during the PFIG meeting held on the 21st March 2024.

Recommendation/Comment	Response
There are a lot of hospital based pictures, can we add more variety?	This is a reflection on the journey of the Health Board, this will be picked up with the Communications team but may not be able to amend in the timescale for submission.
Will it be possible to monitor such a large number of objectives/actions?	These have been reviewed to make them easier to track and manage. Not all the actions will be completed this year. An Action Plan will be drafted early in the new financial year to clarify milestones and how these will be monitored.
There is no reference to the Health Minister's statement about Emergency Care.	We can add a sentence to state we are aware of the statement and that we will try and meet the Minister's requirements.
Why is income shown as a minus.	Although this is standard practice in the accounts, this will be altered so it reads better for our audience.
The delivery plan is important and needs to be highlighted.	There will be reference to the action plan and timings in the Board coversheet confirming the aim to complete the delivery plan by the end of April 2024.
Does the strategic context section need to be at the start of the document: it would be better to have this in an annex. Should the main document be the easy read version with the version for the WG as a technical appendix?	The team are working on an easy read document – this will be available in April / early May, but not in time to meet the deadline for submission to the Welsh Government. Starting the Plan with the Policy/Strategy fit is standard practice for Welsh Government plans. This suggestion can be taken forward in future years.
The Plan suggests that the capacity to meet demand is only constrained by Finance: can we make clear that we recognise there are ways we can do things more efficiently and productively as well?	This has been amended for the Board version in the specific part of the document highlighted: the team will review this within the remaining document.
The quadruple aim doesn't reference GMS.	This simply reflects the requirements of the Welsh Government so does not need to be changed.
It would be good if the source of the data for the national performance measures was clear.	Review the national performance measures to make clear in the quadruple aim where the data has come from.
There is an assumption that the only workforce issues that needs tackling is the problem with unfilled vacancies. But it is far from clear that our current establishment – which has grown significantly without any parallel increase in output/productivity – is optimum and the vacancy rate is largely a function of the larger establishment.	The language has been reviewed and subtle changes made but there is a need to be clearer that there will be an establishment review: this will be added as an additional priority in the workforce section.

Amend reference to 'once or twice for North Wales' to 'once for North Wales'.	This sentence has been amended.
How do we translate the large number of actions under the five strategic objectives into succinct Board Assurance Framework.	There needs to be an expanded section on delivery towards the end of the document, looking forward to the action plan and referring to the BAF and the Integrated Performance Report.
Can we make clear that we want to encourage the use of the Welsh Language (not just support those who are motivated to learn) and strengthen the emphasis on the importance of culture around Welsh language?	This will be reviewed.
The section on decarbonisation feels very thin and unambitious.	This can be strengthened. There is an executive Group in place which is taking forward some interesting initiatives and visibility will become clearer as this reports to the Board via the newly established Planning, Population Health and Partnerships Committee. Resource has also been allocated via Welsh Government and there is an intention to appoint a Director of Environment.
In relation to the 10-year vision and refreshing the wellbeing assessments, don't highlight tasks that have already been completed.	This will be reviewed.
While the focus on more proactive management of our estate to dispose of under-utilised assets in order to reinvest capital receipts is welcome, there could be greater recognition of the potential to work with other partners.	A reference to this will be added.
There is a lack of clarity in the digital section on cyber security and GDPR.	This is intentionally vague, on the advice of the Director of DDaT.
The organisation has 20,000 employees who all have family members living in North Wales. Encouraging our staff and their families to lead healthy lifestyles could have a big impact on the health of the population: the Health Board could lead by example.	There is reference to BCU being an anchor institution and this could be enhanced in this section.
There needs to be more emphasis on what we can do in Primary and Community care – particularly outside GP Practice hours - to relieve the pressure on Emergency Departments.	This will be reviewed.
Long waits for Mental Health service diagnosis can be very damaging for children: perhaps we could make clear adult assessments are a lower priority.	Pathway work is taking place which focuses on a specific cohort of the adult population and this section can be enhanced to reflect that.

Should there be a reference to endometriosis in the section on 'challenged services'.	This was really an issue about service development but a reference could be added in the section on Women's Health.
Review the finance section to make reference in the narrative to a three year vision.	Our intention is to get to a position relatively soon where we can submit a 3 year IMTP, so we need to review the section to set out our intention more clearly.
The template on access to GMS may be over optimistic as the various plans are not at the stage that the template implies.	This will be reviewed.
The targets for delayed transfers of care are ambitious.	This will be reviewed in terms of the numbers and the days lost.
Vascular section has list of bullet points consistently repeating "the organisation" Page 97.	This will be reviewed.

Three Year Plan 2024 – 2027

Betsi Cadwaladr University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Contents

Foreword	4
Introduction	5
Strategic context	7
Legislative Framework	7
The NHS Wales Planning Framework	9
Ministerial Priorities	10
A Healthier Wales	10
The Quadruple Aim of NHS Wales	11
Quality Management	11
Population Health & Inequity	13
Population Needs Assessment	13
Chief Scientific Adviser for Health report: "NHS in 10+ years"	15
Value based care	16
Health Board Performance	17
Escalation and Intervention	17
Post-Pandemic Recovery	17
Demand and Capacity	17
Delivery against the Quadruple Aim	19
GIRFT – 'Getting It Right First Time'	21
The Financial Context	21
The Health Board approach to 24-27: 5 Strategic Objectives	22
Objective 1: Building an effective organisation	24
Objective 2: Developing strategy and long-lasting change	39
Objective 3: Creating compassionate culture, leadership and engagement	56
Objective 4: Improving quality, outcomes and experience	63
Objective 5: Establishing an effective environment for learning	96
Financial Resources	106
Workforce Resources	113
2024-25 Annual delivery plan	115
Appendices	116
The Planning Templates	116
Capital Prioritisation Plan	116
Abbreviations & Glossary	117

Foreword

We are pleased to introduce the Integrated Three Year Plan for Betsi Cadwaladr University Health Board for the period 2024 to 2027.

This Integrated Plan marks an important point for the Health Board. It is the first plan developed by the Health Board under the leadership of a new Chair and Chief Executive Officer, supported by a substantial change in Board membership and in it we signal a clear ambition to move beyond the challenges that have led to Special Measures escalation by Welsh Government to a position where the Health Board can operate sustainably to deliver high quality services. This plan outlines many of the actions needed to do this and in particular highlights that permanent success requires us to address current challenges with a strong understanding of the needs of the future.

As such, we are signalling the need to establish a clear strategic vision for the Health Board over the next ten year period. This will guide us to build further upon the services that work well whilst supporting services that need reconfiguring to meet current and future demand.

To do this will require us to reshape our relationship with the public of North Wales and our partners and our intent to do this is clearly identified within this Plan. This will lead to the best solutions for North Wales and recognises that those solutions involve deep and meaningful relationships built upon trust and an understanding that working together as a 'whole system' will support the Health Board and our partners, and lead to better outcomes.

The Health Board is the biggest employer in North Wales, with an annual budget of around £2 billion. This Plan and our future actions reflect this to maximise the opportunities that this provides. This includes how we can create opportunities for our current and future workforce working carefully with partners whilst doing so. It also includes opportunities to improve how we spend our budget to get the best health outcomes for the population of North Wales and to maximise our role as an 'anchor organisation' in Wales.

Finally we would like to thank our public and partners for their support and willingness to share advice and ideas. We look forward to building upon this as we strengthen these relationships and together explore ways of improving health care services in North Wales now and in the future.



Carol Shillabeer
Chief Executive



Dyfed Edwards
Chair

Introduction

The Betsi Cadwaladr Three Year Plan for 2024-27 builds upon previous annual plan submissions and the current Special Measures escalation plan for the Health Board, to produce a coordinated response to development and improvement.

The plan includes a range of priority areas selected to combine actions that will deliver in-year (2024-25) improvement whilst also ensuring that a more long-term view is considered. The Health Board considers that this twin-track approach of planning ahead as well as continuing to improve 'here and now' is particularly important to ensure that progress made is consistently applied and that it is sustainable.

Key actions within the plan are collated under the five priority objectives that the Health Board uses for Special Measures. In this way the Health Board is increasing the alignment of planning and special measures response to allow focus upon the areas that are most likely to lead to greatest improvement.

Objective 1: Building an effective organisation		Objective 4: Improving quality, outcomes and experience	
1A	Board Effectiveness	4A	Patient Experience
1B	Risk Management	4B	Prevention
1C	Operating Model	4C	Primary Care and Early Intervention
1D	Performance and Accountability Framework	4D	Community Care and Clusters
1E	Value and Sustainability	4E	Planned Care
1F	Legislative Improvements	4F	Cancer Care
1G	Workforce Planning	4G	Urgent and Emergency Care
1H	Quality Management System	4H	Diagnostics
1I	Welsh Language	4I	Adult Mental Health, Learning Disability, CAMHS & ND
1J	Decarbonisation	4J	Currently 'Challenged Services'
Objective 2: Developing strategy and long-lasting change		4K	Women's Services
2A	10 year Strategy	4L	Children
2B	Clinical Services Plan	4M	Pharmaceutical services
2C	Commissioning	Objective 5: Effective environment for Learning	
2D	Capital Priorities: supporting change to happen	5A	University Partnership
2E	Digital, Data and Technology (DDaT)	5B	Research, Development and Innovation
2F	Prioritisation	5C	Academic Careers
2G	Effectively delivering Major Change	5D	Intelligence Led
2H	Strengthening Planning	5E	Learning Organisation
2I	Finance Governance Environment		
2J	Early identification and support of Challenged Services		
Objective 3: Compassionate culture, leadership & engagement			
3A	Compassionate Leadership & Organisational Development		
3B	Citizen Engagement		
3C	Being a Good Partner		

Table 1: Key Priority Areas for the 2024-27 Plan

Key Priorities that will improve performance during 2024-25

Most, if not all, of the priorities within the plan will positively impact upon performance during 2024-25. Some, for example commencing work to create a renewed ten year plan for the Health Board, focus upon future demand and sustainability and will have the greatest impact in the future. To achieve this impact the work must commence in 2024-25.

Priorities within outcome four, are particularly important to improve performance delivery within 2024-25 and have been structured to achieve this.

Key Strategic Priorities

As outlined above, the Health Board has looked beyond the coming year to identify the work required to address the root causes that have resulted in Welsh Government Special Measure escalated monitoring, and to ensure that actions and solutions are fit for both the present and the future population needs within North Wales. These priorities include a range of actions to improve how the Health Board is organised to work most effectively, and the development of strategic thinking, with improved involvement of the public and partners, to better inform our decision making and priorities over the coming years.

Planning Templates

The change activities highlighted within this plan are provided at high level. Sitting behind the plan are national planning templates and performance trajectory estimates which provide greater detail of expected impact.

Annual Delivery Plan

The Health Board will deliver the 2024-25 year of this plan and our associated cluster plans through the use of an *Annual Delivery Plan*. This will be launched in early 2024-25, and will include detailed actions which are smart, measurable, achievable, relevant and time-bound (SMART) covering the breadth of priorities in this Plan. Delivery of these will cascade through the Health Board using agreed delivery and performance frameworks and personal and team objective setting discussions.

Strategic context

Legislative Framework

It is a statutory duty that all Health Boards in Wales prepare and submit an Integrated Medium-Term Plan (IMTP) to Welsh Government. The IMTP should provide a road map towards delivering improvements to population health needs, whilst also confirming plans for delivering financial break-even. For 2024/25, and in common with other Health Boards, the BCUHB has been unable to produce a three-year plan that meets all of the requirements required by Welsh Government. We have formally advised the Welsh Government of the position, and confirmed our intention to submit this 3 Year Plan, with a specific focus on the 2024/25 annual plan.

Primary statutory duties in relation to integrated planning

The statutory duty to plan is set out in the NHS (Wales) Act 2006, which requires each Local Health Board to prepare a plan which sets out a strategy for

- Improving the health of people for whom the Board is responsible, and
- Improving the provision of health care for those people

The plan must be kept under review; involve Local Authority partners in preparation; seek participation of, or consult, people as directed by Ministers; and respond to directions relating to the content of the plan. The Health Board must have regard to the plan in exercising its functions.

The NHS Finance (Wales) Act 2014 legislated for integrated planning as the bedrock of the health system in Wales and introduced the requirements for development of Integrated Medium Term Plans (IMTPs) to secure financial balance in respect of each three year period.

The NHS Wales Planning Framework, issued in accordance with the above Acts' provision for making directions, confirms that plans must

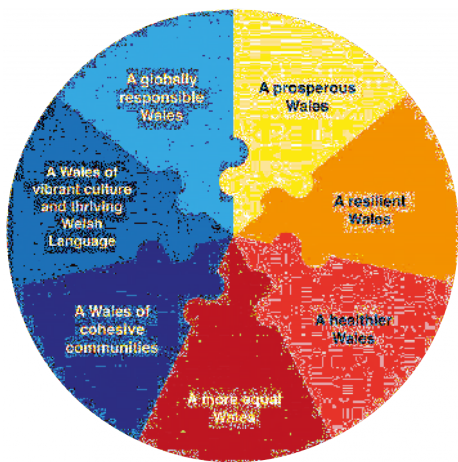
- Meet the statutory requirements to commission and/or provide services to improve population health outcomes and to achieve financial balance
- Set out clear actions and milestones that demonstrate how planning intentions will be achieved
- Deliver the key milestones within the Delivery Framework
- Triangulate finance, activity and workforce in the plans

The Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 requires the Health Board to co-operate with Partners in the formation of a Regional Partnership Board to prepare and publish a 5 year Area Plan setting out the range and level of services to be provided in response to the population needs

assessment, including resources to be deployed ¹. Health Boards are additionally required to set out actions proposed in relation to the duty to have regard to the importance of preventative action.

The Well-being of Future Generations (Wales) Act 2015



The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales.

The Act requires the Health Board to consider the long-term impact of decisions, and to achieve the seven Well-being Goals, applying the ‘5 Ways of Working’ to do so.

The Health Board recognises the importance and value of doing this and

has integrated the ethos of the Act into the objectives and priorities within this Plan.

Collaboration
Integration
Involvement
Long-term
Prevention

Table 2: The 5 Ways of Working

The Well-being of Future Generations (Wales) Act 2015 has a number of requirements under the well-being duty. As a designated public body, the health board is required to carry out sustainable development, using the five ways of working which support the sustainable development principle.

The Health Board is further required to set out well-being objectives designed to maximize the contribution to achieving the national well-being goals. The Health Board will review and refresh the well-being objectives as part of the Health Board 10 year strategy priority, outlined later in the plan.

The Board is also required to work in partnership through Public Services Boards to prepare and publish a local well-being plan, which sets out local well-being objectives and the steps proposed to be taken to meet them. In relation to North Wales, the following Well-Being Plans have been published:

- Gwynedd and Anglesey PSB ².
- Conwy and Denbighshire PSB ³.
- Flintshire and Wrexham PSB ⁴.

NHS (Wales) Act 2006: Engagement and consultation

The Health Board has a statutory duty under the NHS (Wales) Act 2006 to involve and consult citizens in:

¹ <https://www.northwalescollaborative.wales/north-wales-population-assessment/regional-plan/>
² <https://www.llesiantgwyneddaron.org/en/Cynllun-Llesiant/>
³ <https://conwyanddenbighshirelsb.org.uk/well-being-plan/>
⁴ <https://www.flintshire.gov.uk/en/PDFFiles/Policy-and-Performance/PSB/Flintshire-and-Wrexham-Public-Services-Board-Well-being-Plan-2023-2028.pdf>

- Planning to provide services for which they are responsible;
- Developing and considering proposals for changes in the way those services are provided; and,
- Making decisions that affect how those services operate

The legislative requirement is supported by recently updated guidance on engagement and consultation for service changes. During 2023-24 the Health Board has worked with colleagues attending Stakeholder Reference Group, Trade Union Forum, and Health Professions Forum to develop this Plan, alongside wider Partnership colleagues. Priorities outlined later within the Plan will be progressed to embed this progress and to mature engagement and consultation further.

Equality Act (2010)

The Equality Act (2010) sets out the general duty in relation to equality and human rights for listed bodies, of which the Health Board is one. The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 set out specific duties for listed bodies in Wales.

A listed body must involve people who it considers representative of those with different protected characteristics and those who have an interest in how an authority carries out its functions. The listed body may also consult and involve other people considered appropriate.

▪ ***The NHS Wales Planning Framework***

Each year the NHS Wales Planning Framework sets out the statutory planning Directions for NHS organisations in Wales.

The Framework for 2024-2027 includes direction in the following areas:

- To prepare a plan that is integrated in nature
- To prepare a plan that sets out improvements to be made to services and their future sustainability, reduce inequalities and improve health outcomes within the resources available
- To take a long-term strategic view in line with the Well-being of Future Generations Act
- To prepare a plan that aligns with the vision of A Healthier Wales
- To deliver the 5 'National Programmes': Enhanced Care in the Community, Primary and Community Care, Urgent and Emergency Care, Planned Care and Cancer, and Mental Health including CAMHS.
- To incorporate guidance and support from the national Value and Sustainability Board

Efforts to recover access to healthcare will be central in addressing the priorities which the Minister for Health and Social Care has set out in the NHS Wales Planning Framework.

Additionally, there is a gap between the growth in demand on healthcare and the ability for healthcare systems to respond, given the fiscal constraints. The drivers for this are set out in more detail on the pages that follow and include:

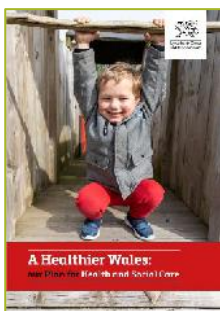
- Demographic changes, with an increase in older populations
- Healthcare demand trends including those associated with the pandemic
- Evidence of increasing health inequalities
- Socioeconomic challenges including cost of living increases – which also impact on healthcare need, demand and utilisation

▪ **Ministerial Priorities**

In addition to the NHS Wales Planning Framework the Minister has identified a number of areas of particular priority, against which National Programmes support the delivery of relevant services. These five areas are

- **Enhanced Care in the Community**, with focus on reducing delayed pathways of care
- **Primary and Community Care**, with focus on improving access and shifting resources into primary and community care
- **Urgent and Emergency Care**, with focus on delivery of the '6 goals' programme
- **Planned Care and Cancer**, with focus on reducing the longest waits
- **Mental Health, including CAMHS**, with focus on delivery of the national programme

▪ **A Healthier Wales**



A Healthier Wales¹ sets out the Welsh Government plan to create a whole system approach to health and social care that focuses on health and well-being and the prevention of illness.

This requires new models of care that build upon local innovation rooted in

clusters of primary and community care providers working together. In this way people would only use General Hospital care when it is essential with more treatment and care, focusing upon wellness, being delivered closer to home.

Whilst primary and community services will be more networked, so too will

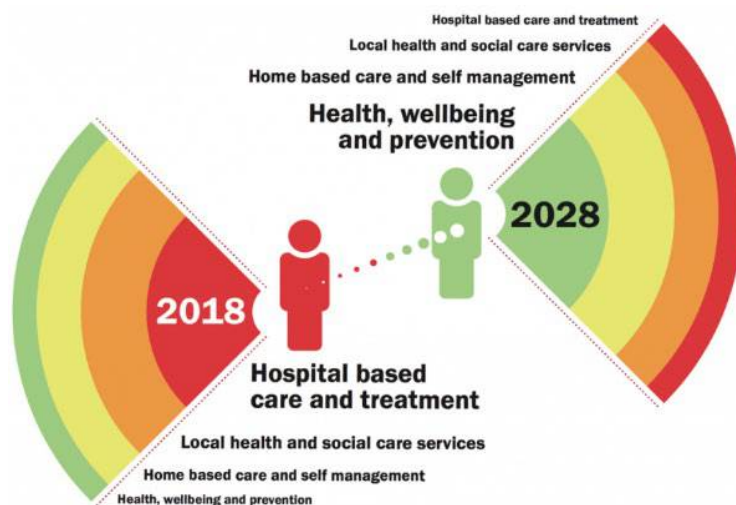


Figure 1 A Healthier Wales: Shifting from an approach focused upon Hospital based care to one focused upon Health, wellbeing & prevention

hospital services where specialist services delivered in major hospitals will become networked to allow centres of excellence to evolve.

The recent Covid-19 Pandemic has inevitably impacted upon progress in rolling out A Healthier Wales. The Health Board plans to now reinvigorate progress towards delivery in North Wales; this will involve working with colleagues in NHS Wales to review actions laid out within A Healthier Wales, and in ensuring the themes and enablers within A Healthier Wales underpin our 10 year strategy work (referenced later).

▪ *The Quadruple Aim of NHS Wales*

A Healthier Wales⁵ reinforces the importance that the NHS in Wales places upon the internationally recognised 'Quadruple Aim' to drive forwards improving healthcare services that are fit and sustainable for the current and future generations of residents in Wales. In this regard sustainable health and social care remain a global challenge. The four themes of the Quadruple Aim, interpreted for our context in Wales are:

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

▪ *Quality Management*

The Duty of Quality came into effect in April 2023, supported by the 12 Health and Care Quality Standards 2023: Safe, Timely, Effective, Efficient, Equitable and Person-centred (STEEP) care delivered through: Leadership, Workforce, Culture and Valuing People, Information, Learning, Improvement and Research, Whole systems approach.



The Standards provide a framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are doing the right thing, in the right way, in the right place at the right time and with the right staff.

They are a way to apply the Duty of Quality in practice across all services and functions, whether clinical or non-clinical. Quality-driven decision making should improve the quality of health services and maintain focus on improving outcomes for people.

⁵ <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

The Health Board is making progress on the implementation of an effective Quality Management System, benefitting from the help and advice of the Institute of Healthcare Improvement. Further progress is required and is included within this Plan.



Population Health & Inequity

Population Needs Assessment

Addressing the needs of the North Wales population in order to improve health and well-being and tackle health inequalities is a key aim of the Health Board.

The North Wales Regional Partnership Board *Population Needs Assessment* (PNA)⁶, revised in 2022, outlines the changing demography against which the Health Board must plan.

Between 2025 and 2040 the number of residents aged over 65 years of age will continue to grow (by 19%), whilst the number of residents aged under 65 years of age will decrease across North Wales.

This means that between 2025 and 2040 there will be a net increase in population in North Wales, with an increased proportion of residents over 65 years of age.

Population Projections – Aged 65 years and over			
	2025	2040	Change
Anglesey	19,400	22,500	3,100 (16.0%) ↑
Gwynedd	29,600	34,300	4,700 (15.9%) ↑
Conwy	35,400	43,500	8,100 (22.9%) ↑
Denbighshire	25,100	30,400	5,300 (21.1%) ↑
Flintshire	35,500	42,400	6,900 (19.4%) ↑
Wrexham	29,100	34,500	5,400 (18.6%) ↑
NORTH WALES	174,100	207,600	33,500 (19.2%) ↑

Population Projections – Aged under 65 years of age			
	2025	2040	Change
Anglesey	50,300	47,000	3,300 (6.6%) ↓
Gwynedd	96,700	97,000	300 (0.3%) ↑
Conwy	83,800	79,500	4,300 (5.2%) ↓
Denbighshire	71,500	67,900	3,600 (5.0%) ↓
Flintshire	122,800	118,800	4,000 (3.3%) ↓
Wrexham	105,800	98,000	7,800 (7.4%) ↓
NORTH WALES	530,900	508,200	22,700 (4.3%) ↓

Figure 3: Population profiles, North Wales RPB

▪ Long term conditions

Although many people are staying healthy later into life, some will face increasing levels of long-term conditions and a consequent need for care and support. The Regional Partnership Board Population Needs Assessment estimates that the number of people struggling to complete activities

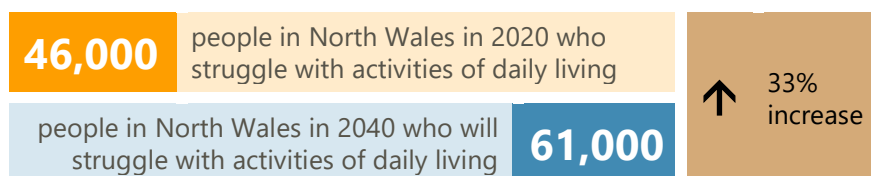


Figure 4: Long term conditions

of daily living (ADLs) as a consequence of long-term conditions will significantly increase. This is coupled with increasing age-related frailty and continued prevalence of the phenomenon of the

Inverse Care Law. The Inverse Care Law was first described in 1971⁷, and means that many of those with the greatest need are least likely to receive the care they require.

⁶ Populations Needs Assessment. The full PNA can be found at <https://www.northwalescollaborative.wales/north-wales-population-assessment/>

⁷ <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>

This has an impact not only on individuals experiencing increased levels of need but also upon the 78,000 family members or relatives providing unpaid care.

▪ **Prevention**

	BCU	Wales
High blood pressure	16.9%	15.8%
Diabetes in adults	7.8%	6.1%
Heart disease	3.8%	3.6%
Cancer	3.7%	3.1%
COPD	2.7%	2.4%
Stroke	2.2%	2.1%

Many of these long-term conditions can be prevented, reduced, or more effectively treated by adopting good public health principles and good lifestyle choices.

Many of these are found at higher prevalence in North Wales than across Wales as a whole.

This underlines the importance of ensuring a focus on interventions to prevent future ill-health alongside addressing current ill-health.

Figure 5: Prevalence of long-term conditions

▪ **Wider determinants of health**

Recognising the wider determinants that affect health is critically important and reinforces the importance of working collaboratively with non-NHS partners.

In the Welsh Index of Multiple Deprivation (WIMD), which is the Welsh Government official measure of relative deprivation, divided in 1,909 areas, North Wales has the first, second and ninth most deprived communities in the highest ten areas. Elsewhere in North Wales communities are disproportionately affected by the challenges of rurality and fuel poverty.



Figure 6: Wider determinants of health

This will require the Health Board to continue to work with partners in a range of ways, including to further develop Clusters of community services that can address these wider determinants.

▪ **Pharmaceutical needs**

In accordance with the National Health Service (Pharmaceutical Services) (Wales) Regulations 2013 the Health Board has a comprehensive Pharmaceutical Needs Assessment (PNA) in place. The current PNA runs to 2026 and gives regard to the provision of pharmaceutical services across North Wales⁸.

The pharmaceutical needs assessment assists the health board in determining applications by pharmacies, dispensing appliance contractors and dispensing doctors for new, additional or relocated premises, changes to opening hours or the provision of more pharmaceutical services.

⁸ <https://bcuhb.nhs.wales/about-us/governance-and-assurance/pharmaceutical-needs-assessment-pna/>

Chief Scientific Adviser for Health report: “NHS in 10+ years”



Published in September 2023⁹, the report from the Chief Scientific Adviser for Health identifies the need to make bold decisions around how to deliver care and allocate resources in response to an ageing population at risk of chronic conditions that are mostly preventable. This will require both a shift in focus to prevention, and improvements in how we support patients with complex and multi-morbidity.

The report outlines the changes in population demographics and health care needs expected over the coming ten years. Key messages include

- The diagnoses of many long-term conditions (LTCs) will rise, in part due to an ageing population in Wales. This means that there will be a higher proportion of the population living with frailty, dementia, cancer, heart and other cardiovascular diseases, diabetes, and poor mental health.
- In many conditions, rates are increasing at a greater rate than that explained by age and other demographic factors alone. These include diabetes; dementia; cardiovascular illnesses including atrial fibrillation, heart failure, high blood pressure, and peripheral vascular disease (PVD); lung illnesses including chronic obstructive pulmonary disease (COPD) and asthma; osteoporosis; inflammatory bowel disease; and anxiety disorders.
- There will be increasing numbers of people in Wales living with multiple long-term conditions, with the proportion of people living with four or more diseases doubling between 2015 and 2035, with people living with multiple diseases currently required to attend significantly more outpatient appointments.
- There will be increasing numbers of people in Wales living with frailty and who require greater access to urgent and emergency hospital services and delays in discharge after hospital stays.
- Workforce challenges are the biggest single challenge for the NHS and social care going forwards. Changes in technology and the skill-mix composition of the NHS workforce offer the potential to reduce the rate of growth of the NHS and social care workforce but increases in capacity will be required in some areas, including general practice, community care and social care.

The Health Board has considered this report in identifying priorities and approaches for 2024-27 within this plan, recognising that there will be a continuing transformation required beyond this. Priorities within the plan are focused around longer term planning, such as developing a new ten year strategy reflects this need.

⁹ <https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf>

Value based health and care

Considering the *value* of the care the Health Board delivers is an important way of ensuring that the greatest focus is placed upon those outcomes that most matter to individuals. When the outcomes that most matter are considered in relation to the costs of achieving them, the Health Board is able to make decisions that offer the greatest impact from the resources available to it.

The Health Board has already made good progress into considering value within decision making. For example the ongoing programme of redesigning key pathways of care incorporates asking value questions at each step, builds in the increased use of Patient Reported Outcome Measure (PROM) tools and benchmarks outcomes and costs with other providers.

The Health Board has received support from the national Value Based Healthcare team and intends to further progress this work into 2024-25, and beyond. This includes a specific programme of work that will focus upon translating the work of the National Value and Sustainability Board into Health Board practice as well as developing health board identified and driven opportunities to increase the value of health and care.

Health Board Performance

▪ *Escalation and Intervention*

The Health Board was placed into Level 5 Escalation ('Special Measures') arrangements on 27 February 2023^{10, 11}. Since then, progress has been made within all required areas, recognising that further progress is essential; delivering this is an important and necessary requirement of this Plan.

Since February 2023 the Health Board has focused upon '**stabilisation**' of the organisation and services delivered, making the most significant and immediate changes necessary after the intervention to continue to provide services to the residents of North Wales.



During 2024-2027 the Health Board will build upon these foundations to implement to ensure a more '**standardised**' approach, making the changes needed to place the Health Board and services delivered onto a '**sustainable**' footing for the future.

▪ *Post-Pandemic Recovery*

The Health Board continues to experience challenges in improving access to care to the required standard timeframes following the changes that were required because of the Covid-19 pandemic. Waiting lists for planned care have not reduced as quickly as desired, and delays in accessing hospital care when requiring urgent treatment are particular challenges to address within this plan.

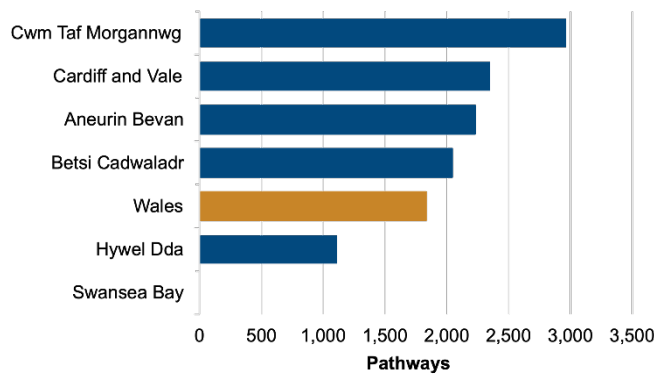
▪ *Demand and Capacity*

The Health Board continues to experience high demand across Mental Health, Primary Care, Community, Secondary care planned services and Urgent and Emergency services. Attendances to emergency departments have continued to increase and further work is required to improve ambulance handover times. Work is required with partner organisations to improve the timeliness of discharge for people awaiting community care services and who no longer require medical care in hospital.

Although the Health Board made good improvements in 2023-24 in many planned care areas, waiting times continue to exceed Ministerial expectations in a number of clinical areas. These areas are prioritised throughout this plan.

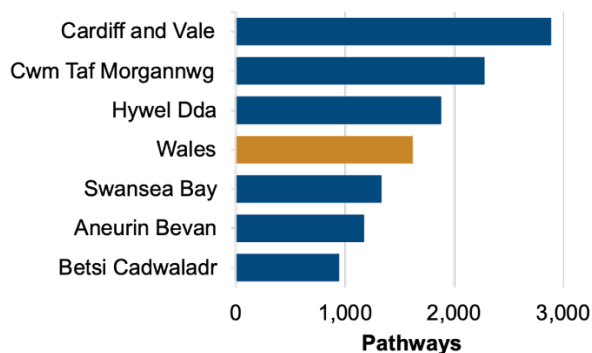
¹⁰ <https://www.gov.wales/nhs-wales-escalation-and-intervention-arrangements>

¹¹ <https://www.gov.wales/betsi-cadwaladr-university-health-board-put-special-measures-board-stepping-aside>



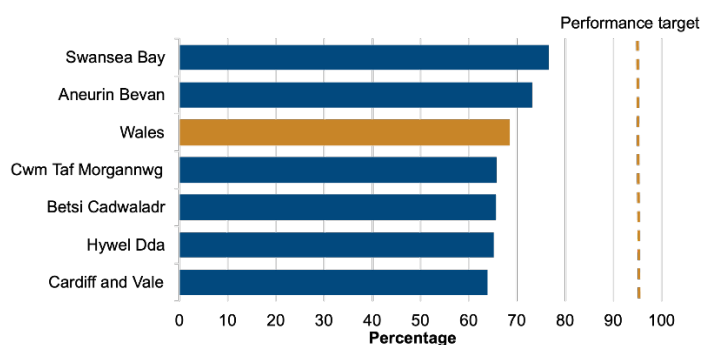
Planned care pathways waiting more than a year for their first appointment per 100,000 population, by Local Health Board, December 2023

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 ¹²



Patient pathways waiting over the target time for diagnostic tests and therapy services per 100,000 population, by Local Health Board, December 2023

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 ¹²

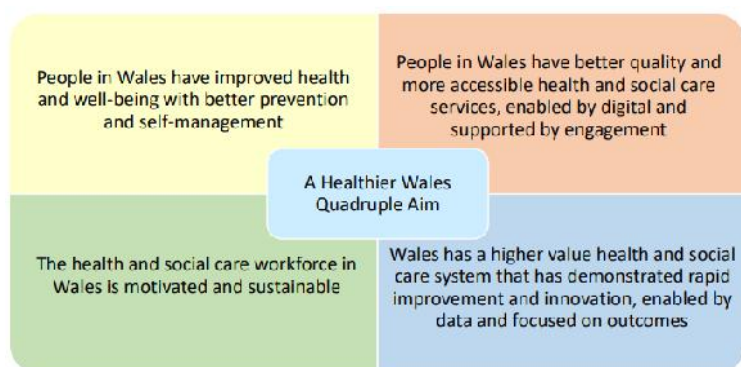


Percentage of patients admitted, transferred or discharged within 4 hours at emergency departments, by Local Health Board, January 2024

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 ¹²

¹² <https://www.gov.wales/nhs-activity-and-performance-summary-december-2023-and-january-2024-html>

Delivery against the Quadruple Aim



Performance of the Health Board against the 'A Healthier Wales Quadruple Aim' is measured against the national NHS Wales Performance Framework and the Health Board reports against these during public Board sessions throughout the year.

Figure 7: Welsh Government. Quadruple Aim.

Key headlines of performance, at the end of quarter 3 (31 December 2023) include:

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

- The organisation had comparatively strong performance in vaccination rates. Target levels are set high to maximise the opportunities of 'mass immunity' and the Health Board was within five percentage points of target for Human Papillomavirus (HPV) vaccination and influenza vaccination in those aged over 65 years. Although eight percentage points below target, the Health Board had the highest vaccination rates for childhood vaccination within Wales. The Health Board continues to strengthen efforts to improve this further given the increasing risks of measles outbreaks.
- The organisation continues to target Covid-19 vaccination rates, having average performance compared to the rest of Wales.
- Rates of quit attempts using evidence based smoking cessation services has continued to increase.
- Uptake of newborn baby screening programmes has remained high.
- Use of colonoscopy screening has improved steadily, with the Health Board having one of the highest rates, but with further scope for improvement.

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

- Dental access has been improving though with significant improvement still required.
- More opportunity is being made of the Independent Prescribing service in Community Pharmacy settings with other 12,000 eligible consultations in the first three quarters of the year, and growing.
- Mental health access rates for all ages and neurodiversity access rates for children, remain mixed in comparison across Wales, and below requirements and expectations.
- The organisation has maintained its comparatively strong performance within Wales in time to start cancer treatment from the point of referral/suspicion, with work within this Plan to further improve this.
- In most other regards, access to planned care has continued to be a challenging position through the year. Although waits of over 104 weeks from referral to treatment have reduced in the first three quarters of the year by 2,000 patients (20%), too many patients still have to wait for long periods in some specialties.
- Urgent and emergency care performance has remained highly challenging. Whilst the Health Board has maintained improved performance in triage times when presenting to an Emergency Department, delays in time from arriving at an Emergency Department to being seen by a senior decision making clinician and time spent in Emergency Departments remained some of the most challenging in Wales.

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

- During 2023-24 the Health Board has been able to consistently reduce the proportion of our wage costs spent on agency staff rather than substantively appointed staff. This is in keeping with a Ministerial Priority area for the coming year.
- There has also been a reduction in leaving rates for nurse and midwifery staff.
- Sickness rates of staff have remained static.

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

- Handover delays for ambulances arriving at Health Board Emergency Departments have remained extremely challenging with a further worsening reflecting the context of a highly pressurised urgent care system throughout the year.
- The organisation has improved the timeliness of investigating 'reportable incidents' though with further progress required.
- Comparatively good rates of MRSA and MSSA have been maintained, but further work is required to improve Klebsiella and Pseudomonas Aeruginosa infection rates that although similar to those of 2022-23 in the Health Board, are comparatively poor compared to other parts of Wales.

▪ ***GIRFT – ‘Getting It Right First Time’***

Getting It Right First Time, GIRFT, is a national programme that is designed to improve patient care by reviewing services, and then applying benchmarking and the evidence base to support local change.

These reviews are clinically led and bring together Health Board clinicians and clinicians from elsewhere to examine ways in which improvements can be made based upon the experiences of others.

During 2023 reviews have been undertaken in a number of clinical areas, including orthopaedics, urology, general surgery, gynaecology and ophthalmology. These reviews have reported opportunities to improve productivity, efficiency and better outcomes. Whilst a number of improvements have already been made the Health Board is committed during 2024 to embed these initial changes into ‘business as usual’ as well as drive further using the GIRFT methodology and recommendations. Areas of GIRFT review implementation are discussed within our Plan priorities for 2024-25 described later.

▪ ***The Financial Context***

The Health Board has a duty to effectively manage its responsibilities within the resources provided by the Welsh Government. The organisation, since its formation in 2009, has struggled to achieve financial breakeven and it currently spends more than it is allocated from Government. It is essential that the organisation improves its financial performance.

During 2023-24 the Health Board set a deficit budget of £134m and a savings target of £25m. Given the significant inflationary pressures as well as increased demand for services, the health board recognised the level of risk in containing the deficit to the £134m, despite seeking to reduce this level of deficit in moving toward a more financially sustainable position. The Welsh Government in-year allocation of £101m has recognised these significant pressures, alongside a further requirement for health board financial performance to improve to a £20m control total. Whilst the financial year for 2023/24 is not complete, it is expected that the out-turn position will reflect significant improvement and although the control total is unlikely to be met, there will be evidence of progress toward it.

The Health Board approach to 24-27:

5 Strategic Objectives

During 2023-24 the Health Board has continued to progress through its objectives against the Special Measures framework. As the year has progressed this has coalesced around five main areas where improvement was most necessary. Recognising the need to prioritise improvements in the areas that led to Special Measures, the core of the Health Board 2024-27 plan builds further upon those five objective areas:

1: Building an effective organisation

Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

2: Developing strategy and long-lasting change

Objective area 2 draws upon the need for the Health Board to be clear about population needs in North Wales and that services are configured in a way to get the highest value from the resources available to us. In this way the Health Board can provide services that are reliable, more cost-effective, and that make the best use of healthcare professionals.

3: Creating compassionate culture, leadership and engagement

Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.

4: Improving quality, outcomes and experience

Objective area 4 covers a large thematic area where improvements are required to improve clinical performance across a number of key areas. The Health Board wishes to build further upon good work commenced that takes a pathway focused approach to this.

5: Establishing an effective environment for Learning

Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.

▪ *Design Principles*

Organisational Design Principles will be used to inform the designing and aligning of the strategic vision, goals, capabilities, processes of the organisation. The use of design principles will provide simple clarity to improve effectiveness, efficiency, quality, and innovation. This approach will also incrementally move the Health Board towards a common direction, as well as provide assurance in terms of best use of public finances.

The Health Board has commenced the drafting of Design Principles but there is further work to do to engage, discuss and refine those before finalising them. The Principles will contribute as a route map to help focus and inform improvement activity.



Building an effective organisation

1: Building an effective organisation

2

3

4

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Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations.

Immediately prior to the Health Board being escalated into Special Measures, Audit Wales published a Board Effectiveness review outlining changes required to better understand risk and to ensure better governance. Since then subsequent reviews commissioned to explore this in greater detail have identified recommendations that the Health Board is implementing understanding that this will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

The organisation has some way to go before it can be deemed to be highly effective. It is essential to put in place, embed and evaluate the foundations that underpin organisational effectiveness. These include the way on which the Board leads, oversees performance and creates a compassionate culture. Ten key elements form this Strategic Objective, and significant emphasis will be placed on enabling a clear approach and expectation to be set in relation to each element; intensive work to embed high standards of practice and evaluation and assurance mechanisms put into place to monitor progress.

Summary

Objective 1: Building an effective organisation		National Planning Framework	Special Measures Framework
1A	Board Effectiveness		✓
1B	Risk Management	✓	✓
1C	Operating Model		✓
1D	Performance and Accountability Framework	✓	✓
1E	Value and Sustainability	✓	✓
1F	Legislative Improvements		✓
1G	Workforce Planning	✓	✓
1H	Quality Management System	✓	✓
1I	Welsh Language	✓	
1J	Decarbonisation	✓	

1A: Board Effectiveness

Considerable work has been undertaken to re-establish and re-set the Board following significant changes in membership in early 2023. Whilst a great deal of progress has been made there is further work required in pursuit of an established, stable and highly effective Board and that work is underway. Several Independent Members of the Board have recently joined and a number of Executive Board Member roles are presently being recruited to. The full recruitment of Independent Members of the Board allows the remaining committees of the Board to be re-established and these will continue to evolve during 2024-25.

The Audit Wales Follow-up of Board Effectiveness was reported in February 2024, identifying significant progress during 2023 whilst noting there is more to do. The audit report provided further recommendations that have informed the further work planned here.

Why this has been prioritised in the 2024-27 plan?

Building upon the work undertaken during 2023 continues to be an area of priority within the BCUHB Special Measures framework.

Priorities

In 2024-25 the Health Board will

- Complete substantive recruitment of Executive members of the board.
- Progress a Board Development Programme, supporting a substantively appointed Board.
- Complete the re-establishment of a full complement of Board committees.

Review the approach to the Board Assurance Framework and Risk Management Framework, under the leadership of the recently appointed Director of Governance

What difference to outcomes will this make?

An effective and efficient Board is essential in order to best steer the organisation through the challenges in performance and decision making that have led to the organisation being placed in Special Measures escalation.

1B: Risk Management

The Health Board's corporate Risk Register provides an oversight to ensure that any risk to the strategic objectives of the Health Board is effectively managed. A revised 'Board Assurance Framework' (BAF) is now established, providing the Board with assurance related to the controls and action plans for high risks that relate to any possibilities of not delivering on key objectives. It is recognised that further work is required to simplify the BAF and fully embed it.

Why this has been prioritised in the 2024-27 plan?

Over the next 3 years the Health Board wishes to progress the work done so far to develop and then fully embed an integrated risk management framework that enhances patient safety, quality of care, and operational resilience across all levels of the organisation. This will allow the Health Board to align risk areas with the internal oversight mechanisms that are already established.

Doing this will allow clearer governance line of sight connecting Health Board risk appetite and assurance mechanisms with operational delivery teams across the organisation.

Priorities

- Alignment of the Board Assurance Framework with risks appetite, this three year plan, and the emerging strategic objectives of the Health Board.
- Development of a risk management dashboard to improve triangulation with planning and performance as well as other directorates.

Moving into years 2 and 3 the Health Board will

- Further embedding of risk management triangulation with planning and performance as well as other directorates.
- Continuing improvement of KPIs towards a tolerable level.
- Reviewing and updating of risk management business continuity plans.
- Consistent ongoing testing of risk management maturity against established benchmarks.

What difference to outcomes will this make?

An effective Risk Management process will reduce the number of overdue and draft risks to a tolerable level. As a contributor to the Health Board quality assurance process this has direct links to improved patient care and experience.

1C: Operating Model

The operating model agreed in 2022 has only been partially implemented. In the intervening time it has become clear that elements of this model are working less well than envisaged. In particular the current configuration is missing the ability to flex as a large organisation to deliver improved services for those conditions where the volume of activity is low, and where delivering a 'once for North Wales' or 'twice for North Wales' approach would be safer and lead to better outcomes. This is a challenge across the UK and one where the Health Board could make better opportunity of its size. Other challenges with the current model include decision making governance and duplication of leadership, that together impede making timely decisions.

There is strong cross-connection between this key priority and additional organisational development work outlined in 3A: *Compassionate Leadership and Organisational Development*.

Why this has been prioritised in the 2024-27 plan?

For the organisation to be effective, it needs an Operating Model (Structures) that enables both the day to day leadership and management of services and improvement to take place systematically, including service delivery approaches that support and enable sustainability into the longer term.

Furthermore, international evidence consistently reports the importance of having an operating model that is constructed to effectively deliver the strategy of the Health Board and that organisations without that clarity often fail in their delivery of improvements.

Improving the effectiveness of the Health Board operating model will better align operational delivery with strategic requirements. It will also improve administrative efficiency which is a Ministerial priority for 2024-25.

Priorities

During 2024-25 the Health Board will:

- Complete the wider stock-take of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally to understand benefits and issues.
- Assess the Business Partnering model across the organisation, drawing together proposals for revision where necessary.
- Develop proposals for any revision to the current operating model, considering a careful approach to supportive change.
- Review and revise where necessary the clinical leadership model in the organisation, drawing in the learning from the Rapid Review of (Clinical) Engagement, to build a stronger clinical leadership and engagement approach.
- Identify opportunities for greater efficiency through the use of digital tools e.g. Microsoft Office 365.

What difference to outcomes will this make?

Decision making in the Health Board will be more agile, with greater accountability, and in pursuit of the strategic goals of the Health Board (which are built upon better health outcomes). Clarity of operating model principles will therefore contribute to the Health Board achieving better health outcomes.

1D: Performance and Accountability Framework

The Health Board has approved an Integrated Performance Framework during 2023-24 to underpin the improvement of performance monitoring and performance leadership. Whilst the Health Board has made important steps forward during 2023-24 in this regard, it is recognised that further development is required in our performance oversight, improving our performance projections and early intervention when off-course to limit adverse impact.

Alongside, the use of performance monitoring and clear performance objectives that are grounded in the 2024-27 plan, provide the basis for a more robust accountability model for the Health Board.

Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to tighten the accountability model in use within the organisation to provide a clearer line of sight of Board agreed priorities into team and individual objectives. This will focus performance in those areas where greatest improvement is required and will help ensure that decision making aligns with agreed governance.

Priorities

During 2024-25,

- The Health Board will continue to fully implement the Integrated Performance Framework, enhancing the capability of the organisation, and individuals, to manage performance.
- Senior leadership, and Directorate/Service Team objectives will align with the Health Board priorities for 2024-25 as laid out within the 2024-27 Health Board Plan.
- The Health Board will review and redesign the approach of reporting through Executive Team, to Board Committees and to Board to further enable openness, transparency, accessibility, analysis, and a focus upon improvement.

During 2025-27,

- The Health Board will further mature the alignment of objectives with Health Board priorities to other staff within the organisation through effective use of appraisal, and full embedding of the Integrated Performance Framework.
- The Health Board will monitor the effectiveness of the Integrated Performance Framework, making revisions where necessary to reflect learning and to ensure it remains aligned to the Health Board's corporate governance structure and Operating Model changes.

What difference to outcomes will this make?

The Framework supports performance improvement through a partnership approach of openness and innovation, and by engendering a commitment at all levels of the organisation to improve.

Delivery against key national and local performance indicators, special measure expectations and against activity and financial metrics will be improved.

Successful delivery will lead to better outcomes for patients and Health Board staff, and ensure that all involved understand their roles, responsibilities, and accountabilities.

1E: Value and Sustainability

Although the Health Board has made good progress in adopting 'Value Based Care' principles in recent years there is local recognition and ambition to take this further.

Alongside this local ambition, there is a requirement within the national Planning Framework guidance to ensure a full contribution to, and benefit from, work undertaken by the national Value and Sustainability Board.

Continuing Healthcare (CHC) and Funded Nursing Care (FNC)
Clinical variation and service configuration
Medicines management
Workforce
Procurement

This national work covers five work-streams: continuing healthcare and funded nursing care, clinical variation and service configuration, medicines management, workforce, and procurement.

The Health Board recognises the opportunity that tightly aligning with this offers and will mirror this within the organisations approach to Value and Sustainability in order to support maximum impact.

Within this, there is a Ministerial expectation that Value and Sustainability considerations

- reduce the reliance upon high-cost agency,
- ensure that 'Once for Wales' arrangements for workforce enablers are strengthened,
- that regional working opportunities are maximised,
- that Health Boards support the redistribution of resources towards community and primary care,
- that unwarranted variation and low value interventions are recognised and addressed, and
- that administrative efficiency is improved.

These expectations will be included in our oversight of this Value and Sustainability priority and are also reflected in cross-linkages throughout this Plan.

Why this has been prioritised in the 2024-27 plan?

The Health Board recognises that applying 'value' principles to decision making contributes both to increased sustainability and better clinical outcomes. In addition, adopting the recommendations of the national Value and Sustainability Board is a key national planning requirement in 2024/25 and one the Health Board wishes to fully benefit from.

Priorities

- Agree a programmed approach within the Health Board to oversee Value Based Care during 2024/25, ensuring this is configured to fully encapsulate the learning from the national Value and Sustainability Board.
- Continue to embed the principles of *Value Based Care* into all decision making throughout the Health Board.
- Identify a clear and forward looking programme of work for Value Based Care within the Health Board.

What difference to outcomes will this make?

Improving value and the sustainability of services means that the limited resources available to the Health Board will go further to allow delivery of more care to the residents of North Wales.

1F: Legislative Improvements

The Health Board recognises the importance of continuing to make improvements in regard of Health and Safety legislation and Civil Contingencies legislation compliance.

Having high regard for Health and Safety best practice is a key way to reduce as far as possible workplace injuries, ill health, and unsafe working practices. This relates to staff, patients, visitors, volunteers, and contractors. The Health Board is two years into a three-year plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology but further work is required, including assessing risks and in ensuring rapid learning where problems do occur.

Civil Contingencies legislation relates to Emergency Planning and Preparedness. The Health Board wishes to make improvements based upon learning from the Covid-19 pandemic to ensure that preparedness for emergencies going forwards are robust and appropriate.

Why this has been prioritised in the 2024-27 plan?

The Health Board was subject to HSE prosecution in 2023 regarding a failure to control ligature anchor points.

Learning from Covid-19 provides opportunities for the Health Board to refresh Civil Contingencies preparation and oversight. Furthermore, the challenging post Covid-19 environment has seen the

Health Board need to briefly enter Business Continuity Arrangements in recent months. It is important to maximise Civil Contingencies arrangements as a priority.

Priorities

- Undertake a comprehensive gap analysis that informs a clear Health and Safety Improvement Plan approach.
- Review the programme of Health and Safety training across the Health Board, and engaging with managers to enable the right level of support to improve health and safety practice, including the Managing Safely course and the Leading Safely course for Executives and senior managers.
- Review the effectiveness of rotational support visits from Health and Safety advisors to individual areas across the Health Board, revising approaches where necessary.
- Develop systems that identify, record and provide focused and escalated support to areas that require the greatest improvement.
- Appoint to a substantive Head of Civil Contingencies, and develop a team approach across the organization to take forward civil contingencies priorities.
- Review Business Continuity Plans and arrangements across the Health Board.
- Review Emergency Plans across the Health Board.
- Consider any emerging findings from the UK Covid-19 inquiry evidence hearings that might improve our Civil Contingencies preparation by addressing in advance of formal recommendations.

What difference to outcomes will this make?

Robust adherence to both HSE and Civil Contingencies Act legislation will reduce the risk of avoidable harm and improve the overall effectiveness and confidence of the organisation.

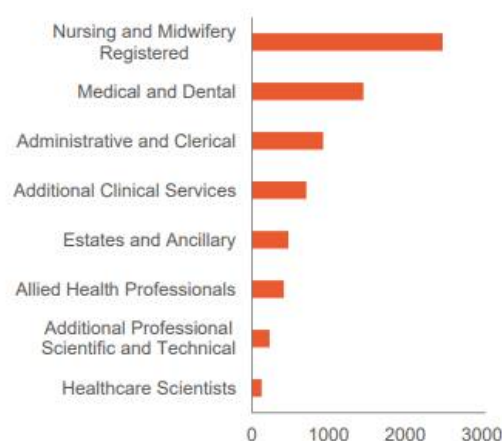
1G: Workforce Planning

Like other NHS organisations, the Health Board is grappling with difficult workforce planning conditions. This means that although the Health Board has made considerable in-roads into workforce planning in recent years ongoing development is necessary and a priority.

The underpinning principles are to create workforce plans that enable the services to recruit the 'right people' with the 'right skills' to provide services in the 'right place'.

Work undertaken by Audit Wales in 2023 illustrates the current workforce challenges that exist¹³:

Across the whole of Wales, there are around 6,800 full-time equivalent vacancies, of which around 2,500 are for registered nursing and midwifery posts, and around 1,500 are for medical and dental vacancies.



Source: Audit Wales, 2023

Number of Doctors (headcount) per 1,000 population, by country, January 2023



Source: Audit Wales, 2023

Number of dentists registered to practice (per 100,000 population), by country, 2021-22



Placing the focus upon seeking to recruit like-for-like professionals to fill vacancies will not be successful and a range of complementary approaches are required to reach a satisfactory workforce equilibrium. This includes

- The need to review our structures to ensure they are as efficient as possible across the Health Board.
- Ensuring that the Health Board does everything reasonably possible to retain staff and to grow skills from within.
- Ensure that the Health Board makes the most efficient use of its workforce, recognising that, in recent years, productivity has not always improved with increasing staffing.

¹³ https://www.audit.wales/sites/default/files/publications/NHS_Workforce_data_briefing_English_Webvrs.pdf

- Ensure that we prioritise workforce planning and a shift of workforce capacity focused around the areas of greatest need and service value.

Why this has been prioritised in the 2024-27 plan?

The Health Board has a range of workforce challenges, particularly (but not only) in clinical environments. Further developing our workforce planning approaches at pace will reduce the number of critical vacancies the Health Board faces, and importantly start building a more sustainable workforce for the future. There are opportunities to develop new roles and new ways of working, taking advantage of local and the national transformation programmes.

Many services require complex changes to skill-mix that take a number of years to plan, with clinical training sometimes requiring several years to complete. It is therefore important to prioritise this work in order to address current challenges and to minimize any delays in making changes for the future.

In addition to recruiting new staff, the focus remains on supporting our valued workforce, and enabling opportunities for them to meet their fullest potential.

Priorities

The Health Board will

- An organisational 'Approach to Workforce Planning' will be designed, building on the already established 6-step approach of HEIW. The health board will systematically assess services against the workforce planning approach, starting with 'challenged' services. Each 'challenged' service will have an agreed workforce plan.
- Specific partnership work with Health Education and Improvement Wales (HEIW) will be strengthened to focus on key 'challenged' services to identify and build strategic approaches.
- Continue to identify opportunities for innovative skill-mix redesign in addressing hard to recruit vacancies.
- Continue to develop local training opportunities through the Primary Care Academy and Dental Academy approaches adopted in North Wales.
- Support Bangor University to ensure that the experiences of students in the North Wales Medical School are high, thus encouraging graduates to remain in North Wales once qualified.
- Support all academic partners to ensure that the experiences of students across all professional groups are high, encouraging graduates from across healthcare sectors to remain in North Wales once qualified.
- Support ongoing and new initiatives to streamline national and international recruitment.
- Continue to work with local education providers in Higher and Further Education to support 'Grow our Models' initiatives that ensure development opportunities are available for staff progression, and for others across North Wales, supporting a local Health Board workforce supply.

- Continue to support flexible working and the redesign of services in order to stabilise the current workforce by optimising the way in which we work across services and localities.
- Continue to reduce agency usage, reviewing fixed term and locum arrangements to provide a more sustainable workforce. Remain focused upon maintaining the improvements in nursing and midwifery staff turnover seen in 2023-24.
- Ensure that enablers, such as digital, continue to be considered in respect to the improvements they offer for workforce skill-mix, recruitment and retention, as well as the improvements offered to service quality.

What difference to outcomes will this make?

Developing further skills in workforce planning will reduce the number of significant gaps in the Health Board workforce by allowing a prioritised approach to current vacancies, develop future models of care, and to minimise the dependency upon expensive agency staff often available on an inconsistent basis.

These changes will improve patient experience in-year, and will ensure that changes the Health Board makes are more likely to succeed and deliver the best outcomes.

1H: Quality Management System

The Duty of Quality came into effect in 2023, placing a legal responsibility upon organisations within NHS Wales to work to improve the standard of services. However quality is more than just meeting service standards; to be successful, quality management will require a system-wide way of working in order to continuously, reliably and sustainably meet the needs of the population that the Health Board serves. To do this well the Health Board will need to make fundamental changes in the way that Quality considerations are woven in to control systems and decision making.



A culture of candour, continuous learning and improvement is crucial in pursuit of an effective Quality Management System. The Health Board recognises the considerable work still required to build this culture and for staff to be confident of support. For this

reason work to embed appropriate cultures has been prioritised within Objective 3 on compassionate leadership and organisational development, on engagement, and upon improving partnership working, and within Objective 5 ensuring we learn from every opportunity.

An effective quality management system (QMS) is about much more than Quality Improvement. Rather, it draws together the interrelated elements of quality planning, quality improvement, quality control, and quality assurance to create a system of quality that spans everything that is undertaken in the organisation. To be successful these elements, supported by an ethos of continuous learning,

need to work together seamlessly and be hardwired into Health Board decision making and performance monitoring.

The purpose of this key priority is to undertake work to build these principles more deeply into the systems and processes of the Health Board.

Why this has been prioritised in the 2024-27 plan?

The Health Board is making progress, working with staff to explore the best way of implementing a robust Quality Management System with which to support and assure quality-focused decision making.

The Health Board wishes to continue to make use of expertise and support provided by Improvement Cymru and the Institute of Healthcare *Improvement in progressing this work.*

Priorities

- The Health Board will continue to work with the Institute of Healthcare Improvement to inform the QMS design and to incorporate learning from other organisations.
- During 2024-25 the Health Board will complete the redesign of an appropriate Quality Management System (QMS) for deployment across the organisation.
- During this time, the Health Board will apply the emerging QMS to arising quality improvement initiatives, so that they follow a whole system QMS ethos, and to also learn so that the overall QMS deployment is successful.

During 2025-27 the Health Board will continually review and monitor the impact of the QMS iterating it as appropriate to ensure it meets the objectives laid out within the Duty of Quality.

What difference to outcomes will this make?

Revising the Health Board approach to quality in such a systematic and robust way will lead to improved reliability, improvements in sustainability, better experience and improvement in clinical outcomes.

11: Welsh Language

The Health Board operates within a legislative framework for Welsh language, in the form of compliance with Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The Health Board also operates in line with the Welsh Government's Strategic Framework for Welsh Language Services in the Health and Care sector, 'More than just words'.

In addition to the statutory duties to ensure provision of Welsh language services for patients, the Health Board recognises the importance of promoting the Welsh language for staff. As a large employer the Health Board can make a significant contribution to sustaining the language both within the organisation and across North Wales.

Why this has been prioritised in the 2024-27 plan?

Delivering services to patients and service users in their preferred language is a key factor in providing high quality care, and is particularly important for our more vulnerable patients and their families.

Priorities

During 24/25 the Health Board will focus on:

- Establishing a consistent approach to the delivery of the Welsh Language Standards, by adopting Standard Operating Procedures for specific compliance areas.
- Aligning short and medium-term targets established within 'More than just words' with the Welsh Language Standards work programme, to enable the Health Board to focus delivery for specific areas and groups.
- Informing the future workforce of the opportunities Welsh language skills can provide for careers within healthcare.
- Incorporating an additional Service Level Agreement into the in-house translation demand, which will see the Health Board maximising its potential and expertise, providing a translation service to two health sector organisations in Wales.

What difference to outcomes will this make?

Focusing on these priorities will ensure that the Welsh language needs of patients, public and staff are met and that the Health Board workforce can develop their language skills within the workplace.

1J: Decarbonisation

In April 2021, the Welsh Government launched the *NHS Wales Decarbonisation Strategic Development Plan 2021-2030*, a plan to tackle the Climate Emergency that it declared in 2019¹⁴. The Health Board has developed a five year decarbonisation action plan (DAP) 2022-2026 with support from the Carbon Trust. The plan considers our buildings and energy, procurement, transport, travel, healthcare and corporate carbon management. There are 104 actions in the Health Board DAP, and over 70 actions in the Welsh Strategic Plan.

Why this has been prioritised in the 2024-27 plan?

The Health Board DAP is a response to the Welsh Governments ambition for the public sector to be net zero in carbon emissions by 2030. NHS Wales contribution to the net zero carbon target is to reduce carbon by 16% by 2025 and 34% by 2030.

Capital investment funding is expected to be challenging in the coming years, and so it is important to take a prioritised approach that sees progression each year.

Priorities

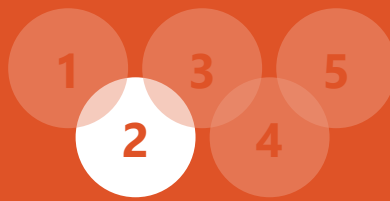
The Health Board will

- Fully replace all existing lighting with LED lighting by 2025.
- Prepare to be able to progress low carbon heat generation for non-acute sites larger than 1,000m² by 2030.
- Ensure that all new medium and large freight vehicles procured after April 2025 meet the future modern standard of ultra-low emission vehicles in their class.
- Continue to make the case for digital solutions that offer the potential of using less paper, in addition to the patient safety opportunities that digital solutions can provide.
- Continue to support our workforce to identify other decarbonisation opportunities for wider adoption.
- Install onsite renewable energy generation facilities where viable to do so.
- Progress the procurement of 100% REGO-backed electricity.
- Consider carbon impact when procuring services, sourcing locally where possible.

What difference to outcomes will this make?

Consistent improvements in Health Board carbon emissions across 2024-27.

¹⁴ <https://www.gov.wales/nhs-wales-decarbonisation-strategic-delivery-plan>



Developing strategy and long-lasting change

The Health Board is clear that through the development of clear strategy, rooted in addressing clear objectives built upon population needs, long-lasting change can be prioritised and then delivered leading to services that best meet the requirements of our public and that are sustainable and of high quality.

Objective area 2 draws upon the wish of the Health Board to be clearer about this and to progress the development of strategy and long-lasting change in a structured, evidence-based and inclusive way.

Summary

Objective 2: Developing strategy and long-lasting change		National Planning Framework	Special Measures Framework
2A	10 year Strategy	✓	✓
2B	Clinical Services Plan	✓	✓
2C	Commissioning	✓	✓
2D	Capital Priorities: supporting change to happen	✓	✓
2E	Digital, Data and Technology (DDaT)	✓	✓
2F	Prioritisation	✓	✓
2G	Effectively delivering Major Change	✓	✓
2H	Strengthening Planning	✓	✓
2I	Finance Governance Environment	✓	✓
2J	Early identification and support of Challenged Services	✓	✓

2A: 10 year Strategy

The Health Board has a strategy 'Living Healthier, Staying Well' but observations are that it doesn't provide sufficient direction around which the Health Board can plan in the coming years. It is important that the Health Board addresses this in order to shape direction and prioritise service delivery that is fit for both current and future needs of the population of North Wales.

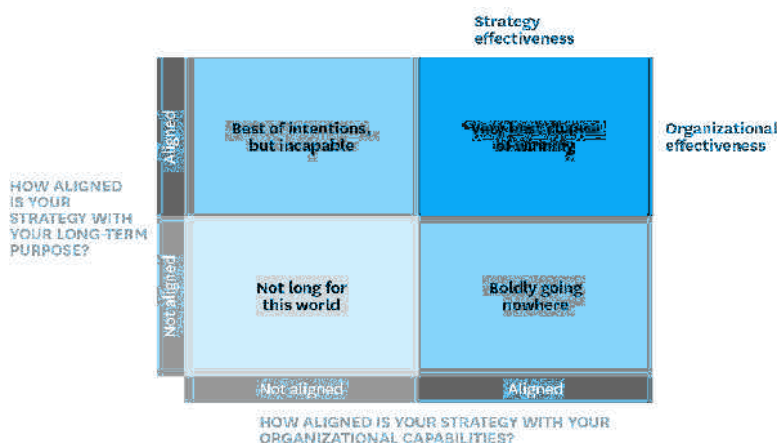


Figure 8: The need for Strategic Alignment. Trevor & Varcoe, reproduced from Harvard Business Review

The success in creating a 10 year strategy that is able to provide this direction lies in being able to have honest conversations about the competing challenges and pressures being faced, and the advantages and disadvantages of the different ways of best meeting addressing those challenges. These conversations will require time to ensure that the solutions identified have been identified and co-produced with the full input of the public of North Wales, our partners, and clinician experts. As

such, this activity will be supported by the work laid out in Objective 3 later. That work will underpin our approach to continual conversations that are meaningful and how we incorporate the evidence-based concept of 'open strategy' that draws in all ideas and views, into this work¹⁵.

Why this has been prioritised in the 2024-27 plan?

The Health Board is currently unable to operate within budget to the expected standards. Whilst our staffing establishment has increased, output and throughput has not increased to the same extent and the Health Board is spending attention and increasing resource to maintain services that in some instances are not viable in their current configuration. Whilst this is impacting upon productivity presently, the impact will increase in the coming years if reconfiguration does not occur, because of changing population demographics, advances in healthcare and the impact this has upon how we train, recruit and retain healthcare professionals of the future.

The Health Board wishes to firmly address this and bridge the gap between population need and how our services are prioritised and delivered. The first part of this journey involves reestablishing clarity of purpose, agreed through honest and meaningful conversations with the population of North Wales. A clear ten year plan will in turn inform the creation of a clinical services plan for the coming years, and will identify the areas where prioritization of change will be necessary. These inter-related activities are discussed later in this Objective 2 section.

¹⁵ Open Strategy (2021); Stadler, Hautz, Matzler, Friedrich von den Eichen. Massachusetts Institute of Technology Press.

Priorities

- Collaboratively refresh Health Board well-being assessments.
- Establish a systematic approach, commencing with identified health needs, collation of evidence, design principles, and clinical and citizen reference groups.
- Agree a schedule of 'what matters' conversations focused upon what has been identified above, and an understanding of successful service developments undertaken elsewhere that have helped to address similar issues.
- Undertake conversations as scheduled, continually evolving the conversations based upon what has been heard in earlier events.
- Collation of a high level summary of findings, and commence identifying the key strategic opportunities to test with stakeholders.

Moving into years 2 and 3 the Health Board will

- Agreement of a ten year strategic plan for BCUHB that reflects the contributions received during 2024/25 and that aligns with the resources that are likely to be available.
- Whilst completing the ten year strategy, the Health Board will use the emerging findings from this work to fully inform the 2025-28 plan.
- The Health Board will use the strategic plan from this work to fully inform the 2026-29 plan.

What difference to outcomes will this make?

A refreshed strategy for the Health Board will provide a roadmap around which to prioritise improvements and clinical service configurations that best meet the needs of the north Wales population. In turn this reduces the risk of fragile services providing sub-optimal services. Taking a structured planning approach will allow the Health Board to develop services in an efficient way, getting the best outcomes from the resources available.

2B: Clinical Services Plan

Clinical Service Planning is necessary to ensure that we are prioritizing the right clinical services, in the right way, in the right places to best meet population need. But to do this, the Health Board requires a clear strategic roadmap for the ten years ahead, meaning this Clinical Services Plan work must follow progress being made in the ten year strategy. Prioritisation (and where appropriate, deprioritisation) will be required to ensure our clinical services plan is deliverable using the resources available to us.

This means that successful creation of an effective, complete Clinical Services Plan requires our work upon our ten year Strategy, above, and how we approach Prioritisation (priority 2D below) to also be progressed. In addition there are also a number of other interdependencies and related pieces of work that touch upon the delivery of an effective Clinical Services Plan including in this current 3 year

plan, including Value & Sustainability (priority 3C) and all of the Objective 4 (Improving quality, outcomes and experience) priorities.

Thus, the different elements of the three year plan that have been prioritised complement each other. The Clinical Service Plan will draw these elements together to create a clear and deliverable clinical plan for how to enact the Strategy over a rolling three year horizon.

Why this has been prioritised in the 2024-27 plan?

Whilst the CSP will draw upon the 10 year Health Board strategy the Health Board cannot wait until the refreshed strategy is agreed before working on how this could be delivered clinically. To do so risks addressing clinical changes in an order that does not reflect our greatest areas of clinical risk, or in ways that do not consider clinical inter-dependencies and nuances.

The Health Board wishes to agree a draft Clinical Service Plan approach, with the draft updated as the 10 year strategy conversations progress to maturity.

Priorities

- During 2024/25 the Health Board will develop a draft Clinical Services Plan that adequately incorporates the *known* clinical requirements of the next 3 years.
- Moving into years 2 & 3 the Health Board will refine and mature the Clinical Service Plan to reflect the emerging Health Board 10 year strategy and the expected changing demographic requirements.
- The Clinical Services Plan will be deliverable within the resources anticipated to be available to the Health Board.

What difference to outcomes will this make?

The Health Board will be better able to make decisions about Clinical Service provision that are better tested for sustainability, leading to less instances of having to urgently resolve service delivery difficulties and leading to better patient experience.

2C: Commissioning

The Health Board recognises that there is an opportunity to further improve the services that are contracted from other organisations. The pandemic saw a shift to contracting services on a block basis across the UK in order to focus priorities upon delivering covid-19 care; however in many instances block contracting has continued and reduces the opportunity to ensure commissioning for quality and outcomes is foremost. Moving from a contracting approach to one build upon commissioning principles that systematically consider population needs, priorities, well governed procurement and the monitoring of quality would lead to higher value from the services that other organisations provide on behalf of the Health Board.

Adopting a commissioning framework approach, delivered with a timely approach, also contributes to the sustainability of partners, helping them to plan well.

Whilst the Health Board will prioritise the largest areas of opportunities first, commissioning principles will be extended to reach across all areas of contracted clinical care as this will help to embed a 'once for North Wales' approach, promoting partnership working, integrated care, and co-ordination across the Region and with partners in NHS Wales and NHS England.

Ministerial priorities for 2024-25 include an expectation that organisations maximise opportunities to work regionally. In many respects the geography of North Wales means that the Health Board covers a whole regional footprint. However there are considerable opportunities yet to be realised to re-configure existing services within the Health Board on a more strategic, North Wales regional basis and the needs to do this, including improved quality, recruitment potential, and efficiencies will inform our conversations with the people of North Wales as the Health Board progresses its 10 year strategy and clinical service priorities covered in previous pages. Furthermore, the Health Board will continue to prioritise work contributing to the mid-Wales collaborative.

In addition, this commissioning approach will help the Health Board to address the significant challenges that it experiences in the 'operational planning' and delivery of services delivered within the Health Board. It is recognised that the Health Board has struggled to recover and then improve the efficiency of planned care (both outpatient assessment and subsequent treatments) following the pandemic. Operational planning capability and capacity within the organisation requires ongoing support and applying commissioning principles to this will be beneficial.

Why this has been prioritised in the 2024-27 plan?

Implementing a more systematic commissioning approach has previously been postponed due to the Pandemic and capacity to approach this during the previous 12 months. Prioritising this activity now will enable the Health Board to reset contracts for areas of commissioned activity that would lead to a greater focus upon value and quality.

Priorities

The Health Board will

- Appoint a Director of Performance and Commissioning, with specific experience of whole system NHS commissioning.
- Design and commence implementation of a new organisational framework approach to commissioning and contract management, built upon learning from best practice across the UK.
- Review current block purchase NHS contracts, applying our commissioning framework.
- Monitor NHS contracts against the agreed Health Board commissioning framework.
- Support operational teams within the organisation to apply commissioning principles to services provided directly by the Health Board, using best practice 'demand and capacity' modelling and prioritising additional support to areas of highest clinical need.
-

What difference to outcomes will this make?

Prioritising this activity now will enable us to reset contracts for areas of commissioned activity that would lead to a greater focus upon value and quality.

2D: Capital Priorities – supporting change to happen

In a number of areas of service improvements that the Health Board wishes to progress, capital funding support is required. Capital funding resource is over-subscribed and so the Health Board has carefully prioritised plans to ensure that those providing the highest value to the population of North Wales are put forward for additional planning and funding support from the all-Wales NHS Capital Programme, and the Health and Social Care Integration and Rebalancing Capital Fund (IRCF).

The Health Board has been fortunate to secure funding support during 2024-25 to improve clinical facilities at Llandundo Hospital, creating an Orthopaedic hub that will significantly help to address the backlog delays that currently exists for joint replacement surgery.

Amongst other programmes of work, the Health Board is also working to secure funding for much needed new mental health inpatient facilities on the Glan Clwyd site, and for expanded facilities at the Royal Alexandra Hospital in Rhyl. The Health Board is also progressing the completion of anti-ligature work across the Health Board.

These projects reach across multiple teams within the Health Board, partners, and 3rd party contractors and require dedicated management to deliver on time and within scope.

The Health Board also recognises the opportunity to improve capital funding opportunities by the disposal of estate that is of poor quality, where services could be better provided by reconfiguration, or where services are no longer being provided.

Alongside this Annual Plan the Health Board will submit a Capital Prioritisation Submission document to NHS Wales, structured in accordance with the requirements of NHS Wales Capital colleagues. Thirty two schemes were identified within the Health Board as in scope for this exercise, based on a review of the Health Board's Estates Strategy (2023), the Annual Plan, the 10-year Infrastructure Programme (2022), bids for discretionary capital for 2024-25, the Business Case Tracker and the list of Digital priorities. The schemes were been ranked using the same scoring methodology as the one that will be used by Welsh Government plus two other factors, *deliverability*, and *immediacy*.

Why this has been prioritised in the 2024-27 plan?

It is imperative that the Health Board is able to commit specific attention to successfully deliver the complex programmes of work that require capital funding support in order to deliver them on time and according to their scope.

Estate improvements will significantly contribute to our ability to better deliver against Ministerial Priorities, particularly in orthopaedics, and in delivering services to a higher quality and experience.

Priorities

Llandudno Orthopaedic Centre. In 2024-25 the Health Board will deliver the Llandudno Orthopaedic surgical hub, with surgery commenced on site delivering 1,900 orthopaedic procedures per year.

Ablett replacement programme. In 2024-25 the Health Board will complete the business case for the construction of the Adult and Older Persons Mental Health facility on the Glan Clwyd Hospital site, aiming to commence construction within 2024-25, and continuing into 2025-27.

Royal Alexandra Hospital. In 2024-25 the Health Board will continue to work with partners, including Denbighshire County Council, to complete a review of the proposed redevelopment of the Royal Alexandra Hospital in order to resubmit the proposal for capital funding support. Work in subsequent years will be scoped in line with the proposal outcome.

Estate disposals. In 2024-25 the Health Board will identify an approach that enables the Board to consider disposal of estate that is no longer fit for purpose or required.

What difference to outcomes will this make?

Delivering these capital projects to scope, within resources, and without undue delay will allow the Health Board to utilize new clinical areas for the benefit of patient care. Improved estate is necessary to allow service development and transformation.

2E: Digital, Data and Technology

Currently, despite some good progress, Digital and Intelligence systems in the Health Board are still not good enough compared to other Health Care organisations across the world. The Health Board will continue to improve the use of technology to provide better health care services.

Why this has been prioritised in the 2024-27 plan?

Good technology is essential for providing better healthcare and improving people's health outcomes. We will work to get the basics right including how we deliver Digital, Data and Technology to enable us to catch up with the rest of the World.

Priorities

- Electronic Healthcare Record (EHR). The Health Board will work with stakeholders across BCU and Wales to develop and secure agreement for investment in an Electronic Health Care Record (EHR) transformation. Due to the safety concerns in Mental Health the Health Board will commence the accelerated procurement and implementation of a tactical Mental Health specific EHR starting in 2024.

As well as standardising the delivery of care and associated operational arrangements across the Health Board the EHR will replace a number of currently unsupported applications, developing and agreeing a wider digital plan for North Wales with the EHR at its core.

- Optimisation of current capabilities. The Health Board will work to optimise the use of current systems and capabilities to deliver the most value for patients and clinicians, mitigating the risks associated with duplication of systems and processes.
- Transformation of the DDaT Operating Model. The organisation will continue to modernise the running and delivery of Digital, Data and Technology. This will bring in the minimum capabilities and skills necessary to improve DDaT maturity against industry benchmarks.
- Essential Services Programme. The Health Board will upgrade infrastructure technology to prevent major IT failures and protect against cyber-attack.
- The DDaT team will be active contributors to the activity outlined in other priorities within the plan including *5D Intelligence Led* and *5E Learning Organisation*.
- Major Projects. The Health Board will work on the following priority projects which for which the Health Board is dependent on to continue operating:

LIMS 2.0: To provide a modern, sustainable pathology service. Improving clinical safety via improved standardisation.

RISP: RISP is a paperless radiology solution incorporating Radiology Information System (RIS), Patient Dose Management System (PDMS) & Picture Archiving & Communication System (PACS) into BCUHB.

Patient Numbering/WPAS : Providing clinical staff with a patient-centric view of information to support high quality care to support patient flow and clinical decision making.

Optimisation of Existing Systems: Optimising the functionality of our existing systems, making sure that the system meets user expectations and provides maximum value

Essential Services Programme: A series of protected ICT Projects and Programmes to ensure that the core infrastructure is robust, demand responsive and kept up to date

Therapy Manager Replacement: Replacement of our at risk Therapy Manager system

Mental Health System: Provide MH with a suitable system for their needs and to enable patient information to be captured effectively and shared with partners appropriately.

Joint Medical School: Improve WiFi and network connectivity providing blanket coverage and high-speed reliable connectivity into Medical School locations within the BCU Estate.

WPRS: WPRS E-referral system is to enable efficient and quality referrals to be submitted between Primary and Secondary Care electronically.

ePMA: Paper medicines charts and prescriptions will be replaced by a digital prescribing and medicines administration system Pan BCU

Teledermoscopy: Implement a specialist digital image storage and viewer to enable dermatologists to assess suspected skin cancer without the need for a face-to-face

Attend Anywhere/Virtual Consultations: Increase in the number of pathways where appointments and reviews are carried out virtually

Dental Replacement System: Replacement of the community dental services EPR that's been issued with an end-of-life notice for March 2024 (including data migration).

Single Sign on: Further roll-out beyond the ED's (Phase 1) to clinical areas such as wards/clinics etc.

Canisc: To recreate MDT forms, and cancer dataset forms, for clinical management. As well as specific forms for palliative care and screening.

What difference to outcomes will this make?

These changes will help us provide better and safer care. We will be more efficient and effective. We will use data and intelligence to make better decisions and therefore use public funds wisely. We will take a user led approach to service design with clinicians and other users to ensure the service and business change happens and benefits are realised.

2F: Prioritisation

The Health Board has an outline 'Prioritisation' framework against which new developments are tested.

Applying the principles of Prioritisation is an essential step towards improving quality of care, access to care, and equality of provision. When committing public resource, the Health Board must ensure that interventions are supported that provide the highest value to the public of North Wales.

The Prioritisation framework has Value Based Care as the cornerstone, supported by impact assessments that provide assurance that improved quality and equity of access drives decision making. Further work is required to refine this, to adequately test it in real-time use and to then embed it within strategic decision making across the Health Board.

This framework will also serve the Health Board in identifying activity that is of low-value, or no-value. Providing interventions with low or no value significantly contributes to patient harm since the opportunity of healthcare related adverse events is higher than the likelihood of clinical improvement from the intervention. Continuing to invest in low or no value interventions also means limited resources are used up in ways that limit the capacity to provide more interventions likely to have better outcomes. Addressing this will provide an important mechanism by which the Health Board can redistribute resources to prevention, community and primary care services in line with A Healthier Wales and Ministerial direction.

Why this has been prioritised in the 2024-27 plan?

Further work is required to develop the Prioritisation framework in order to embed it within all resource allocation decisions. The Health Board operates within a resource-limited environment, meaning that the deprioritisation of ineffective or less-effective interventions allows additional resources to be directed towards the highest value interventions. Having a broader framework will support the Health Board to make better decisions regarding resource allocation. This will lead to a more effective strategic plan, and a quicker journey towards being resource sustainable.

Priorities

- Refresh current Prioritisation and Deprioritisation Framework approach used within the Health Board, to incorporate local learning gained during 2023-24 and the learning and approaches in place in other NHS organisations.
- Formalise the refresh into an approvable Prioritisation Policy for the Health Board.

Moving into years 2 & 3 the Health Board will

- Review impact of Prioritisation and Deprioritisation approach within the Health Board to ensure consistency of use within resource allocation decision making.

What difference to outcomes will this make?

Expanding the current Prioritisation framework to include an approach to Deprioritisation will ensure we make the best possible use of the resources available to us, for the residents of north Wales.

2G: Effectively delivering Major Change

At times, the Health Board has found it difficult to balance the approaches taken to delivering change in a way that provides the greatest likelihood of timely and enduring success. Adopting evidence-based approaches to the delivery of the larger, more complex, pieces of work is a well recognised way to improve success.

During the last year the Health Board has developed greater experience and established an infrastructure built upon a strong methodology, supported by an international evidence base. This

has led to the creation of the Betsi Way Programme toolkit. This was successfully deployed within the Health Board as a test of concept during 2023-24 in creating the Orthopaedic Business Case for Llandudno; this has directly led to the ability to secure capital funding for the Llandudno site within a much shorter time period than the Health Board would have taken previously, and with strong feedback regarding the high quality of submission. The toolkit was then further expanded deployed to provide PMO Assurance to our Special Measures reporting, leading to a higher proportion of on time delivery of milestones than historically would have been seen, and greater assurance in the quality of delivery leading to tangible service improvement.

Emerging areas where the application of consistent, evidence-based methodology will improve the effective delivery of change with the Health Board

Progressing an accelerated approach to implementing an **Electronic Health Record (EHR)**. This activity is covered in more detail in 2E: Digital, Data and Technology (DDaT)

Local delivery of the priorities identified by the national **Value and Sustainability** Board as being those most likely to have the greatest positive impact.

Improving the delivery of improved clinical outcomes in **Unscheduled Care** within the Health Board

Resetting the **Planned Care** programme to identify opportunities for improving demand, capacity and value planning and performance in planned care

The Health Board recognises the need to extend to a full deployment model that covers the delivery of the whole portfolio of the most complex 'major change'. In 2024/25 this will include (but is not limited to) our digital delivery priorities, including progressing an Electronic Health Record (EHR) in Mental Health services and our Emergency Departments, our local approach to implementing and aligning to the national Value and Sustainability Board, and the delivery of our Planned Care, and Urgent and Emergency Care improvement programmes.

Holding firm to evidence-based change management science will lead to greater tangible improvements from respective programmes, delivered in a more timely way.

Why this has been prioritised in the 2024-27 plan?

The existing approach is ready to be rolled out further and will bring more rigor to current major programmes, helping the Health Board to bring about improvements faster.

Priorities

- Establish the highest priority major change initiatives within the Health Board and transfer them into PMO oversight, with full adoption of evidence based delivery governance and scrutiny through Board Committees. The table above outlines those areas *currently* thought to be of greatest priority for inclusion in the major change portfolio.
- Finalise and agree the process of regular review of the major change portfolio to ensure it continues to be focused upon the areas when this approach offers greatest value, and with regular reporting of impact.

Moving into years 2 & 3 the Health Board will

- Review the deployment changes enacted in 2024/25 have had appropriate impact, modifying the approach if necessary.

- Introduce post implementation gateway reviews of projects and programmes previously completed to confirm that the early impacts seen have become embedded.
- Review the gateway review changes enacted in 2025/26 have had appropriate impact, modifying the approach if necessary.

What difference to outcomes will this make?

Applying robust programme and portfolio management skills to our major programmes of change will better support successful delivery according to scope, and avoiding unnecessary delays. This will lead to improvements being seen more quickly.

2H: Strengthening Planning

A review of Health Board planning processes was commissioned by Welsh Government in 2023, with final recommendations received in the Health Board in March 2024. The review and its recommendations will be considered by Board in April 2024, and will provide a nucleus around which the Health Board can consider additional opportunities to further develop strategic planning functionality within the organisation.

Several of the recommendations received are being addressed by other key priorities that are included in the plan; these include the recommendations to work on an overarching strategy and clinical services plan (Priorities 2A and 2B), operating model improvements (Priority 1C), improvements in delivering change (Priority 2F) and in being intelligence-led (Priority 5D).

Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to utilize the Planning Review recommendations to continue to strengthen planning capacity in time to support a renewed focus upon strategy.

Priorities

In addition to the priorities laid out within the key priorities listed above, the Health Board will

- Implement the agreed action plan produced in response to the Planning Review to enhance capacity and capability for planning.
- Undertake further work with staff and stakeholder to refresh the design of the planning system in the Health Board. This will build upon the Integrated Planning Framework. This will specifically include building operational planning capacity.
- Undertake a review of current and future commitments, drawing out the planning capacity needed to plan and implement it. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed.

What difference to outcomes will this make?

Implementing the recommendations will lead to improvements in planning performance within the Health Board, leading to stronger and more-timely decision making supporting a necessary increased focus upon strategy and sustainable service design. In turn, this will contribute to the delivery of high quality services that are robust.

2I: Finance Governance Environment

The Health Board is required to operate within an agreed set of Standing Orders (SOs) Standing Financial Instructions (SFIs) and Scheme of Reservations and Delegation (SoRD). The scheme of decisions is reserved to the Board; including the scheme of delegation of powers to Committees and officers of the Health Board. A range of national framework documents set out the arrangements within which the Health Board, its Committees, Advisory Groups and NHS staff make decisions and carry out their activities.

Why this has been prioritised in the 2024-27 plan?

The Health Board is required to provide assurance on the current arrangements and controls in place, taking corrective action where improvement is required. This enables the continual assessment of compliance with the Health Board's contract and procurement control framework (for both revenue and capital expenditure) and ensures oversight and control through appropriate delegation for decisions to be enacted.

The Health Board is also required to monitor the contracting cycle and related policies, procedures and processes across the cycle, undertaken by operational and finance staff and by the NHS Wales Shared Services Partnership and the local procurement team.

A sound system of financial control is essential in securing value for money in placement of contracts for goods and services in a legally compliant manner, also to be assured all financial transactions are reported accurately.

The end of year financial statements on performance audited by Audit Wales, the Health Board seeking receipt of a clean bill of health and unqualified opinion on production of the end of year financial statements, for recommendation of adoption by the Audit Committee and endorsement by the Health Board for filing with NHS Wales and Welsh Government.

Priorities

- Enhance and monitor the Financial Control Environment, key elements being continual refinement of the recently endorsed Standing Orders, Scheme of Reservation & Delegation and Standing Financial Instructions.
- In accordance with Audit Wales and Internal Audit support the enhancement of the control environment through active participation in the setting of the Internal Audit Plan, in conjunction with the Audit Committee of the Health Board.
- To ensure recommendations from review of the financial control environment by internal audit are implemented, supporting the end of year Head of Internal Audit Opinion offering assurance over the Health Board having a sound, strong system of internal control.
- To develop further the training and support offered to managers in application of the Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation, with specific focus on training in relation to procurement in securing value for money and engagement with the wider market in placement of orders for goods and services.
- A key component of the Procurement of goods and services centres upon the review of single tender waiver and contract approval process controls, including Welsh Government approval where required, and compliance with those controls to include approval of contracts and appropriate segregation of duties.

What difference to outcomes will this make?

The Health Board will ensure delivery of a robust control environment that complies with best practice in provision of oversight, our control mechanisms both locally and regionally aligned to the required national standards, securing a positive rating following review by Internal Audit with oversight through the Health Boards Audit Committee.

The implementation will ensure decisions taken are compliant with and aligned to that directed by the Health Board and offer value for money for the local population of North Wales, engaging with the market in a manner compliant with all relevant legislation and best practice. Further, through receipt of an unqualified audit opinion an assurance financial performance is reported accurately to the local population, NHS Wales and Welsh Government.

2J: Early identification and support of Challenged Services

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is difficult. A number of these services are struggling to resolve their backlog of planned care activity as quickly as is required.

Whilst some of these difficulties have arisen due to difficulties recruiting into a service which is otherwise optimally configured, many services that become challenged require considerable reconfiguration in order to become stable and able to deliver the efficient and high-quality service required. Being able to recognize early those services where reconfiguration is required provides the potential to intervene and resolve issues before they become deep-seated and impact upon service delivery.

Why this has been prioritised in the 2024-27 plan?

Within the first nine months of special measures the Health Board has commenced action plans to address the configuration and performance of a number of these challenged areas. The Health Board wishes to take the learning from this process to inform a more proactive programme of activity that can identify services on the cusp of becoming 'challenged' in order that support and intervention can be implemented before service performance deteriorates significantly.

Priorities

In 2024/25:

- Reflection exercise to identify the common themes and flags identified from addressing the first tranche of challenged services.
- Work with Hywel Dda Health Board to learn from the work that they have already done in this area.
- Taking the activities above, commence a clear triangulation approach in the Health Board that is designed to identify challenged services at an earlier point.
- Engage with the national work looking at 'fragile services' that forms part of the work programme of the clinical variation and service configuration workstream within the Value and Sustainability Board work.

In 2025/26 and 2026/27:

- Review the impact of the triangulation approach, and refine accordingly.
- Refine the Health Board approach to maintain alignment with the emergent national work from the national Value and Sustainability Board.

What difference to outcomes will this make?

The Health Board expects that by identifying services that are experiencing challenge and fragility at an earlier point, the activity required to resolve those challenges will be simpler and result in less patient pathways being adversely affected.



**Creating compassionate
culture, leadership and
engagement**

1

2

3: Creating compassionate culture, leadership and engagement

4

5

Objective area 3 uses the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners, significantly impacts upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas and prioritising these will lead to better outcomes.

Summary

Objective 3: Creating compassionate culture, leadership and engagement		National Planning Framework	Special Measures Framework
3A	Compassionate Leadership and Organisational Development		✓
3B	Citizen Engagement	✓	✓
3C	Being a Good Partner	✓	✓

3A: Compassionate Leadership and Organisational Development

The Health Board response to Special Measure improvement included a wish to further develop culture and leadership capacity. This work has commenced with the support of Professor Michael West from King's Fund, to encompass a strong focus upon 'compassionate leadership'. Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for so they can reach their potential and do their best work. This is an evidence-based approach leading to strong and resilient teams that are better able to navigate the Health Board through a challenging period.

Importantly, compassionate leadership is not an end in itself; there is a strong body of evidence demonstrating that a compassionate leadership culture generates better outcomes from staff across the organisation.

Compassionate leadership will sit as a common thread through the wider organisation development work now underway within the Health Board. The newly established Organisational Development Steering Group will continue to shape and implement the key priorities of the OD plan, reviewing and reporting progress through the Executive Team and onwards to the newly formed People and Culture Board Committee.



Figure 9: Compassionate Leadership, from Prof Michael West / Health Education and Improvement Wales

Why this has been prioritised in the 2024-27 plan?

Foundational work has commenced in 2023-24 and the Health Board wishes to build upon this without losing traction. Creating a culture that is consistently compassionate and high performing is a continual journey that will continue to grow throughout the period of this three year plan.

This activity is foundational activity that underpins and interlinks with all other activities, both within Objective 3 and beyond.

Priorities

Organisational Development is a continual process that will therefore not be completed within 2024/25. During 2024/25 the Health Board will:

- Develop and commence the implementation of the Cultural Change Programme.
- Approve and implement the organisations Leadership Development Framework.
- Introduce approaches to enable a Board and Committee focus on staff experience, including staff experience stories.
- Support the establishment and effective working of the new People and Culture committee.

What difference to outcomes will this make?

Improvements in compassionate leadership and organisational development will allow faster improvement across the organisation, and greater staff satisfaction, leading to improvements in patient experience and outcomes.

3B: Citizen Engagement

The Health Board is committed to engaging directly with communities. This means not just early, but continuous engagement to enable listening and learning from the experiences and expertise of others.

This helps to ensure that plans and priorities are informed by what matters to citizens, and that people have the information and support to enable them to maintain and improve their health and wellbeing. This is a clear commitment made with awareness that the Health Board has not always managed this well in the past.

Why this has been prioritised in the 2024-27 plan?

There is a real opportunity to reframe relationships with the people of North Wales, to rebuild credibility and trust. A refreshed approach to engagement is endorsed by the Health Board and its leaders are committed to increasing visibility and strengthening engagement with communities.

Priorities

- The Health Board will build a wide-ranging engagement programme with communities across North Wales, providing opportunities to ask questions and find out more about the plans for the future.
- A Citizens Experience Report, produced every other Board meeting, will inform Board members about the key themes of interest and concern to the public.
- An Engagement Working Group will act as a catalyst for stronger cooperative working across the organisation and with independent colleagues and citizens (eg Llais, Forum Chairs). It will build genuine coproduction in engagement and patient experience and bring together

expertise and knowledge. The Group will develop the *Betsi Way: Engagement* and embed this across the organisation.

- The Health Board will learn from engagement with families, listening to family stories during reviews, understand what families continue to need and how they can be routinely involved and build an approach which becomes embedded.

What difference to outcomes will this make?

Meaningful engagement, strong relationships, partnerships and communication are at the heart of building trust and confidence in the quality of care and services, and intrinsic to the Health Board's journey of improvement and developing care to meet the needs of its population.

Capturing, analysing and triangulating the valuable feedback from citizens and working with them to shape improvements will demonstrate that they are fundamental to the development and improvement of care and services. This way of working will embed listening and engaging into the strategic approach of the Health Board. Strong citizen engagement will lead to the successful creation of our 10 year strategy (Priority 2A above) as a strategy that is recognised and supported by the population of North Wales.

3C: Being a Good Partner

The Health Board contributes to partnership working across a partnership environment that is complex and multi-faceted. Some of these partnership opportunities offer greater potential than has been made use of historically.

There are significant challenges ahead, some of which are shared not only across Wales but the UK and Western Europe, as well as internationally. The Covid-19 pandemic has had a lasting impact on the wellbeing of the population and the delivery of health and care. The increases in the cost of living and a challenging economic situation add to the picture and create a complex environment for all partners.

This level of complexity can only be tackled through a whole system approach; with Local Authorities, Third Sector and Charitable organisations, Housing Associations, Universities and Higher and Further Education partners, neighbouring Health Boards and the NHS in England. Furthermore, all evidence points to the solutions to these challenges being markedly better when understood as across our system partnerships.

Anchor institution

An important way for the Health Board to develop greater partnership impact in North Wales is through the recognition of its role as an 'anchor institution'. The term anchor institution typically refers to large, public sector organisations whose long-term sustainability is tied to the wellbeing of

the populations they serve¹⁶. As a partner to other organisations, and to the residents of North Wales as a whole, the Health Board can make a difference within the community through local procurement of goods and services, the way it uses its physical estate, the way it supports local employment, in reducing environmental impact and in collaborating to model civic responsibility.

Why this has been prioritised in the 2024-27 plan?

Partnership working is an area that the Health Board wishes to improve upon, noting that working in true partnership has not always been prioritised in the past. The Health Board wants to develop and support new and existing relationships so that partners are involved and are shaping solutions to the shared complex and difficult issues. The Health Board recognises the importance of agile decision-making.

Priorities

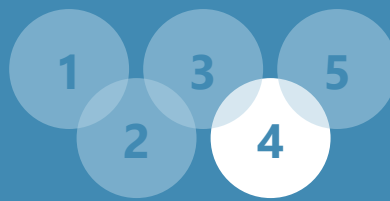
- The Health Board will review attendance at Regional Partnership Board (RPB) and Public Service Boards (PSBs) to ensure that attendees have the required delegated authority to allow consistent attendance and prioritisation of, and effective contribution and decision making in, those fora.
- The Health Board will review internal governance processes to ensure that, where possible, they dovetail and complement Regional Partnership Board and Public Service Board governance processes to allow timely decision making, whilst still maintaining appropriate internal scrutiny.
- The Health Board will seek to achieve greater integration of services, shared approaches to improving the wellbeing of the population and innovative and transformative ways of working that tackles much wider social, economic and environmental factors. Working in this way will enable a shared values approach, where community is at the heart of decision-making.
- The Health Board has already adopted a refreshed approach to using the Stakeholder Reference Group for advice and guidance as early as possible, with discussions including the contents of this three year plan, and on the next phases of special measures. The Health Board will continue to grow this approach with the Stakeholder Reference Group during 2024-25.
- The Health Board will continue to make improvements in involving Local Authority colleagues in the creation of our operational and strategic plans, including our Annual or 3 year plans.
- The Health Board will establish regular stakeholder briefings and listen to partners through an annual survey. This will be in addition to the routine update mechanisms already in place. The feedback will shape and improve how the Health Board works with its partners.
- The Health Board will explore opportunities to prioritise collaborative activities that offer the potential to address mutual challenges in ways that have greater impacts for North Wales residents. These include (but are not limited to) opportunities to procure more locally and to co-locate or position services in locations that best meet population needs whilst simultaneously improving value and efficiency for the partners involved.

¹⁶ <https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

- The Health Board will fully commit with the expectations of the Social Partnership and Public Procurement (Wales) Act, recognising it to be an opportunity to further deepen its commitment as an anchor institution.

What difference to outcomes will this make?

Ensuring that strategic and decision making processes within the Health Board integrate well within the wider system environment of RPB and PSBs will make it easier for decisions to be made that maximize the opportunity of working together to deliver better outcomes for North Wales residents.



**Improving quality,
outcomes and experience**

Objective area 4 covers a large thematic area encompassing the operational delivery of clinical services where improvements are required to improve performance across a number of key areas.

Good work, taking a pathway focused approach, has commenced in a number of areas. However the Health Board recognises the need to build further upon this at pace.

The experiences for many patients using urgent and emergency care services are that there are still long delays in receiving treatment in the right place. Work is being prioritised to expand urgent treatment opportunities outside of District General Hospital settings where it is safe to do so, including in primary care settings (including but not limited to GP services), and in minor injury service settings. Where urgent District General Hospital treatment is required the Health Board is continuing to develop service settings that result in less time being spent in Emergency Departments, or being able to avoid the Emergency Department altogether. And when Emergency Department treatment is required, and requiring ambulance conveyance, the Health Board is committed to improvements that mean patients spend less time awaiting handover from ambulance to the hospital.

In planned care services the Health Board still has further work to undertake to deliver improvements in long waits in some specialties. Some of these specialties require changes in configuration to effectively address backlogs in care and to make them more reliable and equipped for future demand. Work is contained within this plan to support the Health Board to continue to address these challenges and to better identify and address demand and capacity mismatch.

Cancer care services are comparatively well performing, achieving 62-day referral to treatment compliance in most areas with work underway to address non-compliance in Dermatology.

Adult Mental Health and Learning Disabilities services have been subject to considerable scrutiny over a number of years in relation to a number of enquiries and action plans and progressive improvements have been seen across the service. The Health Board recognises there is further progress required to place the service on a sustainable foundation able to achieve consistently high outcomes. During 2023-24 the Health Board was subject to prosecution by the Health and Safety Executive because of failings in anti-ligature assessments and as a result the Health Board is continuing to reinforce and embed risk assessment training and Estate modifications.

In CAMHS and Neurodevelopment services, the Health Board is continuing to respond to challenges being felt across the UK related to demand outstripping capacity. The approaches being pursued include a combination of efficiency and upscaling of capacity changes alongside the need to make transformational changes to deliver a service that is sustainable longer term.

More widely in children's services the Health Board has developed a particularly mature relationship with statutory partners across North Wales through work undertaken with RPB support, including in children's safeguarding. This work will be progressed further. Pathways of care

have also continued to mature between general paediatric services and CAMHS, and between general paediatric services and adult services.

The Health Board recognises the need to maintain significant focus on making urgent improvements in operational performance but is also aware that at the same time continued focus is required in parallel to redesign services to place a greater emphasis upon prevention and primary care.

▪ **Structure of this section**

The Health Board considers that a key requirement for successful clinical service delivery requires the adoption of an *integrated* approach, with pathways of care that move across different services doing so in a seamless way. For this reason, when designing improved pathways of care, the Health Board now does so using an end-to-end methodology that pays particular attention to avoiding disordered transitions to and from different services.

For the purposes of clarity within this plan this section has been divided into traditional service areas. Whilst some areas are comparatively discrete, others such as prevention and primary care span and include many of the other sections. However structuring in this way allows easier navigation across the specific challenges being addressed in different areas.

Summary

Objective 4: Improving quality, outcomes and experience		National Planning Framework	Special Measures Framework
4A	Patient Experience	✓	✓
4B	Prevention	✓	✓
4C	Primary Care and Early Intervention	✓	✓
4D	Community Care and Clusters	✓	✓
4E	Planned Care	✓	✓
4F	Cancer Care	✓	✓
4G	Urgent and Emergency Care	✓	✓
4H	Diagnostics	✓	✓
4I	Adult Mental Health, Learning Disability, CAMHS & ND	✓	✓
4J	Current 'Challenged Services' Vascular, Urology, Ophthalmology, Oncology, Dermatology, Plastic Surgery, Orthodontics	✓	✓
4K	Women's Services	✓	✓
4L	Children	✓	✓
4M	Pharmaceutical services	✓	✓

4A: Patient Experience

The Health Board has a Patient Experience feedback portal, using a nationally procured system, and has made good progress using this in outpatient areas where the volume of feedback is high compared to other Health Boards. However use is less consistent in other areas including inpatient settings and in Emergency Departments.

There is also more opportunity to use the learning from Patient Experience responses to rapidly improve services.

Moving forwards the Health Board wishes to build upon the experience of collecting feedback in outpatient areas to inform further development, firstly into Emergency Departments, and additionally to demonstrate that the information returned impacts upon service improvement.

Why this has been prioritised in the 2024-27 plan?

Collecting, and then using, patient experience feedback is something the Health Board wants to place at the centre of decision making. It has potential to contribute strongly to the quality management system and triangulation work that the Health Board is progressing but to do so the feedback needs to be used to full potential. This requires further activity to ensure learning based upon feedback.

To be of greatest use feedback collection must also be more expansive and consistent. The Health Board faces particular pressures in Emergency Departments and the greater collection of, and change build upon, patient experience feedback in these areas offers particular opportunity that the Health Board wants to progress urgently.

Priorities

During 2024/25, the Health Board will

- Expand the offer to patients to complete Patient Experience questionnaires during, or immediately after Emergency Department visits. This will include the use of SMS text invites building upon the learning from outpatients.
- Test the use of feedback mechanisms in more “real time” ways for acute hospital inpatients, using a few wards to test different approaches.
- Embed a system of feedback analysis that allows the recognition of good practice (to be disseminated) and early warning opportunities where additional intervention and support may be required, and demonstrate it is being used.
- Embed feedback reporting for public, Board and partner assurance.

During 2025/26 and 2026/27 the Health Board will then

- Expand the further roll-out into other settings building upon the learning from ED and pilot wards during 2024/25.

- Continuously assess response rates, striving to have high volume feedback that can reliably inform assurance processes.

What difference to outcomes will this make?

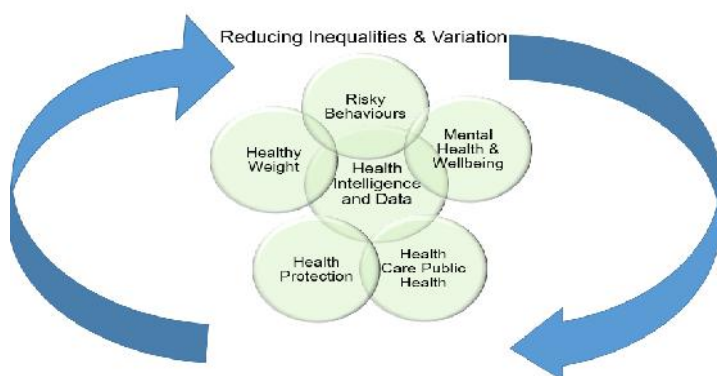
If collected robustly and consistently, Patient Experience feedback provides an opportunity to identify areas of practice that are good (and can be emulated across the Health Board) as well as areas that require improvement, in close to real time. This means the Health Board can learn from trends before they result in significant harm, but it also means that the patient voice can more greatly influence the development of our services. In summary, the experience and satisfaction of patients using our services would improve.

4B: Prevention

Prevention and reduction of avoidable ill-health are key priority areas and the Health Board will continue to engage with partners across the North Wales region to meet these challenges. Many of the chronic illnesses that contribute significantly to both unscheduled care and planned care attendances in Primary and Secondary care are largely preventable. These include type 2 diabetes, respiratory diseases, some cancers, and many cardiovascular diseases including stroke.

Why this has been prioritised in the 2024-27 plan?

Over recent years improvements in life expectancy rates across Wales, including in North Wales have slowed down. Higher mortality rates in 2020 due to the Covid-19 pandemic may account for some of this, however the stalling of life expectancy improvements commenced prior to this. Contributable causes include low wage growth, fuel poverty, food insecurity and austerity which disproportionately affect those in our poorest and most vulnerable communities, as well documented by Sir Michael Marmot.



The need to address health inequality is the key step in preventing avoidable ill-health. This plan considers public and population health data, intelligence and evidence of the population, communities and their needs. This is demonstrated through programmes of work which seek to tackle variation and inequity in services and protect the most vulnerable. Working with

partners, the Well North Wales programme will focus on a regional approach through collaborative working and the development of sustainable models for services which target prevention and early intervention.

The programme brings together already established aspects of work, some of which contribute to more immediate outcomes such as smoking cessation and benefits associated with Social Prescribing along with programmes such as the Inverse Care Law (ICL) which influence behaviours and environmental factors. The phenomenon of the Inverse Care Law, first described by the Welsh GP Julian Tudor Hart, in 1971¹⁷, describes how those that most need care are least likely to receive it.

Priorities

- **Diabetes.** The intelligence and evidence suggests three main areas where BCUHB could improve health outcomes for people with diabetes and deliver more effective and sustainable services. These are: Preventing people developing diabetes, developing effective primary and community models of care for diabetes and improving the intelligence to plan and manage diabetes care. The Public Health Team will continue to lead and support colleagues across the Health Board to create an improved Diabetes care pathway in North Wales (see also Priority 4D).
- **Immunisation.** The Health Board will continue to reduce variation and improve uptake of immunisations across the life-course, encouraging local teams to signpost patients, staff, families and carers to trusted sources of information on immunization. Currently, cases of Measles are on the increase and the Health Board is delivering targeted campaigns for increased delivery of MMR vaccination levels.
- **Well North Wales and associated programmes.** The Health Board will continue to develop the framework that makes the case for keeping people healthy utilising outcomes from the ICL workshops to work with partners to develop system approaches to delivery of wellbeing solutions in our communities.
- **Smoking remains the biggest cause of preventable ill health and whilst progress has been made in North Wales, continued work to increase referrals of smokers to the Help Me Quit (HMQ) Smoking Cessation Services will support a reduction in those smoking and the delivery of a smoke free Wales by 2030.** The Health Board will continue to deliver to the Smoke Free Regulations (2020) and the Board's No Smoking Policy.
- **Healthy Weight.** The Health Board will continue to implement a Whole System Approach to the Healthy Weight Delivery plan with key priorities of influencing the spatial planning system through local delivery plans and planning applications, influencing the food environment in workplaces and educational establishments and through maintaining the delivery within the All Wales Weight Management Pathway.
- **Physical activity.** The Health Board will continue to work with partners to support and encourage communities, including the Health Board's workforce, to think about physical activity as being a normal part of their daily lives.
- **Alcohol –** The Health Board together with partners will continue to deliver the North Wales Alcohol Strategy 2020-24 and contribute to the refresh.

¹⁷ <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>

- Respond to the Gypsy, Roma and Travellers Needs Assessment and identify the opportunities to improve health for those in vulnerable communities including Asylum Seekers and Refugees; those in contact with the Criminal Justice System; and those with Learning disabilities.
- Corporate Parenting. The Health Board will commit to the Welsh Government Corporate Parenting Charter and consider ways in which it can support care experienced children and young people to have the same opportunities in life as all children and young people in Wales.
- Mental well-being. Through supporting delivery against the North Wales Together for Mental Health Strategy the Health Board will aim to improve mental health and well-being across all ages, and to promote the 5 Ways to Wellbeing for service users and staff.
- Continue to develop the work of the Health Board pathways of care team to maximise prevention and a public health approach within them.
- We will continue to implement plans which support elimination agendas including Hepatitis B & C, and Tuberculosis.

What difference to outcomes will this make?

As set out in 2023-24 Executive Director of Public Health Annual report¹⁸, BCUHB are committed to working with partners (internal and external) to develop and implement evidence informed system approaches to improving the health and wellbeing of our population.

Our priorities contribute to delivering two major strands to our population health plans for 24-25 through to 2026/27 which are focussed on tackling and reducing the inequalities, leading to differential outcomes for different groups in North Wales:

1. Well North Wales Programme which will focus on keeping people healthy, so that we maximise their ability to live healthy and fulfilling lives and contribute fully to their communities.
2. Healthcare Public Health and population health approaches to support BCUHB to shift towards a focus on prevention and early intervention to prevent conditions arising or where they do, to reduce the serious consequences of those conditions.

4C: Primary Care and Early Intervention

Note that this is a Plan summary. Further detail can be found in the National planning templates for GMS, Community Dental Services, Optometry Services and Community Pharmacy, which accompany this overarching Plan as appendices.

The vast majority of patient contacts in the NHS occur in Primary Care. The Health Board recognises the importance of stable, resilient Primary Care services in ensuring that the residents of North Wales have care at the right time and in the right place, medicalised only when necessary.

¹⁸ <https://bcuhb.nhs.wales/about-us/governance-and-assurance/>

Primary Care services are delivered through a mixed model of contractor delivered services and direct Health Board delivered services, spanning primary medical care, primary dental care, optometry and community pharmacy.

The Health Board currently provides directly managed primary medical care services for 106,386 patients across North Wales. There are opportunities to consolidate the Health Board approach in managing these services recognising that the future model for primary medical care services in North Wales will require a combination of directly managed and independent contractor-delivered practices. Acknowledging this means that the Health Board can now focus attention to draw out the resilience and innovation opportunities that longer-term direct management offers for these practices *and* for independent contractors.

The Health Board recognises the imperative to redistribute resources to community and primary care and to maximise the opportunities offered by key policies such as Further Faster. This is a significant challenge in a post Covid-19 setting and faced with significant resource and performance challenges across the Health Board more widely. In pursuit of this the Health Board will use opportunities including Value Based Care (priority 1E) , Commissioning (priority 2C), Prioritisation (priority 2E), and the emerging 10 year strategy (priority 2A) and clinical services plan (priority 2B) to anchor and then progress this requirement.

Why this has been prioritised in the 2024-27 plan?

The majority of healthcare contacts occur in Primary Care and there are services that could be better delivered by moving them more into Primary Care. To do this Primary Care must be supported to be resilient and helped to address the current capacity and sustainability challenges that exist.

Difficulties in accessing Primary Care services due to these capacity and sustainability challenges inevitably lead to individuals having to access other parts of the healthcare service unnecessarily, or live with unmet health need. As the majority of patient contacts occur in Primary Care settings this can have significant impacts.

Supporting same day primary care will help to reduce avoidable hospital Emergency Department attendances and ambulance use.

Supporting chronic disease management in primary care will help to minimise hospital outpatient referrals, and when done in collaboration with partners through our Locality/cluster teams this will minimise over-medicalisation.

Supporting managed practices to re-stabilise and then innovate and train a new cadre of Primary Care professionals, able to work in any part of Primary Care including in those practices that remain independent, will help all of Primary Care in North Wales to succeed.

Priorities

In 2024/25 (and extending into 2025-27 where required) the Health Board will

- Continue to implement the national 'Primary Care Model' for Wales, and engage fully in the national Primary Care Programme.
- Develop the Primary Care 'same day' offer, to provide more equitable access to primary care as alternatives to Emergency Department attendance or the avoidable use of 'out of hours' services.
- Continue to develop a pathways of care approach, working with primary care professionals to ensure they have access to the resources they need so that secondary care referrals only occur where they will add value to the patient.
- Continue to take a 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability.
- Continue work to improve access to primary care dentistry.
- Continue to provide sustainability support to contractors that are in difficulty.
- Progress our strategic approach to a mixed model of primary care that supports contractors to remain independent contractors, and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research.
- Implement the new GMS Contract Assurance Framework.
- Improve Board visibility of primary care performance data.
- Continue to develop proposals that address areas of poor primary care estate impacting upon care delivery, including the proposals currently progressing in Penygroes (Canolfan Lleu), in Conwy West locality, in Bangor, and in Holyhead.
- Continue to work with Primary Care providers in North Wales to prepare suitable training environments for Medical Students from the North Wales Medical School.

What difference to outcomes will this make?

Increased resilience to primary care will lead to more timely access to healthcare, delivered closer to home and with less inequalities. Reducing avoidable secondary care use will lead to improved patient experiences in secondary care environments as well as primary care.

4D: Community Care and Clusters

Note that this is a Plan summary. Further detail can be found in the National planning templates for GMS, Community Dental Services, Optometry Services and Community Pharmacy, and in the North Wales Cluster Plans which accompany this overarching Plan as appendices.

Clusters or 'Localities' were introduced in North Wales in support of the 2010 'Setting the Direction' Welsh Government framework for Primary and Community Services. There are 14 clusters in North Wales spanning from some of the most rural parts of Wales, to some of the most urban areas. Each cluster has a unique set of population needs and challenges.

Over time clusters have evolved in line with the Primary Care Model for Wales, beyond being primarily focused upon supporting General Practices to work together to being about supporting the needs of their populations through wider collaborative working drawing in other professionals working in primary care, community NHS care and, importantly, other partners including local authority colleagues and voluntary sector colleagues. This shift in emphasis recognises the important role that others can play in community health and well-being, and reduces the risk of focusing upon medicalised approaches that could be better delivered in other ways. This includes work being done in exploring the potential of 'one stop' clinics in clusters that brings together prioritised work on type 2 diabetes (see priority 4B), the cross-support and innovation between directly managed and independent contractor primary care (see priority 4C) and the wish to improve the experience for patients with multiple long-term conditions (see priority 4E).

In this way, clusters support improvements in population health by integrating services at a local level to provide better, more joined up care for communities.

There remains much work to do to ensure that clusters are able to maximise their potential impact. In line with the rest of Wales the Health Board oversees the administration and governance of clusters in its area and during 2023/24 the Health Board implemented revised governance models and supported clusters to respond to the requirements of the Welsh Governments Further, Faster programme to develop and enhance community care to reduce pressure on hospitals. Alongside this each cluster has worked to strengthen their collaborative partnerships, and implemented priorities identified within each cluster for their local area.

North Wales Clusters
Anglesey
Arfon
Dwyfor
Meirionnydd
Conwy West
Conwy East
North Denbighshire
Central & South Denbighshire
North West Flintshire
North East Flintshire
South Flintshire
North West Wrexham
Central Wrexham
South Wrexham

Figure 10: North Wales Clusters

Why this has been prioritised in the 2024-27 plan?

Clusters are an important construct through which improved primary care and community services can be provided. They offer the potential to de-medicalise care by drawing upon the expertise of partners within their cluster collaborative, so increasing value and impact.

Clusters have populations of up to around 50,000 people allowing more localised solutions to reflect localised need.

Supporting clusters to develop has the potential to improve public health, reduce avoidable healthcare demand, and improve the sustainability of primary care and other health and non-health services.

Priorities

Note that individual cluster plans also contain more localised cluster priorities

- Implement the community resilience, social prescribing and early intervention programmes of care plans outlined within individual cluster plans.
- Roll out of the All Wales Diabetes Prevention programme, targeting the avoidance of developing type 2 diabetes.
- Continue developing community-based support and engagement approaches for people living with dementia and their carers.
- Increasing implementation of the Discharge to Recover then Assess (D2RA) model¹⁹, focusing upon what matters most to the individual, maximising recovery and independence and reducing the over-prescription of statutory services.
- Continue and expand the use of cluster-based Care Home support services that can provide timely assessment in order to minimise otherwise avoidable hospital conveyances.
- Further development of 'one stop' models of care to enhance the delivery of care for people with diabetes and related conditions.

What difference to outcomes will this make?

Cluster priorities include a range of interventions that are identified to improve public health outcomes. Supporting the work of Further, Faster through clusters is intended to reduce pressure upon hospital services. Supporting primary care providers to work collaboratively within their clusters is expected to improve primary care sustainability and resilience.

¹⁹ <https://www.gov.wales/sites/default/files/publications/2021-08/hospital-to-home-community-of-practice-key-learning-and-practice-examples.pdf>

4E: Planned Care

Note that this is a Plan summary. Further detail can be found in the National planning templates for Planned Care which accompany this overarching Plan as appendices. The delivery of our improvement plans in planned care during 2024-25 also tightly interweave with other parts of this plan, and in particular our response to challenged services (4J), diagnostics (4H), community care and clusters (4D), prioritisation (2E), addressing major change (2F) and value and sustainability (1E).

From the 1st April 2023 to the 29th February 2024, the Health Board undertook 277,105 new and 482,160 follow up secondary care outpatient appointments. A total of 32,466 elective inpatient and 113,628 day case procedures and operations were also undertaken. However planned care services are not where the Health Board would wish them to be and further work is required to fully return to, and then improve upon, pre-pandemic capacity.

The table below illustrates the number of patients awaiting planned care at the end of December 2023.

Cohort	Number of patients as of 31 st March 2023	Number of patients as of 31 st December 2023
Patients waiting over 52 weeks for a first outpatient appointment (Performance measure 30 in 2024 national performance framework)	13,480	14,166
Patients waiting over 156 weeks referral to treatment	3,813	1,405
Patients waiting over 104 weeks referral to treatment (Performance measure 32 in 2024 national performance framework)	10,379	8,317
Patients waiting over 52 weeks referral to treatment (Performance measure 33 in 2024 national performance framework)	36,095	36,935

As can be seen, the Health Board has managed to reduce the number of patients waiting for over 104 weeks from referral to treatment by around 2,000 patients, which equates to 20%, during the first 9 months of 2023-24, and in patients waiting for over 156 weeks for treatment, the numbers waiting has reduced by over 60%. The Health Board recognises that there is still a lot more progress required and understands how important it is to continue to reduce the number of patients waiting long periods for planned care. Many of the long waits relate to clinical services that are particularly challenged because of how they are configured and a summary of additional improvements in these areas is included in the priority of 'Currently Challenged Services' (priority 4J later). There are further opportunities to improve our long waits position by flexing capacity across the whole geography of the Health Board.

Whilst some services require particular reconfiguration support to reach full productivity, there also remains significant opportunity for improvements in general productivity across planned care services that do not relate to configuration. Work with GIRFT, referenced in the earlier parts of the plan, has been particularly helpful in drawing out the areas of greatest increased productivity opportunity. Alongside this, the Health Board will make full use of benchmarking data that will soon

be received as part of the national Value and Sustainability Board work (priority 1E) to explore further opportunities to learn and improve planned care productivity.

The Health Board is aware that whilst data supports that referral rates have significantly increased in North Wales during the past year, data from other Health Boards suggests that their referral rates may have increased to a lower extent. The Health Board is currently exploring the reasons behind this, including reviewing Health Board data quality, and interventions made by other Health Boards that might have contributed to their lower referral growth for example by implementing the Community Health Pathways model used by other Health Boards. Where there is reasonable evidence to support interventions then the Health Board will look to implement them at pace.

Unlike other organisations, the Health Board does not have dedicated 'cold surgery' sites at present. These are sites where surgical activity can be protected from the impact of urgent and emergency care pressures. Later in 2024-25 this will be partially addressed when the Llandudno additional theatres, ward space and radiology refresh becomes available for clinical use, creating dedicated, fit for purpose, cold-site orthopaedic facilities. The Health Board will continue to explore the potential of cold-site surgical and diagnostics capacity, in order to more clearly state how this can be addressed this. This will include, but is not limited to, build a case for phase 2 in Llandudno building further upon the work currently underway.

The Health Board currently has access to additional Welsh Government funding to support the reduction of long-wait backlog pressures, and to support those planned care areas under particular stress. Assumptions within these plans include the provisional allocation of this funding according to areas of greatest need and impact. Access to additional resource support within the organisation will first require agreement to, and then subsequent adoption of, reasonable GIRFT productivity principles. In doing this the Health Board will also have due regard to reducing variation of access across the geographical spread of North Wales.

Whilst the Health Board is focused upon addressing current waits and performance, priority work will also be progressed to better prepare for the future planned care requirements that the Wales Chief Scientific Adviser for Health "NHS in 10+ years" report lays out. Key messages from this are summarized in earlier parts of this plan, and will be used to inform creation of our ten year plan laid out in Priority 2A. However, pertinent messages include

- A rise in both primary and secondary care planned care impact arising from a greater number of people living with long-term conditions. Work in these areas spans prevention (since many of these conditions are preventable), primary care and secondary care. The Health Board will need to continue to increase the development of whole 'end to end' pathways of care for key long-term conditions that maximise the contribution of, and capacity requirements of, these different components. During 2023 work has been completed in a number of these areas with benefits realisation assessments to support the rebalancing of resources and expected improved outcomes. During 2024 this will be expanded to include other areas, most notably diabetes.
- There will be increasing numbers of people in Wales living with multiple long-term conditions, with the proportion of people living with four or more diseases doubling between 2015 and 2035, with people living with multiple diseases currently required to attend significantly more

outpatient appointments. The Health Board will explore options for supporting individuals with multiple long-term conditions, aiming to find ways of reducing the burden of multiple appointments that can significantly impact upon the individual and carers.

Why this has been prioritised in the 2024-27 plan?

The Health Board firmly recognises the need to improve planned care performance, with greater productivity and efficiency required and a focus upon a continual reduction in the longest waits. Progress has been made in particular for those with the very longest waits, but there are still too many patients waiting long periods for planned care interventions.

The Health Board also needs to change the approach in some areas of planned care to be better prepared for current and future demand.

Priorities

In 2024-25 the Health Board will

- Focus upon delivery of the ministerial priority to reduce long waits for Planned Care by focusing additional WG support in those areas with the longest waits, by identifying variation across the Health Board and variation with GIRFT best practice.
- Make improvements in the way that appointments and procedures are booked, to make this more efficient and more convenient and accessible for patients.
- The Health Board will do further work to validate waiting lists in order to have a more accurate position of current demand, recognising that patient requirements can change whilst on waiting lists.
- Maintain, and in places increase, momentum in applying Getting It Right First Time (GIRFT) recommendations. Planned care areas where GIRFT recommendations are being progressed include general surgery, ophthalmology, urology, gynaecology and orthopaedics, where there are too many patients waiting long periods for treatment. This will include the roll out of High Volume Low Complexity (HLVC) theatre lists.
- The Health Board will conclude the new build areas and refurbishment of Llandudno Hospital to create an elective orthopaedic centre, with the first patients scheduled to receive treatment during 2024-25. Alongside the Health Board is progress work to design a phase 2 expansion of the Llandudno elective surgical hub development.
- Work will be continued to address 'challenged' planned care services, including in orthodontics and dermatology. Improvement plans in these areas are covered in more detail under Priority 4J.
- The Health Board will do further work to understand the increase in referral rates in North Wales in comparison to benchmarking information from other Health Boards. In doing so the Health Board will specifically seek to understand the impact of implementing the Community Health Pathways platform in other Health Board. As an organisation seeking to apply the best evidence

to all decision making the Health Board will agree an implementation plan for Community Health Pathways if the evidence of impact supports this including incorporating the learning of Health Boards that have already deployed it.

- Irrespective of the Community Health Pathways opportunity, the Health Board will continue to embed use of the redesigned pathways referred to above which have been focused upon long-term conditions and which take an end to end approach covering from prevention through to tertiary care where applicable. In addition during 2024-25 the Health Board will continue the implementation of those pathways currently in development, including diabetes, and will review the impact of this approach.
- The Health Board recognises the particular opportunity that different approaches might have for those who live with multiple LTCs. As referenced above, these opportunities include delivering better care through less hospital visits by being more coordinated in secondary care service provision. During 2024-25 the Health Board will undertake work to identify the potential for different configurations and the impact they would have. This will inform the work covered elsewhere on our 10 year strategy (priority 2A), and upon value and sustainability (priority 1E) in particular. Depending upon the findings and recommendations of this work, the Health Board will seek to implement a different offer for those with multiple LTCs during the 2025-26 year.
- The Health Board has made progress in modelling 'Demand' against 'Capacity' (D&C modelling) in planned care, and in factoring in productivity opportunities arising from GIRFT best practice and other benchmarking but recognises that it would be beneficial to further mature our approach to this. During 2024-25 the Health Board will take the opportunity of support from colleagues in NHS Wales to further develop these skills and capacity. This will include local use of the benchmarking data that will be provided to us as part of the work being undertaken by the national Value and Sustainability Board.
- The Health Board will actively monitor the impact of additional planned care and sustainability funding support to ensure it makes maximum impact in delivering against planned care ministerial priorities. This includes ensuring that applying principles such as those laid out by GIRFT have been maximised in service areas before committing additional resource.
- The Health Board is committed to the use of 'Teledermoscopy' technology to improve efficiency within dermatology waiting times and to reduce avoidable travel for patients. Current infrastructure issues are limiting the rate at which the Health Board would like to deploy this. During the coming months the Health Board will re-assess this situation to identify any opportunity to expedite deployment.
- The Health Board has made significant improvements in waiting times in some areas, for example in prostate cancer referrals, by using approaches that direct patients directly to secondary care diagnostic tests before being seen by specialist clinicians. Whilst considering this is a key component of Health Board pathway re-design, during 2024-25 the Health Board will explore further opportunities to implement 'straight to test' in areas where wider pathway redesign is not currently scheduled.

What difference to outcomes will this make?

Progressing the activities above will lead to reductions in overall waiting list sizes and lengths of wait, with particular focus upon the longest waiting patients.

These activities will result in improved patient experience and less unnecessary travel. Health Board resources will be better used, allowing more care to be delivered.

4F: Cancer Care

Note that this is a Plan summary. Further detail can be found in the National planning templates for Cancer which accompany this overarching Plan as appendices.

The Health Board's Cancer Care programme is aligned to Welsh Government's national Planned Care and Cancer programme.

During 2023-24 the Health Board has worked to lay out a cancer care road map for the coming five years, recognising this structured approach to be crucial to improving cancer outcomes in the region. The North Wales Cancer Partnership Board, established in 2022 to improve cancer care in the region brings together healthcare professionals, patients, and carers to coordinate and improve cancer services and has overseen the development of this road map.

Over 4,500 people in north Wales are diagnosed with cancer each year which represents an increase of 18% over the last 20 years. Within this overall increase there are a number of cancers that have increased significantly (opposite).

Cancer site	Change in cancer diagnoses (2002-19)	% increase
Urology	+269	50%
Colorectal	+95	15%
Breast	+91	15%
Melanoma (skin)	+79	64%
Head and neck	+59	50%

Figure 11: Changes in cancer diagnoses

Cancer Research UK published figures in January 2023 indicate that cancer incidence will rise by 30% by 2040, with particular increases in kidney, prostate, skin and pancreatic cancers, driven primarily due to an ageing population and lifestyle factors, particularly smoking and obesity.

This is supported by the findings of the Wales Chief Scientific Adviser for Health "NHS in 10+ years" report that identifies published literature projecting an increased prevalence in overall cancer rates, and of bowel and breast cancer in addition to those above.

53% of cancers are diagnosed following a primary care suspected cancer referral, with almost 40,000 such referrals per year, which has increased year on year in line with guidance and best practice with the aim being to increase early diagnosis rates as currently, 7% of primary care suspected cancer referrals result in a cancer diagnosis, above the national guidance level of 3%. The remainder arise following non-cancer referrals (32%), as part of a screening programme (8%) or following an emergency admission (7%).

Cancer survival rates in North Wales are statistically in line with average Wales rates.

Health Board referral to diagnosis times for cancer pathway are comparatively strong although the Health Board is not yet fully compliant with the 62 day suspected cancer pathway in Dermatology.

Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to continue building upon comparatively good historic cancer referral to diagnosis waits, and improving outcomes, by addressing those areas of cancer care that remain challenging across primary and secondary care and in cancer diagnostics.

Recruitment and retention of specialist staff has presented difficulties in recent years but there have been recent improvements. It is a key priority to now embed this.

There are opportunities to improve the experience of patients with certain cancers where treatment is currently being provided outside of North Wales.

Priorities

Within this plan the Health Board will focus cancer care improvements around the following areas:

- Maintain access standards for treatment within 62 days by the end of 2025
- Implement our clinically led 'Cancer services road map' for the Health Board, and in so doing contribute to the overall shaping of the Health Board 10 year strategy.
- Eliminate the backlog of suspected cancer referrals in dermatology, including implementing the use of Teledermoscopy.
- In Urology, build on the success of the Health Board mpMRI biopsy pathway redesign where diagnostic times have been significantly shortened, using this impetus to revise our overall future model of urology cancer care and additional pathways.
- In colorectal cancer, sustain improvement in endoscopy waiting times made during 2023-24, and review Health Board colorectal pathways including undertaking work to more closely align workforce requirements to support future demand. This will include building on the successes of nurse led triage models of care within the Health Board.
- Progress with implementing Postmenopausal Bleeding (PMB) clinics in gynaecology on each acute hospital site.
- In oncology the Health Board will further develop the sustainable services plan for oncology, focusing upon workforce strategy.

What difference to outcomes will this make?

The activities above will result in a more resilient service for residents of North Wales, enabling the Health Board to maintain referral to diagnosis waiting times. The activities will also lead to more care being delivered in North Wales, resulting in less long journeys for individuals with cancer.

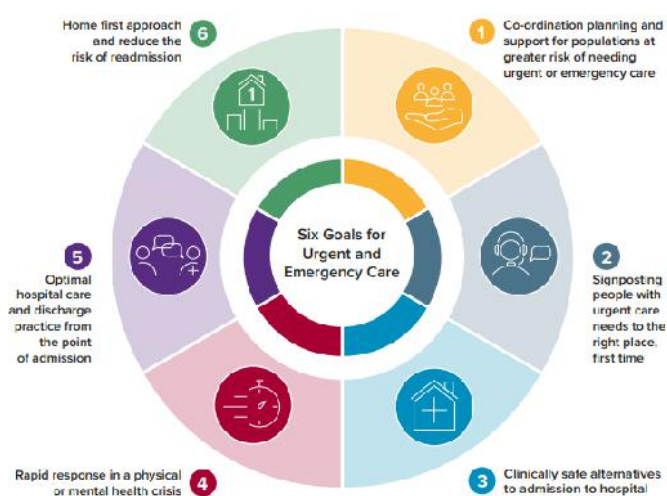
4G: Urgent & Emergency Care

Note that this is a Plan summary. Further detail can be found in the National planning templates for Urgent & Emergency Care which accompany this overarching Plan as appendices.

Urgent care is provided to patients whose illness or injury is not a life-threatening emergency. Analysis demonstrates that a significant number of patients who access Health Board Emergency Departments could have been treated within other health care settings such as minor injury unit settings, by primary care out-of-hours services (including 111) or in many cases by planned care services in less urgent settings. Signposting, alongside ensuring adequate timely access within planned care services, continue to be important in reducing avoidable demand upon Urgent and Emergency care services.

In 2024-25 the Health Board will place continued and refreshed emphasis on improving quality of care, patient experience and consistency of outcomes within urgent and emergency care services, recognising that significant improvements continue to be required to consistently deliver the performance standards expected within Ministerial priorities.

Whilst triage times when arriving at an Emergency Department have maintained a positive, reducing trend during the last 12 months, waiting times to then see a senior clinical decision maker remain unacceptable to the Health Board with median waits being significantly longer than in most other Health Boards.



In response to this the Health Board continues to work to adopt the national Six Goals for Urgent and Emergency Care Programme. The six goals programme recognises that the pressures seen and felt in Emergency Departments, and by our colleagues in the Welsh Ambulance Services NHS Trust (WAST), require solutions that do not only reside within Emergency Departments but that also require work done collaboratively within community settings to both reduce unnecessary attendances and to reduce delays in discharging those well enough to leave

hospital, and also work to improve flow through the wider areas of our hospitals. In all of these areas the Health Board recognises that there are opportunities to improve performance.

During 2024-25 a renewed approach will be required to ensure that the local deployment of this programme is having impact. This will include drawing further upon the support of colleagues in NHS Wales, and in bringing greater rigor and evidence-based management of the programme of change so that traction against agreed metrics can be demonstrated and rapidly addressed where this is not the case. To improve this the Health Board will bring the current local six goals programme under the auspices of the PMO Major Change Portfolio referred to in priority 2F. This priority was introduced to address the wide historical approach to delivering effective change within the Health Board that has not always been as effective as it would have been with greater adherence to evidence based change management methodology and greater consistency across a single Health Board organisation.

In pursuit of this, the Health Board recognises the need for great delivery of improvement across the breadth of the Six Goals programme. There will be increasing numbers of people in Wales living with frailty. Evidence shows that they require greater access to urgent and emergency hospital services because of this and also experience delays in discharge after hospital stays; whilst already included within the Six Goals programme the Health Board also recognises the need to increase its response to frailty during 2024-25.

Why this has been prioritised in the 2024-27 plan?

The Six Goals for Urgent and Emergency Care Programme Plan is the national, evidence-based programme to improve urgent and emergency care. The Health Board continues to experience significant delays in assessment and treatment across Urgent and Emergency settings that are not acceptable. These have impact upon our partners, including Welsh Ambulance Services NHS Trust (WAST), and include episodes of care that could be better delivered in other ways across the health and social care system.

The Six Goals programme requires Health Boards to maintain a focus on the 'frail' cohort of patients. There is evidence that shows our most frail patients require urgent and emergency services more often, but that avoidable use of those services also has particularly marked impact on them and their families. Health Board plans need to further target the improvement of services for our frail populations with a focus on reducing lengths of stay, and the flow of patients through the health and social care system.

Priorities

Within the 2024-25 year the Health Board will progress the following areas:

- Alignment of the local Six Goals Programme into the Health Board major change programme in order to improve change management and programme capacity and approach and to reflect the Health Board as a single organisation. In doing so, an analysis will be undertaken to identify areas where a change of approach or focus would be expected to have fresh impact.
- Improvements in Same Day Emergency Care Services (SDEC), including improved consistency across the whole Health Board, increased activity in SDEC, and an increase in ambulance attendances directed straight to SDEC.
- Improvements in ambulance and non-ambulance use of Minor Injury Units (MIU's).
- A continued focus upon reducing inpatient length of stay (LOS) through Pathway of Care Delay initiatives, including reducing delays in assessment.
- Expansion of community pharmacy services as an alternative to the use of urgent care GP and hospital services.
- Conclude a review of the feasibility of consolidating patients that are medically fit for discharge in support wards optimised for reablement rather than medically-focused care.
- Aligned to bringing the local Six Goals programme into a firmer change control environment, under the PMO Major Change Portfolio, the Health Board will draw in the expertise of NHS Wales colleagues to develop a refreshed five year improvement plan for Urgent and Emergency care in the Health Board.
- Improvements in ambulance handover times, operating within agreed system tolerances and in alignment with Full Hospital Protocols in North Wales.

What difference to outcomes will this make?

Improvements in Health Board delays within Urgent and Emergency settings will lead to better patient experience.

Better availability and use of alternative appropriate services will lead to better experience and outcome for those using those services. By reducing pressure it will also lead to better experience and outcome for others still requiring Urgent and Emergency services.

4H: Diagnostics

Note that this is a Plan summary. Further detail can be found in the National planning templates for Diagnostics which accompany this overarching Plan as appendices.

Demand for diagnostic service procedures, particularly imaging (ultrasound, MRI/CT scan or other radiography) continued to grow in 2023/24. This growth is expected to increase across all diagnostics in response to growing long-term conditions, and changes in technology such as in medical physics, the growth of genomics and Artificial Intelligence (AI), requiring greater consideration within the strategic planning for the next 10 years outlined earlier in this plan.

However alongside these exciting, if complex and challenged, developments ahead, the Health Board experiences challenges in meeting current diagnostic capacity requirements, with diagnostic delays contributing to overall planned care treatment delays. Effective and timely diagnostic services play a critical role in many care pathways in both planned and urgent and emergency care, for example in investigating and monitoring cancer, heart disease, and stroke.

Within these contexts, there is a need to progress in year productivity and efficiency changes alongside reconfiguration to meet future needs in ways that are sustainable and patient-focused.

In radiology and imaging services, the Health Board could make significant impact upon 'stage 1' planned care waits by making greater use of 'straight to test' opportunities. The Health Board has already demonstrated good results from doing so, such as in the marked reduction in time to diagnosis in prostate cancer during 2023-24. Broadening this approach into other clinical areas is incorporated within the end-to-end pathway redesign work occurring within the Health Board but there is further opportunity to expedite and boost this approach in areas that are still awaiting wider pathway redesign.

In endoscopy services the Health Board needs to progress large scale redesign in order to be able to match capacity with demand in a sustainable way. Consequently the Health Board remains dependent upon contracting in large amounts of additional endoscopy services, which offers lower overall value, and our adherence to Bowel Screening Wales standards requires improvement. The Health Board will increase the priority of addressing this during 2024-25 to identify what is needed within endoscopy services in North Wales to meet current demands and to be able to flex to the increasing demands that projections identify for the coming decade.

In medical physics, the Health Board is currently progressing capital proposals to improve nuclear medicine provision in North Wales, and to deliver Positron Emission Tomography (PET) scanning within North Wales. Our current provision of nuclear medicine is distributed across the three District General Hospital sites. However this is a highly complex, specialist and regulated field that requires configuration both to meet the standards expected by the Inspectorate, and in order to attract the necessary radiologist staff with the requisite licenses to undertake nuclear diagnostics. In addition specialist equipment requiring replacement and updating cannot be maintained with sufficient resilience on multiple sites.

The planning currently underway to deliver permanent PET scanning in North Wales would replace part-time mobile facilities that visit North Wales. These mobile facilities do not currently allow us to meet demand, and cannot be used with patients who might otherwise be able to enter research trials.

Together this means that Health Board patients requiring PET scanning have to travel to Warrington, Liverpool, Manchester and as far as Cardiff for scanning.

In teledermoscopy, the Health Board is working towards the provision of a more effective service of using medical photography to support the remote triaging of dermatology conditions. This offers the potential to speed up diagnostic delays and to remove the need for patients to travel to the location of the diagnosing clinician. Teledermoscopy is covered in sections 4E and 4J.

Laboratory diagnostic services, including Cellular Pathology, Blood Sciences and Microbiology saw demand increases of more than 10% in 2023-2024, with increasing pressure on meeting cancer diagnostic targets and non-pay costs presenting particular challenges. Focus for 2024-2025 will require that pathways and capacity are aligned, prioritising care and adopting digital solutions.

Why this has been prioritised in the 2024-27 plan?

There are performance and sustainability challenges in a number of diagnostic areas that adversely impact upon waiting times and patient experience. These require a mixed approach to address current demand alongside resolving sustainability issues for the longer term.

Priorities

- The Health Board will continue to implement recruitment and retention plans in radiology, ultrasound, cardiology diagnostics and neurophysiology.
- The Health Board will identify additional 'straight to test' opportunities and implement them within 2024-25.
- The Health Board will work regionally and nationally to progress critical digital infrastructure solutions in Pathology and Radiology.
- For 2024-25 the Health Board will procure additional insourced endoscopy provision to bridge the gap between internal Health Board capacity and endoscopy demand.
- The Health Board will, within quarter one of 2024-25, finalise a detailed plan to address internal Health Board endoscopy provision as quickly as possible in order to reduce reliance upon additional insourced endoscopy provision. That plan will include a robust workforce plan that maximises non-medical skill-mix, trajectories for internal increases in capacity to inform the need for ongoing additional insourced contracted activity, and attainment of JAG (Joint Advisory Group on GI Endoscopy) accreditation.
- The Health Board will maintain progress on delivering business cases for Nuclear Medicine enhancements and PET scanning in North Wales.
- The Health Board will continue to maximise laboratory diagnostic capacity, optimize diagnostic pathways and explore increasing the use of digital solutions to best meet demand on services.
- In medical physics, the Health Board is currently progressing capital proposals to improve nuclear medicine provision in North Wales, including the delivery of Positron Emission Tomography (PET) scanning within North Wales.

What difference to outcomes will this make?

Addressing the priorities above will allow us to better balance demand and capacity in diagnostics which in turn will result in shorter planned care waits, and faster diagnoses.

Nuclear scanning improvements will allow us to meet regulatory inspections and continue to deliver nuclear medicine in North Wales, reducing patient inconvenience arising from travel outside of North Wales.

Securing capital business case support for a permanent PET scanner facility will improve timeliness of diagnosis and treatment for those patients requiring PET scanning, will increase the opportunity for eligible patients to be offered research trails, and will reduce travel for patients.

4I: Adult Mental Health, Learning Disability, CAMHS & Neurodevelopment

Note that this is a Plan summary. Further detail can be found in the National planning templates for Mental Health which accompany this overarching Plan as appendices.

The Health Board's Adult Mental Health, Learning Disabilities & CAMHS programme is aligned to Welsh Government's national Mental Health programme.

The Health Board adult mental health division provide and commission Mental Health and Learning Disability treatment, support and advice services to citizens aged 18 and over across North Wales and to some citizens of north Powys. The division also provides substance misuse services. They also host the national helplines for Wales; Community Advice & Listening Line (CALL), Dementia Helpline and Drug and alcohol Network (DAN).

This priority includes all Children and Young Persons (CYP) services in the Health Board, including Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental (ND) services. Most of these services are provided directly by the Health Board, though with some commissioning outside of North Wales for complex CAMHS inpatient care and some neurodevelopmental services.

As with Mental Health, our Learning Disabilities priorities are cross cutting, recognising that people with learning disabilities face issues across a broad range of public service areas. The Health Board is cognisant of the national improvement group (LD-NIG) which has been established to support and oversee delivery of the national plan, provide a communications channel between the local and national level, share learning from local actions and develop key indicators to measure quality which will be embedded in the Health and Social Care Outcomes Framework.

Why this has been prioritised in the 2024-27 plan?

The Mental Health and Learning Disabilities services have been subject to considerable scrutiny over a number of years in relation to a number of enquiries and action plans. Progressive improvements have been seen across the service but the Health Board recognises there is further progress required to place the service on a sustainable foundation achieving consistently high outcomes.

External reviews in 2023-24, undertaken as part of Special Measures provide advice on areas for focus in 2024-25 and beyond. In addition to these, prioritised work needs to continue in response to a Health and Safety Executive prosecution related to ligature points.

Within CAMHS the Health Board recognises the need to continue to develop community based services that maintain timely support of individuals and that minimize the use of clinically avoidable inpatient care. With regard to inpatient care, the Health Board will progress work to understand the optimum configuration and location for inpatient CAMHS care.

The Health Board wishes to make significant progress in 2024-25 to reduce the number of long-wait assessments in Neurodevelopmental services. This will entail a change in approach to ensure sustainability alongside increased capacity.

Priorities

Aligned to the National Mental Health Programme and the external reviews referenced above, the Health Board will progress the following areas within this plan:

Adult Mental Health:

- An improved approach to Crisis Resolution for Community Mental Health Teams.
- Development of an Eating Disorders Service providing Tier 2 and emergency provision, in line with Royal College of Psychiatry standards.
- Development of perinatal services to support compliance with the Royal college of Psychiatry perinatal community standards.
- Introduction of a trauma informed approach to the inpatient and community aspects of the North Wales Forensic Service and Specialist Rehabilitation Services.
- Development of the Early Intervention in Psychosis Service.
- Completion of anti-ligature work.
- Local Primary Mental Health Support Services Pathways development work.

CAMHS:

- Progress plans to expand our crisis service to include periods of out-of-hours provision.
- Continue to reshape our delivery model to provide more in-reach into primary care settings and school settings, seeing children closer to home.
- Expand the CAMHS specialist community intensive support service to support young people and their families in their homes as an alternative to hospital admissions.
- Develop transition pathways for long-term conditions within childhood.
- Continue to develop, with partners, the 'Right Door Approach'.

- Reinforce and embed work undertaken with Adult Mental Health services to improve transition between services.

Neurodevelopment (ND):

- Progress the development of a ND model for North Wales that better balances demand and capacity.
- Reduce long waits within the service by implementing the agreed ND model.
- Explore less medicalised approaches to triage assessment and for addressing lower acuity presentations in order to help balance demand and capacity, leading to shorter waits.
- Agree a Health Board wide pathway for the management of adults seeking a diagnosis of ADHD (Attention deficit hyperactivity disorder) or ASD (Autism Spectrum Disorders).

Learning Disability:

- The Health Board will progress delivery of the national action plan including
 - early intervention and crisis response providing access to prudent specialist learning disability healthcare close to home
 - increasing access to specialist care that is reflective of current best practice
 - improving timely transition from specialist hospital care to community settings
- The Health Board will focus upon increasing service provision to reduce avoidable and premature deaths and reduce health inequalities in those learning with learning disabilities.

What difference to outcomes will this make?

Implementing this actions will lead to more consistent mental health service delivery in North Wales, with greater alignment with national best practice and guidelines. This will improve access to services and user experience.

4J: Currently Challenged Services

*Note that priority 2J: Identifying Challenged Services is related to this priority. Priority 2J focuses upon how the Health Board will identify services that are becoming challenged at an earlier stage in order to **prevent** deterioration by addressing reconfiguration earlier. The priority here is focused upon how we will address those services already identified by us as challenged.*

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is difficult. A number of these services are struggling to resolve their backlog of planned care activity as quickly as is required. The reasons for why some services are challenged are multiple but a common finding is that the service is unsustainable due to the way it is configured, and that reconfiguration is an essential step to becoming stable and able to deliver the efficient and

high quality service required. Whilst many challenged services also face workforce difficulties these often stem from structural issues that mean the workforce requirements would remain impossible to address without reconfiguration.

In dermatology, service provision has been impacted because of key medical vacancies that have particularly impacted upon service delivery in the West of North Wales. In turn this has impacted upon waiting times and, in some cases, patients have had to travel further than expected for assessment and treatment. Work will continue during 2024-25 to stabilize the service and identify the optimum configuration for the service.

The stability of Oncology services have improved significantly during 2023-24 as a result of successful recruitment to the medical workforce. This has allowed the Health Board to move forwards with the next stage of improvements needed to sustain this improvement.

Patients in North Wales are waiting for longer periods than expected for Ophthalmology treatment. Challenges include poor estate infrastructure and gaps in medical staffing. There are opportunities to improve sustainability and shorten waiting times by working more closely with optometrists and other primary care colleagues.

Capacity to see patients awaiting orthodontic treatment has been affected by vacancies in specialist orthodontic surgery. Difficulties in recruitment are also experienced outside of the Health Board which is limiting the ability to refer patients outside of North Wales. The Health Board is working with colleagues in NHS Wales to identify alternative options.

Plastic surgery services in North Wales are delivered in partnership with specialist providers in North West England. The Health Board improvement plan responds to opportunities to improve the interface between the Health Board and provider partners in order to make it possible to treat more patients in North Wales (where possible), more quickly, and within more suitable facilities, with better administrative support.

Urology services in the Health Board are challenged in a number of ways. Delivering full urology service provision from each of the three main acute hospital sites is difficult, in part due to sub-specialisation within urology. As a result, it is likely that in order to obtain the best results, complex cancer surgery will need to be delivered on less sites. At present patients requiring robotic assisted urological surgery require referral outside of North Wales for treatment. Consequently the Health Board is exploring opportunities to develop a robotic-assisted prostate surgery programme for North Wales in the coming years.

Progress has been made during 2023-24 to improve our vascular surgery service, resulting in de-escalation from being 'a service requiring significant improvement' by Healthcare Inspectorate Wales in June 2023. Ongoing work is now underway to embed the progress made.

In Stroke care, the Health Board has not been able to consistently deliver SSNAP target times for treatment. Work to improve 'door to needle' times in stroke thrombolysis is underway alongside direct admission to stroke admission unit facilities. Progress was made during 2023-2024 in the recruitment of Stroke Specialist Nurses and in the expansion of 'Early Supported Discharge' teams. Following this work to embed the 'home first' ethos is continuing.

Why this has been prioritised in the 2024-27 plan?

Within the first nine months of special measures the Health Board has commenced action plans to address the configuration and performance of a number of these challenged areas. For the reasons outlined above this work is often complex and in many areas will take longer to complete and then embed. The Health Board wishes to maintain a focus on this by completing the action plans in respective services.

Priorities

Dermatology

The Health Board will maintain support for the Clinical Lead in Dermatology as part of a single Dermatology service for North Wales.

The Health Board is committed to the use of 'Teledermoscopy' technology to improve efficiency within dermatology waiting times and to reduce avoidable travel for patients. Current infrastructure issues are limiting the rate at which the Health Board would like to deploy this. During the coming months the Health Board will re-assess this situation to identify any opportunity to expedite deployment.

Establish the viability of an expanded GPWSI (GP with special interest) model for referrals to secondary care that could be managed differently, for triage of referrals, and for the provision of minor operations.

Oncology

Continue to expand SACT (Systemic Anti-Cancer Therapy) training within oncology division nursing staff, and extend the operating hours of the day unit, providing further capacity. This will include staff group ideas to further improve efficiencies and standardisation.

Implement nursing staff rotational opportunities to improve cover arrangements and skill mix.

Implement further offers of non-medical prescriber training.

During the first half of 2024-25, complete the review of all current cancer regimes to ensure all of those that are suitable for home delivery are being offered in that way.

Progress plan to deliver more anti-cancer therapies from Ysbyty Gwynedd for residents living in the West of North Wales.

Complete planning to repatriate the delivery of SABR (Stereotactic Ablative Radiotherapy) into the Health Board, reducing travel requirements as patients currently receive this treatment in England.

Continue to expand the use of 'Attend Anywhere' software, delivering greater convenience for appropriate patients and improving clinic capacity.

Build on successful recruitment to the first Consultant Radiotherapist post to ensure post holder is supported to achieve training goals within 18 months of appointment.

Ophthalmology

Collaboratively agree a service model for ophthalmology in North Wales that delivers a sustainable service footprint.

Continue to monitor service performance against GIRFT standards in Ophthalmology, challenging areas of variance before then proceeding to identify and then implement improvements in response.

Progress to implement fully the Optometrist Train and Treat higher certification training programme, in order to then maximise non-secondary care pathway opportunities.

Expand the utilization of patient feedback questionnaires to support the redesigned clinical pathways in Cataract care, Glaucoma care, and Macular Degeneration care. This relates to both Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMS).

Orthodontics

Continue with our recruitment to key clinical roles, implementing revised workforce models that increase opportunities for recruitment and retention.

Consider alternative treatment pathways and packages to maximise the combination of both local and regional provision.

Plastic Surgery

Complete access protocols for visiting clinicians to ensure access to appropriate Health Board systems, confirming with those clinicians that functional access is available.

Agree and sign the updated Service Level Agreement (SLA) between the Health Board and partner organisations, with ongoing monitoring in accordance with the SLA.

Confirm the effectiveness of revisions in waiting list management for visiting clinicians, including initial triage by Health Board clinicians. This includes identifying those waiting longer than clinically appropriate and making necessary expedite arrangements.

Implement additional dressings clinics to address current variation in provision across North Wales.

Once assured that above priorities are fully implemented and resilient, commence work to agree the future longer-term model for plastics provision for residents in North Wales.

Urology

Progress implementing GIRFT recommendations, monitoring impact.

Increase the delivery of diagnostic and day case urology on all three sites, aligned to providing care closer to home principles.

Monitor revised administration processes to ensure they deliver their intended outcomes of better supporting referral, pathology and radiology result management.

Implement delivery of a complex stone surgery, female urology and andrology service in Wrexham.

Stabilise the delivery of the pelvic oncology service in Bangor.

Continually review the delivery of prostatectomy services that cannot currently be delivered in North Wales, and use the learning from this to inform a viable plan and timescales for robotic-assisted urology provision in North Wales.

Vascular

The organisation will continue to strengthen the recording of outcomes and learning points at Morbidity and Mortality meetings.

The organisation will review hub and spoke vascular sites in order to identify areas of good practice as well as areas for improvement.

The organisation will develop a Memorandum of Understanding (MOU) to support increased regional working.

The organisation will create and launch a vascular dashboard reporting performance activity and outcomes, and use this to better inform service planning.

The organisation will increase the collection of patient reported experience data in vascular services, and publish this.

The organisation will develop a refreshed vascular plan covering the next three years to enable structured clinical services planning.

We will build integrated performance, activity and outcomes dashboard for vascular, to better inform service planning

Stroke

Implement improvement plans that enable each of our health communities to achieve a level B for Sentinel Stroke national Audit Programme standards.

In line with the national stroke programme, implement digital solutions to aid the evaluation of imaging and decisions for reperfusion therapies including thrombolysis and thrombectomy for patients with symptoms of stroke.

Continued recruitment and retention of key clinical posts for medical and nursing.

What difference to outcomes will this make?

Addressing the challenges that these services are experiencing will lead to more consistent, reliable services, able to better meet the needs of the population of North Wales.

4K: Women's services

Women's services are provided across our District General Hospital, community and primary care settings. The services are overseen regionally by the Health Board with close partnership working with Local Authorities and Third Sector. The Health Board will continue to build upon achievements and provide Maternity and Gynaecology Services for the North Wales population and also to a cohort of women from North East Powys and the Shropshire borders.

Why this has been prioritised in the 2024-27 plan?

The Health Board is committed to reducing health inequalities for women, and we will continue to improve access, quality and safety. We are committed to listening and acting upon user experience, and in alignment with the Women's Quality Statement published in July 2022, we will continue to focus on delivering the Maternity Services Strategy; Transforming our Gynaecology and Specialist Services and Supporting Best Start in Partnership.

Priorities

Our priorities include supporting Local Delivery of the Women's Health Plan for Wales.

Implementation of the Maternity and Neonatal Safety Support Programme recommendations.

Progress and implement national recommendations including Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE).

Preparing for the introduction of the Digital Maternity Cymru Solution.

Implementing the North Wales Women's Planned Care and Cancer Recovery Plan in line with GIRFT recommendations.

Supporting the implementation of the Preconception Strategy and population health work streams.

Supporting Health Start by raising awareness and reducing inequality.

What difference to outcomes will this make?

The Health Board awaits the National 'Women's Health Plan for Wales' and remains committed to transforming and improving quality services for women. We will continue to engage with both Gynaecology, Maternity and Neonatal Voices and local Public Health Colleagues to understand our population needs, to inform and co-produce service development plans.

4L: Children

CAMHS and Neurodevelopment are covered in Priority 4I – Mental Health, Learning Disability, CAMHS and Neurodevelopment.

Children of all ages access care and treatment from many of the services provided across the Health Board; accessing emergency and urgent care, planned care and specialized services. Through its dedicated Children's Services, the Health Board provides Acute Paediatric and Neonatal Care; the universal public health services of Health Visiting and School Nursing; Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopment and Learning Disability Services. These services are provided in partnership with other Health Board services that include primary care, maternity, therapies, public health and adult surgical specialities, as well as partners in the Local Authorities and Third Sector organisations.

Commissioned specialised health care is provided by tertiary care partners, usually but not exclusively, by Alder Hey Children's Hospital.

Core dedicated children's services are managed and operationally delivered through the three Integrated Health Communities (IHCs) within the Health Board. While requiring regional oversight to ensure equity of access across the Health Board, the services provided in each IHC are focused on the identified local needs in collaboration with partners.

The Regional Partnership Board (RPB) hold Children as a priority, particularly focusing on the Integration of Services and Children with complex needs, as well as people with Learning Disabilities and Neurodevelopmental conditions, unpaid carers and those with emotional and mental health needs.

Why this has been prioritised in the 2024-27 plan?

Children account for a significant part of the population of North Wales with those aged 0 to 17 years accounting for 17.2% of the population and 26.3% for those aged 0 to 24 years. All are entitled to and deserve the best start in life and to receive universal and specific services to support their health and well-being needs, enabling them to achieve their ambitions and full potential.

The Health Board, with partners, will focus on ensuring children's rights are respected. There will be the development of a children's charter and a youth leadership board to enable our children to be consulted about and engaged in the development and planning of our services, to better understand and meet their needs and to assist at the key transition points in children's lives including the move into adult focus care.

Corporate Parenting - the Health Board will commit to the Welsh Government Corporate Parenting Charter and consider ways in which it can support care experienced children and young people to have the same opportunities in life as all children and young people in Wales.

Priorities

The Health Board will progress the following priorities for children and young people:

Maintain ways to provide safe, needs focused care as close to home as possible.

Continue to progress the strong work in children's safeguarding services that the Health Board and partners have already prioritised retaining strong adherence to the principles of the All-Wales Safeguarding Multi Agency Procedures.

Establish the Health Board Charter for Children and youth leadership board with a remit to listen to, consult and engage with children across North Wales to better understand their needs.

Focus further work on the integration of services for Children with Complex Needs, improving access and timeliness of provision.

Maintain engagement with the national programmes to improve and develop services for children with health and well-being concerns and the needs of children and families related to growing awareness of neurodiversity.

Progress the UNICEF's Baby Friendly Initiative (BFI); the Healthy Weight, Healthy Wales Initiative; The Right Door Approach, and the National Immunisation Framework, as well as the Health and Social Care Ministerial Priorities.

The Health Board will sign the Corporate Parenting Charter and consider ways of implementing the charter commitments.

What difference to outcomes will this make?

More consistent availability of children's services close to home, increased child safety arising from high quality decision making in children safeguarding cases, better longer term outcomes through consistent focus upon the first 1000 days of life.

4M: Pharmaceutical services

The Chief Pharmacist's Office will lead on three strategic transformation programmes aligned to improving quality and safety driven outcomes for patients, value and sustainability and building service resilience where pharmacy teams and innovative practice becomes part of the solution in supporting the health board in delivering its strategic aims.

Why this has been prioritised in the 2024-27 plan?

The Welsh Government commissioned the pharmacy professional leadership body the Royal Pharmaceutical Society (RPS), to undertake an independent review of the *provision of hospital clinical pharmacy services* in Wales and published its response in late 2023. The purpose of the review was to consider the current provision of clinical pharmacy services in hospitals and how they aligned to the full system priorities and changing needs of NHS Wales to support delivering a *Healthier Wales*.

Implementation of the recommended *immediate* and *short* strategic actions will be pursued in 2024/25.

In addition the Health Board has identified opportunities to provide greater strategic oversight to maximise the value obtained from medicines, and secondly to transform access to innovative medicines. Progressing both of these will be priorities for 2024-25.

Priorities

The Health Board will

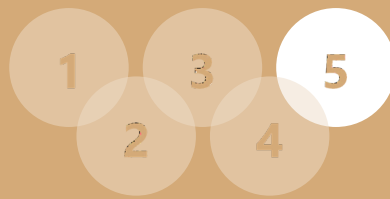
Consider the RPS review of the provision of hospital clinical pharmacy services within the context of the Health Board to identify those opportunities identified that would make the biggest differences to patient experience and outcomes.

We will establish a strategic '*Medicines Value Group*' to provide over-sight and direction to implementation and system cascade for full system medicines value programmes. This will include consideration of the evidence base that can be drawn into current and projected financial opportunities and patient outcome impact assessments.

will transform how some of the most innovative and life-saving medicines including cancer therapies, intravenous antibiotics, radiopharmaceuticals and parenteral nutrition are prepared by commencing a five-year '*Transforming Access to Medicines (TRAMS)*' programme. This will not only focus on the technical pharmacy services itself, but will also be an investment in people, providing the opportunity for professional leadership and innovation in pharmaceutical treatments.

What difference to outcomes will this make?

Improved patient outcomes by providing innovative and specialist medicine in a faster way, adhering to clinical evidence when doing so, and ensuring that the administration of every medicine used adds value to the patient receiving it.



Establishing an effective environment for Learning

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5: Establishing an effective environment for Learning

Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.

The Health Board is in escalated monitoring and the ability to increase delivery within this objective will deliver impact across the whole organisation by allowing systematic learning to occur such that addressing a difficulty in one part of the Health Board allows learning across all other parts.

Many other priorities within the Plan also have cross-linkages into this objective but are shown elsewhere within the Plan, most notably the Health Board priorities to implement an effective Quality Management System (priority 1H).

Whilst retaining a focus upon the opportunity that an effective learning environment has upon addressing Health Board challenges is vitally important, it is not the only focus that this objective requires. Enabling a rich and fertile learning environment in the Health Board is crucial in moving us towards our ambitions of being able to develop and celebrate areas where we are (or can be) exemplars of excellent practice, and it significantly contributes to the ability to recruit and retain the best people and support them to remain inquisitive, curious and academically fulfilled.

Summary

Objective 5: Establishing an effective environment for Learning		National Planning Framework	Special Measures Framework
5A	University Partnership		✓
5B	Research, Development and Innovation	✓	✓
5C	Academic Careers		✓
5D	Intelligence Led	✓	✓
5E	Learning Organisation	✓	✓

5A: University Partnership

On an annual basis, Betsi Cadwaladr University Health Board (BCU) is required by the Welsh Government to provide evidence of purposeful university partnership activity, with examples of how this is improving services and benefitting our population and to set out our plans for the next 12 months aligning to the UHB's planning cycle with regard to Research and Development (R&D), Training and Education, and Innovation.

However University Partnership means much more to the Health Board than having University designation and our partnerships with both Universities in North Wales (Bangor and Wrexham) and with other Universities and academic institutions such as Further Education providers are key to delivering vibrant, exciting and stimulating learning opportunities that allow us to develop, recruit and retain high cadre healthcare professionals.

In addition to maintaining and developing these longstanding partnerships, the Health Board has been proud to contribute the development of the North Wales Medical School. Based within Bangor University, the North Wales Medical School commences with its first intake in 2024. Not only will this significantly increase the number of future doctors training in North Wales, many of whom will remain in the area, but it will stimulate further academic interest and thirst offering more opportunity to move through our current escalation conditions and be recognised for exemplary and innovative practice. Since a large part of the curriculum in the North Wales Medical School will be delivered within community and primary care settings, the Health Board will have particular opportunity in future years to confidently refocus care, delivering more care closer to home in line with A Healthier Wales.

Why this has been prioritised in the 2024-27 plan?

Academic enrichment is an integral part of the Health Board approach to providing high quality medical, nursing and allied health professional care for North Wales residents. Maintaining high levels of research, development and innovation aid the Health Board in recruiting high caliber professionals and in providing progressive clinical services.

Priorities

The Health Board will

- Continue to work closely with colleagues at Bangor University to ensure that the first intake of students to the North Wales Medical School progresses smoothly.
- Develop joint academic posts that underpin the teaching and research agendas (see Priority 4C).
- Continue to work with Bangor University to support training of Physician Associates, and subsequent placement within the Health Board.
- Work with Bangor and Wrexham Universities to identify advanced learning opportunities for other healthcare professionals, and non-clinical staff, to progress academic knowledge.

- Undertake further work to ensure that the Primary and Dental Academies in North Wales are supported to thrive and develop as Centres of Excellence.

What difference to outcomes will this make?

This activity will help to recruit and retain staff, and to provide high quality contemporary healthcare.

5B: Research, Development and Innovation

The Health Board has an established R&DI programme that continues to grow. This provides opportunities for academic development of current staff, retention of research-focused new staff, and offers opportunities for residents of North Wales to access research and innovative treatments options within their care.

Significant activities are underway, working with academic, commercial and third sector partners to lead and deliver high quality research including the North Wales Clinical Research Facility (CRF), providing a space where early phase clinical trials can be conducted in a safe and regulated way that to date with over 700 citations in high impact journals.

The Health Board has 316 research studies open to recruitment; or in follow up. Of these, 208 are portfolio studies, and 108 are non-portfolio studies. Each study has a named Principal Investigator (PI) from the Health Board; with the Health Board's Chief Investigator (CI) leading 41 of these.

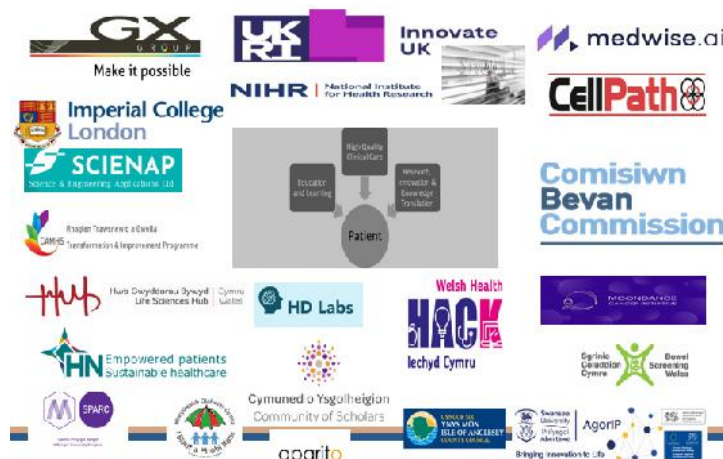


Figure 12: A range of Health Board R&D Partners

SBRI Centre of Excellence

The SBRI (Small Business Research Initiative) Centre of Excellence is hosted by Betsi Cadwaladr University Health Board and funded by Welsh Government.

The SBRI runs an all-Wales Service, working with Public Sector Bodies to identify and resolve unmet needs/challenges within health. The Centre is funded by Welsh Government and hosted by Betsi Cadwaladr University Health Board.

SBRI is spearheading a transformation in emergency care delivery working with the Welsh Ambulance Service NHS Trust (WAST). The first deployment of 50 "ambulance in a box" units will commence with ten units in BCUHB Care Homes, showcasing the potential for digital health interventions in emergency scenarios.

The Gases Project, focuses on the safe and ethical disposal of medical gases, is in its critical testing phase. The project is poised to take a significant step forward with live Ward testing scheduled to commence during May 2024 at Ysbyty Gwynedd, demonstrating tangible progress toward safer healthcare practices.

The Patient Communication project is enhancing communication channels between hospitals and patients' relatives. Two different solutions are being piloted one at Ysbyty Glan Clwyd and Ysbyty Gwynedd, providing essential information and regular updates to patients' relatives, including ward visiting times and discharge updates.

The IBEX Galen artificial intelligence application which supports Pathologists in the diagnosis of prostatic biopsies, as well as enhancing the ongoing roll out of digital Pathology across Wales, remains actively engaged with six Health Boards throughout the ongoing 12-month procurement phase.

Other developments include the deployment of the latest Artificial Intelligence (AI) advancements in supporting doctors with real time interpretation of brain scans. Working with Brainomix, this development delivers swifter, safer care for stroke patients.

"Early detection saves lives; it was an amazing deployment journey to show how AI expedites and improves quality of prostatic pathology diagnoses in Wales."

**Muhammad Aslam,
Consultant Pathologist and Clinical Director, BCUHB.**

Primary Care Research

The Health Board have been working with a team from Imperial College who were awarded a substantial NIHR i4i Challenge Award to fund TRICORDER – a 3-year primary care project. The Eko DUO device is a 'smart' stethoscope that records an electrocardiogram as well as heart sounds and is used like a standard stethoscope. It can provide an immediate diagnosis of heart failure using an AI algorithm. Currently seven primary care practices are part of a real-world evaluation of the device.

Why this has been prioritised in the 2024-27 plan?

The Health Board benefits from being a research active organisation, whilst rapidly exploiting the latest innovations and wishes to retain and grow these benefits.

Priorities

The Health Board will

Continue to increase commercial research and innovation activity.

Sustain and increase clinical research facility activity in early phase trials.

Develop and deploy an Innovation Pathway aligned to our strategy and strengthening of planning priorities already outlined earlier in the Plan.

Increase honorary research appointments and clinical academic posts (see priority 5C).

Generate additional RD&I commercial opportunities in device and technology development, learning from successful models elsewhere.

Built further upon a number of already research-rich primary care practices to expand the opportunity that directly managed primary care can provide in research and innovation delivery.

What difference to outcomes will this make?

The increase in Research, Development and Innovation activity showcases the Health Board's dedication to advancing knowledge; and highlights its significant contribution to health research in Wales by actively recruiting 4,984 participants to a diverse portfolio of non-commercial and commercial studies. This provides the people of North Wales with increased access to research and innovative treatments, and greater opportunities to train, recruit and retain, high cadre professionals.

5C: Academic Careers

The existing academic and research base in North Wales, described above, provides an important opportunity upon which to build further.

One of the further opportunities that the Health Board now wishes to explore is the potential of creating an Academic Career pathway for healthcare professionals in North Wales. Specifically, this will not be limited to medical academic careers but will reflect the wide-skill mix that is required, and that improves the value and diversity of, healthcare provision in a modern society, includes non-clinical professionals.

Further, this approach will not be limited to directly employed professionals recognising that contractor service professionals in primary care, community and partnership settings contribute to the delivery and resilience of healthcare services. Previously, the Health Board has had good experience in recruiting salaried GP's into portfolio programmes that protect and resource time to develop advanced skills within clinical research or in other clinical specialisms.

Developing these programmes will be led by the Health Board and our University partners but within a collaboration that draws upon the expertise, skills and infrastructure of all partners.

Why this has been prioritised in the 2024-27 plan?

Other healthcare organisations have experienced that academic career pathways can assist in attracting and retaining healthcare professionals, particularly in hard to recruit clinical areas.

As healthcare changes, with rapid expansion and diversification of skill-mix, academic career pathways also provide an opportunity to upskill and validate innovative skill-mix redesign.

Priorities

In 2024-25 the Health Board will

Continue conversations with academic partners to create a proposal for how Academic career pathways might bring opportunities for all partners to grow academic practice and innovation in North Wales

In doing so the Health Board will take a broad view to offering opportunities that extend across all professional crafts (including non-clinical professionals), and with a particular attention to professional areas that are hard to recruit, retain, or where significant service change is anticipated

The Health Board will then explore how to resource the created proposal in order to proceed to implementation.

What difference to outcomes will this make?

Offering career pathways that span academic and operational practice has the potential to help the Health Board to recruit and retain staff in difficult to staff areas, and also to help maintain an innovative approach to service redesign.

5D: Intelligence Led

The Health Board is rich in data but is not always able to translate that into rich information and intelligence. Being better at this would provide a large pool of useful information to inform tactical and strategic decision making across the organisation. This includes the better use, linking and triangulation of NHS Wales data, public health data, patient experience and outcome data, partner derived data, and expert external recommendations to create North Wales focused information and intelligence to support decision making.

Currently too often our data exists and is viewed in silos, leading to duplication, confusion, and lack of trust in it and its quality. This work will seek to transform the way we use data, which includes greater triangulation across service disciplines and boundaries to ensure the health board is making better evidence-based decisions.

Data governance, the ways in which we collect, manage, and use our data, will be strengthened. The scope of our work will include the whole health journey, shifting the focus from in-hospital care and throughput to population need and outcomes. Key to this work is standardisation and consistency, removing unwarranted variation.

Why this has been prioritised in the 2024-27 plan?

Numerous external reviews have identified the need for the Health Board to be making evidence-based decisions based on good data.

Becoming an intelligence led organisation will result in proactive decision making, risk mitigation, optimal use of resources and improve quality and performance which means better health and well-being outcomes across North Wales.

Priorities

The Health Board will build upon the work commenced in 2023/24 to

Establish a health board data quality and governance forum.

Introduce a data kite mark system.

Further develop BCU's data warehouse, broadening the range of datasets available.

Undertake a skills / training needs analysis to inform a data literacy workplan.

Develop organisational capability around demand and capacity analysis and planning.

Identify priority areas and improve clinical engagement with data using CHKS as the chosen clinical benchmarking tool.

Implement dashboard standards, applying design principles and embedding data stewardship.

What difference to outcomes will this make?

This work will enable the organisation to improve its decision making and be more efficient and effective in the delivery of care. It will make available intelligence to underpin the planning and management of the health board's resources, enabling evidence-based prioritisation and allocation.

Improved use of clinical, and quality and safety data will enable early warnings or triggers to be actioned, reducing harm to patients.

5E: Learning Organisation

The Health Board has made important strides forwards in the approach to learning as an organisation, and will continue this progress; many of the priorities already outlined within the Plan relate directly or indirectly to the importance that the Health Board now places upon learning. The table opposite shows those that directly relate.

The Health Board recognises the opportunities that exist from building further upon this work.

Despite this progress the Health Board has not always fully grasped important opportunities to maximise the learning from significant events and complaints. Addressing this is a specific focus for the organisation during 2024-25.

Since having consistently effective approaches to learning as an organisation is part of the foundations of an effective Quality Management System the organisation is responding to these opportunities to test and challenge the emerging QMS redesign process.

Priorities directly related to being a Learning Organisation

1A	Board Effectiveness
1E	Value and Sustainability
1F	Legislative Improvements
1G	Workforce Planning
1H	Quality Management System
2A	10 year Strategy
2E	Digital, Data and Technology (DDaT)
2F	PMO Major Change Portfolio
2G	Strengthening Planning
2J	Early identification and support of Challenged Services
3A	Compassionate Leadership & Organisational Development
3B	Citizen Engagement
3C	Being a Good Partner
4A	Patient Experience
4J	Current 'Challenged Services'
5A	University Partnership
5B	Research & Development and Innovation
5C	Academic Careers

Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to improve the consistency of approach in learning from significant events and from complaints.

Priorities

The Health Board will complete its review of how the organisation investigates and then learns from, serious incidents.

The Health Board will then implement change to address the potential improvements identified through the review. In doing so, the Health Board will apply the principles of the emerging Quality Management System redesign, further increasing the opportunity to implement learning.

What difference to outcomes will this make?

Robustly investigating significant events, and then ensuring widespread learning will reduce the number of future significant events that arise.

Financial Resources

Overview of the Financial Plan

The core purpose of the Financial Plan is to reflect the financial impact of the decisions and service developments contained within the Annual Plan and support the fundamental aims and strategic objectives of the Health Board. The Health Board has a statutory duty to breakeven against the resource limit set by Welsh Government over a three-year period.

The 2023/24 financial year has seen an unprecedented level of financial challenge within NHS Wales, with the initial plans set at a £648m deficit and BCUHB having a £134m deficit plan. This position was improved following an additional allocation from Welsh Government (received by all Health Boards) of £101m to support provision of healthcare for the local and wider population.

The result is for the Health Board to have an improved initial plan of a £33m deficit for the 2023/24 financial year. However, Welsh Government have issued a control total of a £20m deficit for the 2023/24 financial year (seeking essentially a £13m improvement over the original plan).

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate (despite the receipt of an uplift in funding) evidencing the need for transformational plans for healthcare as we look to the future.

Underlying Deficit

The Health Board is forecasting a deficit of £33.0m for 2023/24, following the issue of additional non-recurrent Welsh Government financial resources totalling £101.1m (which improved the original planned deficit of £134.1m). In addition to the in-year allocation, the Health Board was also in receipt of £82m allocated by Welsh Government for each of the last three financial years, supporting service improvements and transformation. This brings the total non-recurrent strategic funding received in 2023/24 to £183.0m.

The Health Board continues to experience pressures from use of additional capacity to service unplanned care demand, Continuing Healthcare, Prescribing and Secondary Care Drugs. An assessment of the cost pressures and underspends contributing to the 2023/24 position has been undertaken that identified a net recurrent overspend of £36.6m that will continue into 2024/25.

This opening deficit of £33m combined with high levels of non-recurrent income and costs pressures experienced in 2023/24 expected to continue into 2024/25, gives an opening underlying deficit of £252.7m and is the starting point for the 2024/25 Financial Plan.

Underlying Deficit	£m
Forecast deficit outturn for 2023/24	33.0
Non-recurrent Welsh Government Strategic Support for deficit 2021/22	40.0
Non-recurrent Welsh Government Performance and Transformation Fund	42.0
Non-recurrent Welsh Government Additional Support for 2023/24	101.1
Recurrent overspends and reversal of balance sheet mitigation from 2023/24	36.6
Opening underlying deficit 2024/25	252.7

Our Resources

The Welsh Government allocation for 2024/25 reflects the outcome of what has been a very challenging financial year in 2023/24. It also reflects a challenging budget process for Welsh Government. Organisations are expected to operate within the funding set out in the allocation and are expected to develop robust plans to deliver against the priorities for 2024/25, as set out in the NHS Planning Framework from within this allocation.

The Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis. Welsh Government have also confirmed that £74.6m of the non-recurrent additional support issued in 2023/24 is recurrent in principle, but conditional on progress made in delivering the target control total of a £20m deficit for 2023/24. This allocation will only become recurrent on the delivery of the required progress being made and is therefore a significant risk within the Financial Plan.

The Welsh Government allocation growth for 2024/25 represents a 3.67% uplift in funding, which equates to £60.6m for BCU (pay award not required to be serviced by this uplift and thus is excluded from the plans at this time). This core funding increase therefore supports NHS organisations with the unavoidable inflationary and demand pressures that are forecast for 2024/25. Funding for NHS pay awards in 2024/25 is being held centrally and will be allocated to employers once awards are made.

The additional resources available next year are shown in the table below:

	Recurrent £m	Non- recurrent £m	Total £m
Allocation Income			
Non-recurrent Welsh Government Strategic Support for deficit 2021/22		-40.0	-40.0
Non-recurrent Welsh Government Performance and Transformation Fund		-42.0	-42.0
Welsh Government Conditionally recurrent funding issued in 2023/24	-74.6		-74.6
Allocation uplift (incl. Mental Health)	-60.6		-60.6
Energy inflation funding	-10.3		-10.3
Sustainability (Planned Care) Funding	-34.5		-34.5
Covid-19 Programme Funding	-12.2		-12.2
Ring fenced funding: Value Based Healthcare & Further Faster	-5.7		-5.7
Welsh Government top slice funding reduction	0.3		0.3
Total Additional Allocation	-197.6	-82.0	-279.6
Other Income			
Provider Income uplift	-1.2		-1.2
Total Other Income	-1.2		-1.2
Total Additional Income	-198.8	-82.0	-280.8

It is of note that a large element of the additional income relates to conditionally recurrent resources allocated in 2023/24, inflationary uplift and retention for a further year of the transformation and performance fund. The Health Board is reviewing the use of the Performance and Transformation funds to ensure alignment to the strategic priorities of the Health Board.

Demand Growth, Inflation and Cost Pressures

The Financial Plan has considered and estimated the underlying costs, historical commitments, inflationary impacts and cost pressures that are likely to affect the Health Board over the next year. Service and workforce plans have been included in the assessment, alongside identification of potential transformational schemes, financial efficiencies and savings plans required to achieve financial balance.

Demand growth and inflation estimates have been assessed using a range of information sources. The total estimated inflation is £29.8m and total estimated growth is £5.4m.

In addition, there are unavoidable and new known cost pressures for 2024/25 that BCU cannot avoid. Many of these relate to all-Wales schemes and business cases for which commitments have already been made. These total £2.8m. Furthermore an assessment has been made of the value of energy costs in 2024/25 over recurrent budgets. The forecast in respect of BCU is a cost of £15.3m, offset by new Welsh Government funding of £10.3m, giving a financial pressure of £5.0m.

The costs related to the additional funding for Sustainability, Covid Programmes, Valued Based Healthcare and Further Faster have been included. Additional resources for enhanced care are modelled at current planned expenditure levels.

Financial Improvement

It is recognised by Welsh Government that there is no discretionary investment reflected within the core funding uplift, organisations needing to make significant savings in order to deliver and implement financially sustainable plans for 2024/25.

Whilst also recognising that the funding associated with provision of NWSSP & WHSSC services (and other NHS Wales providers) total a maximum of 3.67% and this (excluding the 2% efficiency ask of Welsh Government) represents the funding available to offset non pay related inflation, growth and developments in this area of the Health Boards activities (pay award inflation resourced by Welsh Government directly).

Organisations need to ensure that actions to deliver financial improvement in 2023/24 are maintained, and are required to have a minimum savings delivery in 2024/25 of at least 2% of total baseline expenditure. The Minister for Health and Social Services is expecting savings in non-core areas and overheads to prioritise front-line services, with reductions in premium cost working and a move to in-house capacity utilisation.

To attain the Health Boards key financial duty and deliver a break-even outturn (income matching expenditure plans for the financial year) the savings ask would total a 3.5% requirement. However, the considered position as to the level of savings that represent a challenging but achievable target for BCU has been set at 2.8%, which equates to £48.0m (this above the minimum set for Health Boards of 2% by Welsh Government).

The Health Board is seeking to enhance the traditional savings approach through implementation of a Value & Sustainability transformation vehicle, this will seek to deliver patient benefits within five core domains of (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.

Summary Financial Plan

The table below provides a high level summary of the overall financial position for 2024/25. The overall position is a £19.7m deficit.

	2024/25 £m	2024/25 £m
Opening underlying deficit 2024/25		252.7
Additional allocation income	-279.6	
Additional other income	-1.2	
Total additional income		-280.8
Inflation	29.8	
Growth	5.4	
Unavoidable cost pressures	2.8	
Energy costs	15.3	
Review of RIGA	-10.0	
Sustainability (Planned Care) spend	34.5	
Covid-19 Programme spend	12.2	
Ring fenced funding: Value Based Healthcare & Further Faster	5.8	
Total additional costs		95.8
Savings target		-48.0
Net 2024/25 planned deficit		19.7

Financial Risks

There are significant risks contained within the Financial Plan, which will need to be monitored and managed throughout the year. In particular the level of savings required within the plans will be dependent on the Health Board enacting a number of transformational and improvement opportunities.

The Health Board continues to progress savings achievement through traditional means, though in acceptance that this will not give future benefits in healthcare and be insufficient to deliver a sustainable financial position (as highlighted previously under Improvement) has commenced implementation of a framework to mirror Welsh Governments Value & Sustainability Programme.

The table below highlights the significant risks owing to the infancy of implementation of this approach;

Risks	£m	Likelihood
Quantifiable risks		
Failure to deliver savings not yet identified	15.0	High
Failure to deliver savings not yet identified	8.0	Medium
Servicing additional capacity	18.0	High
Medicines Management (prescribing & secondary care drugs, including NICE)	9.0	High
Continuing Healthcare	8.0	High
Out of Area Mental Health placements	6.0	High
WG estimates of spend if Optometry practices take up the new elements of the contract quickly	1.0	Medium
Non-achievement of required progress towards control total in 2022/23, leading to a withdrawal of the Welsh Government Conditionally recurrent funding issued in 2023/24	74.6	Low
Total quantifiable risks	139.6	
Total quantifiable risks (excluding WG conditionally recurrent income)	65.0	
Other non-quantified risks		
Clinical waste legislation changes		
Contract performance and oversight		
Opportunities / mitigations for the identified risks		
Development of transformation savings through a programme for delivery of Value and Sustainability – whilst this programme develops, continuation of control measures deployed in 2023/24		
Mitigation of increased energy costs (£5.0m included in the plan)		
Medically fit for discharge wards (reablement or green wards)		

The financial plans align to the strategic ambition of the Health Board, and whilst not in 2024/25 attaining the key financial duty to break-even, it is envisaged the foundations will be laid that will enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable.

Workforce Resources

The Health Board has an ambition for healthcare that is built around having a health care workforce with the capacity, competence and confidence to meet the needs of the residents of North Wales. This approach enables work with those working within the Health Board and with partners to start to address a number of current and long-standing challenges, prepare the Health Board for future challenges and to embrace and create opportunities to succeed.

Skills and Engagement

The Health Board will require an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology. The Health Board will change the way it sees and engages with its workforce, continuing work to develop a culture where all staff have a voice and can contribute to the success of the organisation, and to transform traditional roles and ways of working to support new models of care through local and the national improvement and transformation programmes.

Recruitment and Retention

Recruitment of staff will still be challenging across the NHS during 2024-2025. Workforce teams will support key areas across the Health Board to firstly stabilise services and secondly ensure staff are working to their key skills to ensure quality based effective patient care. Key service areas include Oncology, Orthodontics, Dermatology, Vascular, Community Dental, Mental Health & Learning Disabilities and Neuro-Development, as outlined earlier in the plan.

This will take the form of key enabling interventions across medical, nursing and other clinical workforce groups. Recruitment, and importantly retention, of staff will continue to be of significant focus across the Health Board, delivered through collaboration between operational and clinical teams, clinical corporate teams and workforce teams. The Health Board will ensure that we have the support in place to make it easier for managers to plan, recruit and on board staff in an efficient way, reducing barriers and realising benefits.

Specific recruitment work is already underway with a number of initiatives in place and planned for medical and nursing professionals. This will supplement the existing work being undertaken regarding UK recruitment by targeting staff support and being more streamlined.

The Health Board will continue to build upon achievements to date in both employing the right people with the right skills to provide services in the right place, and to develop opportunities for members of our communities to gain and maintain employment and to achieve their ambitions. As well as registrant workers the Health Board has been actively working to support local access to roles across the health board for the local people of North Wales. This has led to a number of successful recruitment open days including for Healthcare Support Workers and Administrative staff. Building up this, more of these are planned across 2024-25.

Support staff wellbeing is an important way to reduce sickness absence and staff turnover and the Health Board will continue to expand this offer, outlined with the Compassionate Leadership and OD priority within the plan.

Workforce Staffing Position

The current resources and planned resources available across the organisation are outlined in tables below.

The focus in 2024-2025 will be to ensure the workforce continues to grow where it necessary to grow, whilst first maximising more efficient ways of working. More efficient ways of working include approaches to rostering, the use of technology, and the use of role-substitution and skill-mix redesign. The strategic priorities outlined within this plan, include these principles, and redesign or reconfiguration of services will always require safe and deliverable staffing plans at their core before being agreed.

The tables below outline the current workforce establishments for the Health Board alongside the actual staff currently in post. Forecast projections for 2024-25 and beyond are included.

Workforce Establishment WTE	31/3/23	31/3/24	2024-25 Forecast				2025-26	2025-26
	Actual	Forecast	End Q1	End Q2	End Q3	End Q4	End Forecast	End Forecast
Admin, Clerical & Board Members	3,595	3,991	3,993	3,995	3,997	3,999	3,999	3,999
Medical & Dental	1,693	1,753	1,754	1,755	1,756	1,756	1,756	1,756
Registrant Nurse & Midwifery	6,055	6,335	6,338	6,341	6,344	6,347		
Prof Scientific & Technical	784	866	867	867	868			
Additional Clinical Services	3,931	4,307	4,309	4,311	4,313	4,315	4,315	4,315
Allied Health Professionals	1,249	1,279	1,280	1,281	1,281	1,282	1,282	1,282
Healthcare Scientists	311	312	312	313	313	313	313	313
Estates & Ancillary	1,436	1,523	1,524	1,524	1,525	1,526	1,526	1,526
Students	23	23	23	23	23	23	23	23
TOTAL	19,078	20,389	20,399	20,409	20,419	20,428	20,428	20,428

Substantive Deployed WTE	31/3/23	31/3/24	2024-25 Forecast				2025-26	2025-26
	Actual	Forecast	End Q1	End Q2	End Q3	End Q4	End Forecast	End Forecast
Admin, Clerical & Board Members	3,631	3,655	3,679	3,702	3,725	3,749	3,834	3,920
Medical & Dental	1,145	1,166	1,173	1,181	1,189	1,196	1,224	1,251
Registrant Nurse & Midwifery	5,318	5,639	5,702	5,766	5,829	5,892	6,049	6,242
Prof Scientific & Technical	731	761	764	767	771	774	786	798
Additional Clinical Services	3,893	4,028	4,058	4,087	4,117	4,147	4,234	4,303
Allied Health Professionals	1,188	1,212	1,213	1,215	1,217	1,218	1,222	1,226
Healthcare Scientists	277	297	297	297	297	297	296	296
Estates & Ancillary	1,371	1,338	1,342	1,345	1,349	1,353	1,364	1,376
Students	20	24	23	23	23	23	23	23
Medical & Dental (Central Shared Service)	425	458	458	458	458	458	458	458
TOTAL	17,999	18,577	18,710	18,842	18,975	19,108	19,491	19,893

Delivery plan for 24-25

This 2024-27 Three Year Plan provides an overview of the key areas of work that the Health Board wishes to prioritise to make the greatest progress possible towards improving the Health and Wellbeing of the population of North Wales.

To support this overview, the Health Board has produced a more detailed delivery plan for year one of the plan, outlining the most important component pieces of work that collectively meet the Health Board Plan ambitions laid out across this document.

The annual delivery plan for Year 1 (2024-25) is provided as an appendix to this document and sets out

A review of the outturn position from implementing the 23-24 plan

The scheduling of the most important component pieces of work in 24-25

How performance will be monitored and reported

Appendix: The Planning Templates

This 2024-27 Three Year Plan provides an overview of the key areas of work that the Health Board wishes to prioritise to make the greatest progress possible towards improving the Health and Wellbeing of the population of North Wales.

To support this overview, the Health Board has completed mandated national templates outlining the detail of actions being undertaken in specialty areas and the impact upon performance.

The mandated templates are provided as appendices to this document and cover:

Enhanced Care in the Community (Delayed Pathways of Care)

Primary Care: GMS

Primary Care: Community Pharmacy

Primary Care: Dental

Primary Care: Optometry

Mental Health: Adult Mental Health

Mental Health: CAMHS

Planned Care and Cancer

Urgent and Emergency Care

Appendix: Capital Prioritisation Plan

Provided as a separate document.

Abbreviations & Glossary

A Healthier Wales		A Healthier Wales' is a Plan set out by Welsh Government in 2018 setting out a long term vision of how health and social care services in Wales will ensure people in Wales stay well and independent for as long as possible.
Activities of Daily Living	ADL	Activities of daily living are the essential tasks that individuals perform as part of their daily routines, for example eating, drinking, bathing and dressing. These activities are fundamental for maintaining a good quality of life and form the basis of the assessments that health and social care professionals undertake to determine an individual's functional abilities and needs.
Anchor institution		Anchor institutions are public sector organisations whose long-term sustainability is intrinsically tied to the wellbeing of the populations they serve. Anchor institutions have a significant opportunity to make large impacts upon their local communities depending upon how they approach procurement, the use of their buildings and estate, their workforce policies, how they work together, and environmental impact.
Atrial Fibrillation	AF	Atrial fibrillation is a heart condition where the heart beat is irregular. It is important because the irregularity can affect blood flow leading to clots and strokes unless effectively treated.
Attention Deficit Hyperactivity Disorder	ADHD	ADHD is a condition, most usually diagnosed in childhood that is characterised by hyperactivity and impulsiveness.
Audit Wales		Audit Wales is the organisation that provides independent scrutiny and audit of public service providers in Wales.
Autistic Spectrum Disorders	ASD	Autistic Spectrum Disorder is term used to describe a closely related range of developmental condition, previously commonly referred to as 'autism'.
Board		The Board governs the organisation. Membership of the Board comprises of the Chairman, the Vice Chair, Independent Members (who are appointed by the Minister for Health and Social Services), and Executive Members. Together, they form a unitary Board.
Board Assurance Framework	BAF	The BAF brings together information related to risks of not delivering the board's strategic objectives, including how those risks are being managed and mitigated.
Board Committee		The Health Board has a number of Board Committees that each have specific areas of responsibility, for example Audit Committee and Performance, Finance and Information Governance Committee. Board Committees provide scrutiny and report assurance to the Board.
Business continuity		Business Continuity arrangements are the plans put in to place by organisations to ensure that they are able to respond and continue to deliver essential services when incidents occur that threaten this, for example losses of power, IT failures and major incidents affecting staffing availability.

Business partnering		Business partnering is an approach that aligns functional expertise in areas such as finance, workforce, and improvement science, with the operational teams throughout the organisation.
Child and Adolescent Mental Health Services	CAMHS	The overarching term for mental health services for those aged under 18. This comprises of a range of in-reach services, community services, inpatient and high intensity services, and specialist services.
CHKS	CHKS	CHKS is a provider of healthcare intelligence and quality improvement services, including hospital benchmarking data. This is used to compare hospital performance against the performance of other similar hospitals to identify opportunities to improve.
Chronic Obstructive Pulmonary Disease	COPD	COPD is a long-term condition, including emphysema and chronic bronchitis, which affects breathing. Most cases of COPD are associated with a history of smoking, making COPD a preventable condition for many.
Civil contingencies		The Civil Contingencies Act 2004 places obligations on Health Board and other public services to prepare for emergencies.
Clinical Services Plan	CSP	A plan for how to configure the delivery of clinical services in order to deliver the strategic intent of the Health Board.
Cluster		A collaboration, covering populations of around 25,000 to 50,000, that brings together Health Board service colleagues, Local Authority, independent contractor health care services, third sector, and others, to identify improved ways of meeting the community health and social care needs to local residents.
Colonoscopy		An examination of the bowel using a fine, flexible tube with a camera attached.
Community Health Pathways		Community Health Pathways, or HealthPathways, is a portal for healthcare professionals providing guidance aimed at reducing unnecessary referrals to secondary care hospital services.
Community pharmacy		Sometimes termed 'high street pharmacy', community pharmacy providers dispense prescriptions, sell over the counter products, but also do much more, including providing consultations on a range of healthcare problems and prescribing of certain medications.
Compassionate leadership		Compassionate leadership is an approach to leadership that involves actively listening to, understanding and supporting colleagues. It is well researched to lead to more engaged and motivated staff, higher levels of well-being and the delivery of higher quality care.
Computerised Tomography	CT	Computerised tomography is a type of scan that uses x-rays inside a large tube in which the patient lies.
Continuing healthcare funding	CHC	Continuing healthcare funding, also known as CHC funding, is an NHS framework that assesses individuals who have significant ongoing healthcare needs outside of hospital. If the CHC threshold is met, then ongoing care needs are fully funded by the NHS.

Control total		A financial control totals represents a financial targets that must be achieved and defines the maximum amount of spending allowed.
Decarbonisation Action Plan	DAP	The Health Board plan to reduce greenhouse emissions.
Delivery plan 2024-25		The Health Board annual delivery plan for 2024-25 provides a detailed mapping of how and when the priorities for 2024-25 in the plan will be delivered and who the senior accountable officer overseeing delivery is for each element.
Demand and Capacity	D&C	This is the overarching term used to describe the methodologies of identifying how much planned care capacity there is compared to what the expected demand will be from referrals.
Discharge to Recover then Assess	D2RA	This approach supports people to remain at home or to be discharged as soon as possible to recover at home before being assessed for any ongoing need.
District General Hospital	DGH	A district general hospital is a traditional term given to a hospital delivering secondary care services within a particular area, or district. In North Wales we have three hospitals that would be considered to be DGH's, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan, and Wrexham Maelor Hospital in Wrexham.
Duty of Quality		The Health and Social Care (Quality and Engagement) (Wales) Act 2020 includes the Duty of Quality with the goal of continually enhancing the quality of services provided. The Duty of Quality applies to all aspects of NHS Wales, whether clinical or non-clinical.
Electronic Health Record	EHR	A computerised medical record that fully replaces the use of handwritten paper records.
Emergency Preparedness, Resilience, and Response	EPRR	EPRR is the term given to the continual planning and preparation undertaken by NHS organizations in order to be able to swiftly and effectively respond to a range of incidents and emergencies that could impact health or patient care, such as infectious disease outbreaks, extreme weather, and major accidents.
Endoscopy		Endoscopy is a diagnostic test that uses a long, thin tube with a small camera inside, called an endoscope.
Executive Member		Executive Directors are responsible for the operational running of the organisation. Within Health Board arrangements in Wales, Executive Directors work alongside Independent Members as equal members of the unitary Board.
Executive Team		The Executive members of the unitary Board, led by the Chief Executive Officer. They are the most senior officers of the organisation, responsible for the operational leadership of the Health Board.
Funded nursing care	FNC	FNC is closely related to continuing healthcare funding. Individuals not eligible for CHC funding may be eligible for FNC if they are living in a care home setting and require care from a registered nurse. If eligible FNC covers the nursing care component of costs.

Further, Faster		Further Faster is a workstream of the A Healthier Wales long term plan to increase momentum in community care to reduce pressures on hospitals.
General Medical Service contract	GMS	The way in which independent GP/Primary Care practitioners work with the Health Board to run their practices.
Genomic Medicine		Genomics is the study of individual patient's genes to make more accurate or earlier diagnoses. It is anticipated that this will make it possible for genetic information to be matched to the most effective medications and interventions.
Getting It Right First Time	GIRFT	GIRFT is a national NHS programme designed to improve the treatment and care of patients by reducing unwarranted variations using benchmarking data and applying the best practice from high performing providers to others.
GP with a special interest	GPwSI	Also referred to as a General Practitioner with Extended Roles (GPwER), a GPwSI is a GP who takes on a role that extends beyond the normal scope of general practice in a particular specialist area. GPwSI often take relevant referrals from other GPs as an alternative to referring patients to hospital specialists.
Health and Safety Executive	HSE	The Health and Safety Executive is the UK national regulator for workplace health and safety.
Health Education and Improvement Wales	HEIW	Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales and provide strategic and specialist workforce support and advice across Wales.
High Volume, Low Complexity	HVLC	High Volume Low Complexity procedures are routine surgical procedures, such as cataract removal, and straight forward joint replacements, that can be delivered more efficiently by agreeing standardised pathways, pooling capacity and resources, and improving theatre use and day case rates.
Human Papilloma Virus	HPV	Human papillomavirus is the term given to a group of viruses a small number of which can cause genital warts or cancer.
Improvement Cymru		Improvement Cymru is the improvement service for NHS Wales, hosted by Public Health Wales.
Independent Member	IM	Within Health Board arrangements in Wales, Independent Members work alongside Executive Directors as equal members of the unitary Board.
Independent Prescribing	IP	The prescribing of prescription only medication by healthcare professionals who are not doctors, after being given additional training.
Institute of Healthcare Improvement	IHI	The Institute for Healthcare Improvement is an independent not-for-profit organisation, international recognised, that provides advice and support in the field of healthcare improvement science.
Institution Of Occupational Safety And Health	IOSH	The IOSH is an international organisation that sets standards for, and provides guidance to, professionals working in the fields of workplace health and safety.
Integrated Health Community	IHC	IHC is the term given to the three geographical divisions within the Health Board - East, Centre and West. Each IHC is responsible for organising and delivering the general healthcare services

		within the District General Hospital within the respective area alongside the community services in the area.
Integrated Medium-Term Plan	IMTP	An IMTP is a plan, set within a three year context that sets out the how the Health Board intends to deliver the long-term vision for NHS services in Wales. IMTPs must reflect the strategic and legislative landscape within Wales, including Ministerial priorities.
Integrated Planning Framework		The Framework in the Health Board that draws together the various different aspects across the organisation where planning skills are required.
Integration and Rebalancing Capital Fund	IRCF	A Wales-wide funding initiative aimed at enhancing health and social care services.
Internal Audit		Internal Audit is a function, independent of the Health Board that audits services and governance systems within the Health Board. Internal Audit services are hosted by NHS Wales Shared Services Partnership.
Inverse Care Law	ICL	The Inverse Care law describes the phenomenon where people who most need health care are least likely to receive it, leading to disparities in access. This often occurs when those who are less well-off face barriers.
Joint Advisory Group (JAG) on GI Endoscopy Accreditation		JAG accreditation is a nationally recognised accreditation system used to quality assure gastrointestinal endoscopy services.
Klebsiella		Klebsiella is a bacteria that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Length of Stay	LoS	The number of days that an inpatient stays in hospital.
Living Healthier, Staying Well'		The Health Board strategy consulted upon in 2017.
Llais		Llais is the national, independent body set up by the Welsh Government to give the people of Wales a stronger voice in their health and social care services.
Long Term Condition	LTC	Long-term conditions are illnesses that cannot be cured although they may be controlled with medicines or other treatments, for example asthma and diabetes.
Magnetic Resonance Imaging	MRI	Magnetic resonance imaging is a type of scan that uses magnetic fields and radio waves inside a large tube in which the patient lies.
Mass immunity		Sometimes referred to as 'herd immunity' mass immunity describes the need to vaccinate a certain percentage of the population in order to prevent the ongoing spread of an infectious illness in those not fully vaccinated. Once mass immunity has been reached, disease gradually disappears from the population.
Medically Fit for Discharge	MFD	This is the point from which an individual remains in hospital for reasons other than because they require inpatient medical oversight.

Methicillin Resistant Staphylococcus Aureus	MRSA	MRSA is a type of bacterial infection that can cause serious infection if it gets into the body. It can be associated with the overuse of antibiotics.
Methicillin-Susceptible Staphylococcus Aureus	MSSA	MSSA is a type of bacterial infection similar to MRSA but more likely to be treatable with antibiotics.
Mid-Wales Collaborative		The Mid Wales Healthcare Collaborative, now the Mid Wales Joint Committee for Health and Care, was established in response to the Mid Wales Healthcare Study with the aim of ensuring that healthcare services in Mid Wales are effective for its population.
Minor Injury Unit	MIU	MIU's are a walk-in service able to deal with minor injuries without needing to visit an Emergency Department. The Health Board has 9 MIUs.
More Than Just Words'		More Than Just Words is the Welsh Government's framework for promoting the use of the Welsh language in health and social care.
Multi-parametric Magnetic Resonance Imaging	mpMRI	A type of prostate scan that creates more detailed images than a standard MRI scan.
National Institute for Health Research	NIHR	The National Institute for Health Research supports and enables health and social care research in the UK.
Neurodevelopmental services	ND	The branch of healthcare services that manages neurodevelopmental conditions. The most common conditions are Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder.
Nuclear Medicine		Nuclear medicine uses radioactive material to diagnose disease. Due to the use of radioactivity, nuclear medicine is subject to tight legislative regulation and inspection.
Operating model		A financial control totals represents a financial targets that must be achieved and defines the maximum amount of spending allowed.
Organisational Development	OD	Organisational development is the approach taken to systematically support those working within an organisation to be their best and most satisfied. This involves promoting a positive organisational culture, developing workforce and leadership skills and enhancing communication.
Patient Reported Experience Measure	PREM	PREMS are tools where individuals can report the experience of receiving health care from their perspective. They are often used following treatments or interventions to assess how receiving interventions feel for individuals in order to improve services.
Patient Reported Outcome Measure	PROM	PROMS are tools where individuals can report health outcomes from their perspective. They are often used following treatments or interventions to assess the impact that those interventions have had.
Pharmaceutical Needs Assessment	PNA	The PNA is an assessment of the current and future pharmaceutical service requirements within individual areas. The Health Board uses the PNA to inform planning to improve pharmacy services.

Planning template		The mandatory templates issued to Health Boards by NHS Wales used to provide structured additional detail for plan priorities.
Population Needs Assessment	PNA	The population needs assessment is an assessment of the care and support needs in North Wales, identifying the services available to meet those needs and any gaps and actions required. It has been created by North Wales Regional Partnership Board, in line with the requirements of the Social Services and Well-being (Wales) Act 2014. The most recent PNA was completed in 2022, though kept under continual review.
Portfolio & Programme Management Office	PMO	A support structure within the Health Board that ensures improvement and change management science is best utilised when managing business change. This is sometimes referred to as making sure we are "doing the right work and doing it in the right way" when delivering major change.
Positron Emission Tomography	PET	A positron emission tomography (PET) scan is a modern type of nuclear medicine imaging test that provides detailed 3-dimensional images of the inside of the body.
Primary Care Model for Wales		The national model for Primary Care in the future in Wales. It makes better use of the skills of everyone working in the local area, and that empowers individuals to take control of their own health and choices.
Prioritisation		The process by which healthcare service improvements that offer the highest value to individuals and communities are progressed when allocating the use of limited resources.
Pseudomonas Aeruginosa		Pseudomonas is a bacteria that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Public Service Board	PSB	Public Services Boards (PSBs) are a requirement of the Well-being of Future Generations (Wales) Act to improve joint working across public services. There are three PSBs in North Wales - Anglesey & Gwynedd PSB, Conwy & Denbighshire PSB and Flintshire & Wrexham PSB.
Quadruple Aim		The Quadruple Aim is an internationally recognised approach to driving improvements in Healthcare. The four themes of the Quadruple Aim, interpreted for Wales are improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce.
Regional Partnership Board	RPB	RPBs are a requirement of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered. There is a single RPB in North Wales.
Risk register		A risk register provides a structured record of any significant risks being managed by the Health Board that might impact upon the work of the Health Board. Risk registers are regularly reviewed and include response plans to how the risks are being reduced or controlled.

Same Day Emergency Care	SDEC	Same day emergency care (SDEC) is a service providing urgent care to patients without the need for an overnight admission to hospital.
Sentinel stroke national audit programme	SSNAP	The Sentinel Stroke National Audit Programme (SSNAP) is a quality improvement initiative. SSNAP measures the quality and organization of stroke care.
Service Level Agreement	SLA	A documented agreement between a service provider and a commissioner of that service that clearly lays out the level of service expected and the monitoring arrangements that will be used.
Six goals for Urgent and Emergency Care Programme	6 Goals	The 6 Goals Programme is a national programme of initiatives to help transform access to urgent and emergency care.
Small Business Research Initiative Centre of Excellence	SBRI	The Small Business Research Initiative Centre of Excellence in Wales is hosted by the Health Board and collaborates with public sector bodies in Wales. By running competitions and inviting industry participation, the SBRI Centre of Excellence aims to develop innovative solutions that enhance the health and well-being of those living in Wales. It is funded by the Welsh Government.
Special Measures		Special measures', now referred to as level 5 escalation, is highest level of escalation within the NHS Wales escalation and intervention framework arrangements.
Standard Operating Procedure	SOP	A Standard Operating Procedure is a set of step-by-step instructions to guide those carrying out particular tasks, with the intention of improving efficiency, quality and consistency.
Stereotactic Ablative Radiotherapy	SAbR	Stereotactic Ablative Radiotherapy is a highly specialised type of precision focused radiation treatment.
Straight to Test		The approach of requesting diagnostic tests, such as scans, before a patient is seen in outpatients, so that a treatment decision can be made when they are seen.
System		Sometimes referred to as 'whole system', the term is usually used to describe the collaborative approach involving multiple partners that is required to best deliver health and care services. The Health Board cannot deliver its best if it works in isolation without drawing in the support of others.
Systemic anti-cancer therapy	SACT	Systemic anti-cancer therapy is a description given to a range of treatments used to target cancer, such as chemotherapy.
Third sector		The 'third sector' is an umbrella term covering a range of organisations with different structures and purposes, belonging neither to the public sector nor to the private sector. This includes charities, housing associations, voluntary and community organisations and social enterprises and cooperatives.
Unscheduled care		Now usually referred to as 'urgent and emergency care', this relates to the unplanned care requirements of patients that are either urgent or emergencies in nature. This includes services delivered in Emergency Departments but also includes many other services, for example the use of 111, minor injury units, out of

		hours primary care services, community pharmacy minor illness services.
Value and Sustainability Board		A national collaborative healthcare approach in Wales to identify and benchmark opportunities to increase value within the NHS, and to make services more sustainable. Individual Health Boards are expected to apply the findings to the services they deliver.
Value based care		Value-based care is an established approach to healthcare in Wales that aims to improve patient outcomes by making the best use of the resources available. It is about achieving meaningful results that matter most to patients.
Well-being goals		The seven well-being goals established by the Well-being of Future Generations Act
Well-being of Future Generations		The Well-being of Future Generations Act in Wales requires public bodies such as the Health Board to work better with others and take a joined up, long-term approach, thinking about the long-term impact of decisions, working better with people, communities and each other. The act is about improving the social, economic, environmental and cultural well-being of Wales.
Welsh Index of Multiple Deprivation	WIMD	This is the Welsh Government's official measure of relative deprivation for small areas in Wales, made up of 1,909 areas ranked from 1 (most deprived) to 1,909 (least deprived).
Wider Determinants of Health		The wider determinants of health describe a wide range of social, economic, and environmental factors that significantly influence people's mental and physical well-being. For example poverty, poor housing, a lack of employment, and access to green spaces.



Teitl adroddiad: <i>Report title:</i>	Corporate Governance Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 28 March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The objective of this report is to provide the Board with an update on key Corporate Governance matters and to provide assurance in the following areas:</p> <ul style="list-style-type: none"> • Corporate Risk Register • Common seal applications • Chair's Actions • SRG and HPF Membership 			
Argymhellion: <i>Recommendations:</i>	<p><i>The Board is asked to note and consider:</i></p> <ul style="list-style-type: none"> • The Corporate Risk Register • Common seal applications since the last Board Meeting <p>The Board is asked to note and ratify</p> <ul style="list-style-type: none"> • Chair's Actions taken since the last Board Meeting <p><i>The Board is asked to approve:</i></p> <ul style="list-style-type: none"> • Expressions of interest for HPF and SRG Membership 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Phil Meakin - Acting Board Secretary			
Awdur yr Adroddiad: <i>Report Authors:</i>	<p>Phil Meakin – Acting Board Secretary Supported by:</p> <ul style="list-style-type: none"> • Nesta Collingridge – Head of Risk Management • Philippa Peake-Jones – Head of Corporate Affairs • Llinos Roberts – Executive Business Manager 			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p>				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<p>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.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	This is not applicable for this report.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	This is not applicable for this report.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The nature of this paper has an impact on the way Corporate Governance is reported and managed in the Health Board. Risks related to Corporate Governance are reflected in the body of the report and the development of this work will support better oversight and management of them.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Failure to have effective Corporate Governance can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable

<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>The nature of this paper has an impact on the way the Board Assurance Framework will be reported and managed in the Health Board</p> <p>This links to the BAF Risk SP16 "There is a risk of failing to effectively strengthen the Board arrangements following special measures and implement critical governance, accountability, planning, and performance improvements"</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> • Feedback from Board to Corporate Risk Register owners • If approved communicate membership of HPF and SRG to people who have expressed an interest in those positions 	
<p>List of Appendices:</p> <p>Appendix 1 – Corporate Risk Register Summary AND Full Corporate Risk Register</p>	

Corporate Governance Report

1) Introduction and Background

The objective of this report is to provide the Board with an update on key Corporate Governance matters and to provide assurance in the following areas:

- Corporate Risk Register
- Common seal applications
- Chair's Actions
- SRG and HPF Membership

2) Corporate Risk Register

2.1 The purpose of this report is to provide the Board with assurance of the management of the significant risks within the Corporate Risk Register. Out of the 17 corporate risks 9 have been provided in this iteration of the report and subsequently reviewed by the overall responsible committee (1 risk related to Cyber security will be reported in the Private section of the Committee). At the time of reporting 8 corporate risks remained in draft and partial assurance was noted at Committees. All 8 outstanding corporate risks have since been submitted to Executives for approval.

2.2 The Board is provided with assurance that all updates on risks are currently being sought and progress updates on actions or revisions will be highlighted going forward in the dashboard to the Executive Team and to Audit Committee. Committees will continue to oversee the risks to which they have overall accountability. Executive risk owners have had the opportunity to review these risk updates since the last Board Meeting.

2.3 Reflecting feedback from the last Board meeting and recent Committees to give greater emphasis on risks and their de-escalation the Corporate Risk Register. The dashboard (in Appendix 1) now signals if there has been any risk score movement since it was last reported to the Board by the use of a directional arrow on the dashboard.

2.4 In this report there are no risks that have been identified for escalation or de-escalation that are being brought to the attention of the Board. The comments section in the dashboard in Appendix 1 do indicate key updates for each of the risks and progress against the mitigating actions to each risk.

3) Common Seal Applications

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

No	Contract Name and Address	Approval Route	Date Signed and Sealed	Seal No	Collected by	Saved on System	Date Collected
195	43 Ffordd Elan, Rhyl & Parking Spaces	PFIG - Relates to Dental Lease	28/02/2024	683	Alan Thomas	Yes	29/02/2024

4) Chair's Action

4.1 There were two Chair's Actions made since the last Health Board and a summary of the details are provided below. The Board is asked to note and ratify these Chair's Actions:

No	Board/Committee	Chair	Topic	Requesting Officer	IMs Consulted	Final approval received
1	Board	Gareth Williams Vice Chair of the Health Board	Meddygfa Betws y Coed Conwy - GP Practice Contract Award	Executive Director of Transformation and Planning	Urtha Felda Karen Balmer Dyfed Jones Caroline Turner	29/2/2024
2	Board	Dyfed Edwards Chair of the Health Board	British Red Cross	Interim Executive Director of Operations	Gareth Williams Urtha Felda Dyfed Jones	11/3/2024

4.2 The summary of the recommendations considered and approved details are reflected below

1. Meddygfa Betws y Coed Conwy - GP Practice Contract Award

A Chair's Action meeting was convened on 29 February 2024 and was attended by Gareth Williams BCU Vice-Chair, Carol Shillabeer BCU Interim CEO and Independent Members: Urtha Felda, Karen Balmer, Dyfed Jones, Caroline Turner. The Chair's Action meeting supported the recommendations to:

- Approve the award of the Meddygfa Betws y Coed contract to Corwen House Surgery, a partnership consisting of Dr Mahimairaj Britto (MBBS), Dr Owen Pooley (MBChB) and Menaka Thamburatnam (Non-clinical partner), commencing on 1st May 2024.
- Note the next steps outlined to enable the contract to start on 1st May 2024 with no service disruption.

2. British Red Cross

A second Chair's Action meeting was convened on 11 March 2024 and was attended by Dyfed Edwards BCU Chair, Independent Members: Gareth Williams (Vice Chair), Urtha Felda, Dyfed Jones, Chris Stockport Executive Director of Transformation and Strategic Planning (Nominated Deputy for the Chief Executive) to:

- Approve the total contract value of the ED Wellbeing and Home Safe Service for 33 months for the extension of the additional two, 12 month contracts in line with the contract award and secure continuation of service provision for 2024-25 and 2025-26
- Note the total contract value of the North Wales Short Term Resettlement Service for 12 months of and to support approval for the extension of an additional 12 month contract and secure continuation of service provision for 2024-25.
- Note the contract value of the proposed option 2b for the Mobility Aids Service for 12 months across Wales and once agreement reached with other Health Boards and to support approval for the extension of an additional 12 month contract and secure continuation of service provision for 2024-25

5) Advisory Group Membership

5.1 Healthcare Professionals Forum (HPF)

The Chair of the Health Board has invited Jane Wild, Chair of the Healthcare Professionals Forum, to extend her term of office for a further 12 months. This is in line with the Health Board's Standing Orders. Jane Wild has accepted and given that this will extend her term of office also as an Associate Member of the Board, the Chair of the Health Board has written to the Minister of Health and Social Services to seek her approval.

There are currently two vacancies on the HPF (Specialist and Tertiary Medical), and Allied Health Professionals. We are currently in the processes of seeking expressions of interest from the relevant specialties and once identified will be received at a future Board Meeting for consideration of approval.

5.2 Stakeholder Reference Group (SRG)

The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the Health Board's decision making. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the Health Board. Membership may include community partners, provider organisations, special interest and other groups operating within the Health Board area.

Work on revitalising engagement with members of the SRG is underway and a recent workshop was held to engage with members on the BCU 3 Year Plan and progress against Special Measures. From this workshop and subsequent follow up the SRG has received formal expressions of interest to join the SRG.

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. Members shall be appointed for a period specified by the Board, but for no longer than 3 years in any one term. Those members can be reappointed but may not serve a total period of more than 5 years consecutively.

At the SRG meeting on 4th March 2024 it was agreed (subject to Board approval) to further widen membership of the group to include representatives from MIND Cymru, North Wales Cancer Patients Forum, Carer's Outreach Service and Llais.

The Board is asked to approve the following expressions of interest to become members of the SRG in Table 1 below. The Chair of the SRG endorses his support for these appointments.

Table 1 – Expressions of Interest in Joining The SRG as Members

Organisation	Individual Representing the Organisation
Carer's Outreach Service	Linda Kinani
Llais	Geoff Ryall-Harvey
Mind Cymru	Jenny Murphy
North Wales Cancer Patients Forum	Cllr Haydn Jones







Risk Management

March 24

Corporate Risk Register

Appendix 1


- Corporate Risk Register Dashboard**
- Full Corporate Risk Register**

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

Corporate Risk Register Dashboard

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoW	CRR24-01	People, Culture and Wellbeing	4 x 4 = 16 ↔	8	People	P&C	New risk as of Dec 23. 8 Actions identified, 6 due end of Feb 24. Update required on the progression of these actions as it should reduce by March 24 as per target date.
					4 - Seek		
EDoN	CRR24-02	Patient Safety-Falls	5 x 4 = 20 ↔	12	Quality	QSE	Escalated from operational risk as of Dec 23. Inherent and current score of 20, further controls to be reviewed to reduce current score. 3 actions due to be completed in Dec 23 and 3 in Jan 24, progress required and possible revision of target date if actions not completed.
					3 - Open		
EDoN	CRR24-03	Safeguarding	4 x 4 = 16 ↔	12	Quality	QSE	The majority of these actions have now been completed in line with the March 2024 target, this risk will be presented at Risk Management Group and Executive Team April for a proposed reduction in score.
					3 - Open		
EDoN	CRR24-04	Failure to Embed Learning	4 x 5 = 20 ↔	5	Reputational	QSE	New CR as of Dec 23, 7 actions identified 6 were due in March 2024, following review revised dates are proposed. The first action will be delayed due to reliance on NHS Executive National team. Actions 6 and 7 are being merged and revised date of May.
					4 - Seek		
EDoF	CRR24-05	Financial Sustainability	5 x 4 = 20 ↔	12	Financial	PFIG	Action plan developed; risk score has remained at 20 since opened in March 2023. Score and action plan reviewed and discussed at RMG and PFIG.
					2 – Cautious		
EDoF	CRR24-06	Suitability and Safety of Sites	TBA	TBA	Quality	PFIG	Risk now approved by Executive and will be included in the next round of meeting cycles for approval at Risk Management Group and the Executive Team meeting.
					3 – Open		




CDIO	CRR24-07	Availability and Integrity of Patient Information	5 x 4 = 20 ↔	12	Quality	PFIG	New Risk, 7 actions identified and 6 due in March 24. Discussed at PFIG for further strengthening cost implications.
					3 - Open		
EDoPH	CRR24-08	Population Health	5 x 4 = 20 ↔	12	Reputational	PPPH (QSE)	Inherent and current score of 20 , further controls to be considered to reduce current score. Target date 2026 (could have annual interim targets and actions to demonstrate movement).
					4 - Seek		
EDoO	CRR24-09	Community Care and Primary Provision	TBA	TBA	Quality	QSE	Risk submitted to Executive for comment and will be included in the next round of meeting cycles for approval at Risk Management Group and the Executive Team meeting.
					3 - Open		
EDoO	CRR24-10	Urgent and Emergency Care	TBA	TBA	Quality	PFIG	Risk submitted to Executive for comment and will be included in the next round of meeting cycles for approval at Risk Management Group and the Executive Team meeting.
					3 - Open		
EDoO	CRR24-11	Planned Care	TBA	TBA	Quality	PFIG	Risk submitted to Executive for comment and will be included in the next round of meeting cycles for approval at Risk Management Group and the Executive Team meeting.
					3 - Open		
EDoO	CRR24-12	Areas of Clinical Concern (encompasses ophthalmology and dermatology)	TBA	TBA	Quality	QSE	Risk submitted to Executive for comment and will be included in the next round of meeting cycles for approval at Risk Management Group and the Executive Team meeting.
					3 – Open		
EDoTH	CRR24-13	Timely Diagnostics	TBA	TBA	Reputational	QSE	

					4 – Seek		Risk now approved by Executive and will be included in the next round of meeting cycles for approval at Risk Management Group and the Executive Team meeting.
EDoTH	CRR24-14	Harm from the Medical Devices/Equipment	TBA	TBA	Quality	QSE	Risk now approved by Executive and will be included in the next round of meeting cycles for approval at Risk Management Group and the Executive Team meeting.
					3 – Open		
EDoW	CRR24-15	Health and Safety	TBA	TBA	People	P&C	Risk to be approved by Executive and will be included in the next round of meeting cycles for approval at Risk Management Group and the Executive Team meeting.
					4 – Seek		
EDoW	CRR24-16	Leadership/Special Measures	4 x 4 = 16 	8	Regulatory	P&C	New risk. Controls further refined following Executive Team review 17/01/23. ¼ Actions complete, actions to be further developed to reduce the score.
					3 - Open		
					4 - Seek		

Lead Board/Committee Key:

Committee	
Performance, Finance and Information Governance Committee	PFIGC
Quality, Safety and Experience Committee	QSE
People & Culture Committee	PCC
Audit Committee	AC

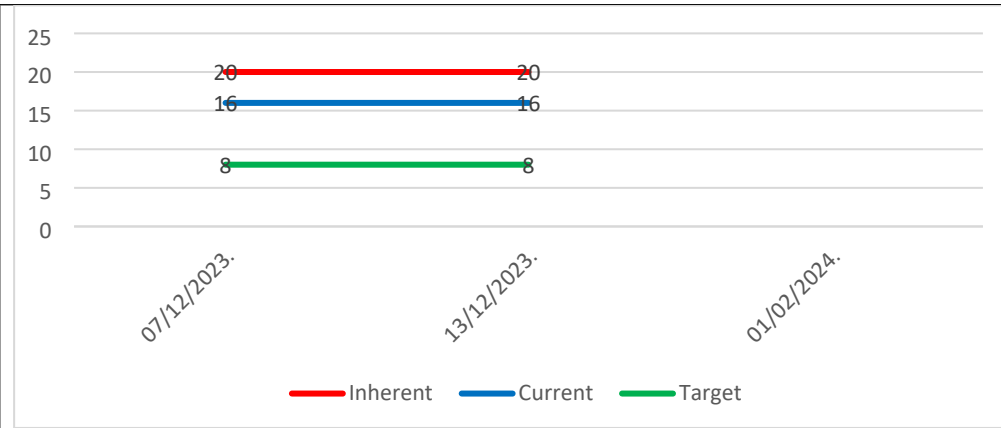
Executive	
Executive Director of Workforce	EDoW
Executive Director of Nursing & Midwifery	EDoN
Executive Director of Finance	EDoF
Chief Digital Information Officer	CDIO
Executive Director of Public Health	EDoPH
Executive Director of Operations	EDoO
Executive Director of Therapies and Allied Health Professions	EDoTH

Trend	
No trend/Score remains the same	
Increase	
Decreased	

Full Corporate Risk Register

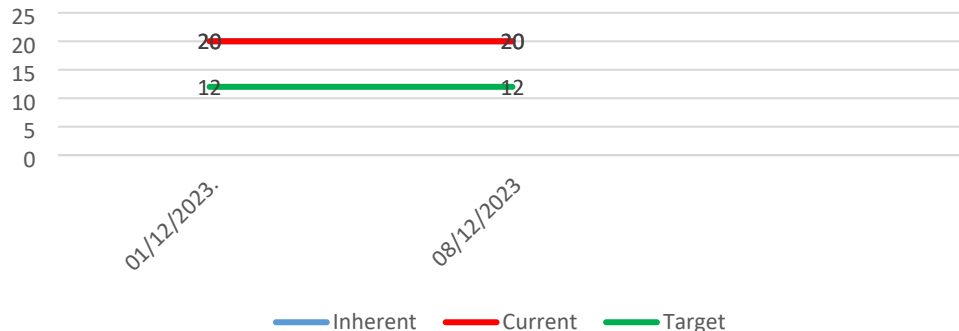
CRR 24-01	Risk Title: People, Culture and Wellbeing			Date Opened: 07/12/2023
	Assuring Committee: Performance, Finance and Information Governance Committee			Date Last Reviewed: 14/02/24
	Director Lead: Deputy Director of Workforce	Link to Datix IDs	1976/4431/4432/3947/4726 4939/2758/4564/4669/4285/4671	Date Last Committee Review: 20/02/2024
		Link to BAF	SP12	Target Risk Date: 31/03/2024
There is a risk that BCU do not have a highly skilled , engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls , organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people.				
Controls in place		Assurances	Additional Controls required	Actions and Due Date
<div>1. People Committee is being scheduled to oversee delivery of the People Services agenda</div> <div>2. Education and Learning Committee is being established</div> <div>3. Local IHC & Pan Services People & Culture Committees in place</div> <div>4. The Strategic Recruitment team in place deliver timely campaigns for all senior leadership and medical & dental appointments</div> <div>5. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities.</div> <div>6. The Recruiting well and Joining Well programmes are up and running</div> <div>7. Nursing Optimisation team leading on the Nurse retention programme</div> <div>8. A new Nurse Retention Lead post is at recruitment stage</div> <div>9. Flexible working policy has been updated and a new All Wales policy is due in Q4</div> <div>10. Staff feedback mechanism via the NHS Wales Staff Survey and ongoing pulse surveys</div> <div>11. Speak out Safely MDT in place</div> <div>12. Work in Confidence platform for staff to safely raise concerns</div>		<div>1. High risks, linked to CRR24-01 are reviewed will be monitored via the People Committee, the Culture Steering Group and the People Services Senior Leadership Team.</div> <div>2. Progress towards the People Service agenda is reported through the People & Culture Committee chaired by the CEO and reported to the Board.</div> <div>3. Workstreams associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board</div>	<div>1. The programme of work through the Education and Learning Committee to be finalised</div> <div>2. Increased measures on employee engagement</div> <div>3. A New proposal on the line manager’s impact on employee engagement</div>	<div>The strategic actions relating to this CRR recorded in the special measures cycle 3 milestones are;</div> <div>1. Scoping and methodology proposal for the wider review of the 2022 Operating Model restructure agreed at Executive team following appropriate engagement; 31/12/2023</div> <div>2. Findings from the wider review of the 2022 Operating Model restructure presented to Execs Team and next steps agreed; 29/02/2024</div> <div>3. Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles 29/02/24</div> <div>4. Measure employee engagement:</div>

			<p>Proposal on a broad range of mechanisms to do this other than just the staff survey presented to Executive Team 29/02/24</p> <p>5. Formal Culture Change Plan and accompanying Comms and Engagement plan presented to Exec Team prior to scheduling for review at Board 29/02/24</p> <p>6. Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan 29/02/24</p> <p>7. Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board 29/02/24</p> <p>8. Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts. This will enable improvements in a wide range of organisational outcomes, such as quality, access, experience 29/02/24</p>		
			Impact	Likelihood	Score
		Inherent Risk Rating	4	5	20
		Current Risk Rating	4	4	16



Target Risk Score	2	4	8
Risk Appetite	low level		1-8
Overall Assessment			
Newly developed risk, action plan to be reviewed end of March as per target date to reduce the score.			

CRR 24-02	Patient Safety - Falls			Date Opened: 01/12/2023
	Assuring Committee: Quality, Safety and Experience Committee			Date Last Reviewed: 14/02/24
	Director Lead: Executive Director of Nursing and Midwifery	Link to Datix IDs	4748/3869/3893/4562	Date Last Committee Review: 20/02/2024
		Link to BAF	N/A	Target Risk Date: 01/02/2024
There is a risk to patient safety, in particular harm, as a result of slips, trips and falls within Secondary Care acute sites. This may be caused by patients acuity/clinical condition/frailty alongside contributory factors such as reduced staffing , segregated areas and premises which do not allow for ease of oversight, compliance with manual handling training , compliance of falls risk assessment and subsequent implementation of mitigating actions. This could result in poorer patient health outcomes, extended hospital stay, regulatory non-compliance and litigation and associated financial impact.				
Controls in place		Assurances	Additional Controls required	Actions and Due Date
1.Mandatory E learning modules (1a and 1b) for Falls Prevention launched and monitoring in place for completion via the Strategic Inpatient Falls Group. Health Board compliance currently 1a 93.83%, 1b 94.55%. 2. Manual Handling training data cascaded monthly to respective IHC's/Division Director of Operations to include compliance, Did Not Attend rates and available capacity for upcoming 2 months. 3. Welsh Nursing Care Record (WNCR) has been implemented which has an electronic version of the Falls and Bone Health Multifactorial Assessment (FBHMA) that is identified on the dashboard if not completed and monitored for compliance by the Ward Manager. 4. How to /good practice guide developed and implemented to support with completion and quality of FBHMA across all Adult Inpatient wards: 5. Peer review process in place for 3 months to improve quality of the FBHMA across adult inpatient wards. 6. Falls review groups in place across the Health Board with exception reporting, updating of improvements to Strategic Inpatient Falls Group.		1. Strategic Inpatient Falls Group - Integrated Health Community (IHC) and Divisional falls review groups report to the falls leads who report to the strategic group. 2. Ward accreditation metrics 3. Ward accreditation review process 4. Peer reviews	1. Falls prevention and management policy to be ratified and relaunched - has been updated to include a clear step by step approach to completion of the Falls and Bone Health Multifactorial Assessment (FBHMA) and post falls management and currently under review with Patient Safety Group. 2. Assurance and training of agency workers. 3. Improved compliance with manual handling training. 4.Sustained improvement in the quality of completion of FBHMA.	1. New updated and revised Falls Prevention and Management Policy NU06 reviewed in BCUHB Patient Safety Group to be ratified and re-launched 30/12/2023. - Completed 2.Audit of Ward Managers induction checklist for agency staff to ensure falls training has been completed 13/12/2023. 3.Capacity within the Manual Handling training team to be optimised with focused recruitment drive for Band 6 posts (x3) supported by workforce 01/01/2024. 4. Manual Handling corporate team to progress contract arrangements for external training facilities to support capacity by December 2023. 30/12/2023. 5. Outcome of peer review pilot to be evaluated and recommendation presented to the Strategic Inpatient Falls Group for sustainable model 01/02/2024.

6. Temporary staffing team have ensured Nurse Agencies have access to BCUHB e-learning packages and are encouraged to complete.			6. The Welsh Nursing Care Record currently does not auto populate with Patient details such as mobility status from the admission assessment section into the FBHMA. This will be a future enhancement to the Welsh Nursing Care Record on an all-Wales basis. 01/02/2024.																				
 <p>N.B. Inherent and Current score lines stacked as both are 20.</p>		<table><thead><tr><th></th><th>Impact</th><th>Likelihood</th><th>Score</th></tr></thead><tbody><tr><td>Inherent Risk Rating</td><td>4</td><td>5</td><td>20</td></tr><tr><td>Current Risk Rating</td><td>4</td><td>5</td><td>20</td></tr><tr><td>Target Risk Score</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Risk Appetite</td><td colspan="2">low level</td><td>1-8</td></tr></tbody></table> <p>Overall Assessment</p> <p>1 out of 6 actions have been completed, 2 to be progressed in Dec and remaining actions to be completed by February 2024 in order to reduce this score down to the target of 12. This is in line with the Falls Internal Audit limited assurance report. The Falls Group also have oversight of the gaps in controls and is working to mitigate these. Further work required on current score and controls to reduce the risk score. Action plan dates have been revised and will be update in line with cycle of reporting.</p>			Impact	Likelihood	Score	Inherent Risk Rating	4	5	20	Current Risk Rating	4	5	20	Target Risk Score	4	3	12	Risk Appetite	low level		1-8
	Impact	Likelihood	Score																				
Inherent Risk Rating	4	5	20																				
Current Risk Rating	4	5	20																				
Target Risk Score	4	3	12																				
Risk Appetite	low level		1-8																				

CRR 24-03	Safeguarding			Date Opened: 07/12/2023
	Assuring Committee: Quality, Safety and Experience Committee			Date Last Reviewed: 14/02/24
	Director Lead: Executive Director of Nursing and Midwifery	Link to Datix IDs	3766/2548	Date Last Committee Review: 20/02/2024
		Link to BAF	N/A	Target Risk Date: 31/03/2025
There is a risk that BCU may fail in its statutory duties to protect vulnerable groups from harm. This could be caused by gaps in safeguarding governance , insufficient workforce training and engagement, complexity of legal frameworks, and lack of resources to manage growing demand. The impact may result in harm to at-risk adults, children or young persons, victims of violence/abuse, patients unlawfully detained, financial penalties, reputational damage and non-compliance with Safeguarding legislation which includes but is not exclusive to the Social Services and Wellbeing (Wales) Act 2014, the Deprivation of Liberty Safeguards, and the Mental Capacity Act.				
Controls in place		Assurances	Additional Controls required	Actions and Due Date
<p>1. Standardised formal reporting and escalation of activity, mandatory compliance and exception reports are presented in line with Health Board Governance and Reporting Frameworks.</p> <p>2. Audit findings and data are monitored and escalated. Risk Management has been embedded into the processes of the reporting framework.</p> <p>3. BCUHB mandatory safeguarding training is in place for all staff.</p> <p>4. Welsh Government interim monies has supported temporary the implementation of additional Mental Capacity Act (MCA) training, the completion of Deprivation for Liberty (DoLS) applications, and strengthened the implementation of Court of Protection DoL for 16/17-year-olds.</p> <p>5. BCUHB local work programmes are in place and aligned to the National Strategies which are regularly reported to Welsh Government.</p> <p>6. Safeguarding support the Sexual Abuse Referral Centre (SARC) implementation, compliance and accreditation but the accountability remains with the Central Integrated Health Community (IHC).</p> <p>7. Fully engaged and supporting the Single Unified Safeguarding Review led by Welsh Government and the Home Office/Central Government for the re-write of Safeguarding and Homicide Reviews.</p>		<p>1. The risks is monitored monthly and reviewed at the Safeguarding Governance and Performance Group and scrutinised at QSE/RMG.</p> <p>2. Mental Capacity Act training compliance and the DoLS backlog is monitored and reported into Welsh Government.</p> <p>3. This risks are regularly monitored and reviewed by the statutory engagement with the North Wales Safeguarding Board.</p> <p>4. BCUHB are fully engaged in National and Regional Forums to provide assurance of the implementation of legislation.</p>	<p>1. New legislation and statutory guidance driven by case law, UK and Welsh Government impacts upon the organisation and the date of implementation is not within BCUHB control.</p> <p>2. The increase in safeguarding activity with enhanced complexity has resulted in the delay of the implementation of strategic and operational interventions.</p> <p>3. Local Authorities frequently develop independent local guidance which requires duplication of implementation across BCUHB. This is time consuming and can result in reduced compliance.</p> <p>4. The rise in the number of DoLS assessments has resulted in a backlog. Current post holders work additional hours, weekends and evenings.</p> <p>There are local and national staffing challenges with regard to the recruitment of Safeguarding, MCA and DoLS specialist</p>	<p>1. The Ockenden Review (2018) Recommendation 6 recorded that for an organisation such as BCUHB a significant amount of work was still needed to be done to strengthen safeguarding services. A review of the safeguarding team and structure is underway. Action Due 31/03/24 Update: A review of the safeguarding team structure has started, a report will be submitted in March 2024</p> <p>2. National development and implementation of Single Unified Safeguarding Review. Action Due 31/03/25 Update: SUSR training has been approved by WG. BCUHB attending this month. WG update – SUSR delayed implementation now September 2024.</p> <p>3. Implementation and monitoring of the ‘Workforce Safeguarding Responsibilities SoP, Section 5</p>

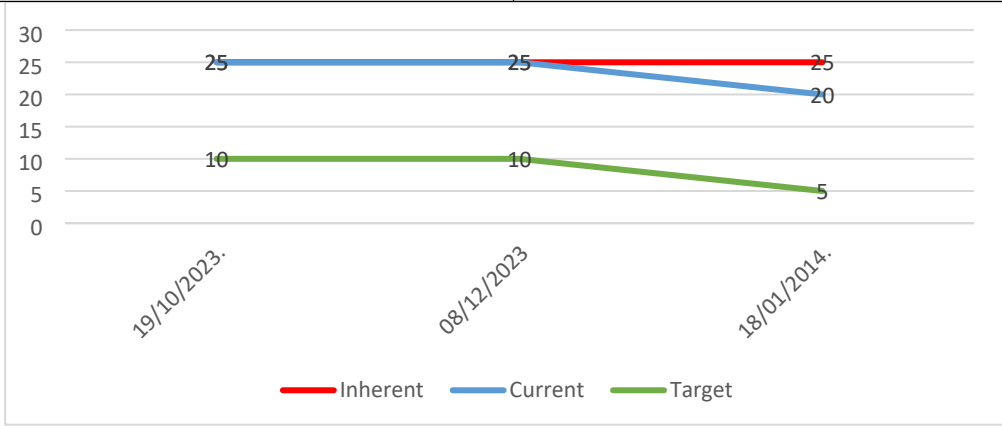
		<p>staff. This is recognised by Public Health Wales and WG. We support flexible working arrangements within the team to ensure staff retention. Reduced leadership team capacity due to absences. A risk assessment and an amendment to the service delivery structure is in place to mobilise staff where required.</p> <p>5. There is a lack of governance and reporting of Court of Protection activity relating to a Community setting. Immediate safeguards are in place and work is taking place to develop a standard procedures.</p>	<p>Allegations or Concerns about Practitioners and Those in Positions of Trust. Action Due 31/03/24 Update: Approved at SGPG being shared at QDG this month.</p> <p>4. North Wales Sexual Assault Referral Centre (SARC) to meet the National Service ISO Specifications. Action Due 31/03/2024 Update: Discussions ongoing</p> <p>5. Development of a DoLS/CoP DoL Standard Operating Protocol (SoP) for assessing existing BCUHB funded patients in community settings and for assessing future funded patients. Action due 31/03/24 Update: Action on target</p> <p>6. CNO is undertaking a safeguarding audit of provision which will provide a benchmark for consideration. 30/03/2024</p> <p>7. Whilst awaiting the All-Wales Data Module conduct a review of the current data capture processes that inform current service demand and future projections which will identify potential gaps and manual data collection practices.</p>			
				Impact	Likelihood	Score
			Inherent Risk Rating	4	5	20
			Current Risk Rating	4	4	16
			Target Risk Score	4	3	12
			Risk Appetite	low level		1-8

 <table><tr><th>Date</th><th>Inherent</th><th>Current</th><th>Target</th></tr><tr><td>07/12/2023</td><td>20</td><td>16</td><td>12</td></tr><tr><td>08/12/2023</td><td>20</td><td>16</td><td>12</td></tr><tr><td>01/02/2024</td><td>20</td><td>16</td><td>12</td></tr></table>	Date	Inherent	Current	Target	07/12/2023	20	16	12	08/12/2023	20	16	12	01/02/2024	20	16	12		<p>Overall Assessment</p> <p>Five out of six actions to support controls in relation to this risk are due in March 2024 and progression is on target to reduce this score in March.</p>
Date	Inherent	Current	Target															
07/12/2023	20	16	12															
08/12/2023	20	16	12															
01/02/2024	20	16	12															

CRR 24-04	Failure to Embed Learning		Date Opened: 19/10/2023
	Assuring Committee: Quality, Safety and Experience Committee		Date Last Reviewed: 14/02/24
	Director Lead:	Link to Datix IDs: 3025/4519/4520/3795/ 3759	Date Last Committee Review: 20/02/2024
	Executive Director of Nursing and Midwifery	Link to BAF: SP18 - Quality, Innovation and Improvement	Target Risk Date: March 2024
There is a risk that the Health Board could fail to meet requirements for timely review and learning from mortality cases, claims, inspections, incidents and complaints. This could be caused by insufficient resources, lack of unified processes, outdated IT systems, duplication of effort, and overreliance on single personnel. The impacts may include missed opportunities for improvement, lack of family/carers engagement, potential patient harm events going undetected, non-compliance with national frameworks or legislation, and reputational damage.			
Controls in place	Assurances	Additional Controls required	Actions and Due Date
<ol style="list-style-type: none"> Putting Things Right and clinical review processes and monitoring Risk management processes Audit programmes & monitoring arrangements Patient and carer feedback and involvement processes Senior sign-off process for National Reportable Incidents (NRIs) and Complaints Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems Clinical staff recruitment, induction, mandatory and professional training, registration & re-validation Defined nurse staffing levels for all wards & departments as per Nurse Staffing Act Ward accreditation schemes and ward manager/matron checks/audits. Tracking of regulatory action plans Internal Reviews against External National Reports Getting it Right First Time (GIRFT), localised deep dives, reports and action plans HIW, Ombudsman, Coroner NHS Wales Exec and WG engagement Meetings 	<ol style="list-style-type: none"> Service and IHC Quality Groups (with reporting) Quality Delivery Group, its sub-groups (with reporting) and the Quality, Safety and Experience Committee oversight of quality issues Quality reporting to Board Executive performance reviews with IHCs Clinical audit and Internal audit Regulatory Assurance Group and oversight/assurance reporting Annual Quality Report, Annual Putting Things Right Report and Annual Duty of Candour Report Regulatory inspections and investigations – HSE, HIW, CIW, PSOW WG performance monitoring and assurance Welsh Government Reviews Royal College Reviews 	<ol style="list-style-type: none"> Development of a Quality Management System (QMS) setting out an integrated approach to Quality Planning, Control, Assurance and Improvement Clarity on quality leadership, structures and accountabilities Review of the quality governance framework of meetings and reporting Development of a quality learning framework, aligned to the overall learning organisation programme Review of Putting Things Right and clinical review processes and monitoring Resolution of outstanding overdue positions for incidents, 	<ol style="list-style-type: none"> The Quality Governance Framework will be reviewed and refreshed and will include greater clarity on the roles, responsibilities and authorities of all groups including the reporting expectations, process and templates. This will include mapping meetings into an overall cycle and introducing standard templates and a single document repository. This work is being taken forward with the support of the NHS Wales Executive as part of the Quality Governance Intervention, who are currently observing to inform their recommendations, therefore the work will take slightly longer and a revised date of 30 June 24. Best practice guidance will be issued to IHCs and Regional Divisions to support effective local quality governance arrangements. As above, This work is being taken forward

		complaints, claims, mortality reviews and inquests	<p>with the support of the NHS Wales Executive revised date of 30 June.</p> <p>3. A Quality Dashboard will be developed underpinned by a series of specialist dashboards (i.e. falls, complains, etc). These dashboards will create a single version of the truth using agreed metrics directly connected to the quality systems for real time data. – December 2023 - Work is progressing on the Dashboard and a test version is live however technical issues remain in extracting and presenting data – it is hoped to launch the Dashboard April Revised date</p> <p>4. A central and digital library of learning will be established which will be launched alongside a revised approach to the collation, analysis and dissemination of learning. Update - This was due end of March – the aim is still to have a working test launched for April 2024 – Revised date</p> <p>5. The approach to quality assurance will be reviewed and refreshed and a new regulatory procedure and quality assurance procedure will be developed- This work is being taken forward with the support of the NHS Wales Executive as part of the Quality Governance Intervention, who are currently observing to inform their recommendations, therefore the work will take slightly</p>
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			<p>longer and a revised date of 30 June</p> <p>6. The new Quality Strategy will be developed through a co-design process. A refreshed approach to planning arising from Special Measures - a separate Quality Strategy will not be produced and quality will be part of the overall organisational strategy underpinned by a QMS, see below. A quality section for the ongoing planning process has been written and submitted – May 2024 – Revised date from 03/24 to 05/24 due to external dependencies.</p> <p>7. A Quality Management System will be developed in line with the Duty of Quality, which will describe how Quality Planning, Quality Control, Quality Assurance and Quality Improvement will work together as a collective quality system. Update - The initial draft of a QMS is due at Board in May 2024 as per the CEO. Therefore, the deadline will be extended. A QMS working group is in place, the first meeting was 13 December 2023. There was a workshop at the Executive Team on 24/01/24, at the Senior Leadership Team on 30/01/24, and at the Board on 29/02/24. The Quality Team visited ELFT (an Outstanding rated English Trust) on 26/02/24. The Quality Team are part of the all-Wales working group. Research has been undertaken into work in Wales and Scotland. Support is being provided by</p>
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			Improvement Cymru and the NHS Wales Executive National Quality Team. We plan two further meetings of the working group, and a wider engagement workshop in April May 2024 – Revised date from 03/24 to 05/24 due to external dependencies.																		
 <table><tr><th>Date</th><th>Inherent</th><th>Current</th><th>Target</th></tr><tr><td>19/10/2023</td><td>25</td><td>25</td><td>10</td></tr><tr><td>08/12/2023</td><td>25</td><td>25</td><td>10</td></tr><tr><td>18/01/2014</td><td>25</td><td>20</td><td>5</td></tr></table>	Date	Inherent	Current	Target	19/10/2023	25	25	10	08/12/2023	25	25	10	18/01/2014	25	20	5			Impact	Likelihood	Score
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	18/01/2014	25	20	5																	
Inherent Risk Rating	5	5	25																		
Current Risk Rating	5	4	20																		
Target Risk Score	5	1	5																		
Risk Appetite	low level		1-8																		
Overall Assessment																					
Six out of seven actions to support controls in relation to this risk were due in March 2024, and following review, revised dates have been proposed. Gaps in controls have been well identified and have further mitigations noted.																					

CRR 24-05	Risk Title: 2023/24 Financial Plan			Date Opened: 13/03/2023
	Assuring Committee: Performance, Finance and Information Governance Committee			Date Last Reviewed: 14/02/24
	Director Lead: Executive Director of Finance	Link to Datix IDs	4861/4862	Date Last Committee Review: 22/02/2024
		Link to BAF	N/A	Target Risk Date: 31/03/2024
Failure to achieve the Annual Plan for 2023/24 (£134.2m deficit), due to non-delivery of planned level of financial improvement				
The financial plan for 2023-24 has identified a forecast deficit of £134.2m. This includes a target for financial improvement of £38.7m, which is based on the following:				
<ul style="list-style-type: none">Disinvestment identified £13.5mSavings Target £25.2m (Stretch Target £30m)				
Failure to deliver the target for financial improvement could adversely impact on the achievement of the financial plan and increase the deficit.				
Controls in place		Assurances	Additional Controls required-	Actions and Due Date
<div>1. Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions has been agreed to meet at senior leadership team SLT and performance to be challenged at EDIPG.</div> <div>2. Cross cutting themes with Executive leadership have also been agreed to support IHC/other delivery.</div> <div>3. Introduction of the Recurrent Investment Group Assurance (RIGA) to assess the £100m Annual Plan investment (Phase 1).</div> <div>4. Introduction of the Establish Control Group to review all requests for A&C posts and all Band 7+ posts (Non-Patient Facing) and to obtain Executive approval before advertising and reduction of Interim Corporate Staff from 52 to 7.</div> <div>5. Internal reporting by Department on a monthly basis including review of overspends and forecasts.</div> <div>6. Financial reporting to Welsh Government on a monthly basis, with the MMR.</div> <div>7. Financial (including Savings and Finance Special Measures Action Plan) oversight arrangements in place through the Performance, Finance and Information Governance Committee (PFIG)</div>		<div>1. EDIPG</div> <div>2. Executive Team</div> <div>3. Performance, Finance and Information Governance Committee /Audit Committee</div> <div>4. Board Committee</div> <div>5. External</div>	<div>Gaps</div> <div>1. Welsh Government expectation to achieve a control total deficit of £20m. Delivery of control target may result in the £82m previous WG funding support plus the new 23/24 £76m investment, becoming recurrent funding in 2024/25.</div>	<div>1. Recurrent Investment Group Assurance (RIGA) to assess the £42m Investments Plan (Phase 2). Due Date: 29/2/24</div> <div>2. Application of Control Totals to Divisions to reduce expenditure by 2% between November and March 24.</div> <div>M9 Year to date deficit above plan reduced to £19.4m (an improvement of £6.3m).</div> <div>M9 Savings Plans £25.2m Recurring Target. £18.5m Recurring Green Plans (£25.6m R and N/R). £19.6m Recurring Forecast Delivery</div>

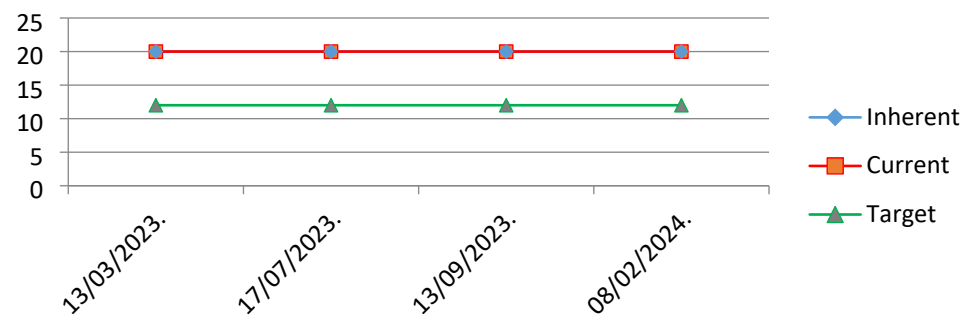
<div>8. Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent rather than non-recurrent.</div> <div>9. Additional £101m (£76m conditionally recurrent) provided by Welsh Government, reducing the deficit from £134m to £33m at Month 7.</div> <div>10. Standing Financial Instructions updated to reflect the model issued by Welsh Government and Scheme of Reservation and Delegation (SoRD) strengthened.</div>			<div>(£28.6m R and NR Forecast Delivery). In addition, non budget releasing mitigating actions (AGs £5.3m to date, £0.749m run rate reductions and £3.1m ECG Savings).</div> <div>Due Date:31/3/24</div>																																	
<div><div><div>30</div><div>25</div><div>20</div><div>15</div><div>10</div><div>5</div><div>0</div></div><div><div>13/03/2023.</div><div>17/07/2023.</div><div>13/09/2023.</div><div>13/12/2023.</div><div>30/01/2024.</div></div><div><div><div>Inherent</div><div>Current</div><div>Target</div></div><table><tr><td>25</td><td>25</td><td>25</td><td>25</td><td>25</td></tr><tr><td>20</td><td>20</td><td>20</td><td>20</td><td>20</td></tr><tr><td>12</td><td>12</td><td>12</td><td>12</td><td>12</td></tr></table></div></div>	25	25	25	25	25	20	20	20	20	20	12	12	12	12	12	<table><tr><td></td><td>Impact</td><td>Likelihood</td><td>Score</td></tr><tr><td>Inherent Risk Rating</td><td>5</td><td>5</td><td>25</td></tr><tr><td>Current Risk Rating</td><td>4</td><td>5</td><td>20</td></tr><tr><td>Target Risk Score</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Risk Appetite</td><td colspan="2">2 -cautious</td><td></td></tr></table> <div>Overall Assessment</div> <div>Likelihood of 5 to be reviewed following completion of action due dates.</div>		Impact	Likelihood	Score	Inherent Risk Rating	5	5	25	Current Risk Rating	4	5	20	Target Risk Score	4	3	12	Risk Appetite	2 -cautious		
25	25	25	25	25																																
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CRR 24-07	Risk Title: Availability and Integrity of Patient Information			Date Opened: 06/12/2023			
	Assuring Committee: Partnerships, People and Population Health Committee			Date Last Reviewed: 14/02/24			
	Director Lead: Chief Digital and Information Officer	Link to Datix IDs	2819/4594/3659/4603/4766/4576 4420/4604/4902/4981	Date Last Committee Review: 22/02/2024			
		Link to BAF	SP13	Target Risk Date: April 25			
There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling which could lead to deaths and harm.							
Controls in place		Assurances		Additional Controls required		Actions and Due Date	
1. Digital, Data and Technology Strategy in place to set the direction and vision for digital integration, with regular reporting to, Partnerships, People and Population Health Committee. 2. Current paper file identified as the Master Copy of the full record. 3. Access to current clinical systems to print clinical information ready to store in the Master File. 4. Contract in place with third party supplier who are ISO accredited to scan directly into CiTO and destroy clinical paper records confidentially.		1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Information Governance Toolkit embedded with operational group oversight and monitoring. 3. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee. 4. Internal Audit Annual Information Governance Compliance Audit. 5. Information Commissioners Office Audit.				1. Establish the cost and resource requirements to back scan all live records 2. Undertake a review of national systems to ensure these can be integrated into the CiTO system – April 2025	
					Impact	Likelihood	Score
				Inherent Risk Rating	4	5	20
				Current Risk Rating	4	5	20
				Target Risk Score	4	3	12
				Risk Appetite	low level		1-8
				Overall Assessment			

 <p>The chart displays three data series: Inherent (blue line), Current (blue line), and Target (green line). The Y-axis represents a score from 0 to 25. The X-axis shows three dates: 06/12/2023, 18/01/2023, and 01/02/2024. The Inherent and Current scores are both 20, and the Target score is 12.</p> <table><tr><th>Date</th><th>Inherent</th><th>Current</th><th>Target</th></tr><tr><td>06/12/2023</td><td>20</td><td>20</td><td>12</td></tr><tr><td>18/01/2023</td><td>20</td><td>20</td><td>12</td></tr><tr><td>01/02/2024</td><td>20</td><td>20</td><td>12</td></tr></table>	Date	Inherent	Current	Target	06/12/2023	20	20	12	18/01/2023	20	20	12	01/02/2024	20	20	12	<p>Newly developed risk to be strengthened following discussion at PFIG 22/02/2024</p>
Date	Inherent	Current	Target														
06/12/2023	20	20	12														
18/01/2023	20	20	12														
01/02/2024	20	20	12														
<p>N.B. Inherent and Current score lines stacked as both are 20.</p>																	

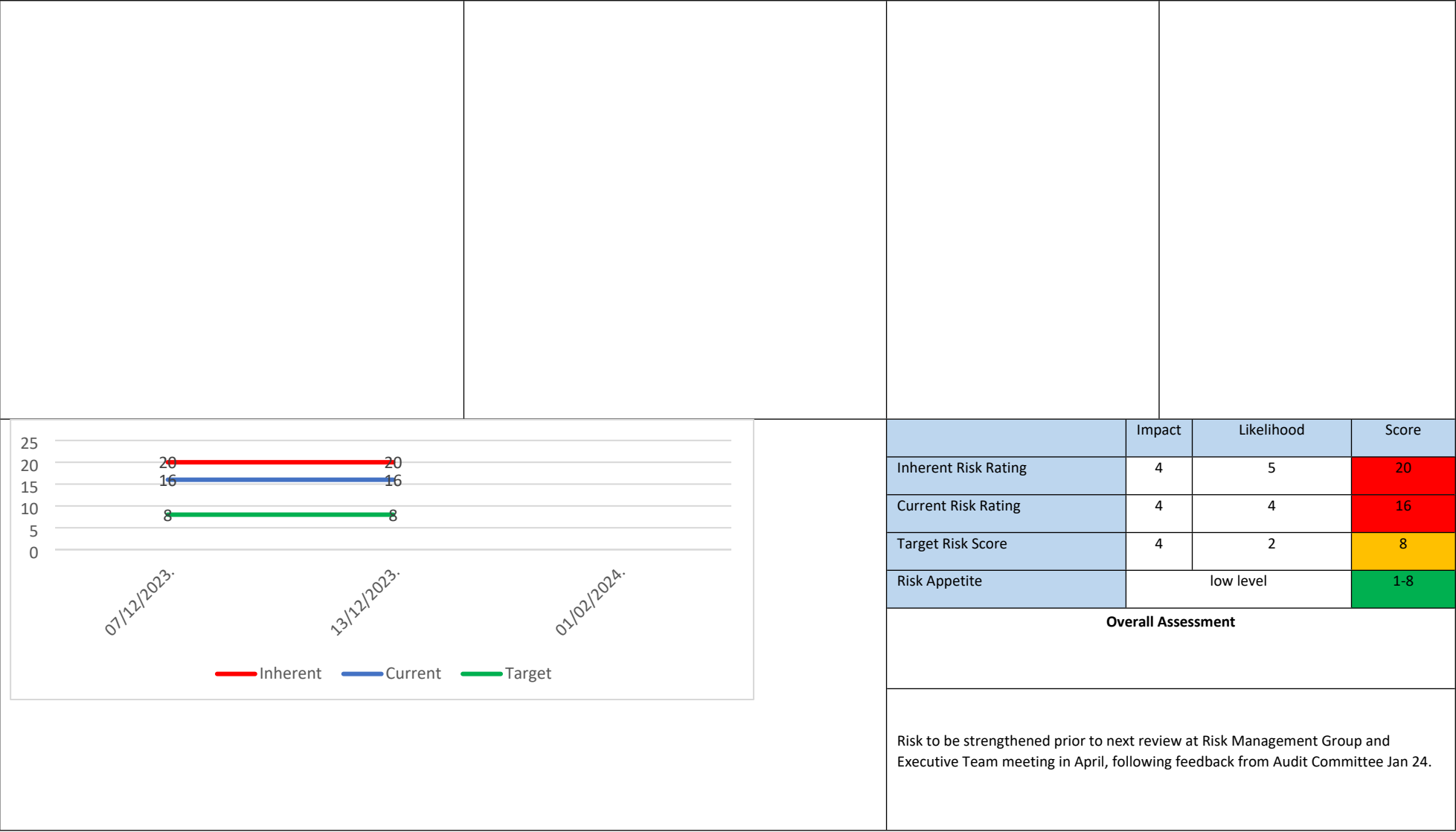
CRR 24-08	Risk Title: Population Health			Date Opened: November 2023
	Assuring Committee: Quality, Safety and Experience Committee			Date Last Reviewed: 14/02/24
	Director Lead: Executive Director of Public Health	Link to Datix IDs	1642/4200/4201	Last Committee Review: 20/02/24
		Link to BAF	SP1	Target Risk Date : March 2026
<p>There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities. This may be caused by a lack of sustainable services, financial and resource constraints within the Health Board, dependency on grant funding to support prevention activity and demand for delivering the urgent and immediate healthcare needs of the population.</p> <p>Population health improvement and protection may also be impacted by population behaviours and beliefs, modifiable risk factors, wider determinants of health (eg Housing, Education, Employment), the local demographics, the living environment, food production and consumption, local planning, socio-economic factors or the accesibility of health care services.</p> <p>This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to increasing rates of infectious disease such as: Hepatitis, Measles, Mumps, Rubella, HIV, E-Coli, sexually transmitted infections. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales</p>				
Controls in place		Assurances	Gaps in Controls	Actions and Due Date
<div>1. Population Health Executive Delivery Group (meets monthly) provides strategic direction.</div> <div>2. PPPH Committed has oversight and received regular reports.</div> <div>3. Welsh Government provides oversight of grant funded activity supporting prevention and early years.</div> <div>4. The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Public Health Team. The Deputy Director of Public Health is currently Acting Executive Director of Public Health.</div> <div>5. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales and with IHC areas, providing expertise.</div> <div>6. Public Health Team provide review and feedback on planning applications.</div> <div>7. Health Protection Team work in partnership with Local Authorities to provide expertise and management of cases.</div>		<div>1. Risks linked to CRR24-09 are reviewed and monitored via the Population Health Executive Delivery Group and the Public Health Senior Leadership Team.</div> <div>2. Health Board progress is reported to Regional Partnership Board and PPPH Committee.</div> <div>3. The Public Health Team provide the Health Board, its partners and the public with evidence informed information and approaches to improve health and wellbeing.</div> <div>4. The Public Health Team support population needs analysis and provide professional expertise to support the development of Health Board and partner plans.</div> <div>5. Prevention is embedded in the Living Healthier, Staying Well Strategy and a 'life-course' approach is promoted.</div> <div>6. Representation by senior Public Health team members at Public Service Boards, Partner Boards, Regional Partnership Board and National forums.</div> <div>7. A 'Whole System Approach' is being implemented across a number of key priority areas.</div> <div>8. A number of national programmes of work are underway including implementing the Weight Management Pathway and Smoke Free Sites regulations.</div>	<div>1. In order to implement a system wide approach it is necessary for commitment from partners wider than the Health Board to prioritise the implementation of evidence informed practices and proposals.</div> <div>2. The North Wales region is not operating at the pace or scale required to meet the current and forecast needs of the population. Resources and current pressures for all partners and the Health Board presents significant challenge to increasing the activities required.</div> <div>3. It is acknowledged that this is a long term risk which cannot be mitigated and fully evidenced within 1-3 years as is well documented through evidence and research. As a Health Board we will work with partners to implement the approaches (many of which are long term approaches) which support the strongest evidence base for success.</div> <div>4. Investment in prevention within the health board through investment of core funding.</div>	<div>Actions supporting mitigation of this risk are via delivery of a range of specific strategies, plans and frameworks (some of which are continuous by nature of the work) which include:</div> <div>1. Tobacco Control Legislation (including Smoke Free Sites) / Welsh Government Tobacco Control Plan</div> <div>2. All Wales Weight Management Pathway 2021</div> <div>3. Infant Feeding Strategy 2019 (current refresh underway to 2025)</div> <div>4. Health Care Public Health Programme (also linked to Special Measures Plans and chronic disease pathways)</div> <div>5. Together for Mental Health Strategy (local / national)</div> <div>6. Well North Wales targeted partner programmes</div> <div>7. Health Board Annual Plan / 3 year milestones and associated activity</div> <div>8. Working in partnership across BCUHB, PHW and LA to reduce the risk associated with infectious diseases</div> <div>9. Immunisation Strategy 2023-2026</div> <div>10. Actions as per detailed within specific risks linked to this CRR.</div>

	<p>9. Annual development of Public Health work plan to reflect current and emerging need.</p> <p>10. National Performance Framework measures.</p> <p>11. . The Health Protection Team have established funding in 24/25 Health Board allocation.</p> <p>12. Grant funding (Welsh Government, Public Health Wales, Arts Council for Wales) has been secured for 24/25 for a number of small projects</p>	<p>5. Commitment from partners within the health board area to population health and prevention activity due to financial and capacity constraints</p> <p>6. The failure to recognise the risk associated with the demographic profile and current prevalence of chronic conditions and how further demand due to a lack of prevention could risk overwhelming the system in the future.</p> <p>7. There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale.</p> <p>8. The current cost of living crisis will adversely affect those most at risk.</p> <p>9. The current financial position of the Health Board and its partners will impact on investment into key business cases which support this work.</p> <p>10. The current position of the Health Board within escalatory measures and short term focus to meet ministerial and special measures priority actions may reduce focus on longer term priority work.</p> <p>11. The availability of data to support strategic focus at the local level and planning is not available.</p> <p>12. The Deputy Director of Public Health post is currently vacant as the post holder is Acting Executive Director of Public Health.</p>			
			Impact	Likelihood	Score
		Inherent Risk Rating	4	5	20
		Current Risk Rating	4	5	20
		Target Risk Score	4	3	12
		Risk Appetite	low level		1-8
		Overall Assessment			



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

CRR 24-16	Leadership/Special Measures			Date Opened: 07/12/2023
	Assuring Committee: Audit Committee			Date Last Reviewed: 14/02/24
	Director Lead:	Link to Datix IDs	4480/3969	Date Last Committee Review: 12/01/2024
	Deputy Director of Workforce	Link to BAF	SP17	Target Risk Date: 31/03/2024
There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.				
Controls in place		Assurances	Additional Controls required	Actions and Due Date
<ol style="list-style-type: none"> 1. People Committee is being scheduled to oversee delivery of the People Services agenda 2. Culture Change Steering Group will be reporting into Board via the CEO report 3. Local Integrated Health Communities & Pan Services People & Culture Committees 4. Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement underway. 		<ol style="list-style-type: none"> 1. Risks linked to CRR24-16 are reviewed and monitored via the People Committee, the Culture Steering Group and the People Services Senior Leadership Team. 2. Health Board progress reported through the People Committee to the Board and through the CEO report to the Board. 3. Work associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board 	<ol style="list-style-type: none"> 1. Integrated Leadership Development Framework 2. New approach to leadership and how to adopt it, aligned with the work on values and behaviours 3. Formal Culture Change Plan and accompanying Comms and Engagement plan 4. Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan 5. Revisit the values of the organisation 6. Develop a behaviours framework 7. Identification of resources to deliver the Culture Change programme 	<p>The strategic actions relating to this CRR recorded in the special measures cycle 3 milestones are;</p> <p>Integrated Leadership Development Framework socialised across the organisation for feedback 31/01/2024</p> <p>Integrated Leadership Development Framework implementation plan presented to Executive Team 29/02/2024</p> <p>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</p> <p>OD Steering Group established 30/12/2023</p>



Teitl adroddiad:	Strategic Equality Objectives and Plan 2024-2028
Report title:	
Adrodd i:	Health Board Meeting
Report to:	
Dyddiad y Cyfarfod:	Thursday, 28 March 2024
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>The purpose of the paper is to present to Board the BCUHB Strategic Equality Plan (SEP) 2024-2028. This is a statutory requirement under the Equality Act 2010.</p> <p>A draft of the SEP has been shared within the Health Board as well as stakeholders, with their comments and views incorporated where appropriate. It has also been presented to the Executive Team on the 28th February 2024 and the Equality and Human Rights Strategic Forum on 7th March 2024 for approval. Final comments and suggestions from these meetings have been incorporated for final presentation to the Board for approval in order to publish by 31st March 2024 as per the statutory deadline.</p> <p>The Strategic Equality Plan (SEP) provides the strategic direction to promote and deliver equality, diversity and human rights in all that we do. The Health Board is committed to equity in health for our service users.</p> <p>There has been significant feedback (both internally and externally) on the initial draft – and this final draft is reflective of feedback.</p> <p>The document provides six equality objectives and high-level areas of work identified to achieve the objectives. These have been informed by engagement work and are aligned to both local and national equality strategic drivers.</p>
Argymhellion: Recommendations:	<p>To approve the proposed six equality objectives for the Health Board 2024 to 2028:</p> <ul style="list-style-type: none"> • Objective A: Achieving equity by working in partnership – ‘nothing about you without you’ • Objective B: Achieving equity by providing high quality inclusive services • Objective C: Achieving equity by through Governance and Accountability • Objective D: Achieving equity by being a kind and compassionate organisation • Objective E: Achieving equity by innovation <p>To approve each of these are high-level priority areas of work. The development and delivery of actions to each of these priority</p>

	areas will sit with relevant leads across the Health Board and progress will be reported through the Equality and Human Rights Strategic Forum and annual reporting via the Annual Equality Report.			
Arweinydd Gweithredol: Executive Lead:	Executive Director of Workforce and Organisational Development			
Awdur yr Adroddiad: Report Author:	Ceri Harris – Head of Equality and Human Rights			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Target our resources to people who have the greatest needs and reduce inequalities.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The Strategic Equality Plan is a statutory requirement under the Public Sector Equality Duty. The specific duties in Wales are set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. These duties came into force in Wales on 6 April 2011 and include the requirements to set Strategic Equality Objectives and to publish a Strategic Equality Plan.			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Yes			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	As per the new WP7 an Integrated Equality Assessment has been undertaken.			

<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>Risk 1971 Risk of failure to comply with Statutory Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</p> <p>Risk 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) (Wales) Regulations 2021</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>Failure to comply with the duties can result in a compliance notice being issued by the Equality and Human Rights Commission (EHRC). This can further lead to Judicial Review and the associated costs of.</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>Several of the recommendations complement the People Plan regarding culture, inclusivity and representation. These enhance workforce objectives and areas of work.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The development of the SEP has been informed by public and internal engagement work. Initial feedback has resulted in significant re-drafting of priority areas of work for each objective.</p> <p>Further operational actions will need to be identified by Operational Leads to drive meaningful change and these should include co-design / co-production.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Risk 1971 Risk of failure to comply with Statutory Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</p> <p>Risk 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) (Wales) Regulations 2021</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>The final approved report to be published by the 31st March 2024, as per the statutory deadline.</p>	

List of Appendices:

Appendix 1: Equality Legislation and Strategic Context

Appendix 2: Demographic information

Appendix 3: Strategic Equality Plan Engagement

Appendix 4: North Wales Public Sector Equality Network – Shared Objectives

Guidance:

BOARD OF DIRECTORS MEETING IN PUBLIC

28th March 2024

Strategic Equality Objectives and Plan

1. Introduction/Background

- 1.1 The purpose of the paper is to present to the Board the final draft of the Strategic Equality Plan (SEP) 2024-2028. A draft of the SEP has been shared within the Health Board as well as stakeholders, with their comments and views incorporated where appropriate. It has also been presented to the Executive Team on the 28th February 2024 and the Equality and Human Rights Strategic Forum on 7th March 2024 for approval. Final comments and suggestions from these meetings have been included and it is now presented to the Board for final approval in order to be published by 31st March 2024 as per the statutory deadline.

2. Body of report

- 2.1 Under the obligations of the Public Sector Equality Duty the Health Board must publish a Strategic Equality Plan every four years. The current Strategic Equality Plan runs out at the end of March 2024 and the deadline for publishing our new Strategic Equality Plan is 31st March 2024.
- 2.2 The SEP equality objectives and related priority areas have been developed following public and internal engagement work. Initial draft shared internally and externally for comment. Following feedback, a significant redraft to the priority areas of work has taken place. This final draft includes areas of action that have been shared individually with Leads for comment and agreement.
- 2.3 The plan has been informed by a wide range of strategic drivers, including (but not exclusive to) the Equality Act, Public Sector Equality Duty and Socio-economic Duty, Is Wales Fairer? 2023, the Well-being of Future Generations Act, Welsh Government Equality related plans, Locked Out (the report of the Disability Rights Taskforce), Living Healthier Staying Well and the Public Service Boards Health and Well-being Plans. Health Board strategic drivers also aligned – including Living Healthier, Staying Well.
- 2.4 Engagement on the plan began in July 2023 and has included letters to key stakeholders, presentation at stakeholder meetings, presentation to the Equality Stakeholder Group, Llais regional meeting and the North Wales Public Sector Equality Network. A public survey was conducted with nearly 100 responses and the results of this extensive engagement formed these Strategic Equality Objectives:
- Objective A: Achieving equity by working in partnership – ‘nothing about you without you’
 - Objective B: Achieving equity by providing high quality inclusive services
 - Objective C: Achieving equity through Governance and Accountability
 - Objective D: Achieving equity by being a kind and compassionate organisation

- Objective E: Achieving equity by innovation

2.5 In order to work towards achieving each of the Objectives, priority areas of work have been identified. These are high level and allow for flexibility for senior leaders across the Health Board to develop operational actions to involve others through co-design principles to drive change. Senior leaders responsible for overseeing elements of implementation will be supported by the Corporate Equality Team to ensure momentum and regular reporting through the Equality Governance routes. Responsibility for implementation of associated operational plans sits with each lead identified.

2.6 Actions within the plan require Board support and approval.

2.7 Monitoring and progress reporting via Equality Governance arrangements are in place but may be subject to change during the 2024-2028 period. This includes:

- Equality Governance meeting and internal reporting
- Development of Objective Subgroups to deliver operational actions in relation to objectives
- External reporting via the Welsh Government reporting of Progress – Equality Framework and Annual Equality Report

3. *Budgetary / Financial Implications*

3.1 There are no direct financial implications of this SEP, as the priority areas and actions identified exists in current workplans and strategies in the Health Board and have therefore already be costed and approved; however, there would potentially be financial implications in not publishing by the deadline, which could result in compliance notices and judicial review.

4. Risk Management

4.1 There are two associated risks on Datix.

- **Risk 1971**
Risk of failure to comply with Statutory Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011
- **Risk 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) (Wales) Regulations 2021.

4.2 The drafting and publication of the SEP is key to managing these risks.

5. *Equality and Diversity Implications*

5.1 A robust Integrated Equality Assessment has been conducted and will be updated following analysis of consultation responses. The assessment has been subject to scrutiny by the WP7 Scrutiny Group.

Achieving Equity

Strategic Equality Plan

2024 - 2028



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

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To contact the Equality Team at BCUHB email:

BCU.Equality@wales.nhs.uk

Our opening hours are 0900 – 1700 Monday to Friday (except Bank Holidays)

Contents

Foreword	4
Our Commitment to Achieving Equity	7
About the Health Board and the Population in north Wales	8
Equality Legislation and Strategic Context.....	10
Special Measures Framework.....	12
What are Strategic Equality Objectives?	13
How did we develop our Strategic Equality Objectives?	13
Our Strategic Equality Objectives for 2024-2028	15
Our commitment to delivering our objectives	30
Appendices.....	31
Appendix 1: Equality Legislation and Strategic Context.....	32
Appendix 2: Demographic information	38
Appendix 3: Strategic Equality Plan Engagement.....	47
Appendix 4: North Wales Public Sector Equality Network – Shared Objectives.....	52

Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB)
Strategic Equality Objectives and Action Plan for 2024-2028.

This plan demonstrates our continuous commitment to promote and deliver equality, diversity and human rights in all that we do. The Health Board is committed to equity in health for our service users. We are committed to creating a fairer and more diverse workplace, where diversity is welcomed and people are valued. During 2020-2024, the Health Board has experienced the growing challenges facing the NHS as it responds to unprecedented service pressure, new medical technologies, and a changing workforce and different health issues.

Our SEP is a key part of the Health Boards commitment to achieving our goals of:

- Improve physical, emotional and mental health and well-being for all.
- Target our resources to people who have the greatest needs and reduce inequalities.
- Support children to have the best start in life.
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being.
- Improve the safety and quality of all services.
- Respect people and their dignity.
- Listen to people and learn from their experiences.

As a Health Board, we will work to ensure that our statutory obligations to deliver the Public Sector Equality Duty and the Socio-economic Duty are

understood and discharged. We will scrutinise implementation of our Strategic Equality Plan (SEP), agreed by our Health Board in 2024, and will strive to ensure that our organisation is fair, responsive, inclusive and accessible for all, as we work towards the goal to create a fairer, more equal Wales.

The Health Board recognises that for positive changes to happen within our organisation and the wider society, we need to identify the barriers that prevent people accessing healthcare. We need to address issues relating to access to services, infrastructure, socio-economic disadvantage and the diversity of our workforce and population. We need to work in partnership to remove barriers to achieve equality of outcomes and uphold people's rights.

This plan acknowledges the evidence and recommendations in the strategic frameworks such as the Commission for Equality and Human Rights, *Equality and Human Rights Monitor 2023, Is Wales Fairer?* The Welsh Government's *Locked Out Report: liberating disabled people's lives and rights in Wales beyond COVID-19* and *Advancing Gender Equality in Wales Plan 2020-2023*.

Other key national drivers for our Equality Objectives include the *Anti-racist Wales Action Plan* and *LGBTQ+ Action Plan for Wales*. We recognise that within the four year cycle of this plan the Welsh Government's Disability Task Force will have led to a *Disability Plan for Wales*. The Health Board will incorporate the recommendations and actions into its plans, both within the SEP and key Health Board documents such as the *Integrated Medium Plan (IMTP)* and the Health Board Long Term Plan – *Living Healthier, Staying Well*.

The Health Board believes that equality is about providing personalised care based on an individual's needs. It is about treating everyone with dignity and respect. We must consistently communicate effectively, meet individual needs and continually review our services to ensure that they are and remain accessible and inclusive.

The Health Board would like to thank everyone who has taken the time to provide their views, ideas and feedback. They have shaped our priorities for action and formed the basis of the Equality Objectives within our Strategic Equality Action Plan.



Dyfed Edwards
Chair



Carol Shillabeer
Chief Executive

Our Commitment to Achieving Equity

Promoting equality, inclusion and valuing diversity are all fundamental to accessing health care and addressing better health outcomes.

The Health Board's Commitment to Equality, Diversity and Inclusion is at the centre of everything we do. This involves building an inclusive, and diverse working environment, where equality is advanced, diversity is valued and there is a core belief in equitable access to services and discriminatory behavior is challenged from the start. We want our staff to feel valued and safe at work.

We want our patients and their families, friends and carers to feel safe and have trust in us. We recognise that when we create this culture, our services will also benefit and be compassionate, inclusive and accessible. The goal for our Strategic Equality Objectives for the next four years is focused on reducing health inequalities, and improving wellbeing and healthcare in north Wales.

This document sets out our Strategic Equality Objectives for the next four years and aims to demonstrate how we will meet the Equality Duty. Our objectives are guided by the BCUHB Vision, Values and Purpose.

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.

About the Health Board and the Population in north Wales

Betsi Cadwaladr University Health Board is the largest health organisation in Wales covering 2,500 square miles, and is responsible for providing primary care, community care, mental health, public health and acute hospital services.

We have three district hospitals; Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital, along with a network of community hospitals, health centres, clinics, mental health units and community team bases. We also coordinate the contracting arrangements of Primary Care services and NHS services provided by dentists, opticians and pharmacists in north Wales¹.

686,909 people live in north Wales². BCUHB is an anchor institution and we

¹ <https://bcuhb.nhs.wales/>

² On census day 2021

employ a significant number of staff – 19,376 people, of whom the vast majority also access our services. As an anchor institution, we recognise that we have a role in working with communities across north Wales to support and encourage them into health and social care career pathways.

Features within north Wales:

- We have a large geographical area covering significant rural areas.
- We have a growing older population and variation of age profiles across Local Authorities.
- We are less ethnically diverse than Wales.
- We have significant numbers of our population who are Welsh-language speakers.
- We have an increasing number of people with long term health conditions and 10.2% of people provide unpaid care³.
- We have some of the most socio-economically deprived areas in Wales, particularly along the north Wales coastline which has been worst hit by the cost of living crisis.
- 23.1% (862 offences) of all hate crimes in Wales (reported 2022-2023) were in north Wales with disproportionate high rates of transgender and disability related hate crime⁴.

We recognise that health inequalities in north Wales exist and we are committed to achieving equity in health. Further demographic data are in Appendix 2.

³ Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

⁴ Hate crime, England and Wales, 2022 to 2023 second edition - GOV.UK (www.gov.uk)

Equality Legislation and Strategic Context

The Strategic Equality Plan contains the key priority areas that the Health Board needs to focus on to improve the lives and experiences of people in Wales. These are aligned to a range of national and local strategic drivers, which will be included in the implementation action plan. The Health Board recognises that during the four year life time of these Equality Objectives and Strategic Equality Plan, we will see the publishing of the Welsh Government's Disability Action Plan. The key areas for action identified will be included in the implementation plan to ensure that resources are allocated and progress is made.



Table showing alignment of the legislative requirements, strategic drivers, engagement and local plans:

Further details on these are contained within Appendix 1.

Legislative Compliance ↓	Strategic Drivers ↓	Engagement and Involvement ↓	Alignment with BCUHB plans ↓	Intelligence and Success Indicators ↓
Wellbeing of Future Generations Act	Maternity Care in Wales – 5 Year Vision	NHS Wales Equality Leadership Group	BCUHB Living Healthier, Staying Well	Population Demographics
Socio-economic Duty	Gypsy, Roma and Traveller Health Needs Assessment	Internal Consultation	Duty of Candour	Health Needs Assessments
Human Rights Act	Age Friendly Wales	Equality Stakeholders	Risk Management Strategy	Census Data (Knowing Our Patch internal document)
The Children's Act	Advancing Gender Equality in Wales	Equality Networks	Integrated Medium Term Plan/Annual Plan	Employment Data
Social Services and Wellbeing (Wales) Act	Nation of Sanctuary	Public Consultation	Health and Wellbeing Plans	Hate Crime Data
Public Sector Equality Duty	Women's Health in Wales Report	Stakeholder Engagement	NHS Wales Planning Framework	Performance Metrics

Health and Social Care (Quality and Engagement) Act 2020	Accessible Communication Standards	Patient Groups	Communications and Engagement Strategy	Workforce Data
Duty of Quality	Anti-racist Wales Action Plan	LGBTQ+ Listening Event	North Wales Public Sector Equality Network	Waiting List Data
	Code of Practice for Autism	Anti-racist Plan engagement	Special Measures Framework	Pay Gap Reports
	Is Wales Fairer?	Partnership Intelligence	Integrated Health Community Plans	Patient Experience Data
	Children and Young People's Plan		Cluster Plans	
	Welsh Government Strategic Equality Plan		Estates Strategy	
	Disability Rights Taskforce		Getting It Right First Time	
	LGBTQ+ Action Plan		People Strategy	

Special Measures Framework

In February 2023, Welsh Government placed the Health Board into Special Measures. Special measures is the highest escalation level, identified when arrangements need significant change and improvement.

“Key to achieving this will be supporting and enabling our staff to deliver high quality effective services. We recognise that compassionate leadership will be crucial to creating a culture where staff feel empowered achieve this.”

What are Strategic Equality Objectives?

As a listed body in Wales under the Equality Act 2010, we are required to publish Strategic Equality Objectives and develop a plan every four years. As a large organisation in Wales, we are an ‘anchor institution’. This means that our long-term sustainability is tied into the wellbeing of the populations we serve. Our responsibilities are both as a health provider and employer. The purpose of this Strategic Equality Plan is to describe BCUHB and document the steps that the Health Board is taking to fulfil its Specific Duties under the Equality Act. The Strategic Equality Plan is aligned to Regulations 14 and 15 within the Public Sector Equality Duty in regards to publishing and review work.

How did we develop our Strategic Equality Objectives?

The Equality Objectives have been co-designed, recognising that a focus on health alone will not meet the diverse needs of our population. Taking a whole system approach and working in partnership with a range of people

and organisations across the public, private and third sectors is the most effective and inclusive way to understand the experiences, views and needs of our population, and how we can appropriately respond to them.

In June 2023, the Health Board launched a public survey, inviting public sector organisations, businesses, community groups, patients, carers and the wider population of north Wales to complete. This was available online and several face-to-face engagement sessions took place across north Wales. The Equality team attended community group meetings and events to meet as many members of different communities across north Wales as possible.

The results of the engagement work were analysed by the Equality Team and an initial 17 themes emerged. From these, six overarching objectives were identified. These give the framework for the development of the action plan. This information alongside who took part can be found in Appendix 3. Additional engagement work has been undertaken as part of the Anti-racist Action Plan and the LGBTQ+ Action plan. Further engagement was undertaken by North Wales Public Sector Equality Network. The Shared Objectives can be found in Appendix 4.

We undertook extensive analysis of our strategic drivers, legislative requirements and local intelligence to ensure these are reflected in this plan while also aligned to the integrated medium term plan.

Our Strategic Equality Objectives for 2024-2028



Introducing our Strategic Equality Objectives

Objective A: Achieving equity by working in partnership – ‘nothing about you without you’

Working in
Partnership

Statement:

This objective underlines our commitment to listening to and working with our partners and population to design and deliver equitable, rights based healthcare that is sustainable.

What the evidence tells us:

We know that we need to work with people.

- The Marmot Review⁵ tells us that: "Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health."
- From the engagement process in developing the Strategic Equality Objectives within this plan, it was clear the importance of peoples voices and experiences in co-production.
- The strategic drivers outline the duty to engage such as a commitment to improve public engagement under the ‘A Healthier Wales’ wellbeing goal under the wellbeing of Future Generations Act 2015.

⁵ Marmot Review 10 Years On - IHE (instituteofhealthequity.org)

How we plan to achieve this:

Priority		Intended Outcomes	Outcome Measures	Timescales
A1	To identity opportunities in embedding principles of co-production and co design for transformation programmes, strategy development, service planning and review and key guidance and reports. To nurture service user involvement.	<p>To ensure evidence of inclusive decision making is consistent.</p> <p>To ensure that the lived experience of the north Wales population, including those living with known health inequality, informs service development.</p> <p>Increase in the accessibility of health services.</p> <p>Developing a stronger relationship between service users and service providers.</p>	<p>Number of strategies and business cases going to Board that have been co-produced.</p> <hr/> <p>Percentage of strategies and business cases going to Board that have been co-produced.</p>	2024-2025
A2	Progress recommendations within the Women's Health in Wales Discovery Report to improve the health outcomes for women and girls.	<p>Identifying and embedding techniques and behaviours that ensure Women's and girls' voices are heard in every interaction they have with the NHS.</p> <p>Providing prompt access to help and support across the health system.</p> <p>Developing better workplace and mental</p>	<p>Patient related experience measures.</p> <hr/> <p>Patient related outcome measures.</p> <hr/> <p>Staff numbers accessing Staff Wellbeing and</p>	2024-2028

		<p>health support, enabling increased uptake of self-care and lifestyle management, and enhancing support to cope with the health and wellbeing consequences of parental and carer responsibilities.</p> <p>Enhancing and providing easier access to high quality information resources.</p> <p>Pioneering best practice and providing advice and guidance on how the workplace can support wellbeing, work/life balance and mental health.</p> <p>Evidence base created based on research on key topics that support the needs of women and girls to be used to raise awareness and understanding.</p>	<p>Support Services.</p> <p>NHS Staff Survey around supporting staff with wellbeing.</p> <hr/> <p>Patient related experience measures.</p> <hr/> <p>Patient related outcome measures.</p>	2025-2028
A3	Develop an evidenced based engagement programme informed by Health Needs Assessments to involve underserved groups.	To improve the relationship between groups representing people who share protected characteristics and Health Board leaders.	Outcome measures to be determined by the evidence base.	2024-2026
A4	Use the Well North Wales programme to	Reduce health inequalities.	Annual review of Public Health Data	2024-2028

	work with partners to further develop system approaches to reducing health inequalities.		will measure progress.	
A5	BCUHB to continue to actively influence and support Wales NHS Equality Leadership Group.	Shared approach in key areas such as Equality Impact Assessments.	Increase of collaborative Equality Impact Assessments, Improved quality of assessment completed.	2024-2025
		Welsh Government Reporting and coordination of Equality campaigns.	Increased sharing of resources around campaigns.	2024-2028
A6	To develop an equality support function for the Regional Partnership Board for improving health outcomes.	Enhance the understanding of health inequalities and Public Sector Equality Duty responsibilities leading to improved decision making.	Clear equality principles adopted through Regional Partnership Board priorities.	2025-2026

Objective B: Achieving equity by providing high quality inclusive services

Inclusive
Services

Statement:

This objective underlines our commitment to develop and deliver services at the right time, and in the right environment that is truly accessible, and that will meet individual needs.

What the evidence tells us:

- Health Inspectorate Wales National Review of the experiences of maternity services⁶ highlighted the negative experiences and outcomes of ethnically diverse people accessing maternity care.
- The Locked Out Report⁷ highlighted the adverse experiences of disabled people including barriers to accessing maternity services, primary care, urgent and emergency care.
- Many Deaf people are not recorded as being Deaf in their primary care records. If they are then referred to other health services, specific details that may impact on their health service experience are frequently not passed on and therefore unknown⁸.
- Within healthcare settings LGBTQ+ people feel that they may face unequal treatment and discrimination. Examples of these inequalities are highlighted in the LGBT Health report conducted by Stonewall⁹, stating almost one in four LGBTQ+ people (23%) have at one time witnessed discriminatory or negative remarks against LGBTQ+ people by healthcare staff. In addition, 14% of respondents avoided healthcare treatment due to

⁶ phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneossr/report/

⁷ Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 [HTML] | GOV.WALES

⁸ https://www.swansea.ac.uk/media/Deaf-People-Wales_Hidden-Inequality-2021.pdf

⁹ lgbt_in_britain_health.pdf (stonewall.org.uk)

concerns that they would experience discrimination because of their LGBTQ+ identity.

How we plan to achieve this:

Priority		Intended Outcomes	Outcome Measures	Timescales
B1	To implement BCUHB Anti racist Action Plan (ARAP).	Full details of outcomes are aligned to the Anti racist Wales Action Plan.		
B2	To develop and implement BCHUB LGBTQ+ Action Plan – Together in Pride - Making Wales the most LGBTQ+ friendly nation in Europe.	Full details of outcomes are aligned to the LGBTQ+ Action Plan for Wales – Together in Pride - Making Wales the most LGBTQ+ friendly nation in Europe.		
B3	To implement Welsh Government Code of Practice for Autism Services.	Full details of outcomes are aligned to the Welsh Government Code of Practice for Autism Services.		
B4	To review the findings of the Welsh Government Disability Rights Task Force and implement any recommendations.	Outcomes and measure for this priority are awaiting the publication of the Welsh Government report.		
B5	Ensure the availability of accessible information to patients and carers in line with the Accessible Communication Standards, including BSL charter and Welsh	Improve the access to information and services for people who experience communication barriers.	Produce and distribute community language packs.	2024-2025
		Improve staff awareness of Welsh Interpretation and Translation Language Service (WITS).	Uptake of WITS service.	2024-2028

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Objective C: Achieving equity through Governance and Accountability

Governance
and
Accountability

Statement:

This objective underlines our commitment to doing things transparently with honesty and integrity.

How we plan to achieve this:

Priority	Intended Outcomes	Outcome Measures	Timescales
C1	Improve BCUHB digital systems and processes to record and monitor patient and workforce equality data to inform intelligence led planning.	Ability to disaggregate patient and workforce data by protected characteristic to inform inclusive decision making.	Increase Protected Characteristic data available from Patient Systems – year on year.
			Increase Protected Characteristic data available from Workforce Information Systems year on year.
C2	To strengthen compliance with the Socio-economic Duty.	Reduce inequalities of outcome within strategic decision making for those who experience	Number of strategies and business cases going to Board that

		socio economic disadvantage.	have Socio economic assessment completed.	
C3	Establish parity for 'equality' as a performance domain within BCUHB performance framework.	Increased accountability on delivering inclusive care. Equality Key Performance Indicators (KPIs) to be embedded within BCUHB Performance Framework.	Improve performance within the Equality KPI's year on year.	2026-2028
C4	Develop and embed an equality and human rights based framework for inclusive decision making, for project management processes, pathway review and procurement.	To improve guidance around inclusive decision making. To embed equality principles in governance processes. Undertaken Equality Maturity matrix self-assessment.	Improvement of Equality Maturity matrix self assessment score year on year.	2024-2028
C5	To deliver regular equality education sessions to the Board to embed equality and human rights duties.	To ensure that Board Members know their duty – in relation to the Equality Act 2010.	Attendance numbers. <hr/> PADR objectives in relation to equality.	2024-2028 2025-2026

Objective D: Achieving equity by being a kind and compassionate organisation

Kind and
Compassionate

Statement:

This objective underlines our commitment to showing everyone kindness, respect and dignity that everyone is entitled to.

What the evidence tells us:

- Recognising the need to build trust with our communities.
- The Public Sector Equality Duty¹⁰ requires evidence of clear transparent decision making. This includes evidence of **Due Regard** to the need to:
 1. put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment and victimisation
 2. advance equal opportunities between people who have a protected characteristic and those who do not
 3. foster good relations between people who have a protected characteristic and those who do not
- Evidence shows that “if leaders and managers create positive, supportive environments for staff, those staff then create caring, supportive environments for patients, delivering higher quality care”¹¹.
- As part of the engagement process stakeholders raised concerns about incidents of non-inclusive behavior.
- Evidence from Datix and Patient Carer Experience highlights the

¹⁰ Equality Act 2010 | EHRC (equalityhumanrights.com)

¹¹ Developing Collective Leadership For Health Care | The King's Fund (kingsfund.org.uk)

need for further compassionate and inclusive care.

- Emerging data from the NHS Wales Staff Survey in BCUHB 20% of staff strongly agreed that care of patients/ service users is the organisations top priority.

How we plan to achieve this:

Priority		Intended Outcomes	Outcome Measures	Timescales
D1	Embed equality principles and outcomes within the BCUHB Leadership, Culture and Engagement programme of work.	Board members, Senior Leaders and Managers to take an active role in the oversight of Equality, Diversity and Inclusion priorities supported by greater awareness and training.	Attendance numbers.	2024-2028
			PADR objectives in relation to equality.	2025-2028
D2	Improve the support for staff facing socio-economic disadvantage.	Managers to signpost appropriate support to staff. Staff are able to access and receive support.	Number of people accessing Money Helper Service.	2025-2026
D3	Strengthen and further develop equality related actions to improve diversity in our recruitment, and to effectively support our workforce.	Improve the diversity of applicants and appointments.	Improvement within workforce equality reporting for protected characteristics.	2024-2028
D4	Publish pay gap reports for gender, race and disability to further inform workforce planning to reduce pay gaps.	Close the pay gap for gender, race and disability. Improve working conditions and workforce retention.	Reduction of the pay gap differences year on year within the pay gap reporting.	2024-2028

D5	Develop role of Equality and Inclusion Champions across the BCHUB workforce.	Improve participation of Equality Champions within all services across BCUHB.	Increase number of Equality Champions.	2025-2028
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Objective E: Achieving equity by innovation

Innovation

Statement:

This objective underlines our commitment to continuous learning, innovative practice and approaching new ideas with an open mind.

What the evidence tells us:

- People who are in most need of health and care including disabled people and older people are the least likely to be on-line according to the Inverse Digital Care Law.¹²
- The Socio-economic Duty requires the Health Board to reduce inequality of outcome for those who experience socio-economic disadvantage.¹³
- By increasing awareness, we achieve greater understanding of the barriers faced for people who share protected characteristics and communities of interest. This will help find solutions to meet the needs of our communities.

¹² <https://www.nuffieldtrust.org.uk/news-item/digital-and-remote-primary-care-the-inverse-care-law-with-a-21st-century-twist>

¹³ <https://www.gov.wales/socio-economic-duty-overview>

How we plan to achieve this:

Priority		Intended Outcomes	Outcome Measures	Timescales
E1	Develop a digital inclusion evidence and best practice resource.	Inform the delivery of the Digital Roadmap.	Improved uptake of digital appointments.	2024-2025
		Gain an evidence based understanding to barriers to digital inclusion. Understanding community digital assets.	Improved feedback of our digital services.	2026-2028
E2	Horizon scanning: proactive responses to legislative changes that impact on health and wellbeing services.	Leaders and senior Managers are aware of new / upcoming legislation that has an impact on health and wellbeing services.	BCUHB involvement in consultation responses for white papers.	2024-2028
E3	To increase awareness of equality campaigns and events aligned to BCUHB strategic priorities.	Increased representation from contributions to equality campaigns across BCUHB.	Attendance to events.	2024-2028
		Increased visibility of equality related events and activities.	Visits to Betsi Net Equality pages and number of likes / comments.	2024-2028
E4	To take action to address health needs of vulnerable groups. (E.g., homelessness, Gypsy, Roma and Traveller,	To prevent and reduce health inequalities in vulnerable groups in North Wales. To improve the physical and mental health outcomes of	Progress on the BCUHB action plan on improving equality monitoring.	2024-2028

	<p>socio-economic disadvantaged.)</p>	<p>vulnerable groups in north Wales.</p> <p>Improved access to prevention and health care services for vulnerable groups in North Wales</p> <p>Data available by protected characteristics to identify the health needs of vulnerable populations, and inform the provision of services through an inequalities lens.</p> <p>Asylum seekers and Refugees health care needs are met alongside the needs of the wider community.</p> <p>Staff and prisoners have an increased understanding of suicide prevention.</p> <p>Opportunities to prevent homelessness are better understood across the system.</p> <p>People with learning disabilities are not experiencing premature mortality due to</p>	<p>Increase in number of equality monitoring fields completed on Welsh Patient Access Scheme (WPAS).</p> <hr/> <p>Progress on plan of action to meet the increasing number of Asylum Seekers resident in North Wales</p> <hr/> <p>Increase in knowledge and understanding of suicide prevention for staff</p> <hr/> <p>Local Authorities Homelessness strategies are mapped across North Wales.</p> <hr/> <p>Uptake rates for screening and</p>	
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		preventable health conditions	NHS Health Checks.	
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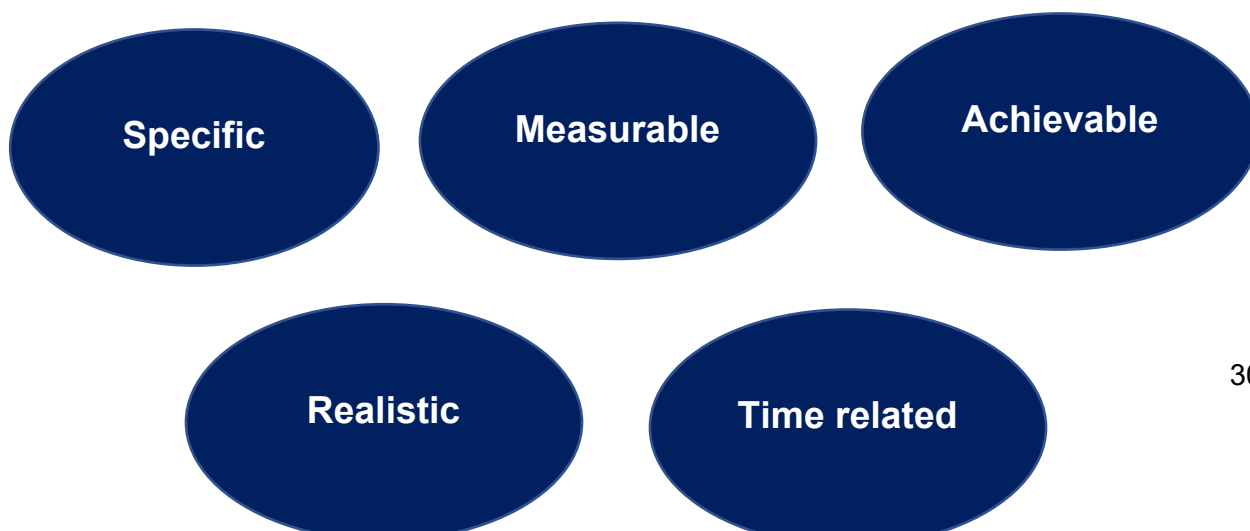
Our commitment to delivering our objectives

Our Strategic Equality Objectives will require commitment and shared ownership from all areas of the Health Board, supported by a learning culture that embraces positive change. Overall responsibility for our Equality Objectives lies with the Board.

This plan is aligned to existing priority areas of work and therefore, should be cost neutral. Any additional funding that becomes available will enhance progress of the objectives identified throughout the health board.

Each of the priority areas will require further detailed planning throughout 2024-2028 and will need to be flexible to account for legislative change and changes within our population.

We are actively committed to adopting a 'co-production' approach to how we develop plans to achieving our equality objectives. This will have oversight by the Equality and Human Rights Strategic Forum and will align to strategic intent and will be SMART:



Progress of our Strategic Equality Plan will be reported through:

- BCUHB Equality and Human Rights Strategic Forum quarterly.
- Welsh Government bi-annually.
- Equality Annual Report – published on our website.

Appendices

1: Equality related legislation and strategic drivers information

2: Demographic information

3: Strategic Equality Plan Engagement information

4: North Wales Public Sector Equality Network – Shared Objectives

Appendix 1: 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.

The 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 Wellbeing of Future Generations (Wales) Act 2015 and Social Services and Wellbeing (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.

Welsh Language (Wales) Measure 2011

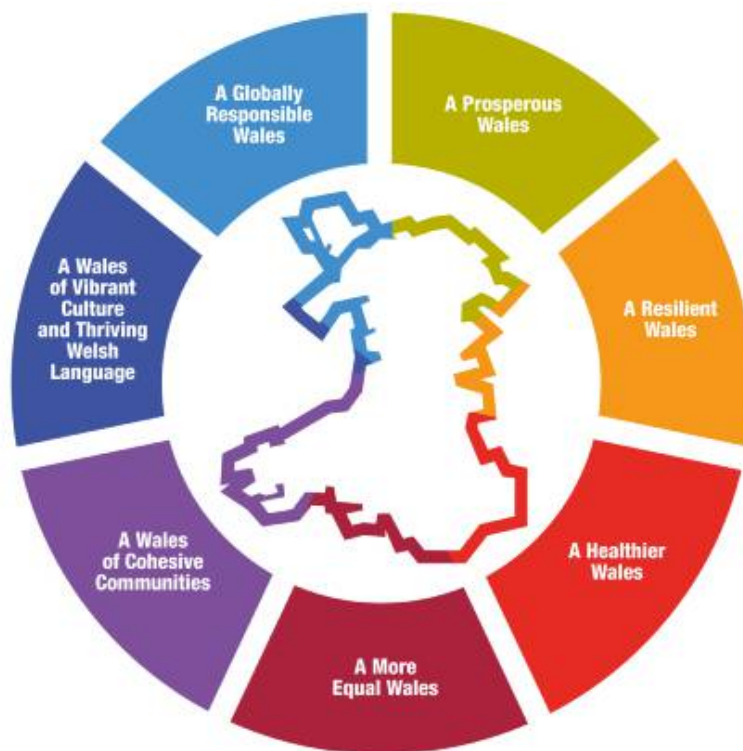
The Welsh Language (Wales) Measure 2011 includes the provision required for the Welsh language. This measure works towards ensuring that the Welsh language is treated no less favourably than the English language.

Wellbeing of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Well-being of Future Generations Act requires us to think more about the long-term, work better with people, communities and organisations, seek to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.

We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Well-being of Future Generations Act – this means taking action to improve economic, social, environmental

and cultural well-being, aimed at achieving the seven goals. These are the five ways of working we need to think about when working towards this.



We have sought to reflect the 5 ways of working in developing our Strategic Equality Plan. One of our duties under the Well-being of Future Generations Act is to set wellbeing objectives for the Health Board. The Health Board have identified the following seven well-being objectives with partners and stakeholders:

- ✓ To improve physical, emotional and mental health and wellbeing for all
- ✓ To target our resources to those with the greatest needs and reduce inequalities
- ✓ To support children to have the best start in life
- ✓ To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being
- ✓ To improve the safety and quality of all services

- ✓ To respect people and their dignity
- ✓ To listen to people and learn from their experiences

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.

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

Plan¹⁴". This action plan places a responsibility on public bodies to report demonstrable progress in areas detailed in specific actions. Health is part of the plan, and BCUHB will be undertaking the actions contained within 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 7th 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 plan aims to support LGBTQ+ people in Wales to live their fullest life: to be healthy, to be happy, and to feel safe. 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.

BCUHB will be undertaking the actions contained within the health related actions, which are as follows:

- Understand and improve the experience of LGBTQ+ people in the health and social care sectors.
- Ensure maternity and fertility services are accessible and straightforward

¹⁴ Anti-racist Wales Action Plan | GOV.WALES

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 Living Healthier Staying Well (LHSW)

Living Healthier Staying Well (LHSW) is the Health Board's long term strategy that describes how health, wellbeing and healthcare in north Wales will look in the future and how we are working towards this. We will:

- Improve health and reduce health inequalities
- Deliver care closer to home
- Deliver the best care when your health needs are more serious
- Improve mental health and wellbeing
- Support all children and young people to have the best start in life
- Support people to age healthily

Further information is available via:

bcuhb.nhs.wales/lhsw/living-healthier-staying-well1/living-healthier-staying-well-strategy/

Appendix 2: Demographic information

Across North Wales, Flintshire has the largest population (156,100) followed by Wrexham (135,957). Anglesey has the smallest population at 70,043. (source Nomis 2022).

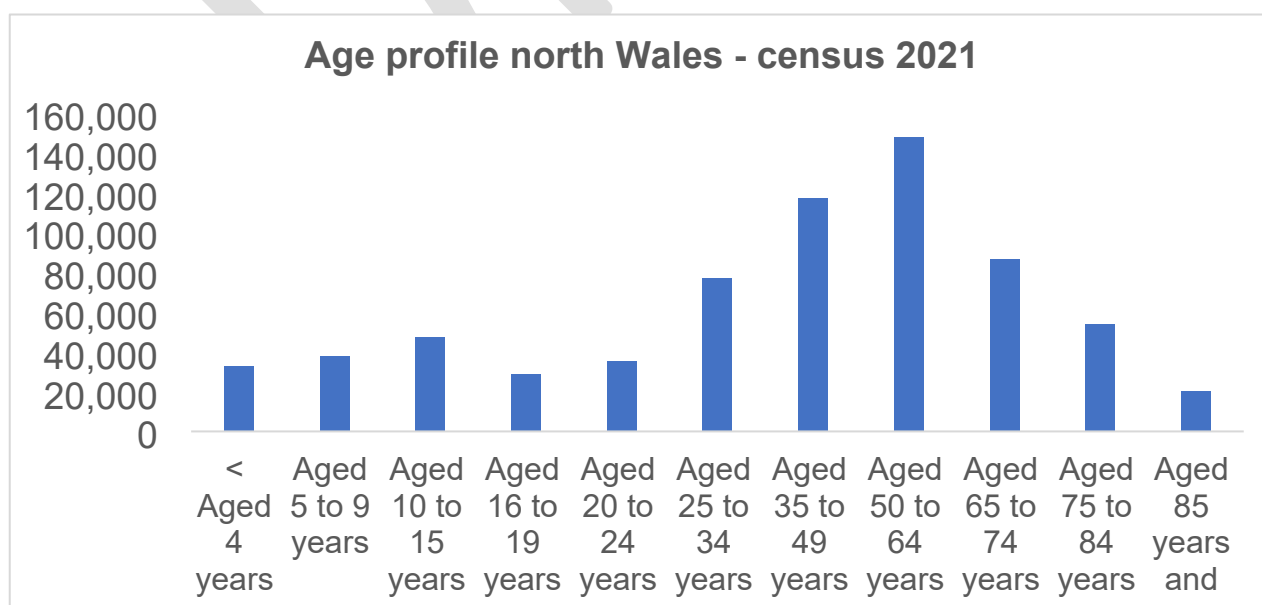
Equality related data about north Wales from Census 2021:

Age:

Table showing population numbers for each age group:

	BCUHB area	Wales
Aged 4 years and under	32,980	155,086
Aged 5 to 9 years	38,019	175,925
Aged 10 to 15 years	47,668	217,067
Aged 16 to 19 years	28,863	141,405
Aged 20 to 24 years	35,534	187,675
Aged 25 to 34 years	77,305	382,674
Aged 35 to 49 years	117,357	547,659
Aged 50 to 64 years	147,975	637,958
Aged 65 to 74 years	86,581	358,977
Aged 75 to 84 years	54,102	220,491
Aged 85 years and over	20,525	82,575
Total: All usual residents	686,909	3,107,492

Source: 2021 Census



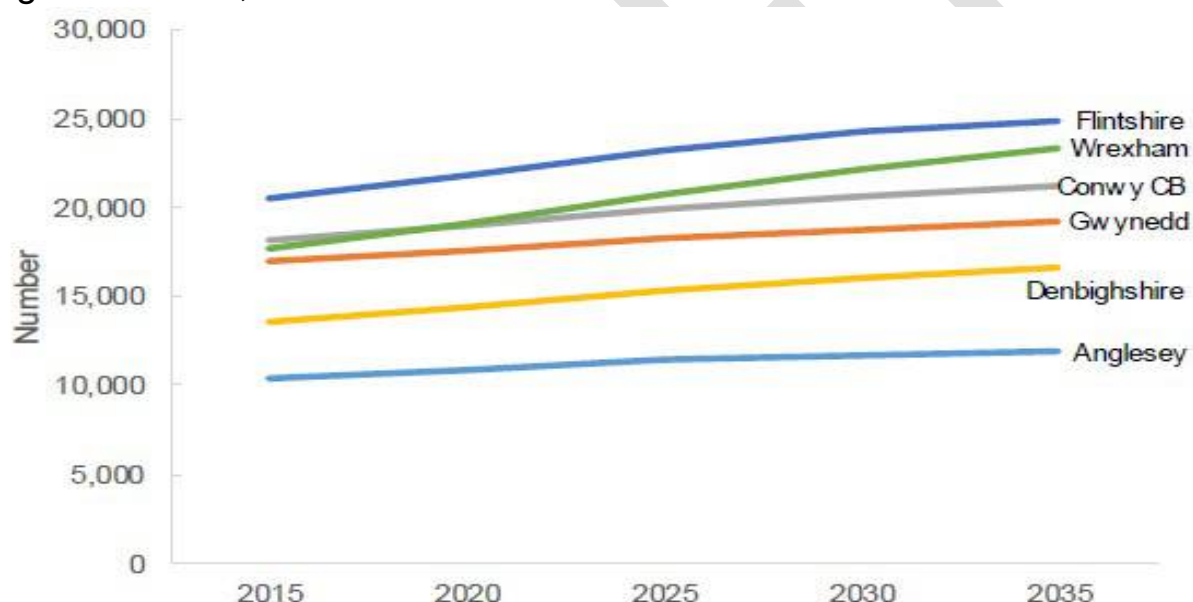
There are variations across age, Flintshire and Wrexham have a younger population with 19% of the population aged 15 years and under, and Anglesey and Conwy have an older population with 26% and 28% respectively aged 65 and over. Conwy also has the greatest percentage of people aged 85 and above at 4% of the population.

Disability / long term conditions and impairments

72,235 people - 10.5% of the population as defined under the Equality Act

10.3% of the population who provide more than 19 hours of care per week

Chart showing predicted number of people aged 18 and over with a limiting long-term illness, 2014 to 2035¹⁵



Gender identity

Table showing Gender identity – census 2021:

Gender identity	BCHUB area		Wales	
	number	%	number	%
Total: All usual residents aged 16 years and over	568,240	100.0	2,559,416	100.0

¹⁵ North Wales population assessment 2017

Gender identity the same as sex registered at birth	527,157	92.8	2,387,304	93.3
Gender identity different from sex registered at birth but no specific identity given	706	0.1	4,015	0.2
Trans woman	360	0.1	1,888	0.1
Trans man	343	0.1	1,922	0.1
Non-binary	254	0.0	1,548	0.1
All other gender identities	167	0.0	897	0.0
Not answered	39,253	6.9	161,842	6.3

Summary from census:

- The 2021 census was the first time that gender identity was included (as a voluntary question for people aged 16 and over). 94.0% of respondents answered. This shows that there are 262,000 people living in England and Wales in March 2021 who identified with a gender different from their sex registered at birth.
- Across north Wales, 703 people answered they were transgender, and 254 answered they were Non Binary. 39,253 did not respond to this question.
- Stonewall ¹⁶ had previously estimate 1% of the population might identify as Trans, including people who identify as non-binary.
- Across North Wales, this would mean approximately 7000 people are Trans. Census notes that 1830 have declared that there gender is different from the sex registered at birth however the significant number of people who didn't answer (39,253) may skew the real number of trans / non binary.

Caution should be taken with LGBTQ+ census data as this is considered as significantly under estimated.

¹⁶ ¹⁶ Student Frequently Asked Questions (FAQs) | Stonewall

Ethnicity

Table showing ethnicity by local authority, health board and Wales, Census 2022¹⁷

Ethnic group	BCUHB area		Wales	
	number	%	number	%
Asian, Asian British or Asian Welsh	9,400	1.4	89,028	2.9
Black, Black British, Black Welsh, Caribbean or African	2,326	0.3	27,554	0.9
Mixed or Multiple ethnic groups	7,241	1.1	48,598	1.6
White	665,147	96.8	2,915,848	93.8
Other ethnic group	2,802	0.4	26,466	0.9
Total: All usual residents	686,916	100.0	3,107,494	100.0

More detailed breakdowns are available on NOMIS.

Religion

Table showing religion at local authority and Wales level – census 2021¹⁸

Religion	BCUHB area		Wales	
	number	%	number	%
Total: All usual residents	686,910	100.0	3,107,494	100
No religion	286,722	41.7	1,446,398	46.5
Christian	341,972	49.8	1,354,773	43.6
Buddhist	2,076	0.3	10,075	0.3
Hindu	1,433	0.2	12,242	0.4
Jewish	311	0.0	2,044	0.1
Muslim	5,326	0.8	66,947	2.2
Sikh	248	0.0	4,048	0.1
Other religion	3,141	0.5	15,926	0.5
Not answered	45,681	6.7%	195,041	6.3

¹⁷ Nomis census 2021

¹⁸ Nomis KS209EW - Religion

Sex / Gender

Table showing gender (sometimes referred to as sex) – across North Wales from Census 2021¹⁹.

Area	All persons		Female		Male	
	number	%	number	%	number	%
BCUHB area	686,909	100.0	350,752	50.1	336,157	48.9
Wales	3,107,494	100.0	1,586,490	51.1	1,521,004	48.9

Sexual Orientation

Table showing sexual orientation from Census 2021:

Sexual orientation	BCUHB area		Wales	
	number	%	number	%
Total - people 16 years and over	568,242	100.0	2,559,414	100.0
Straight or Heterosexual	507,770	89.4	2,288,630	89.4
Gay or Lesbian	7,282	1.3	38,101	1.5
Bisexual	5,725	1.0	31,814	1.2
Pansexual	836	0.1	4,534	0.2
Asexual	269	0.0	1,558	0.1
Queer	88	0.0	583	0.0
All other sexual orientations	59	0.0	273	0.0
Not answered	46,213	8.1	193,921	7.6

The census 2021 included sexual orientation as a voluntary question. It highlights that 3% of the population in Wales disclosed they were Lay, Bi, Pansexual, Asexual, Queer or other. 7.6 did not answer. 89.4% answered they are heterosexual. This closely mirrors the population in North Wales.

¹⁹ Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

Across North Wales, there is some small variations with slightly higher rates of heterosexual people in Flintshire (90.5%) and Isle of Anglesey (90.0%).

Caution should be taken with the disclosure data as a high number of people (8.1%) in North Wales did not answer the voluntary question. This may skew the actual numbers. Stonewall ²⁰estimate that the real figure of LGB people is between 5-7%. This would mean that approximately, 35,000 to 49,000 in North Wales are LGB.

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.

On Census Day, 21 March 2021, an estimated 538,300 usual residents in Wales aged three years or older reported being able to speak Welsh, or 17.8% of the population. This is a decrease of around 23,700 people since Census 2011, and 1.2 percentage points lower than Census 2011.

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 the Isle of Anglesey.

Table showing Ability to speak Welsh by local authority and Wales 2018-2019 (reviewed 20/02/23 awaiting census 2021 release)

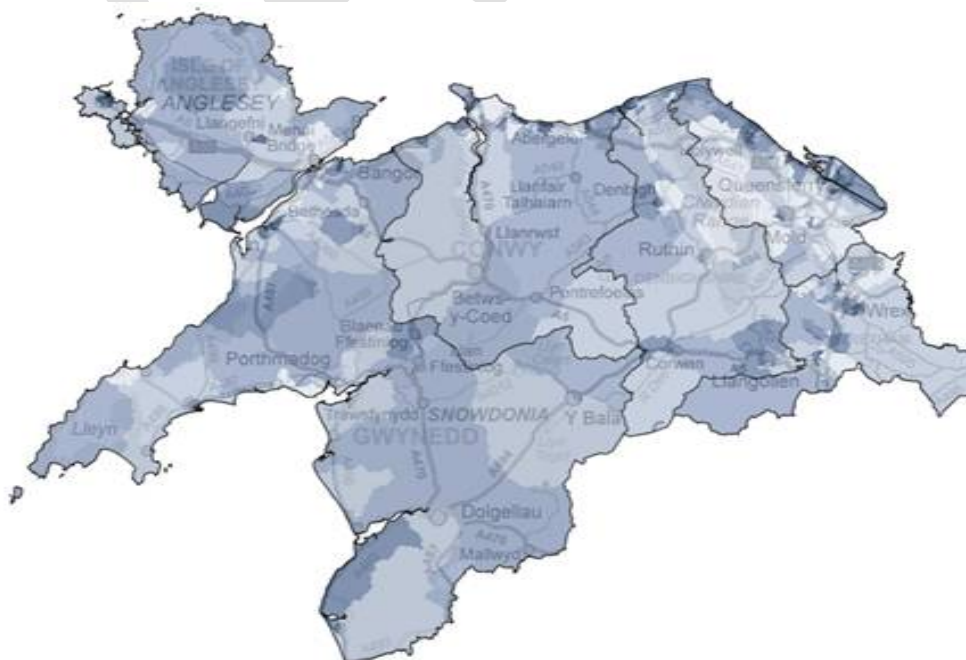
²⁰ [Student Frequently Asked Questions \(FAQs\) | Stonewall](#)

	Percentage of adults (16+) that speak Welsh	Percentage of adults (16+) that cannot speak Welsh	Percentage of adults (16+) that have some Welsh speaking ability
Conwy	37.05	49.57	13.38
Denbighshire	30.17	57.89	11.95
Flintshire	10.74	74.73	14.53
Gwynedd	65.95	21.25	12.80
Isle of Anglesey	52.91	32.97	14.12
Wrexham	13.63	72.82	13.55
Wales	18.10	67.34	14.56

Deprivation information:

Lower Super Output Areas by fifths of deprivation, Overall Welsh Index of Multiple Deprivation, North Wales, 2019

Map showing Lower Super Output Areas by fifths of deprivation, Overall Welsh Index of Multiple Deprivation, North Wales, 2019²¹



Produced by Public Health Wales Observatory, using WIMD 2019

Contains National Statistics data © Crown copyright and database right 2020
Contains OS data © Crown copyright and database right 2020

²¹ Source: WIMD - Explore (gov.wales)

Health inequalities:

Data sets for 2018-2020²².

	Male	Female	Gender gap
UK	79.2 years	82.9 years	3.7 years
Wales	78.3 years	82.1 years	3.8 years
BCUHB	78.8 years	82.3 years	3.5 years

Table showing percentage of adults (age 16 and over) General Health at local authority²³.

Area	Very good health	Good health	Fair health	Bad health	Very bad health
Conwy	48.2	32.6	13.5	4.4	1.3
Denbighshire	47.0	32.4	14.1	4.9	1.6
Flintshire	48.3	33.3	13.0	4.2	1.3
Gwynedd	51.5	31.2	12.4	3.7	1.0
Isle of Anglesey	50.7	31.2	13.1	3.9	1.1
Wrexham	45.5	34.2	14.2	4.8	1.3
BCUHB	48.3	32.7	13.4	4.3	1.3
Wales	46.6	32.5	14.1	5.1	1.6

Overall, the north Wales population compares well to Wales in terms of general health status and being limited by a health condition or impairment. As can be seen from the table below, all Local Authority areas are above the Wales baseline for very good / good health. The area for people reporting

²² publichealthwales.shinyapps.io/PHWO_HealthExpectanciesWales_2022/

²³ TS037ASP NOMIS 2021 Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

highest levels of poor health are in Denbighshire and Wrexham, across the Health Board, these areas have the highest levels of deprivation.

Hate crime 2022-2023:

Police Force Area	Race	Religion	Sexual orientation	Disability	Transgender
Wales	3,727	287	1,225	849	302
North Wales	862	57	279	170	61

Police Force Area	Total number of motivating factors	Total number of offences
Wales	6,390	6,041
North Wales	1,429	1,346

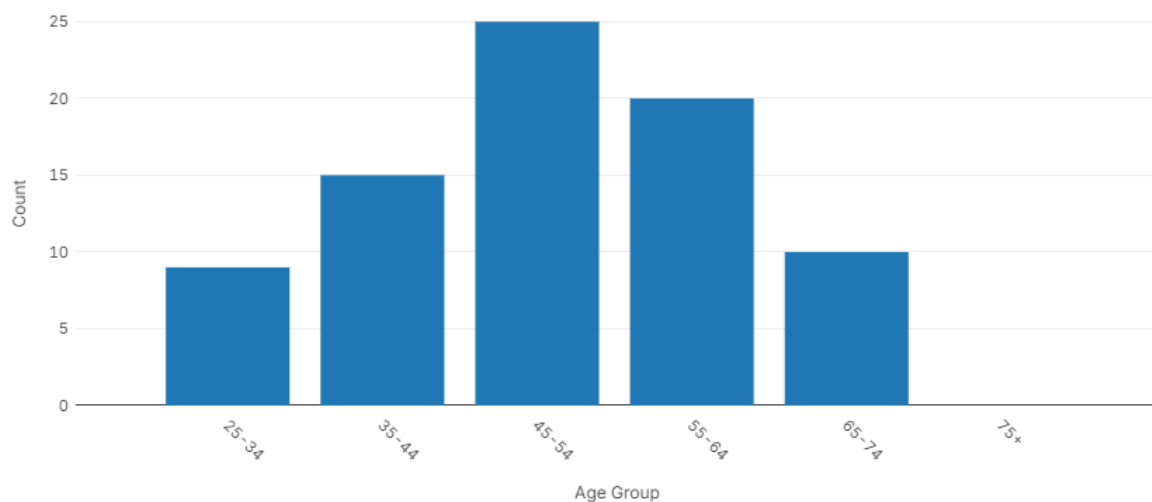
Further detailed information on hate crime statistics and trends is found at [Hate crime, England and Wales, 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2020-to-2021)

Appendix 3: Strategic Equality Plan Engagement

90 people took part in the survey.

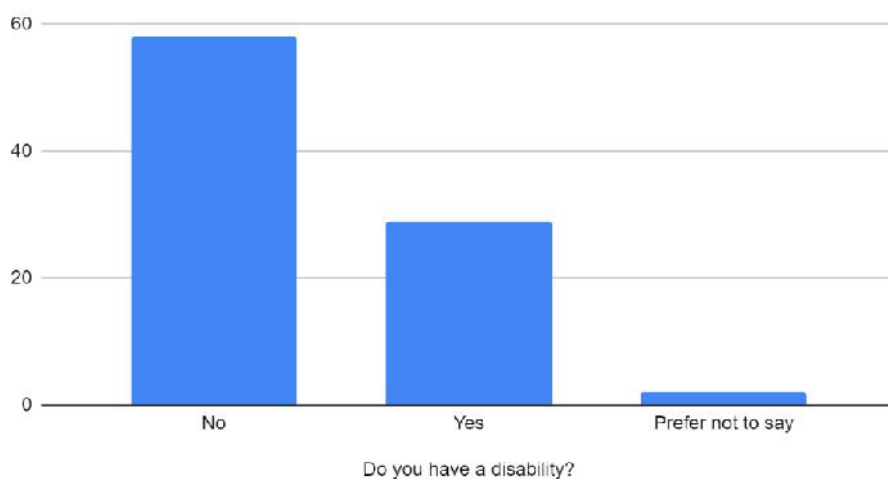
In terms of the demography of those taking part:

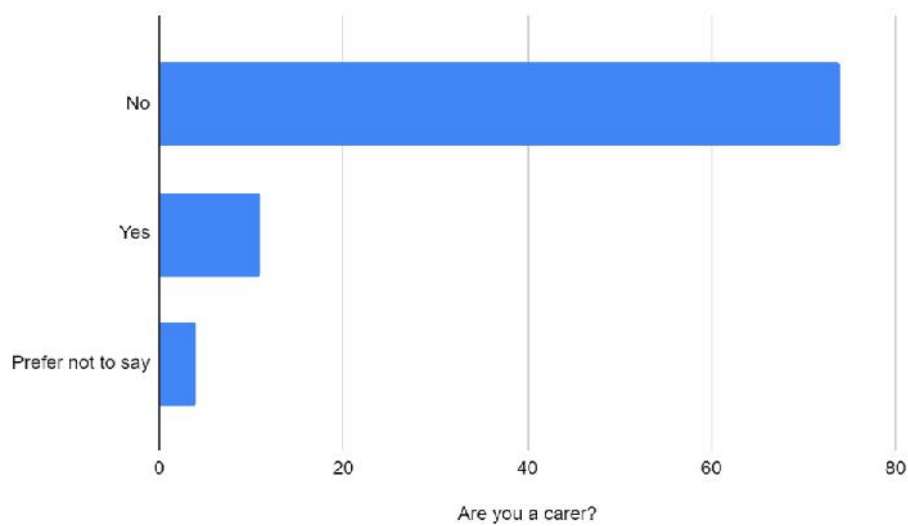
Age:



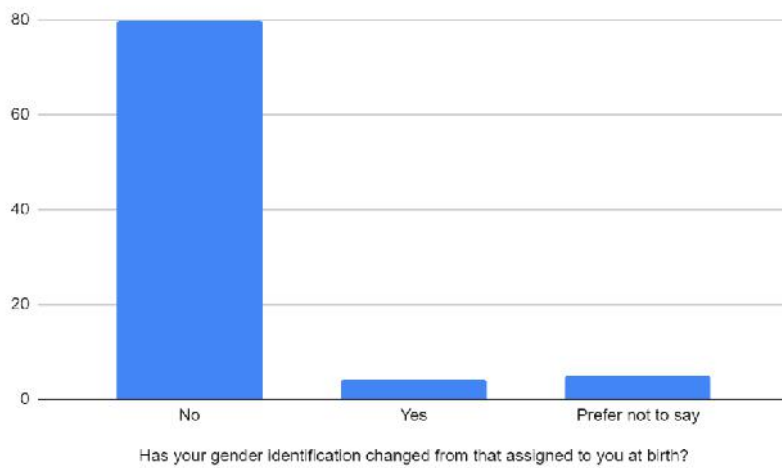
Disability and Carers:

Do you have a disability?

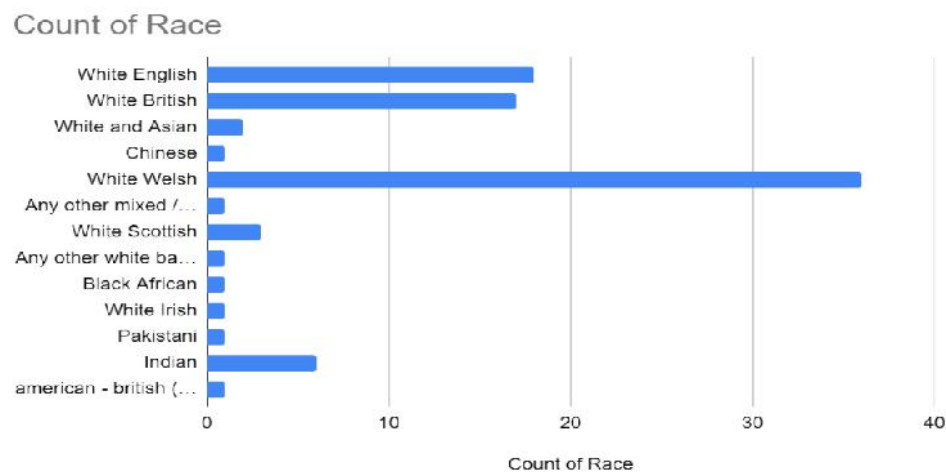




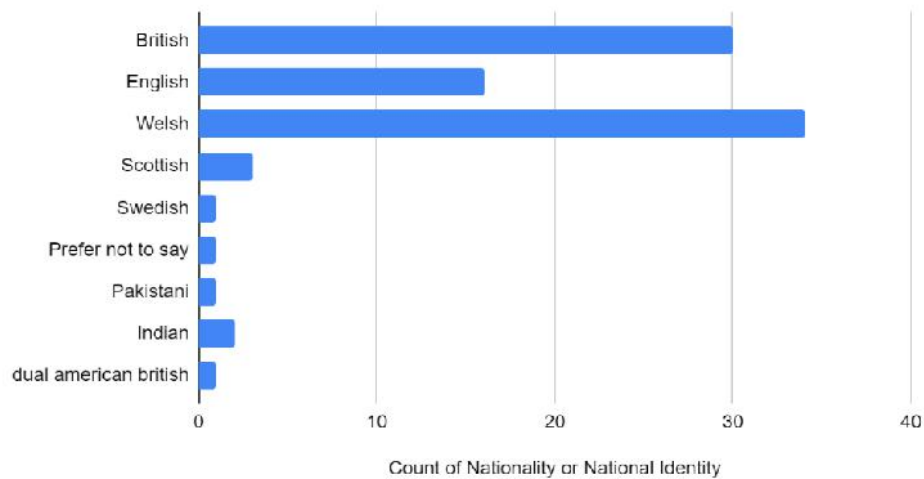
Gender Reassignment:



Race including nationality:

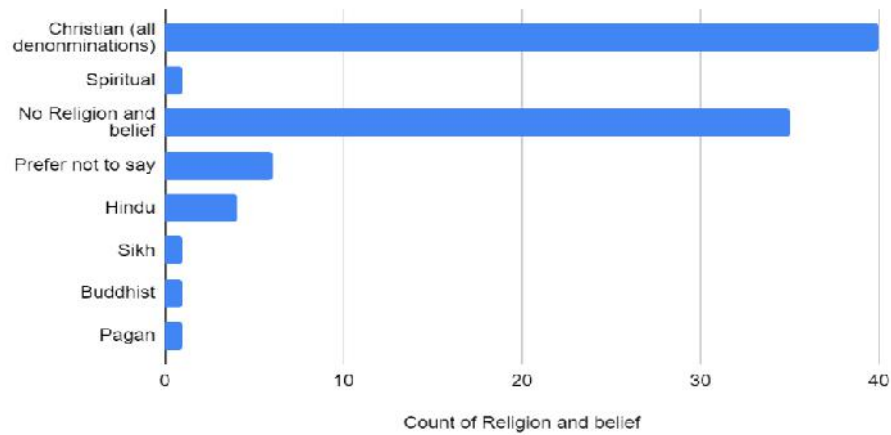


Count of Nationality or National Identity



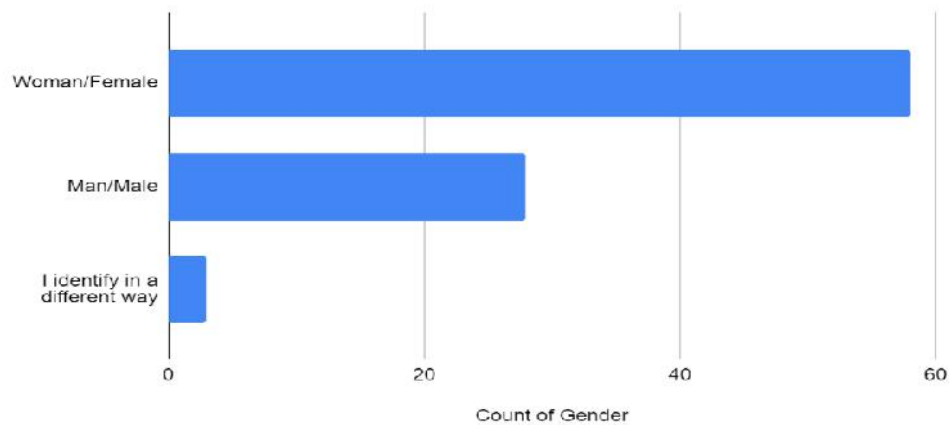
Religion or Belief:

Count of Religion and belief

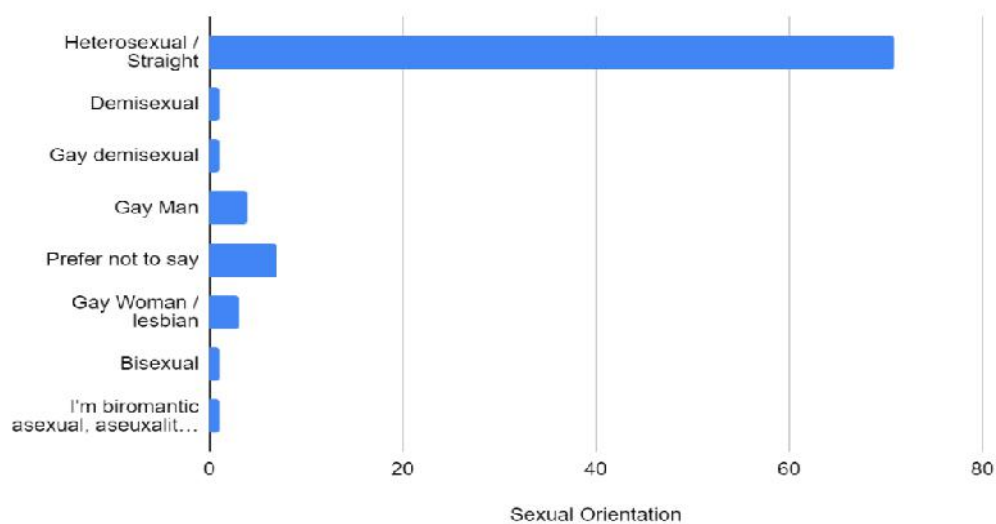


Sex/Gender:

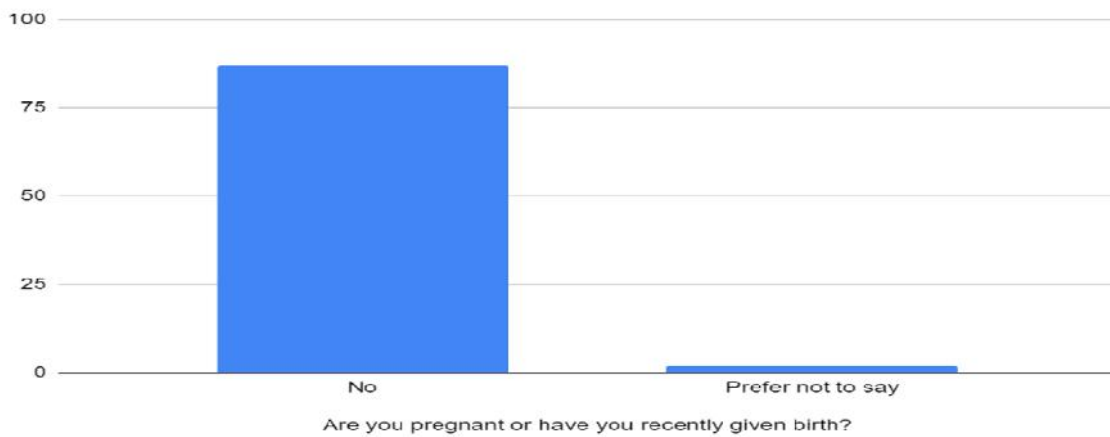
Count of Gender



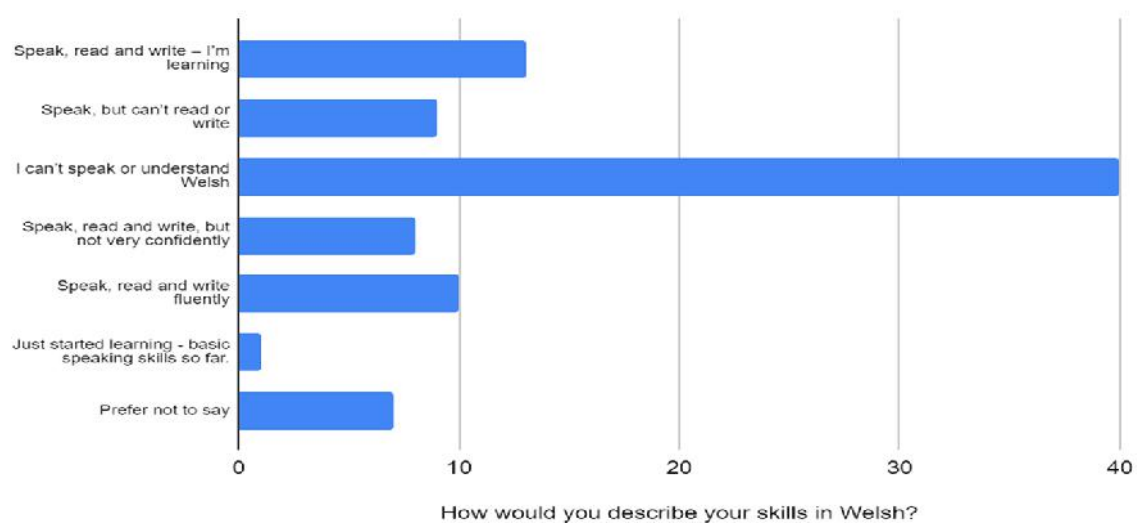
Sexual orientation:



Pregnancy and Maternity:



Welsh Language:



Breakdown of responses into main themes from survey and face to face engagement.

Key	Theme	Total
1	Access	51
2	Communications	35
3	Staffing Levels	22
4	Behaviour	20
5	Cultural Competency/Intersectionality	18
6	Care Closer to Home`	16
7	Lack of confidence in services	15
8	Digital	15
9	Autonomy	11
10	Social Model	11
11	Facilities	9
12	Governance	9
13	Partner Organisations	8
14	Inclusive Specialised Services	4
15	Early Intervention	4
16	Parking	2
17	Trust	13

Establishment of Key Priorities

Objective Identified	Links to themes
Objective A: Achieving equity by working in partnership – ‘nothing about you without you’	2,5,7,8,9,10,13 and 17
Objective B: Achieving equity by providing high quality inclusive services	1 to 11 14 to 17
Objective C: Achieving equity by through Governance and Accountability	7,12,13 and 17

Objective D: Achieving equity by being a kind and compassionate organisation	2,4,5,9 and 17
Objective E: Achieving equity by innovation	1,2,6,8,9,11,13, and 15

Appendix 4: North Wales Public Sector Equality Network – Shared Objectives



The North Wales Public Sector Equality Network is represented by Health, Local Authority and Public Sector organisations. The objectives below were identified following a shared consultation survey across north Wales.

The partnership have agreed a shared set of objectives that focus on the key areas of:

Education.

Employment and Pay.

Living Standards.

Health, Wellbeing and Social Care.

Personal Security and Access to Justice.

Participation and Diversity in Decision Making.

Socio-economic Disadvantage and Minimising Inequality of Outcome.

Together the network will establish an action plan to progress the objectives identified, working together, sharing expertise and resources. Not all of the objectives will apply to every organisation in the network, so each organisation will identify objectives that are relevant for them to work collaboratively. Below is the full list of objectives identified.

Progress on these shared objectives will be incorporated into each organisations annual equality reports.

Objective 1: Outcomes in education learning and wellbeing are improved	
Priority Areas - Education	
1.1 All children and young people attend schools regularly and achieve their learning potential.	This area is not applicable to the health board.
1.2 Children and young people educated in childcare settings through to early education achieve their learning potential.	This area is not applicable to the health board.
1.3 Children and young people are safe and feel safe at school, have equal opportunities and are encouraged to live a healthy lifestyle.	The health board supports this objective through it's public health team support.
1.4 To support young people to become positive role models	The health board supports this objective through public health

within their communities and society.	initiatives.
1.5 To support everyone under the age of 25 to access an offer to work, education, training, or self-employment.	The health board supports this objective through workforce plans to develop the future workforce.

Objective 2: We will take action to ensure we are an equal opportunities employer and reduce pay gaps	
Priority Areas - Employment and Pay	
2.1 Address disability, ethnicity and gender pay differences.	The health board supports this objective through their own objectives.
2.2 Review our flexible working practices to ensure equal opportunities at all levels.	The health board supports this objective through their own objectives.
2.3 Ensure effective policies to prevent and respond to sexual harassment and other forms of harassment.	The health board supports this objective working in partnership with the network and local partners and stakeholders.
2.4 Increase the number of disabled people in work.	The health board supports this objective working in partnership with the network and local partners and stakeholders.
2.5 Reduce gender segregation (the unequal distribution of men	The health board supports this objective through their own

and women working in traditionally gender specific roles).	objectives.
2.6 Improve participation of women, ethnic minorities and disabled people across apprenticeships.	The health board supports this objective working in partnership with the network and local partners and stakeholders.
2.7 Consider the use of positive action measures in recruitment campaigns where specific groups are under-represented.	The health board supports this objective though their own objectives.
2.8 Implement a programme of anti-racism and anti-discrimination within the organisation promoting the value of positive relationships, diversity and inclusion.	The health board supports this objective though their own objectives.
2.9 Address the barriers to employment for diverse communities.	The health board supports this objective working in partnership with the network and local partners and stakeholders.

Objective 3: We will take action to improve the Living Standards of people disadvantaged by their protected characteristics	
Priority Areas - Living Standards	
3.1 Take action to address disproportionate negative impact on people with different protected characteristics.	The health board supports this objective though their own objectives.

3.2 Support disabled people and older people's right to independent living including adequate accessible and adaptable housing and related support.	The health board supports this objective working in partnership with the network and local partners and stakeholders.
3.3 Better engagement with disabled people when renovating and designing buildings to ensure full accessibility.	The health board supports this objective working in partnership with the network and local partners and stakeholders.
3.4 Improve access to services for Gypsy Travellers and improve engagement to develop trust.	The health board supports this objective through it's public health team support.
3.5 Ensure that asylum, homelessness and housing services are inclusive of the specific needs of minority groups including disabled people, ethnic minority people and LGBTQ+ people.	The health board supports this objective through it's public health team support as well as working in partnership with the network and local partners and stakeholders.

Objective 4: We will improve Health, Wellbeing and Social Care outcomes	
Priority Areas - Health Wellbeing and Social Care	
4.1 Ensure health and wellbeing needs of carers are met.	The health board supports this objective through it's own objectives as well as working in partnership with the network and local partners and stakeholders.

4.2 Increase uptake rates of people with learning disabilities taking up annual health checks .	The health board supports this objective through it's public health team support as well as working in partnership with the network and local partners and stakeholders.
4.3 Suicide prevention plan Talk to Me 2 is fully evaluated and new action plan to reduce suicide in middle aged men in Wales.	The health board supports this objective through it's own objectives as well as working in partnership with the network and local partners and stakeholders.
4.4 Evaluate progress on mental health to ensure we are meeting the needs of people with different protected characteristics.	The health board supports this objective through it's public health team support as well as working in partnership with the network and local partners and stakeholders.
4.5 Use Social Model of Disability principles in policy and decision making.	The health board supports this objective though their own objectives.
4.6 Implement specific awareness and support for people with neurological conditions.	The health board supports this objective though their own objectives.
4.7 Address barriers to exercise and wellbeing.	The health board supports this objective though their own objectives.
4.8 Increase confidence and support Social Care and other staff to highlight and address racist and other discriminatory behaviour	The health board supports this objective working in partnership with the network and local partners and stakeholders.

experienced whilst undertaking their role.	
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Objective 5: We will improve Personal Security and Access to Justice	
Priority Areas - Personal Security and Access to Justice	
5.1 Work with our North Wales partners to increase awareness of Hate Crime and increase confidence in reporting.	The health board supports this objective working in partnership with the network and local partners and stakeholders.
5.2 Work with North Wales partners to reduce incidents of Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV).	The health board supports this objective working in partnership with the network and local partners and stakeholders.
5.3 Improve awareness of personal safety and safeguarding responsibilities.	The health board supports this objective working in partnership with the network and local partners and stakeholders.

Objective 6: Increase Access to Participation and improve diversity in decision making	
Priority Areas - Participation and diversity in decision making	
6.1 Increase awareness of the importance of diversity in political representation and decision making bodies.	This area is not applicable to the health board.
6.2 Ensure engagement is inclusive to provide a sense of belonging and community.	The health board supports this objective working in partnership with the network and local partners and

	stakeholders.
6.3 Access to services should be supported by appropriate language support including Welsh, BSL and other languages.	The health board supports this objective though their own objectives.
6.4 Improve access to services by ensuring an offer of alternative means to technology to prevent digital exclusion.	The health board supports this objective though their own objectives.

Objective 7: Tackle socio-economic disadvantage by offering inclusive services to minimise inequalities of outcome	
Priority Areas - Socio-economic disadvantage and minimising inequalities of outcome	
Increase awareness of the links between poverty and ill health with different protected characteristics.	The health board supports this objective though their own objectives.
Work with North Wales Partners to address anti-social behaviour.	The health board supports this objective working in partnership with the network and local partners and stakeholders.
Remove barriers experienced by people due to socio-economic disadvantage.	The health board supports this objective though their own objectives as well as well as working in partnership with the network and local partners and stakeholders.

Increase support for children and young people living in poverty to improve outcomes.

The health board supports this objective working in partnership with the network and local partners and stakeholders.

DRAFT



Teitl adroddiad:	Royal Alexandra Hospital Option Appraisal
Report title:	
Adrodd i:	BCUHB Board Meeting
Report to:	
Dyddiad y Cyfarfod:	Thursday, 28 March 2024
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>Introduction and Purpose</p> <p>The purpose of the Option Appraisal paper is to set out new, more affordable options for the development of the Royal Alexandra Hospital (RAH) site. This is summarised in this covering report. The intent is to share the full Option Appraisal document with the Welsh Government (WG) as soon as possible after the March Health Board meeting, and seek approval to proceed directly to the development of a Full Business Case (FBC) for a new design with funding for fees at this stage. To support this aim, the project has reused as much as possible of the original FBC from 2021. This will entail an iterative process of engagement with WG from April 2024 onwards.</p> <p>Work has been underway since late 2023 to review the scope of the RAH redevelopment and identify a new way forward that has a strong strategic fit with the investment objectives and is affordable. The FBC was submitted in March 2021 and at current rates would cost in the order of £102 million to deliver. 3 new, affordable options have been identified and these form the basis of the appraisal. The aim is to gain approval from WG to progress the development of the new preferred option directly to Full Business Case (FBC).</p> <p>The commercial arrangements require further consideration, and discussions are ongoing about the way forward. Given the commercially sensitive nature of these issues the full Option Appraisal document will be considered in committee. The Executive Summary paper is attached for the oversight of the main board meeting.</p> <p>Approach and Principles</p> <p>A programme was formally established in February 2024, following direction from the Executive Team on 31st. January and from a “Round Table” briefing in January with WG, the Chair, CEO and IHC Director from BCU and the CEO and Corporate Director from Denbighshire County Council (DCC). In line with the direction, the Option Appraisal has been progressed at pace to seek approval from the main Health Board meeting of 28th. March 2024. In order to develop the new designs to a point where we could be assured of capital costs, the programme commissioned a local firm, TACP Architects, to work up some options which could be costed by our Cost Advisers, Gleeds. Although this work has been undertaken at pace, it was possible to hold a workshop with clinical and operational leads to review the designs on 22nd February 2024 to inform the outputs. This resulted in some changes to the drawings. The design is based on the following principles:</p> <ul style="list-style-type: none">• The existing RAH building accommodates some 400 staff and cannot be disposed of – this was a Planning condition at the previous FBC stage for this landmark Grade II listed building.

- There will be a new clinical building on the site but with reduced Gross Internal floor area from FBC in 2021 approximately one-third of floor space at FBC.
- As a priority a Minor Injuries & Ailments Unit (MIAU) and beds will be accommodated in the new building. This has been borne out through local engagement since the start of 2024, and meetings with DCC colleagues and elected representatives. The “round table” meeting in January 2024 reiterated that the project needs to remain in line with its commitments to the community in relation to the care closer to home beds and provision of minor injuries and ailments services.
- The project needs to deliver a service that further develops partnership working with social care and the third sector to focus on self-care, prevention and well-being with the community.
- Other high priority services to re-provide in the new design will be Radiology, because of its logical adjacency to minor injuries treatment, and Community Dental Services which require fit-for-purpose environment.
- The 2 *Glan Traeth* buildings on the site are in a reasonable state of repair and will remain, accommodating Outpatient services, a Podiatry service and the Older People’s Mental Health teams.
- The RAH is in a poor state of repair and must be refurbished to sustain the building for the clinical and support teams based there.
- The scheme must be affordable from a revenue perspective, within the Central IHC’s budget control.

The Options

Three new options have been developed in addition to the original scope, and therefore the full range of options evaluated is:

- Option 1: the do-nothing option
- Option 2: a minimum scope option – remedial works at RAH only
- Option 3: Intermediate Scope – the FBC footprint and design of the ground floor only
- Option 4: Intermediate scope – the FBC footprint on a single storey with a new design
- Option 5: Intermediate scope – a two storey building accommodating priority services
- Option 6: maximum scope – the original FBC.

TACP’s high level designs for the three intermediate scope options include refurbishment of the existing building. Gleeds and the current Supply Chain Partner, Kier, have worked on delivery programmes for the three options and the timelines are below:

Option3

Submit FBC for WG approval	41 weeks and BCU Governance process
Complete new build	51 weeks, including a 8 week lead in from WG approval.

Option 4

Submit FBC for WG approval	45 weeks and BCU Governance process
Complete new build	51 weeks, including a 8 week lead in from WG approval.

Option 5

Submit FBC for WG approval	49 weeks and BCU Governance process
Complete new build	47 weeks, including a 8 week lead in from WG approval.

In summary, all three options will require approximately 1 year for FBC development including our own governance processes, and a further 1 year from WG decision and grant allocation to complete the new build.

Option Appraisal

The Option Appraisal has been undertaken on the basis of:

- Strategic fit: with the original objectives, the Critical Success Factors (CSFs) and the IRCF Investment criteria.
- The relative capital costs for the options.
- The timescales.

There are benefits and challenges associated with Option 5 as a two-storey solution in which more of the floor area will be given over to stair wells, lifts and circulation space, and further detailed work on Options 4 and 5 at FBC with the Mechanical, Plumbing and Engineering specialists will confirm the best way forward. WG has highlighted the potential advantages of building upwards, and this needs to be seriously considered.

Further evaluation will also need to be undertaken in respect of the procurement options and work is ongoing about the way forward. Given the commercially sensitive nature of this issue the approach will be considered through a separate exercise, and not included in the option appraisal submitted to main Health Board meeting.

The evaluation indicates both option 4 and option 5 are a strong fit with all criteria considered. It is understood that wider stakeholder engagement, including staff involvement in the design user groups, will be required at FBC to develop the detailed designs.

The Service Model

The project has worked with the IHC to develop the service model and benefits. This includes a new model of bed based care for a smaller, 14 bedded facility. This reflects a move away from traditional models of service to a more integrated care model, working with partners at the site. The new model will be supported through the onsite presence of Social Care working with the Health team to ensure safe and timely discharge from our sites, and individuals' safe return home will be supported by the enhanced Third sector presence on the site.

Service delivery will be led by the onsite Community Resource Team (CRT), comprising Health and Social care colleagues, and will aim to help people home as soon as is practical, whilst ensuring their physical condition does not deteriorate on the unit. The model would also enable step-up care for individuals referred by CRT professionals, with some

	<p>medical (GP) oversight from the community. The facility will be used in the main by people registered with local North Denbighshire GPs, though there will be access from neighbouring Kinmel Bay in Conwy. This would be for relatively short term care up to 3 weeks, and would avoid lengthy hospital stay further downstream.</p> <p>The Board is asked to note the progress with this key scheme and, in committee, to support the recommendation that the Option Appraisal is submitted for WG consideration.</p>			
Argymhellion: Recommendations:	<p>The Board is asked to note and approve the briefing note and, in committee, to approve the Option Appraisal document for onward consideration by WG.</p>			
Arweinydd Gweithredol: Executive Lead:	<p>Chris Stockport, Executive Director Transformation And Strategic Planning</p>			
Awdur yr Adroddiad: Report Author:	<p>Libby Ryan Davies, Director, Integrated Health Community (Central) Steph O'Donnell, Programme Lead</p>			
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i> <input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/></p>	
Lefel sicrwydd: Assurance level:	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		<ul style="list-style-type: none"> • Alignment with BCUHB strategy – “Care Closer to Home” – and estates strategy • “A Healthier Wales: Our Plan for Health and Social Care”¹, • “The Well-being of Future generations Act” (Wales) 2015², and • The principles governing infrastructure investment in Wales, including the drivers set out in the “Integration Rebalancing Capital Fund” (IRCF) guideline³ - see below for detail 		

¹ [A Healthier Wales \(gov.wales\)](https://gov.wales/a-healthier-wales)

² [well-being-of-future-generations-wales-act-2015-the-essentials.pdf \(gov.wales\)](https://gov.wales/well-being-of-future-generations-wales-act-2015-the-essentials.pdf)

³ [Health and social care integration and rebalancing capital fund: guidance 2022 to 2025 | GOV.WALES](https://gov.wales/health-and-social-care-integration-and-rebalancing-capital-fund-guidance-2022-to-2025)

	<ul style="list-style-type: none"> • The Accelerated Cluster Development Programme for Wales⁴ • NHS Wales Decarbonisation Strategic Delivery Plan
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Planning will be revisited in due course. Design will be compliant with Wales Health Technical Memoranda (WHTMs).
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Do/Naddo Yes Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol <i>If no please provide an explanation as to why the duty does not apply</i> <u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u> <u>WP7 Procedure for Equality Impact Assessments</u>
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Do/Naddo Yes Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol <i>If no please provide an explanation as to why the duty does not apply</i> <u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u> <u>WP68 Procedure for Socio-economic Impact Assessment.</u>
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	<ul style="list-style-type: none"> • Reputational risk associated with "Do Nothing" options that the HB cannot meet its commitments in this Locality and that the existing building will further degrade and clinical services will not be viable.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	<ul style="list-style-type: none"> • The capital estimates are for the new options are approved by our Cost Advisers for the scheme, Gleeds. • The costs will cover the refurbishment of the existing building, reinstating some void areas into use, and the development of a new clinical unit, approximately one-third the size of the new building proposed at FBC in 2021.

⁴ [Primary Care Model for Wales - Primary Care One \(nhs.wales\)](https://www.nhs.uk/primary-care-model-for-wales/)

	<ul style="list-style-type: none"> • The Regional Partnership Board (RPB) has confirmed its continued support for a potential contribution of capital from the IRCF grant. • The project has developed a revenue model that is cost neutral through reallocation of costs across the IHC and enhancing the opportunities to leverage partnership working. • All costs will be ratified at FBC
<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 is a requirement for additional staff for the MIAU and the beds in the new development. Radiology hours will be extended to support the new services and extend cover at site and there will be staffing requirements for this.</p> <p>The total requirement is 49.7wte. The revenue costs will in part be funded through redistribution of bed stock across the Central IHC and it is likely that some roles will be filled through relocation of staff with appropriate consultation. A recruitment strategy will be refined at FBC.</p> <p>Staff based at RAH will inevitably be disrupted by the works. The Hospital Management Team meets regularly at site and will be an integral part of the delivery at FBC and into construction. Early engagement has started with staff involved in the Option Appraisal. At FBC design user groups will be established to work through design assumptions and develop the drawings. A decant plan will be co-designed with the HMT who will remain engaged throughout.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>An initial briefing has taken place with Llais and they are supportive of the scheme. At this stage there is no requirement for formal consultation. However, public engagement has continued and some of the findings are included in the Option Appraisal document. At FBC it will be determined whether formal consultation is required and the preferred option will be co-designed with a range of stakeholders. This will include responding to key actions identified in the EQIA.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Links to CRR 24-08. The population served includes 2 of the most socially deprived wards in Wales and the population health and well-being issues associated with this demography will be better supported by investment in this locality.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>Given the commercially sensitive nature of these issues the full Option Appraisal document will be considered in committee.</p>

<i>Reason for submission of report to confidential board (where relevant)</i>	The Executive Summary paper is attached for the oversight of the main board meeting.
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: Dim List of Appendices: None	



Royal Alexandra Hospital

Option Appraisal – Executive Summary

March 2024



1. Executive Summary

1.1 Synopsis

An Option Appraisal has been prepared as directed, following meetings between Welsh Government (WG), BCUHB and Denbighshire County Council in late 2023 and early 2024, using the Single Stage Business Case template. The Option Appraisal assesses a shortlist of new options and develops a new preferred solution to deliver as many of the key benefits of the original scheme as possible, whilst also being affordable. The analysis shortlists 2 options at this stage for further evaluation at FBC to develop detailed designs and fuller consideration of engineering implications.

The project will deliver a range of expanded and redesigned services within new and existing facilities on the RAH site, enabling collaborative working with partners and supporting regeneration plans for the local area. Subject to the approval and allocation of fees for FBC, work will begin at pace in May 2023 on a refreshed design and FBC for submission early 2025. The work has been completed at pace, in line with direction from WG, and further work will be undertaken at FBC to refine financial case and benefits and review procurement options

The analysis undertaken within the document is as defined below.

1.2 How the solution has evolved since the Full Business case (FBC), March 2021

The FBC underwent significant scrutiny in 2021-2022. There were key challenges in relation to decarbonisation and affordability. In 2023 a proposal was supported by the Regional Partnership Board (RPB) to offset some capital costs against monies from the Integration and Rebalancing Care Fund (IRCF)¹ as a strong part of the scheme reflects the need for increased collaborative working between Health, Social Care and Third sector partners to improve outcomes for local people and help people home safely following hospital stay. In order to ensure an affordable product that fulfils the community benefits and enables sustainability of the building, the key changes in scope are as follows:

- The bed model has been further developed, drawing on experience from partnership working in the care sector, and optimising the collaborative CRT workforce in full at the site to help clinically optimised patients return home safely.
- The project has considered a range of new build options with reduced floor space, prioritising the new services
- More services will remain in the existing RAH building than in the original FBC, though with investment in that site to assure its sustainability and clinical effectiveness
- Some services will also remain in the 2 Glan Traeth buildings on the campus
- The IV Therapy Suite has been de-scoped from the solution. Since the FBC was submitted an IV Suite has been established in Denbigh Community Hospital and the need for further community provision is reduced.
- There will be a requirement for additional car parking offsite and the Local Authority has confirmed there is significant capacity in the car park at the adjacent Rhyl Pavilion Theatre and this is reflected in the planning.

¹ [Health and social care integration and rebalancing capital fund: guidance 2022 to 2025 | GOV.WALES](#)

1.3 Summary of the Document by Section

i) Strategic Fit

This section reconfirms that the strategic case for the development remains robust, and revisits the objectives of the scheme, ensuring they are still fit for purpose. There is a particular emphasis on the partnership elements of the scheme and the wider benefits, in line with IRCF funding criteria. An understanding of what services could be located at the site is also indicated.

The scheme is informed by various national and local drivers, including “A Healthier Wales: Our Plan for Health and Social Care”, the Health Board’s overarching 10-year clinical strategy, “Living Healthier, Staying Well” (LHSW) and the IRCF integrated Health and Well-being Hub model. It supports a shift of resources to community settings, the movement of care closer to home, the development of seamless multi-agency services and the emphasis on a well-being system. It also fulfils commitments made by the Health Board since 2013 to provide beds in this locality and alleviate pressures elsewhere in the wider system of care.

The project has the following objectives, which are linked to specific benefits:

1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population;
2. To further develop multi-agency, integrated, responsive primary and community care services in the area;
3. To increase the range of local services, thereby reducing the reliance on the District General Hospital;
4. To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff;
5. To move care closer to people’s homes, including inpatient bed-based care;
6. To improve economic, social, environmental and cultural well-being, as outlined in The Future Generations Act.

The review of affordable options has resulted in new service model options which enable fulfilment of community benefits as set out in the FBC in March 2021.

ii) Economic Appraisal

The economic option appraisal aims to offer sufficient depth of analysis to be confident that the right option can be fully designed and costed in the FBC.

The shortlisted options are those developed in a “round table” meeting of senior leads from BCUHB, Denbighshire County Council (DCC) and WG on the 9th of January 2024, and in subsequent discussions.

The appraisal focuses on the new options available for delivering the objectives of the scheme, in order to identify the option which gives the best Value for Money. The design work for these options has been undertaken at pace and at high level. It has been possible to provide an estimated capital cost range for each scenario, and further work will be needed as part of a

refreshed FBC to develop detailed designs and accurate costs. The scheme will reuse as much of the design previously undertaken as possible. Notably, the preferred option entails refurbishment of the existing building to ensure sustainability and development of a new building to house clinical services. The new options also retain the 2 existing Glan Traeth buildings which are structurally sound. The Option Appraisal demonstrates that, despite the reduced scale of a new building at the site, it is possible to meet the strategic challenges and enable community benefits, consolidating collaborative working at the site.

iii) Financial Analysis

The capital costs are market rate estimates provided by the cost advisor, Gleeds. These costs are informed by the detailed design and costing work undertaken in the previous FBC, and by new high level design work which has been undertaken by TACP Architects in support of this Option Appraisal. This aims to give reasonable assurance about the scale of the costs. A greater level of uncertainty is reflected in the optimism bias. The capital costs are split roughly 50/50 between the new and existing building (assuming all fees and other costs are shared equally). An indicative level of how the design is split between Health and integrated Health/Social Care/Third Sector elements in the new and existing building is around 30/70. This is to assist in consideration of funding.

The case also outlines how the scheme is affordable in revenue terms. In respect of revenue, the gross increase in costs is offset by cash releasing savings which we have been identified, since the delivery must be revenue neutral for the Health Board. Work will be ongoing at FBC to refine financial case and benefits and review procurement options.

i) Commercial Analysis

The commercial arrangements require further consideration, and discussions are ongoing with WG, about the way forward. Given the commercially sensitive nature of these issues the approach will be considered through a separate exercise, and not included in this appraisal.

i) Management of the Scheme

The management arrangements remain as outlined in the original FBC, and will not be revisited as part of this exercise. The project will be managed in line with the Health Board's Procedure Manual for Managing Capital Projects. The key project milestones are as follows:

Milestones	Timescale
BCUHB approval Option Appraisal	March 2024
Submit Option Appraisal to WG	March 2024
WG Scrutiny of Option Appraisal	4 – 8 weeks
Develop FBC	41 – 49 weeks
BCUHB internal approval of FBC	8 – 12 weeks
Complete new build (includes 8 week lead in from WG approval)	47 – 51 weeks



Teitl adroddiad:	Three Yearly Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act 2016 for Welsh Government
Report title:	
Adrodd i:	BCUHB Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 28 March 2024
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>In line with the Nurse Staffing Levels (Wales) Act 2016, Health Boards / Trusts are required to submit a three yearly report to the Welsh Ministers no later than 30 days after the end of the reporting period detailing:</p> <ul style="list-style-type: none">a) the extent to which nurse staffing levels have been maintained;b) the impact the Board or Trust considers that not maintaining nurse staffing levels has had on care provided to patients by nurses, for example by reference to complaints about care provided to patients by nurses made in accordance with the Complaints Regulations or by reference to an increase in incidents of harm caused by:<ul style="list-style-type: none">i. errors in administering medication to patients;ii. patients falling;iii. patients developing hospital-acquired pressure ulcers;c) any actions taken in response to not maintaining nurse staffing levels. <p>This paper introduces the Betsi Cadwaladr University Health Board (BCUHB) three yearly assurance report for the period 6th April 2021 - 5th April 2024, which must be submitted to the Welsh Ministers no later than 5th May 2024.</p> <p>Due to the reporting time frame, this caveated three-yearly report is required to be submitted to Board in March 2024 and includes nurse staffing and reportable patient harm incidents up to 31st January 2024.</p> <p>A final, updated version of this report, to include all reportable patient harm information incident reports which occurred between 6th April 2021 - 5th April 2024, will be presented to the Board in September 2024 and then submitted to Welsh Government in October 2024.</p> <p>The All Wales Nurse Staffing Group has produced the standard template which must be used to form the three yearly assurance report to ensure consistency in the information from each Health Board within Wales.</p>

Argymhellion: Recommendations:	The meeting is asked to receive this report to gain assurance in relation to the following: 1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory “duty to calculate and take steps to maintain nurse staffing levels” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. 2. BCUHB is meeting its statutory duty to provide a Three Yearly Assurance report on compliance with the Nurse Staffing Levels (Wales) Act 2016 to the Welsh Ministers		
Arweinydd Gweithredol: Executive Lead:	Mrs Angela Wood, Executive Director of Nursing & Midwifery		
Awdur yr Adroddiad: Report Author:	Mrs Anne-Marie Rowlands, Director of Nursing Professional Regulation & Education Miss Joanna Brown, Nurse Staffing Programme Lead		
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>			
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:			
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		Nurse Staffing Levels (Wales) Act 2016 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. <u>A Healthier Wales: Our Plan for Health and Social Care</u> identifies a requirement to “drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales”	

	<p>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><u><i>A Healthier Wales: Our Workforce Strategy for Health and Social Care</i></u> draws a direct link between vacancy rates and high agency expenditure.</p> <p><u><i>The priorities of the Chief Nursing Officer</i></u> includes an ambition to <i>attract, recruit, train, educate and retain the nursing and midwifery workforce so that the nursing and midwifery vacancy factor is reduced, working towards no vacancies over 3-5 years</i></p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Statutory reporting requirements aligned to the Nurse Staffing Act (Wales) 2016 “<i>duty to calculate and take steps to maintain nurse staffing levels</i>” and to provide a Three Yearly Assurance report on compliance with the Nurse Staffing Levels (Wales) Act 2016 to the Welsh Ministers</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	Not applicable
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Not applicable

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR2113 - Nurse Staffing (Continuity of service may be compromised due to a diminishing nurse workforce). There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board.</p> <p>Inability to provide appropriate nurse staffing levels to ensure time to care for patients sensitively can compromise the Health Boards ability to deliver health care effectively, and compromise the reputation of Health Board nursing services.</p> <p>This could be further exacerbated by the impact on the resilience of the workforce due to;</p> <ol style="list-style-type: none"> 1) the ongoing impact of Covid 19 2) the increasing age profile within the workforce 3) retention rate of nursing staff across the Health Board. <p>CRR15 Recruitment & Retention (this applies to all staff across the Health Board but the nursing workforce is a significant element of the risk).</p> <p>There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well-being and attendance of staff</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Financial assessments arising from the organisations statutory duty to calculate nurse staffing levels will be considered within the financial planning cycle for 2024/25.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Workforce implications relate to the ability to both finance and recruit a sufficient workforce of both registered nurses and healthcare assistants</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p>	

Feedback, response, and follow up summary following consultation	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	As detailed above - Risk ID1976
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices: Appendix 1: https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/2450-nsa-appendix-1-annual-assurance-report-2021-2022pdf/ Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016 (reporting period 6th April 2021 – 5th April 2022) Appendix 2: https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/2450-nsa-appendix-2-annual-assurance-report-summary-of-required-establishment-2021-2022pdf/ Annual Assurance Report, Summary of Required Establishment (reporting period 6th April 2021 – 5th April 2022) Appendix 3: https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/2450-nsa-appendix-3-annual-assurance-report-2022-2023pdf-v2/ Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016 (reporting period 6th April 2022 – 5th April 2023) Appendix 4: https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/2450-nsa-appendix-4-annual-assurance-report-summary-of-required-establishment-2022-2023-002pdf-v2/ Annual Assurance Report, Summary of Required Establishment (reporting period 6th April 2022 – 5th April 2023)	

Three-Yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act:

Report for Welsh Government

Health board / Trust	Betsi Cadwaladr University Health Board		
Date three-yearly assurance report presented to Board	<p>Executive Meeting 13th March 2024 Board Committee Meeting 28th March 2024</p> <p>The reporting period is 6th April 2021 - 5th April 2024.</p> <p>As per the requirements of the Nurse Staffing Levels (Wales) Act 2016¹ following each three year reporting cycle this nurse staffing levels report must be submitted to the Welsh Ministers no later than 30 days after the last day of the reporting period. Due to the reporting time frame, this caveated three-yearly report is submitted to Board in March 2024 and will only include information up to 31st January 2024.</p> <p>A final, updated version of the report, including all serious incident reports which occurred between 6th April 2021 - 5th April 2024, will be presented to the Board in September 2024 and then Welsh Government in October 2024.</p>		
	2021/2022	2022/2023	2023/2024
Date annual assurance report of compliance with the Nurse Staffing Levels (Wales) Act presented to Board	<p>13th June 2022</p> <p>The delegated responsibility during 2021/2022 for receiving the annual assurance report sat with the Patient Safety & Quality Group who received this on 13th June 2022.</p> <p>Report attached as appendices 1 & 2.</p>	<p>25th May 2023</p> <p>The Board received the annual assurance report on 25th May 2023. The link to the Board papers is:</p> <p>Bundle Health Board 25 May 2023 (nhs.wales)</p> <p>Report attached as appendix 3 & 4.</p>	<p>May 2024</p> <p>The Board will receive the annual assurance report in relation to the extent of compliance with the 2016 Act during 2023/24, in May 2024.</p> <p>Following presentation to the Board in May 2024 the link to the Board papers will be included here, as will copy of the report as an appendix to this document.</p>

¹ [Nurse Staffing Levels \(Wales\) Act 2016 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2016/12/section/1)

Number of adult acute medical inpatient wards where section 25B applies	<p>Lowest number of <u>medical</u> wards: 24</p> <p>Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8</p> <p>Highest number of <u>medical</u> wards: 25</p> <p>Ysbyty Gwynedd 8 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8</p>	<p>Lowest number of <u>medical</u> Wards: 24</p> <p>Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8</p> <p>Highest number of <u>medical</u> wards: 25</p> <p>Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9</p>	<p>Lowest number of <u>medical</u> Wards: 25</p> <p>Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8</p> <p>Highest number of <u>medical</u> wards: 26</p> <p>Ysbyty Gwynedd 8 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9</p>
Number of adult acute surgical inpatient wards where section 25B applies	<p>Lowest number of <u>surgical</u> wards: 14</p> <p>Ysbyty Gwynedd - 4 Ysbyty Glan Clwyd – 5 Ysbyty Wrexham Maelor - 5</p> <p>Highest number of <u>surgical</u> wards: 19</p> <p>Ysbyty Gwynedd - 6 Ysbyty Glan Clwyd – 6 Ysbyty Wrexham Maelor – 7</p>	<p>Lowest number of <u>surgical</u> Wards:15</p> <p>Ysbyty Gwynedd 4 Ysbyty Glan Clwyd 5 Ysbyty Wrexham Maelor 6</p> <p>Highest number of <u>surgical</u> wards = 17</p> <p>Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6</p>	<p>Adult acute surgical inpatient wards remained unchanged/static during the reporting period:</p> <p><u>Surgical</u> wards = 17</p> <p>Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6</p>
Number of paediatric inpatient wards where section 25B applies	<p>Paediatric inpatient wards remained unchanged/static during the reporting period:</p> <p>Ysbyty Gwynedd – 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor – 1</p>	<p>Paediatric inpatient wards remained unchanged/static during the reporting period:</p> <p>Ysbyty Gwynedd – 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor – 1</p>	<p>Paediatric inpatient wards remained unchanged/static during the reporting period:</p> <p>Ysbyty Gwynedd – 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor – 1</p>

Number of occasions where the nurse staffing level recalculated in addition to the bi-annual calculation for all wards subject to Section 25B	Adult acute <u>medical</u> inpatient wards 2 <ul style="list-style-type: none"> Aran YG Bromfield YWM 	Adult acute <u>medical</u> inpatient wards 1 <ul style="list-style-type: none"> Prince of Wales (formerly ENT) 	Adult acute <u>medical</u> inpatient wards 2 <ul style="list-style-type: none"> Aran YG Tryfan YG
	Adult acute <u>surgical</u> inpatient wards 1 <ul style="list-style-type: none"> SAU Glyndwr YWM 	Adult acute <u>surgical</u> inpatient wards 3 <ul style="list-style-type: none"> ENT (now Prince of Wales) Bromfield Ffrancon 	Adult acute <u>surgical</u> inpatient wards 0
	<u>Paediatric</u> inpatient wards 0	<u>Paediatric</u> inpatient wards 0	<u>Paediatric</u> inpatient wards 0
Changing the purpose of section 25b wards to support the management of COVID or opening new COVID wards.	<p>As per the Chief Nursing Officers letter dated 15th October 2020, wards where the primary purpose remained “the treatment of patients for medical and surgical conditions” were recognised as pertaining to Section 25B of the Nurse Staffing Levels (Wales) Act 2016, with many of these caring for patients with, or recovering from, COVID-19 infection.</p> <p>As per the Nurse Staffing Levels (Wales) Act 2016 Statutory Guidance² it is recognised that the planned rosters may need to be ‘appropriately varied’ on ‘rare occasions’ and in light of the complexities of clinical environments. This principle was applied throughout the pandemic with the professional judgement of nursing leaders across the health board relied upon significantly, to both calculate and operationally maintain nurse staffing levels, in the constantly evolving operational situations that were encountered during this period. It is recognised that the staffing establishment changes that were considered temporary and due to the dynamic nature of the pandemic (e.g. stepping-down/limiting planned surgery; services temporarily merging into other clinical areas/footprints; patient pathways having temporarily changed, or site reconfiguration) may not have been notified to the Board however the Board have been advised of the nurse staffing calculations deemed to be permanent including any required changes in associated funded establishments.</p> <p>The de-commissioning of the field hospitals during the 2021/2022 reporting period saw the return of temporarily redeployed staff to their substantive posts in order to resume business as usual and service re-start. Wherever possible, staff that were temporarily returned to employment to support the COVID-19 response were asked to consider continued employment with BCUHB through the offer of alternative permanent employment (in the first instance), otherwise a temporary/bank contract; flexible working arrangements; and fixed term arrangements within other health care settings.</p> <p>Overall, the extent to which wards pertaining to Section 25B have repurposed during this reporting period in response to COVID-19, is less than was seen in the previous three year reporting period. Patient acuity however has remained higher than pre-covid periods across all inpatient areas. In line with the rest of Wales, the health board is showing a trend of reduced Level 1 and 2 patients, and increased levels 3 and 4 patients across our adult acute medical and surgical wards.</p>		

² [Nurse Staffing Levels \(Wales\) Act 2016: statutory guidance \(version 2\) \[HTML\] | GOV.WALES](#)

Informing patients	<p>In line with the requirements of the Nurse Staffing Level (Wales) Act 2016, information boards are located at the entrance to each of the wards displaying the planned nurse staffing levels on the wards and the date these were presented to the Board. Nationally agreed bilingual “Once for Wales” templates are utilised to display the planned staffing levels, with supplementary information available via a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available bilingually in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act. Ward staff are aware of, and endeavour to maintain Welsh Language Standards and translation services to ensure that patients are offered the opportunity to communicate through their language of choice.</p> <p>During the COVID-19 pandemic, as these information boards are displayed in areas ordinarily frequented by visitors, it is acknowledged that the stringent infection control protocols in place may have led to inconsistencies in the approach to displaying the required patient information.</p> <p>Further consideration has been needed in regard to informing patients of nurse staffing levels and ensuring a comprehensive approach to this particular element of the Act. Patients are encouraged to ask questions on the ward and staff advocate an open and honest approach to nurse staffing levels. Ward staff endeavour to support the use of tablets and mobile phones in order to encourage regular communication between patients and their friends and families.</p> <p>Ward Managers and Senior Nurse Managers have been issued with renewed guidance regarding their duties to inform patients under the Nurse Staffing Levels (Wales) Act 2016 and regularly assurance is sought via the Nursing Workforce & Staffing meetings that these duties are being met. During 2024 audits will be undertaken across the wards pertaining to Section 25B to measure compliance with the informing patient requirements, the results of which will be shared with the respective Integrated Health Community (IHC) Nurse Directors and Associate Directors of Nursing and the Executive Director of Nursing & Midwifery.</p>
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Section 25E (2a) Extent to which the nurse staffing level is maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

	Required establishment (WTE) of adult acute medical and surgical inpatients wards at the end of the <u>last</u> reporting period (5th April 2021)	Number of wards: 35 RN (WTE): 736.73 WTE HCSW (WTE): 574.04 WTE			
Extent to which the required establishment has been maintained within	Required establishment (WTE) of adult acute medical and surgical inpatients wards <u>calculated</u> during first cycle (May)	Number of wards:	2021/2022	2022/2023	2023/2024
		RN (WTE):	37	39	42
		HCSW (WTE):	756.76	803.58	813.94
		Number of wards:	554.04	687.81	730.47
		Number of wards:	35	39	42

adult acute medical and surgical inpatients wards	WTE of required establishment of adult acute medical and surgical inpatients wards <u>funded</u> following first (May) calculation cycle	RN (WTE):	721.43	750.62	792.73
		HCSW (WTE):	514.05	522.55	541.43
	Required establishment (WTE) of adult acute medical and surgical inpatients wards <u>calculated</u> during second cycle (Nov)	Number of wards:	39	40	43
		RN (WTE):	811.80	790.83	839.40
		HCSW (WTE):	670.92	706.13	759.51
	WTE of required establishment of adult acute medical and surgical inpatients wards <u>funded</u> following second (Nov) calculation cycle	Number of wards:	39	40	43
		RN (WTE):	736.50	768.81	836.98
		HCSW (WTE):	520.44	527.20	741.30
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE:	39	40	43
	<p>Accompanying narrative:</p> <p>The number of Section 25B wards has changed during the reporting period and within some of these wards the associated staffing establishments have also changed. For further details of individual wards and their required establishments, including any changes to these, please refer to the annual assurance reports.</p> <p>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.</p> <p>During previous reporting periods the pressures of Covid-19 made it difficult at times to distinguish within areas the bed base that would ordinarily form part of the Section 25B requirements, and those that would be excluded. As the organisation resumed business as usual, services have had the opportunity to review and reconsider their clinical environments in addition to known further changes, such as the restarting of elective and planned care activity. During this reporting period an increase in patient acuity, dependency and reported harms have affected staffing requirements across the services, predominantly with an increased need for healthcare support workers.</p> <p>Financial implications of the reviews are considered within the health boards financial planning cycles however, 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 calculated required staffing level, utilising temporary staffing as necessary in order to achieve these. The 2023/2024 reporting period saw significant investments to the funded establishments across wards pertaining to Section 25B as demonstrated in the table above.</p>				

Developments and processes for achieving required establishments across all Section 25B wards (adult & paediatric):

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 healthcare support workers (HCSW) 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 have included:

- Establishment of key posts within Corporate Nursing with a focus on nursing workforce and staffing
- Initiatives being led by People Services and Corporate Nursing teams to develop and implement innovative approaches to recruitment of registered nurses and healthcare support workers
- Successful recruitment drives which have seen appointments into both substantive and temporary staffing posts
- Continued engagement with the national All Wales International Nurse Recruitment Programme with 199 FTE Internationally Educated Nurses recruited since October 2022. Pastoral support is provided to International Nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB
- Continued engagement with the appointment of newly graduated nurses via the streamlining process
- Annual workforce planning undertaken which informs nursing education commissioning
- Career progression for healthcare support workers through completion of Qualification and Credit Framework Level 2 and 3 which enable progression to the Level 4 Certificate in Healthcare Practice.
- Maximising opportunities for healthcare support worker development through Level 4 Certificate in Healthcare Practice qualification fast track route for healthcare support workers employed by the organisation into pre- registration nurse training, to ensure that we are able “grow our own”, options available include Open University and Part Time Bachelor of Nursing routes
- Supporting career progression for health board employed healthcare support workers with an international nursing registration to progress to Band 5 registered nurse once successfully completed Objective Structured Clinical Examination.
- Updating and implementation of fast track process for student nurses wishing to join the bank as a healthcare support worker
- The introduction of additional roles to support nurse staffing such as Assistant Practitioners, Dementia Support Workers, Progress Chasers, Housekeepers etc.
- 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.
- Continual review and enhancements of BCUHB careers framework
- Partnership working with local universities to maximise opportunities for recruitment and retention including innovative opportunities for post graduate development

- Continued investment in education and development for staff including subscription to Florence Nightingale Foundation, Clinical Skills Modules and internally facilitated Continuing Professional Development programme to ensure wide range of opportunities available to staff
- 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.
- The development of Workforce Dashboards to ensure nurse staffing information is easily available to support strategic and operational decision making processes.
- Introduction of quarterly nursing workforce optimisation presentations by the IHC DoN/ADoN to the Executive Directors of Nursing & Midwifery; Finance; and People Services or their nominated deputies. The meetings focus on several workforce elements including staffing establishments, vacancies, recruitment, rostering compliance and temporary staffing utilisation.
- Introduction of Wagestream to provide financial wellbeing for all staff
- The Psychological / Emotional Health and Wellbeing support to staff has been strengthened and continues to be developed further to ensure a robust package is in place for staff.

Work is ongoing to ensure there is a strong focus on staff retention with preceptorship programmes for new graduates, an ethos of support for lifelong learning and staff development, and the ability to provide a positive work-life balance and focus on staff work satisfaction. 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 places a focus on retention and innovation.

This reporting period has seen the funded establishments across the Section 25B wards³ for registered nursing posts increase from 901.5 (WTE) in April 2021 to 973.3 (WTE) in January 2024, an overall funded increase of 71.8 (WTE). Actual registered nursing staff in post have also risen across the period from 725.9 (WTE) in April 2021 to 816.1 (WTE) in January 2024, an increase of 90.2 (WTE). Successful recruitment into the Section 25B wards has meant that the vacancy rates for registered nurses within these areas has fallen from 19.5% (April 2021) to 16.1% (January 2024).

Across the healthcare support worker funded establishments for the Section 25B wards³ posts have increased from 602.3 (WTE) in April 2021 to 825.1 (WTE) in January 2024, an overall funded increase of 222.8 (WTE). Actual healthcare support workers in post have also risen across the period from 622.5 (WTE) in April 2021 to 733.5 (WTE) in January 2024, an increase of 111 (WTE). Following the significant investment in the funded healthcare support worker establishments during 2023/2024 the vacancy rate for this staff group initially rose to 16.8% during June 2023 however successful recruitment has seen this reduce month on month to its current level of 11.1% (January 2024).

³ Applicable to those wards pertaining to Section 25B as at 31st January 2024. As previously stated the number of wards pertaining to Section 25B will have fluctuated throughout this reporting period.

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u> <small>Note: The 1st calculation within paediatrics was presented to the Board in September 2021 prior to extension of the 2nd duty to the Act on 1st October 2021.</small>	Required establishment (WTE) of paediatric inpatient wards prior to extension of the 2nd duty of the Act (October 2021)	Number of wards: 3			
		RN: 83.46			
		HCSW: 31.27			
			2021/2022	2022/2023	2023/2024
	Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)	Number of wards:		3	3
		RN (WTE):		83.46	83.46
		HCSW (WTE):		31.27	31.27
	WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle	Number of wards:		3	3
		RN (WTE):		79.45	79.45
		HCSW (WTE):		31.27	31.27
	Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second cycle (Nov)	Number of wards:	3	3	3
		RN (WTE):	83.46	83.46	83.46
		HCSW (WTE):	31.27	31.27	31.27
	WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) calculation cycle	Number of wards:	3	3	3
		RN (WTE):	65.5	79.45	80.98
		HCSW (WTE):	15.01	31.27	28.95
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE:	3	3	3
	Accompanying narrative: For further details of individual wards and their required establishments, including any changes to these, please refer to the annual assurance reports. 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. Prior to the extension of the Act to paediatric inpatient units, the revised paediatric wards establishments calculated using the triangulated approach were presented and acknowledged by the Executive Team and noted by the health board in September 2021.				

	<p>The number of Section 25B wards within paediatrics has not changed during the reporting period and there have been no changes made to the required staffing establishments. Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices.</p> <p>Financial implications of the reviews are considered within the health boards financial planning cycles however, 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 calculated required staffing level, utilising temporary staffing as necessary in order to achieve these.</p>						
Extent to which the planned roster has been maintained within adult acute medical and surgical inpatients wards		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	2021/2022	43591	4311 (9.89%)	1578 (3.62%)	5632 (12.92%)	4985 (11.44%)	37.87%
	2022/2023	44829	9286 (20.71%)	3315 (7.39%)	11980 (26.72%)	13974 (31.17%)	86.00%
	2023/2024 ⁴	38385	11479 (29.90%)	3380 (8.81%)	10190 (26.55%)	9110 (23.73%)	88.99%
Extent to which the planned roster has been maintained within paediatric inpatient wards		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	2021/2022 ⁵	906	453 (50%)	21 (2%)	215 (24%)	198 (22%)	98.70%
	2022/2023	2264	1165 (51.46%)	71 (3.14%)	601 (26.55%)	394 (17.39%)	98.54%
	2023/2024 ⁴	2557	1658 (64.84%)	115 (4.50%)	476 (18.62%)	122 (4.77%)	92.73%

⁴ Data for the period 6th April 2023 – 31st January 2024

⁵ As the Act was not extended to Paediatrics until 1st October 2021 this report contains information from the 1st October 2021 onwards

Accompanying narrative:

NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency.

Each health board has implemented the RL Datix (formally Allocate) Safecare system at different times during the 3 year reporting period and has relied on using the HCMS, which has been adapted to ensure consistency in the data collection and analysis to aid reporting during the earlier part of the reporting period.

Prior to the national steer BCUHB had implemented Safecare across all their Section 25B adult acute medical & surgical wards, with the paediatric inpatient wards having completed their implementation in June 2023. Whilst SafeCare has been implemented health boards/trusts have also utilised the Health Care Monitoring system (HCMS) which has been adapted to ensure consistency in the data collection and analysis to aid reporting.

Due to the transitional arrangements whereby health boards/trusts are implementing the RL Datix Safecare system alongside the HCMS system to capture the data required to inform the calculation and reporting of the nurse staffing level, the data presented in the above tables will be a combination of information generated from Safecare and HCMS. Within BCUHB all data presented for the adult acute medical and surgical wards is generated from SafeCare whilst the paediatric inpatient wards has been generated from both Safecare and HCMS for this reporting period.

The information reported for the extent to which the planned roster from SafeCare is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the nurse in charge as to the appropriateness of the staffing levels to meet patient care needs on each of these shifts.

The 2021/2022 was the first year of reporting in this way and whilst undertaking the data analysis it became apparent that data validity and accuracy at this point in time was unreliable and incomplete. For example, the completion of the data set requesting information regarding the appropriateness of staffing on each shift yielded a low compliance level of 37.87% across the reporting period. Positively enhancements within the SafeCare system and monitoring arrangements in place across the health board have seen the data compliance rise across the later reporting periods.

BCUHB has worked closely with the All Wales SafeCare Implementation Group to support and ensure a consistent All Wales approach. An All Wales SafeCare Standard Operating Procedure has been developed and is in use across BCUHB. Enhancements continue to be made to the SafeCare system to ensure the reporting requirements of the Act can be met.

**Process for
maintaining the
nurse staffing
level for Section
25B wards**

The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the health board takes 'all reasonable steps' to maintain its staffing levels. As a health board there has been underpinning work to secure and assure plans for maintaining nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained both locally and nationally.

The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation.

Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, mitigated, whilst also having regard for the health board's overarching duty of "providing sufficient nurses to allow the nurses time to care for patients sensitively". There are established processes in place within the Integrated Health Communities nursing structures which allow for reviews of nurse staffing levels operationally on a daily basis, and support operational risk based decisions about the deployment of staff.

The process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with specific examples of actions which have been taken at both strategic/corporate and operational levels provided below, demonstrating that "all reasonable steps" have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the health board:

- The RL Datix SafeCare system provides real-time data in relation to staffing, skill mix and patient acuity. The system is reviewed on a shift-by-shift basis (as a minimum) by the Senior Nursing teams. The system, in addition to professional judgement, enables the temporary redeployment of resource to support timely and sensitive patient care.
- Daily site operational meetings involving discussions relating to capacity, staffing and system risk to inform decisions regarding opening/closing additional capacity, planned care, and the redeployment of available staff.
- Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services
- Nurse staffing escalation processes are outlined in the [BCUHB - Nurse Staffing Levels Policy](#) and [BCUHB Paediatric Escalation Policy](#)
- Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover.
- Where appropriate study leave and non-essential meetings are stood down
- Offer for staff to work additional hours or overtime to support their areas
- Use of temporary workforce – any gaps that cannot be filled by substantive staff are tendered in advance to the temporary workforce team in order to optimise fill rate. Where appropriate, block booking is supported to ensure stability, and regular workers to aid continuity
- Nurse managers and non-patient facing/corporate nursing teams deployed to support their clinical areas in order to maintain nurse staffing levels, and staff health and well-being through ensuring appropriate break times

- An increase in the Band 6 establishments across identified wards pertaining to Section 25B with a primary purpose of strengthening senior support out of hours, whilst enhancing professional development and leadership.
- Close working relationships with allied health professionals and non-nursing colleagues in order to utilise additional support where nurse staffing is unavailable, for example, therapy support/theatre staff/pharmacy and administrative progress chasers
- Reporting potential compromise to patient care and/or experience considered to be attributed to nurse staffing via the Datix system and review.
- Roster optimisation – ensuring that all rosters are completed in line with Rostering Policy WP28a. Rosters are subject to a double approval process which is monitored by the senior nursing team to ensure safe and effective rosters

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care		Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
		TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	Year 1	147	41	3	3
	Year 2	185	40	0	3
	Year 3	26	8	0	2
Total number of incidents/complaints not closed and to be reported on/during the next reporting period	TOTAL	27	8	0	24
Number of closed incidents/complaints occurring when the nurse staffing level	Year 1	0	1	0	0
	Year 2	24	2	0	0

(planned roster) was <u>not</u> maintained	Year 3	5	1	0	0
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	Year 1	0	1	0	0
	Year 2	13	0	0	0
	Year 3	2	0	0	0

Based on a review of the health boards/trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; a report was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 requesting a review of the current reporting process. A sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process; standardise reporting in line with the Duty of Candour⁶ set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020⁷ and broaden the reporting scope of incidences of harm to provide more meaningful data.

The findings and recommendations of the Reporting Sub-Group were presented to the Executive Nurse Directors in August 2023 who approved the recommendations to take effect from the next reporting period i.e. 6th April 2024 – 5th April 2025. The agreed quality indicators for the adult acute medical and surgical inpatient wards from 6th April 2024 will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained

⁶ [The NHS Duty of Candour | GOV.WALES](#)

⁷ [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Following the Executive Nurse Directors agreeing the recommendations in August 2023 it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would impact the reporting metrics within the annual assurance reports as previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. Therefore to align with patient safety incident reporting to Welsh Government from 6th April 2023 this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident. Consequently, the number of incidents reported within this, and subsequent, annual assurance reports may be lower than those in previous years.

Previously BCUHB have reported hospital acquired pressure damage in its totality for both avoidable and unavoidable incidents. The work undertaken on an All Wales basis has highlighted that this is inconsistent with other health boards / trusts who only report avoidable incidents. In line with the agreed reporting metrics and to ensure consistency across Wales from 6th April 2023 onwards BCUHB will only report avoidable hospital acquired pressure damage. For transparency the numbers of closed unavoidable hospital acquired pressure damage incidents (grade 3, 4 and unstageable) recorded during the 2023/2024 reporting period have been included within the annual assurance report.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care		Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current reporting period.	Year 1 ⁸	0	0	0	2	11
	Year 2	0	0	0	0	6
	Year 3	0	0	0	3	2

⁸ Year 1 reporting for the paediatric inpatient wards only includes reported incidences and complaints from the 1st October 2021 when the 2nd duty of the Act was extended to these areas

Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	TOTAL	1	0	0	0	2
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had <u>not</u> been maintained	Year 1⁸	0	0	0	0	6
	Year 2	0	0	0	0	1
	Year 3	0	0	0	1	0
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had been maintained	Year 1⁸	0	0	0	0	3
	Year 2	0	0	0	0	0
	Year 3	0	0	0	0	0

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

The quality indicators for the paediatric inpatient wards from 6th April 2024 will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Infiltration and extravasation injuries
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above from 6th April 2024 will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor

- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained or not appropriate

Actions taken when the nurse staffing level was not maintained in section 25B wards

As previously detailed the process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with actions taken at both strategic/corporate and operational levels, which demonstrate that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the health board. These include all reasonable steps being implemented to reduce the risk when the nurse staffing level was not maintained with appropriate action, mitigation and escalation undertaken in line with the [BCUHB - Nurse Staffing Levels Policy](#) and the [BCUHB Paediatric Escalation Policy](#)

The impact on care quality when nurse staffing levels have not been maintained is monitored operationally with the senior nursing teams applying their professional judgment to ensure that the staffing levels wherever possible, were maintained – and, where not possible, mitigated. In addition to the actions previously noted above, the below are also undertaken:

- Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provision of bespoke support sessions via Staff Wellbeing Service
- Shared learning through the Ward Managers and Matrons monthly meetings
- Increased visibility of the senior nursing team (Matrons/ Heads of Nursing / Directors of Nursing) and Patient Advice & Liaison Support Service (PALS) team (where appropriate) through walkabouts/audit/patient feedback surveys
- Daily incident reviews within the IHCs and Divisions with Heads of Nursing and Matrons allows insight into the Falls and Hospital Acquired Pressure Ulcers (HAPU) incidents reported enabling an initial review within the target timescale of 24 hours of reporting and a focused review within 72 hours with escalation of major and catastrophic incidents
- Weekly harms scrutiny meetings are in place and supported by relevant leads e.g., practice development nurses, fall champions, HAPU lead nurse.
- Increased audit activity in areas of concern to support improvement work
- Nursing Quality Assurance Framework - to ensure deep dives are conducted into each clinical area in support of Ward Accreditation

Conclusion & Recommendations

The report provides assurance to the Welsh Government that in line with statutory guidance the health board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016.

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

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

During this 3 year reporting period the health board have achieved:

- Significant investments into the funded nursing establishments which demonstrates a commitment to ensuring appropriate nurse staffing levels
- Successful recruitment of registered nurses and healthcare support workers with demonstrable increases across both staff groups
- A formal structured approach to the nurse staffing levels review process which engages colleagues across nursing, people services and finance to inform and support the process
- Engagement at a national level with All Wales Nurse Staffing Programme which has seen BCUHB leading the way supporting and testing the enhancement to the SafeCare system to support reporting requirements
- Development of internal dashboards to support strategic and operational oversight of nurse staffing levels

The health board should strive to maintain and build on these achievements, with the Board asked to note and support the following next steps:

1. Continuation of the many and varied registered nurse and healthcare support worker workforce recruitment and retention strategies to ensure a 'supply' of nursing workforce to support the maintenance of the nurse staffing levels. The BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, and this will be further supported by the All Wales National Workforce Implementation Plan and the subsequent Nurse Retention Plan, which places a focus on retention and innovation.
2. Further develop and evaluate alternative role opportunities when reviewing nurse staffing levels
3. Continuation of quality improvement driven collaborates to assist in reducing variation and harm reduction, with a zero tolerance approach
4. Ensure the nationally agreed enhancements to the Once for Wales Datix incident and complaints reporting/investigation systems are embedded within the health board to strengthen the 'quality indicator' element of the triangulated approach to nurse staffing levels calculations.
5. Continued development and enhancement of reporting dashboards, enabling the analysis of workforce and patient data to support and inform nursing workforce decisions
6. Continued engagement with the All Wales Nurse Staffing Programme and its associated work streams including the reporting and multi-professional workforce groups.

Appendices



Appendix 1 -
Annual Assurance R



Appendix 2 -
Annual Assruance R



Appendix 3 -
Annual Assurance R



Appendix 4 -
Annual Assurance R

Caaveated



Teitl adroddiad: Report title:	<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">1. Approved Clinicians (All Wales)2. Section 12(2) Doctors (All Wales). <p>Reporting Period: 3rd January 2024 – 4th March 2024.</p>
Adrodd i: Report to:	Betsi Cadwaladr University Health Board
Dyddiad y Cyfarfod: Date of Meeting:	Thursday 28 th March 2024.
Crynodeb Gweithredol: Executive Summary:	<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 30th March 2023 Board meeting, ratification for approval via urgent Chair's Action Letters was delegated to the Executive Medical Director. Approval is sought via a written Chair's Action letter and submitted to the Office of the Medical Director for consideration. Approval is then received in writing from the Executive Medical Director and returned to the All Wales Approvals Team. Upon receipt of written ratification, the Clinician is then informed that they have received approval and this is confirmed in writing in a signed Approval Board approval letter. The Health Board then formally ratifies decisions through this paper which is submitted on a bi-monthly basis – as detailed in Appendices 1 and 2.</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>
Argymhellion: Recommendations:	<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>
Arweinydd Gweithredol: Executive Lead:	Dr Nick Lyons, Executive Medical Director.

<p><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></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><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></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>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><i>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</i></p> <p><i>Financial implications as a result of implementing the recommendations</i></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>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>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>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This is an ongoing process.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Lack of Section 12(2) Wales Directions is recorded on Datix Risk Register number ID: 4134.</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>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i></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>Rhestr o Atodiadau: <i>List of Appendices:</i></p> <p><u>Appendix 1: Update of Register of Approved Clinicians - Wales.</u> Mental Health Act 1983 as amended by the Mental Health Act 2007, Approved Clinician (Wales) Directions 2018.</p> <p><u>Appendix 2: Update of Register of Section 12(2) Approved Doctors - Wales.</u> Mental Health Act 1983 as amended by the Mental Health Act 2007. All Wales Section 12(2) Process and Criteria Document.</p>	

APPENDIX 1

<u>Update of Register of Approved Clinicians in Wales</u> Reporting Period:- 3rd January 2024 – 4th March 2024	
	Approved Clinicians
Approvals and Re-approvals	7
Approvals suspended	1
Approvals re-instated/ returned to work in Wales	2
Removed (Left Wales)	3
Retired	0
No longer Registered & Retired:	1
Transferred from AC register (to S12 Register)	0
Transferred/Removed from S12 – Became AC approved	0
Approval Ended	0
Death in Service	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: 3rd January 2024 – 4th March 2024

Approvals and Re-approvals: 7

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Pascall	Anna	Swansea Bay University Health Board, Block D, Neath Port, Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX.	2 nd January 2029	Yes
Maiden	Cara	Cwm Taf Morgannwg University Health Board, Tonteg Hospital, Church Road, Tonteg, CF38 1 HG.	2 nd January 2029	Yes
Thurston	Rupert	Swansea Bay University Health Board, Llwyneryr, 151 Clasemont Road, Morriston, Swansea, SA6 6AH.	23 rd January 2029	Yes
Reagu	Shuja Mohd	Elysium Healthcare Ltd, Aberbeeg Hospital, Aberbeeg, Abertillery, NP13 2DA.	19 th February 2029	Yes
Tranter	Richard	Betsi Cadwaladr University Health Board, Coed Celyn Rehabilitation Service, Grove Road, Wrexham, LL11 1DY.	19 th February 2028	Yes
Memon	Ismail	Swansea Bay University Health Board, Central Clinic CMHT, 21 Orchard Street, Swansea, SA1 5AT	28 th February 2029	Yes
Todd	Andrew	Cardiff and Vale University Health Board, St David's Hospital, Cowbridge Road East, Cardiff, CF11 9XB.	1 st March 2029	Yes

Approvals Suspended: 1

Surname	First Name	Workplace	Date Approval Expires
Dhandapani	*Asha (<i>later reinstated</i>)	Betsi Cadwaladr University Health Board, Ty Derbyn, Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	4 th October 2028

Approvals Reinstated/Returned to Work in Wales: 2

Surname	First Name	Workplace	Date Approval Expires
Dhandapani	Asha	Betsi Cadwaladr University Health Board, Ty Derbyn, Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	4 th October 2028
Henderson	Austin William	Swansea Bay University Health Board, The Forge Centre, Forge Road, Port Talbot, SA13 1PA.	10 th May 2025

Removed/Left Wales: 3

Surname	First Name	Workplace	Date Approval Expires
Enaohwo	Oghenemarho	MHC UK Ltd, New Hall Independent Hospital, New Hall Road, Ruabon, Wrexham, LL14 6HB.	14 th February 2027
Skalbania	Witold	Betsi Cadwaladr University Health Board, Bryn Y Neuadd Hospital, Aber Road, Llanfairfechan, Conwy, LL33 0HH.	12 th May 2024
Fitzpatrick	Helen	Betsi Cadwaladr University Health Board, Bangor CAMHS, Talarfon, Holyhead Road, Bangor, LL57 2EE.	23 rd February 2028

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 1

Surname	First Name	Workplace	Date Approval Expired
Weston	Sian Nerys	Hywel Dda University Health Board, ASD Service, Building 1, St David's Park, Job's Well Road, Carmarthen, SA31 1DN.	5 th February 2024

Transferred from AC Register to S12 Register: 0

Surname	First Name	Workplace	Date Approval Expires

Approval Ended: 0

Surname	First Name	Workplace	Date Approval Expired

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expired

APPENDIX 2

<u>Update of Register of Section 12(2) Approved Doctors - Wales</u> Reporting Period:- 3rd January 2024 – 4th March 2024	
	Section 12(2) Approved Doctors
Approvals and Re-approvals	9
Approvals suspended	0
Approvals re-instated/ returned to work in Wales	3
Removed (Left Wales)	5
Retired	0
Registered without a licence to practise and retired	3
Transferred from AC register (to S12 Register)	0
Transferred/Removed from S12 – Became AC approved	6
Approval Ended	0
Death in Service	0

APPENDIX 2

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

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

Reporting Period: 3rd January 2024 – 4th March 2024

S12 Approvals and Re-approvals: 9

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Bennett	Sarah	Cwm Taf Morgannwg University Health Board, Taff Ely Older Peoples' Mental Health Team, Maritime Resource Centre, Pontypridd CF31 1DX	4 th January 2029	Yes
Wiltshire	Mark	Independent Section 12(2) Practitioner, c/o Private Address.	5 th January 2029	Yes
How	Daniel	Cwm Taf Morgannwg University Health Board, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun, CF72 8XR.	10 th January 2029	Yes
Reddy	Mallikarjuna	Cardiff and Vale University Health Board, Links Centre, CMHT, CRI Buildings, Long Cross Street, Cardiff, CF24 0SZ.	13 th January 2029	Yes
McGee	Rebecca	Aneurin Bevan University Health Board, Oak Street Surgery, Oak Street, Cwmbran, NP44 3LT.	21 st July 2024	Yes
Maras	Selin	Aneurin Bevan University Health Board, St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ.	24 th January 2029	Yes
Comeau	Catrin	Swansea Bay University Health Board, Ysbryd Y Coed, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea, SA2 0GH.	31 st January 2029	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Channareddy	Anjana	Cardiff and Vale University Health Board, South Crisis and Home Treatment Team, Hafan Y Coed, Penlan Road, Llandough, Penarth, CF64 2XX.	13 th February 2029	Yes
Anane-Adusei	Ata	Cwm Taf Morgannwg University Health Board, Taff Ely CMHT, Dewi Sant Health Park, Albert Road, Graig, Pontypridd, CF37 1LB.	25 th February 2029	Yes

S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Approval Reinstated/Transferred/Returned to Wales: 3

Surname	First Name	Workplace	Date Approval Expires
Sanni	Idowu	Swansea Bay University Health Board, Taith Newydd, Glanrhyd Hospital, CF31 4LN.	27 th November 2028
Ahmed	Ahmed Abdelsattar Mohammed	Aneurin Bevan University Health Board, Ysbyty Aneurin Bevan, Lime Ave, Ebbw Vale, NP23 6GL.	14 th June 2028
Ooi	Kim Chuan	Powys Teaching Health Board, CMHT, Ystradgynlais Community Hospital, Glanrhyd Road, Ystradgynlais, Powys, SA9 1AU.	3 rd April 2024

Removed (Left Wales): 5

Surname	First Name	Workplace	Date Approval Expires
Iqbal	Yousuf	Betsi Cadwaladr University Health Board, Ty Llywelyn MSU, Ysbyty Bryn y Neuadd, Aber Road, Llanfairfechan, Conwy, LL33 0HH.	7 th December 2027
Sanni	Idowu	Swansea Bay University Health Board, Taith Newydd, Glanrhyd Hospital, CF31 4LN.	27 th November 2028
Iserhienrhien	Martins	Cwm Taf Morgannwg University Health Board, Royal Glamorgan Hospital, Ynysmaerdy, Llantrisant, CF72 8XR.	29 th October 2024
Muniyappa	Som	Hywel Dda University Health Board, Preseli Centre, Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ.	18 th July 2026
Gibson	Nataly	Aneurin Bevan University Health Board, Talygarn Unit, County Hospital, Griffithstown, Pontypool, NP4 5YA.	20 th May 2026

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 3

Surname	First Name	Workplace	Date Approval Expired
Tan	Jacinta	Ty Bryn Unit, St Cadoc's Hospital, Caerleon, Gwent, NP18 3XQ.	15 th January 2024
Jilani	Muzafar Mukhtar	Ludlow Street Healthcare, St Peter's Hospital, Langstone, Newport, NP18 2AA.	9 th February 2024
Trias	Josep	Swansea Bay University Health Board, Llwyneryr Hospital, 151 Clasemont Road, Swansea, SA6 6AH.	12 th February 2024

Transferred from AC Register & Became S12 approved: 0

Surname	First Name	Workplace	Date S12(2) Approval Expires

Transferred from S12 Register & Became AC approved: 6

Surname	First Name	Workplace	Date Approval Expired
Goel	Anna	Cardiff & Vale University Health Board, St David's Hospital, Cowbridge Road East, Cardiff, CF11 9XB.	25 th January 2024
Lappas	Andreas	Cwm Taf Morgannwg University Health Board, Ysbyty Ystrad Fawr, Ystrad Mynach, Caerphilly, CF82 7EP.	25 th January 2024
Thomas	Catrin	Betsi Cadwaladr University Health Board, Flintshire Older Person's CMHT, Wepre House, Civic Way, Wepre Drive, Connah's Quay, Deeside, Flintshire, CH5 4HA.	25 th January 2024
Walton	Catherine	Swansea Bay University Health Board, Mental Health and Learning Disability, Ty Penfro, 67a Pembroke Road, Cardiff, CF5 1QQ.	25 th January 2024
Davies	Stephen Paul	Information withheld.	25 th January 2024
Dhandapani	Asha	Betsi Cadwaladr University Health Board, Ty Derbyn, Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	16 th February 2024

S12 Approval Ended: 0

Surname	First Name	Workplace	Date Approval Expired

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expires

Teitl adroddiad: <i>Report title:</i>	Improving Quality Report – March 2024			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	28 th March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery Dr Nick Lyons, Executive Medical Director Gareth Evans, Executive Director of Therapies and Health Sciences			
Awdur yr Adroddiad: <i>Report Author:</i>	Matthew Joyes, Deputy Director of Quality Governance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
There is confidence in the data provided in the report however, the pace of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to Special Measures and the Board Assurance Framework.				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		Outcome 4 - Improved access, outcomes and experience for citizens Outcome 5 - Recognition of BCU as a learning and self-improving organisation		
Goblygiadau rheoleiddio a lleol: <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.
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>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A	
Rhestr o Atodiadau: List of Appendices: 1. Board Improving Quality Report 2. Ombudsman Annual Letter and Health Board Response	



Board Improving Quality Report – March 2024

INTRODUCTION

For the NHS in Wales, quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable** and **person-centred**. Underpinning these domains are six enablers, which are **leadership, workforce, culture, information, learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

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

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

The report is structured, for ease, around quality governance (covering assurance, regulation, healthcare law and improvement) and the three high level domains of quality: patient safety, patient experience and clinical effectiveness.

QUALITY GOVERNANCE

Healthcare Law

During January and February 2024, the Health Board has received 4 Regulation 28 Prevention of Future Death Reports. A summary of the issues raised by the Coroner are listed as follows;

1. East – issues in relation to no Datix or subsequent investigation into a patient lost to follow-up. No assurances as to what changes and learning have been identified other than a tracking system for PSA monitoring. Evidence heard that Datix was not completed and that the system was not user-friendly.
2. MHLD – issues raised in relation to communication between the Health Board and an out of area acute psychiatric facility. Relevant information did not appear to be shared between the two organisations e.g. deceased's progress, medication, treatment etc. No joined up planning or joint meeting between the Health Board and private facility prior to the deceased's discharge.
3. West – issues raised in relation to compliance with the target of 12-15 monthly medication reviews in Health Board managed GP practices. No standard practice for medication reviews leading to a lack of assurance that all pertinent matters will be covered and the approach varying between clinicians and practices. The risk of inadvertent overdose in individuals who are receiving strong opiates and other drugs that have the ability to depress the central nervous system without regular reviews nor specific advice to patients in respect of the associated risks issued.

4. West – Issues raised in relation to the patient being seen by a number of orthopaedic doctors of varying grades including consultants. Junior doctors may reach a different opinion to their consultant colleagues and the Coroner felt there was a risk (missed diagnosis) if doctors are not encouraged to challenge or discuss their findings (which may be different) to their consultant colleagues or have professional discussions. Further issues were raised in relation to responses to families when a complaint is raised and the limitations of the Health Board's investigation (due to an ongoing police investigation). This meant that there were no formal considerations as to immediate actions or learning required to reduce harm and the risk of death.

These Notices are being reviewed and responses drafted – the Health Board has 56 days to respond and is therefore within time for all Notices. All Notices are allocated to a lead within the relevant service, with responses scrutinised and approved by the Executive Medical Director.

A bi-weekly Inquest Oversight Panel was established in autumn to provide executive support to ensuring deadlines were achieved. There is a significant improvement in the timely submission of documents. A number of inquests continue to be listed which are several years following a death however these are beyond the control of the Health Board and reflect various external factors such as the long term impact of the pandemic.

The Health Board shares the concerns raised by HM Senior Coroners regarding investigation quality and evidence of learning. In response, a review of the investigation process is underway. A project is also underway to provide assurance of investigation quality, learning and supporting evidence for previously completed investigations.

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

Quality Assurance

Quality Checks (to be called Quality Peer Reviews) were introduced at the end of last summer and most recently a review was undertaken of Maternity Services at Ysbyty Gwynedd. A similar methodology approach to that of HIW is used for consistency. The draft report and improvement plan are in the final stages and will be available once final approval is received. Further peer reviews are being planned for other parts of the Health Board Maternity Services.

The Quality Governance Department are reviewing the approach to quality assurance, as part of the Quality Management System work, and a strengthened approach will be developed.

Quality Regulation

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

An inspection report was published on 07 February 2024 in relation to the announced inspection of Coach House Dental Care which took place on 07 November 2023. It is an independent practice which provides both Private and NHS dental care. Overall it was a good inspection with no immediate concerns issued. The improvement plan includes a specific request for the practice to seek advice from the Health Board in relation to implementing an 'Active Officer' for offering services through the medium of Welsh. The Health Boards Primary Care Clinical Governance Team have taken this forward with the Independent Dental Advisor.

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

Work is underway with the Nursing Professional Education and Revalidation Team to ensure that all healthcare support staff who are working in a CIW registered service are regulated with Social Care Wales.

The first of the six monthly Quality of Care Review visits took place at Tuag Adref / Home First, IHC East on 29 February 2024. This visit is conducted by the “Responsible Individual” for the Health Board, the Deputy Director of Quality Governance. The service completed a Quality of Care Review Report ahead of the visit which helped to demonstrate that they are meeting the four key well-being areas in line with legal requirements. The purpose is for them to assess their performance and look at any opportunities to improve and develop.

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

Ombudsman

The Annual Letter from the Ombudsman was received, and responded to. This is the annual process to every Welsh public body by which the Ombudsman shares national complaint statistics and advises where they feel further attention should be made to complaint handling processes. A copy of both letters is attached for discussion by the Board: the Board is advised the letters were shared with the QSE Committee in February 2024 and the Committee Chair requested they be discussed in further detail at its next meeting in April 2024.

The Health Board continue to make changes to ensure that we comply with the recommendations made within the Ombudsman’s report, Groundhog Day 2: an opportunity for cultural change. An update was provided within the Health Board’s response to the annual letter.

Health and Safety

The Health Board have been accredited by NEBOSH (the National Examination Board in Occupational Safety and Health) to deliver its qualifications internally. The approach is a significant upgrade on the previous arrangements and will provide a wide range of staff working for the Health Board with the opportunity to achieve a recognised health and safety qualification after completing in-house training.

This is the first time that an NHS organisation has been accredited to deliver globally recognised NEBOSH qualifications, which makes it possible to give a larger group of staff the opportunity to complete the industry leading courses.

All staff working for the Health Board now have the opportunity to complete the ten-day NEBOSH National General Certificate in Occupational Health and Safety or the three-day NEBOSH Health and Safety at Work Award.

In the new Corporate Governance Framework, health and safety will re-align to the People Committee from the QSE Committee. Therefore, the QSE Committee received its last report on this subject at the most recent meeting prior to this change. The QSE Committee will retain oversight of health and safety regulatory matters as they relate to quality (i.e. patient safety issues such as falls) via its regulatory assurance reporting route.

The Health Board has not received any update from the HSE regarding its investigations into patient falls following the Notice of Contravention issued in 2023.

Learning from Excellence (GREAT-ix)

The Health Board has received more than 1000 submissions through GREAT-ix - showcasing the wealth of innovation, improvement, kindness and empathy our whole workforce has in abundance.

Any member of staff is welcome to submit a GREAT-ix to capture excellent things that happen within the NHS.

Every month the Health Board shines a light on recent submissions which showcase learning and innovation in practice.

Organisational Learning Forum (OLF)

The OLF continues to receive regular presentations identifying opportunities for organisational learning and reflection. These presentations have included more recently learning from inquests, learning from medication errors and a recent presentation highlighted the learning from investigation report writing standards. The learning from medication errors has in particular included the importance of learning from human factors and its importance to integrate into patient safety reviews.

Further organisational learning has been disseminated across the organisation with regards to the safe administration of transdermal patches utilising the 7 minute briefing. This framework for staff briefing has been endorsed by the OLF as its evidence base suggests that seven minutes is an ideal time span in which to concentrate and learn.

Standards of practice for patient transplants and learning has also been disseminated across the organisation utilising 7 Principles endorsed by the OLF and supported with audit for evaluation.

The meeting has supported the ongoing development of an Organisational Learning Framework receiving reflections from the staff engagement event and supporting its plans to engage with service users in its further development.

Quality Improvement

The Health Board is currently working on producing a Quality Improvement Register that will provide a record of all service improvement, service change and service implementation projects currently taking place.

The purpose of the register will be a point of access for staff to use the information when looking to start any improvement project to check if it is already underway or has taken place to reduce crossover, promote cross team working, aid in sharing best practice, lessons learnt and reduce waste from repeating previously attempted changes.

Safer Care Collaborative

BCUHB has been participating in the national Safe Care Collaborative since its launch in 2022. Five teams from across the organisation have worked on projects all aimed at improving the safety and experience of patients, their carer's and staff. These include:

- Reducing the length of stay for high risk patients
- Deliver a service for high-risk adults in Holyhead to prevent avoidable admissions
- Early specialist rehabilitation for patients with complex needs
- Develop a standardised debrief process and system for staff in Women's Services
- Call 4 concern

One project underway as part of this work is a standardised approach to the support of staff working within Women's Services following untoward incidents within the clinical areas.

A team collected initial data to support feedback from staff in the form of a questionnaire. 104 responses were received. 58.65% of responders who were involved in an incident felt that this had

an impact on how they felt about work or on their ability to come to work. 62.50% of responders said they were not offered a group debrief following an incident.

A Task and Finish Group was developed to devise a process that ensures psychological safety. They introduced a communication tool for use following an event. This provided a consistent streamlined approach that anyone can instigate and ensures equal support for all.

The communication tool enables staff to engage in open and supportive conversation. Audit of the completion of the tool is going to be undertaken monthly and a Likert scale to measure psychological safety has been introduced for capturing of data monthly.

The tool has been implemented in East with plans to roll out to West in the next few months with recommendation for roll out further than the Women's and Midwifery Directorate with the learning to be shared across the organisation.

The final learning session of the collaborative, in March 2024, will encourage teams to think about how to develop learning systems locally, following on from the previous learning session which asked teams to consider how to build a learning system.

Quality Management

Work continues to develop the Quality Management System (QMS) Framework ahead of Board in May 2024, building on the workshops at the Board, Executive Team and Senior Leadership Team.

Research into best practice is underway by contacting and visiting NHS organisations across the UK, alongside support from Improvement Cymru, the IHI and the NHS Wales Executive Quality Team.

A QMS Working Group is in place with representatives from all key specialist functions and a rapid design workshop is planned for April 2024 to support the development – the workshop will be virtual to encourage as many services as possible to engage.

PATIENT SAFETY

Nationally Reportable Incidents (NRI)

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

- Grade 3 or above healthcare acquired pressure ulcer (HAPU)
- Inpatient falls

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.

The key learning from significant NRIs is summarised below:

Oxygen incidents: Patient safety incidents have occurred in the Health Board related to the preparation and administration of oxygen using the portable CD oxygen cylinders. Work continues on having a standardised mandatory e-learning package on the Electronic Staff Record (ESR) and the consideration of changing to digital CD oxygen cylinders which was reported to Patient Safety Group in November 2023. This has been updated with high level trend analysis and a further deep dive into the themes is being undertaken. Further mitigation put in place has been the internal alert being re circulated with an immediate action that the cylinders must be checked by 2 people that have been trained in oxygen administration, one of whom must be a registered clinician. Label tags have also been developed to go on each of the cylinders, prompting staff to 'feel the flow' at the point

of use. The Patient Safety Team are currently working with the Infection Prevention Team and external escalation has been via MHRA and the supplier BOC.

Urology: There have been several incidents reported relating to aspects of the urology patient pathway not being actioned due to backlogs and staff capacity. A Rapid Learning Panel (RLP) identified an action to undertake an audit of the urology administration office to provide assurance that no further radiology reports or other referrals were outstanding review. Existing processes in place were found not to be relevant or in use by all staff. Processes have been reviewed and communicated to staff. The concern around urology administration processes has been added to the risk register. A further independent review of the Urology Administrative Department is currently underway.

Falls

The Health and Safety Executive and Internal Audit recommendations around inpatient falls are combined in one overarching improvement plan that is monitored by the monthly Inpatient Falls Group who escalate issues of significance to the Patient Safety Group. An Executive led review meeting is to be held in March, to review the table top findings, discuss barriers and support required with teams and monitor progress on the improvement plan.

Hospital Acquired Pressure Ulcers) HAPU's

Analysis of the reported HAPU data across all IHCs and Divisions demonstrates common themes which include:

- Delays in moving patients into the Emergency Departments in times of increased demand, repositioning patients in ambulances becomes problematic
- Sourcing of pressure relieving mattresses in a timely manner
- Delay Tissue Viability Nurse (TVN) referral
- Purpose T (Risk assessment) completion
- Variation in the correct classification of pressure ulcers NB: medical photographs are required as part of the TVN referral.

Monthly ward manager and matron's audits allow oversight of compliance of pressure ulcer prevention and interventions with harm free care questions 1 to 5 specific to pressure ulcer risk assessments; this allows for an overview of compliance and areas where improvements are required.

The development of a dashboard, is now completed as part of the Welsh Nursing Care Record, and will provide compliance with completion of all Adult Inpatient risk assessment, although not quality of completion and interventions. Qualitative data needs to be captured via audit. Plans are in development to add the repositioning chart onto the dashboard which will provide data on the frequency of repositioning of patients aligned to their risk of pressure ulcers.

The Tissue Viability Nursing (TVN) team will recommence review of the HAPU delivery plan self-assessment on a quarterly basis, led by the HAPU lead nurse, which will enable the team to audit learning requirements within areas and focus on areas of specific within their training sessions.

Never Events

Three Never Events have occurred in the reporting period. They related to two cases of Wrong Site Surgery and a Wrong Medication Route. At the time of writing, Rapid Learning Panels were being undertaken and Investigations commencing.

Infection Prevention and Control

A new infection prevention and control (IPC) campaign has been launched focussing on good habits in all of our services. The infection prevention **HABITS** campaign encourages all staff, both patient and non-patient facing, to think.

The campaign will include a rolling programme of in-depth focusses on different IPC issues, focussing on the broad themes of:

- **H**ygiene
- **A**sepsis
- **B**are below the elbows
- **I**solation
- **T**reatment
- **S**tandard precautions.

PATIENT EXPERIENCE

Complaints

During January 2024 to February 2024, the Health Board received 450 complaints, 360 of these were managed under Putting Things Right, an additional 67 were resolved as Early Resolutions and 23 complaints re-opened (re-opened concerns refer to complaints which have been re-opened due to additional questions raised or dissatisfaction with the initial response).

The majority of the complaints related to Secondary Care Services. The top themes remain the same from the last report relating to: clinical treatment and assessment (227), poor communication (44), appointments (25) and medication (25). Attitude and behaviour issues are common themes across all services which is consistent with the communication issues.

There were 364 overdue complaints in total at the end of February 2024. This is an increase of 23% of overdue complaints since December 2023.

Each Integrated Health Community (IHC) has adopted a weekly Putting Things Right Meeting to manage the progress of complaints received. The Complaints Team are currently working to trajectories to reduce the number of overdue complaints which are under scrutiny by the Executive Team. This is supported by the submission of complaints / PALS' data sent every Monday commencing from 04 March 2024.

The Complaints Team have adopted a targeted approach to complaint management to ensure that new complaints are closed within the 30-working day timeframe, streamlining the approvals process, ensuring that those due to becoming overdue are prioritised to ensure that deadlines are met.

The number of complaints closed from the 01 January 2024 to the 29 February 2024 was 318 complaints, of those 241 were managed under Putting Things Right, 67 Early Resolution, and 10 reopened, broken down as follows:

Total complaints closed = 318

Within 30 working days = 134 (42.93%)

Total closed after 40 working days= 153 (52.1%)

The closure rate within 30 working days has improved from 39.5% to 42.93%.

Patient Advice and Liaison Services

The Patient and Carer Experience Department are improving the way it communicates with patients and families by improving access to its services and the quality of information available online. To support the website improvement work, 22 patients who had recently contacted PALS via the internet for support were interviewed. Patient feedback and suggested improvements made by patients will help inform website changes so access to PALS/Complaints services is more accessible and easier for the public to share compliments, provide feedback, make an enquiry and raise a formal complaint.

In April 2024, the Patient and Carer Experience Department will be implementing an upgraded single point of contact telephony system for the PALS and Complaints Team. The new telephony system will improve call handling and call waiting experiences for patients and families and will enable the department to monitor quality control. The telephone line will also have a survey at the end, allowing callers to provide us with feedback on their call experience. In line with the improvement made to the PALS website and telephony the PALS service opening hours from April 2024 will **change** to Monday, Tuesday, Thursday and Friday 10 am – 4pm and on Wednesday 9 am – 12.30pm. The change in operating hours will enable PALS teams to increase face to face patient experience activity, being more visible on wards and across community hospitals capturing and learning from patient and carer experience.

The key themes identified from PALS enquiries within this reporting period include:

- Delays in appointments
- Delay in treatment
- Communication with patient/service user

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

Patient feedback

From January 2024 to February 2024 the Health Board received 8,716 All Wales Real Time Feedback survey responses via the Civica feedback system.

Key findings from the real-time survey feedback include:

- 88% of respondents were satisfied with their overall experience
- 80.77% of respondents were always given all of the information needed
- 83.82% of respondents always felt listened to
- 80.53% of respondents felt that staff always took the time to understand what mattered to them as a person and took this into account when planning and delivering their care.

There has been a slight increase in responses from the All-Wales Emergency Department national patient feedback survey from 19 surveys collected in the last reporting period to 57 surveys collected from January 2024 – February 2024. Response rates remain low and the Patient and Carer Experience Team are working with Heads of Nursing and Emergency Quadrant staff to improve the feedback response rate, so that patterns and trends and associated learning can be identified, and a sufficient improvement plan put in place. The Patient and Carer Experience Team are exploring the implementation of SMS feedback surveys to patients who have attended the Emergency Department.

Small Business Research Initiative (SBRI) Patient Communication Project

The SBRI Patient Communication pilot project in Ysbyty Glan Clwyd is now live with Ward 1. The aim of the project is to improve communication between the family/relative whilst their loved one is in hospital by providing relatives with daily updates via a digital portal/SMS.

To date 30 patients consented to be involved in the pilot whilst they were an inpatient. Of the 30 patients, 41 family members/relatives signed up to receive daily updates. In total 121 updates have been sent out, of which 116 updates provided were general updates (e.g. patient had a good night), 1 update was in relation to discharge information and 4 updates were requesting items from home such as clothing/books. There were also 50 enquiry messages received from relatives, of which 35 required response from staff.

The pilot will continue until June 2024 with Ward 9 re-engaging in the pilot in March 2024. The Patient Advice Liaison Service are engaging with relatives to capture their experience of using this system to understand if this has helped improve communication between the ward and relatives. To date feedback from relatives has been positive 'It was easy to use and I would recommend it to a friend. I received good quality messages and I found it useful. It reduced the amount of times I had to phone the ward and it gave me the information I needed' (relative Ward 9).

The pilot will run for three months with Ward 5 going live in January 2024. The Patient Advice Liaison Service are engaging with relatives to capture their experience of using this system to understand if this has helped improve communication between the ward and relatives.

The SBRI Patient Communication pilot project led by Round Safely in Ysbyty Gwynedd is now live on Prysor Ward. Glaslyn and Ogwen Ward will be going live by the end of March 2024. This pilot will involve staff sending daily voice note updates to relatives. In total 27 staff have received training to use the system.

Single-point-of-access for patients waiting for planned care

A new single point of contact (SPoC) hub is being developed to support patients waiting for planned care, including operations.

The new SPoC, which will go live on 01 April 2024, will provide patients waiting for treatment within secondary care with information, advice and support. The development will help people make informed decisions about their health care, starting with providing more information and skills to better manage their own health and conditions and live as healthily as possible.

The SPoC will provide an opportunity to have wide-ranging conversations with patients, including covering physical and mental wellbeing as well as current published waiting time information. It will also support national guidance on social prescribing, offering information on initiatives in locations across North Wales which patients could benefit from.

CLINICAL EFFECTIVENESS

Within the Clinical Effectiveness Department, to capture relevant information, service assessment of compliance forms are now part of the Health Board process sent to all services participating in Tier 1 National Clinical Audits and Outcome Reviews to complete with regard to the recommendations made in the published report for the mandatory National Audit/Review. Over the last year, these forms have been reviewed, monitored and adjusted to make sure the correct information is requested to provide a detailed response. Where national findings reveal common issues identified across the audit, where national healthcare is generally falling below the audit standards, there is the

requirement to provide an action plan to address how these will be managed and realistic timeframe is included.

Progression of both Tier 1 and Tier 2 audits are monitored quarterly to provide accountability and any assistance that may be necessary to ensure completion against agreed timelines. These reports are submitted to Strategic Clinical Effectiveness Group for discussion and review and then the Quality Delivery Group.

The mortality review process will be extended further from April. New legislation commencing then mandates that all of community/primary care deaths, along with secondary care deaths, will now be reviewed through the Medical Examiner Service.

As a result of concerns identified through inquests, the Deputy Executive Medical Director reviewing and revising the inquest process in March 2024 to improve the links to, and triangulation with, the incident process.

CONCLUSION

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

The key points of note are:

- The main themes of Nationally Reportable Incidents (NRIs) remain falls and healthcare acquired pressure ulcers. Improvement work for all these areas is progressing under the leadership of senior clinical staff.
- Three Never Events have occurred.
- The Coroners continue to raise concerns in a number of areas, these areas are under review and have actions being undertaken.
- A number of Regulation 28 Notices have been received by the Coroner.
- The number of overdue complaints remains high, with an impact on patients and has an impact on the closure target compliance.
- Work is underway to develop the initial Quality Management System.
- 88% of respondents to the patient feedback survey were satisfied with their overall experience of care.
- The Health Board has received more than 1000 submissions through GREAT-ix.

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

The Health Board is asked to note the report.



**Ombwdsmon
Ombudsman**
Cymru • Wales

Ask for: Communications



01656 641150



Communications
@ombudsman.wales

Date: 17 August 2023

Dyfed Edwards
Betsi Cadwaladr University Health Board
By Email only: dyfed.edwards@wales.nhs.uk

Annual Letter 2022/23

Dear Dyfed

I am pleased to provide you with the Annual letter (2022/23) for Betsi Cadwaladr University Health Board which deals with complaints relating to maladministration and service failure, and the actions being taken to improve public services.

This letter coincides with my Annual Report – “[A year of change – a year of challenge](#)” – a sentiment which will no doubt resonate with public bodies across Wales. My office has seen another increase in the number of people asking for our help – up 3% overall compared to the previous year, and my office now receives double the number of cases we received a decade ago.

Last year, I met with public bodies across Wales last year – speaking about our casework, our recommendations, and our proactive powers. The current climate will continue to provide challenges for public services, but I am grateful for positive and productive way which Health Boards communicate with my office.

Colleagues from my Improvement Team meet regularly with Betsi Cadwaladr University Health Board to discuss compliance with our recommendations and our complaints standards work, and we would like to pass on our thanks to Matthew Joyes and his team for the constructive and candid way these discussions are conducted.

926 complaints were referred to us regarding Health Boards last year – an increase of 21% compared to the previous year. During this period, we intervened in (upheld, settled or resolved at an early stage) 30% of Health Board complaints - a similar proportion to previous years.

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Rydym yn hapus i dderbyn ac
ymateb i ohebiaeth yn y Gymraeg.

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We are happy to accept and respond
to correspondence in Welsh.

Supporting improvement of public services

Our [Groundhog Day 2: An opportunity for cultural change in complaint handling?](#) report issued in June, highlighted the complaint handling failings we identified in cases involving health boards across Wales during the preceding 12 months. Our recommendations to the Health Board were aimed at ensuring that, as the new Duties of Candour & Quality are introduced within your organisation, that the opportunity for a cultural change is taken - to promote openness and candour with service users and ensure there is systemic learning when things have gone wrong.

I trust that, in line with our recommendations to the Health Board, the report has or will soon be considered by your Quality & Patient Safety Committee and it will:

- review the resources available to your complaints team
- review arrangements for accurately compiling complaints data
- consider whether the option to provide staff investigating complaints with independent medical advice, is considered on a case by case basis
- reflect upon the lessons highlighted in this report when scrutinising their performance on complaint handling
- ensure that lessons learned from the PSOW's findings and recommendations are included in their Health Board's annual report on the Duty of Candour and Quality.

Despite the challenges of last year, we have pushed forward with our proactive improvement work and launched a new Service Quality process to ensure we deliver the standards we expect.

Last year, we also began work on our second wider Own Initiative investigation – this time looking into carers assessments within Local Authorities. This investigation will take place throughout the coming year, and we look forward to sharing our findings.

The Complaints Standards Authority (CSA) continued its work with public bodies in Wales last year, with more than 50 public bodies now operating our model policy. We've also now provided more than 400 training sessions since we started in September 2020.

We continued our work to publish complaints statistics into a second year, with data now published twice a year and we included information about Health Boards for the first time in 22/23. This data allows us to see information with greater context – for example, last year 8% of Betsi Cadwaladr University Health Board's complaints were referred to PSOW.

I would encourage Betsi Cadwaladr University Health Board, to use this data to better understand your performance on complaints.

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

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.
- Update my office on how the Health Board has complied with the recommendations in our report: *Groundhog Day 2: an opportunity for cultural change?* by **1 December 2023**.
- Continue to engage with our Complaints Standards work, accessing training for your staff, fully implementing the model policy, and providing complaints data.
- Inform me of the outcome of the Council's considerations and proposed actions on the above matters at your earliest opportunity.

Yours sincerely,

A handwritten signature in black ink that reads "Michelle Morris". The signature is written in a cursive, slightly stylized font.

Michelle Morris
Public Services Ombudsman

cc. Carol Shillabeer, Chief Executive, Betsi Cadwaladr University Health Board.
By Email only: carol.shillabeer3@wales.nhs.uk



Factsheet

Appendix A - Complaints Received

Health Board	Complaints Received	Received per 1000 residents
Aneurin Bevan University Health Board	166	0.28
Betsi Cadwaladr University Health Board	225	0.33
Cardiff and Vale University Health Board	137	0.28
Cwm Taf Morgannwg University Health Board	134	0.30
Hywel Dda University Health Board	104	0.27
Powys Teaching Health Board	23	0.17
Swansea Bay University Health Board	137	0.36
Total	926	0.30



Appendix B - Received by Subject

Betsi Cadwaladr University Health Board	Complaints Received	% share
Ambulance Services	0	0%
Appointments/admissions/discharge and transfer procedures	4	2%
Clinical treatment in hospital	111	49%
Clinical treatment outside hospital*	9	4%
Complaints Handling	50	22%
Confidentiality	1	0%
Continuing care	0	0%
COVID19	4	2%
De-registration	0	0%
Disclosure of personal information / data loss	1	0%
Funding	0	0%
Medical records/standards of record-keeping	4	4%
Medication> Prescription dispensing	0	0%
Mental Health	14	6%
NHS Independent Provider	1	0%
Non-medical services	2	1%
Nosocomial COVID	2	1%
Other	8	4%
Out Of Hours	0	0%
Parking (including enforcement and bailiffs)	0	0%
Patient list issues	7	3%
Poor/No communication or failure to provide information	0	0%
Prisoner Care	1	0%
Referral to Treatment Time	2	1%
Rudeness/inconsiderate behaviour/staff attitude	3	1%
Total	225	

Appendix C - Complaint Outcomes (* denotes intervention)

Betsi Cadwaladr University Health Board		% Share
Out of Jurisdiction	39	17%
Premature	26	11%
Other cases closed after initial consideration	77	33%
Early Resolution/ voluntary settlement*	52	23%
Discontinued	3	1%
Other Reports - Not Upheld	6	3%
Other Reports Upheld*	26	11%
Public Interest Reports*	2	1%
Special Interest Reports*	0	0%
Total	231	



Appendix D - Cases with PSOW Intervention

	No. of Interventions	No. of Closures	% Of Interventions
Aneurin Bevan University Health Board	48	160	30%
Betsi Cadwaladr University Health Board	80	231	35%
Cardiff and Vale University Health Board	30	129	23%
Cwm Taf Morgannwg University Health Board	37	141	26%
Hywel Dda University Health Board	41	100	41%
Powys Teaching Health Board	5	23	22%
Swansea Bay University Health Board	33	134	25%
Total	274	918	30%



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Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2022/23. These complaints are contextualised by the number of people each health board reportedly serves.

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

Appendix C shows outcomes of the complaints which PSOW closed for the Health Board in 2022/23. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix D shows Intervention Rates for all Health Boards in 2022/23. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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

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

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

Ein cyf / Our ref: CS/EH(CE23/1310)

☎: 03000 852633

Gofynnwch am / Ask for:

Quality Assurance and Regulation Team

E-bost / Email:

BCU.Ombudsman@wales.nhs.uk

Dyddiad / Date: 5th December 2023

Sent via email to:

Matthew.Harris@Ombudsman.wales

Dear Michelle,

Re: Ombudsman Annual Letter 2022/23

Thank you for your annual letter (2022/23) in respect of Betsi Cadwaladr University Health Board dated 17th August 2023. The Board and I value the strong relationship between our organisations. Your work continues to highlight the experiences of our patients and their families, and is a key contribution to our learning and improvement.

I note the actions you have outlined for the Health Board to take, and would like to update you on our considerations and proposed actions against each as requested:

1. Present the Annual Letter to the Board and share any feedback from them with your office.

The annual letter will be received by the Board via the Quality, Safety and Experience Committee in December 2023. The Committee scrutinises our performance and outcomes in respect of patient experience and complaint handling. We are grateful for the information presented in your Annual Letter, which continues to assist us in monitoring the performance of complaints management within the Health Board.

2. Update my office on how the Health board has complied with the recommendations in our report: Groundhog Day 2: an opportunity for cultural change?

I am pleased to confirm that as a Health Board we continue to make changes to ensure that we comply with the recommendations made in your report. Our aim is to learn from Ombudsman cases and to inform how we comply with the new Duty of Candour and Duty of Quality, to ultimately provide the highest quality of healthcare we can to our patients.

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

Swyddfa'r Gweithredwyr / Executives' Office

Ysbyty Gwynedd, Penrhosgarnedd

Bangor, Gwynedd LL57 2PW

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

Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.

The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay

I can confirm our updated position is as follows:

- **Review the resources available to your complaints team**

The complaints team structure is currently under review to ensure that the Health Board has the adequate resource and capacity to support effective complaint management and resolution aligned to the Putting Things Right (PTR) Regulations.

As part of the Health Board's Special Measures Programme, an independent review has been undertaken in relation to patient and public engagement and a further review undertaken into patient safety. A review into quality governance is also due to start this month. Collectively these reviews will help us shape our approach to quality in the future, of which hearing and acting upon patient feedback and complaints will be a core component.

- **Review arrangements for accurately compiling complaints data**

To support with the arrangements of producing accurate complaints data which are consistently reported, the Health Board are currently implementing a Quality Dashboard which includes complaints. Whilst the dashboard is still in its infancy, it includes the minimum quality and safety data sets to be used consistently across the organisation. It also provides triangulation of key quality metrics and data, and enables us to compare our data at a national level. It is also key to the 'always on' reporting, in line with the Duty of Quality, and will help to drive learning and improvement.

A new Quality Informatics and Learning Team is in place. The team have recently produced a procedure for quality systems such as Datix and Civica which outlines our standardisation of data analysis, reporting and dashboards. The team are also working with colleagues across the organisation to develop our own organisational learning framework and approach to learning for the future. In August of this year, the team also introduced Great-ix (learning from excellence) which provides staff with the opportunity to report episodes of good practice and to celebrate the good work that takes place in the organisation.

Our complaints team have taken a proactive approach to data and work closely alongside our Quality Informatics and Learning Team and the Once for Wales Concerns Systems Team, to improve the accuracy of data and reporting.

- **Consider whether the option to provide staff investigating complaints with independent medical advice, is considered on a case by case basis**

As part of our redress process, we do as a Health Board seek independent medical advice where required in order to provide an objective investigation. This is done in-line with the PTR Regulations and Welsh Risk Pool processes. We provide a weekly

Putting Things Right Clinic led by our in-house Healthcare Law Team and the NHS Wales Legal and Risk Services to support Investigating officers with objectivity and legal advice on breach of duty and harm.

- **Reflect upon the lessons highlighted in the report when scrutinising performance on complaint handling**

We have increased scrutiny in our quality assurance process for complaints, and have provided staff training on the duty of candour ensuring that the duty is explained at every opportunity when raising a complaint. An information resource on the duty is available on our intranet.

In cases which require early intervention or an opportunity to discuss resolution on a face to face basis, support is provided by the Patient Advice and Liaison Service (PALS) or the Patient and Carer Experience Team.

Llais advocacy services have been invited to our patient experience and complaints training, job interviews, and to work with us in co-production on the service delivery plan for the Patient and Carer Experience Department.

We have reflected on the wording in our investigation reports to ensure that the complaint responses are empathetic and compassionate.

We continue to report on our progress against the recommendations in your report for oversight and monitoring, to our Patient and Carer Experience Group and Patient and Carer Experience Department Business Meeting.

- 3. Continue to engage with your Complaints Standards work, accessing training for staff, fully implementing the model policy, and providing complaints data.**

The Health Board has received a number of training sessions from your Complaints Standards Authority (CSA) team, most recently in September 2023, which focused on training for senior clinical staff. This was well received. The information presented to our staff reminded them of the opportunities available to us for earlier intervention and resolution for our patients and their families as we appreciate the time it takes to further investigate their concerns and the impact that this has on them.

We are liaising with your CSA team to arrange future sessions for all our staff across the health board and welcome your support with raising awareness of your role, how your organisation operates and most importantly, how your work can inform our learning and improvement as an organisation and support us to deliver higher quality healthcare. PSOW training will continue to be part of our regulatory training programme.

Our Deputy Director of Quality, and Quality Assurance and Regulation Team, meet quarterly with Matthew Harris and Lowri Russell from your office. These meetings continue to be key to ensuring that our respective data positions align accurately, particularly for annual reporting purposes, and that we continue to respond to your requests in a timely manner.

I am also pleased to hear that our Health Board continue to perform above the PSOW variance to target which is your measure of how health boards perform against the target dates to provide evidence to comply with the recommendations you make to us.

This year we introduced a Regulatory Assurance Group which, is chaired by our Executive Director of Nursing and Midwifery. The group oversees regulatory compliance which includes PSOW, and provides an opportunity for support and escalation to our executive team. This has had a positive impact on our organisational awareness of PSOW and our obligations, and has led to improvement with compliance and has also informed changes to our internal process for PSOW; from how we work with our staff to how we track and monitor performance and compliance.

We continue to review both our complaints process and our PSOW process, and look forward to working with your office to inform any future changes we make.

4. Inform me of the outcome of the Board's considerations and proposed actions on the above matters by 30 September.

I hope my response considers and addresses the points in your annual letter. I will of course update you on any further outcome of the Board's considerations following the annual letter being received at the Quality Safety and Experience Committee in December.

In addition, we are currently developing a proposal to establish an Investigations and Learning Team which will initially undertake a retrospective review of significant cases over the last 6 years, to ensure our investigations, action plans and evidence of improvement is of an acceptable standard. This may include cases which patients have brought to you. In doing this work we will be fully mindful of your independent nature and our obligations and the exemptions under PTR. This work is principally to give us assurance that we have conducted rigorous reviews leading to learning and improvement, and the findings of your reports to the Health Board on our complaint handling processes will inform this work and the standards we will assess ourselves against. The learning from this work will lead to future improvements in our processes including the complaints process.

I would again want to reiterate how much the Board values the relationship with your office, and we particularly thank you for the support from your Complaints Standards Authority Team.



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

We are continuing to improve our approach to complaints handling in order to enhance the experience of our patients and their loved ones, and we look forward to continuing to work with you and your team.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Dyfed Edwards'.

Dyfed Edwards
Cadeirydd / Chair

c.c Carol Shillabeer, Chief Executive
Dr Nick Lyons, Deputy Chief Executive, Executive Medical Director and executive lead for PSOW
Matthew Joyes, Deputy Director of Quality Governance



Teitl adroddiad: <i>Report title:</i>	Report of Partnerships – Regional Partnership Board, Public Service Boards and NHS Wales Shared Services Partnership Committee			
Adrodd i: <i>Report to:</i>	Betsi Cadwaladr University Health Board meeting			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 28 March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	Betsi Cadwaladr University Health Board is a member of a number of partnership boards. The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings			
Argymhellion: <i>Recommendations:</i>	The meeting is asked to note the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: <i>Report Author:</i>	Alan Morris, Assistant Director of Public Affairs			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>				
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	N/A
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
<p>Betsi Cadwaladr University Health Board is a member of a number of partnership boards.</p> <p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> • North Wales Regional Partnership Board; • Conwy and Denbighshire Public Services Board; • Flintshire and Wrexham Public Services Board; • Gwynedd and Ynys Mon Public Services Board. • NHS Wales Shared Services Partnership Committee 	

North Wales Regional Partnership Board

RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered.

All Regional Partnership Boards must produce population assessments, a regional area plan, provide a regional annual report and demonstrate citizen engagement and co-production

Membership includes an elected member from one local authority in the region; a member of the local health board; a Director of Social Services from each local authority in the region; a local authority housing representative; a registered social landlord; a local authority education representative; at least one person from the third sector who works with the local authority and local health board; a member of the public and a carer

The RPB is preparing its Annual Report, which details its programme of work over the last 12 months.

This includes:

- Publishing their Regional Area Plan on how partners will work together to deliver health and social care services.
- Leading on the development of the Regional Integration Fund, which comprises 35 schemes across six models of care with a total investment into schemes and services of more than £57 million during the period 2022-2027.
- The North Wales Together project, working with many different people and organisations, to help people with learning disabilities.
- A Children's Regional Partnership Board was established in January 2024 to provide transparency on what programmes are delivering for this priority population group, and avoid any duplication.
- The Regional Innovation Coordination Hub is coordinating health and social care research, improvement and innovation to support the work of the RPB.
- The RPB developed during the year a 10-year strategic Capital Plan bringing together health, social care, housing, the third sector, education and regeneration partners to develop integrated service delivery facilities and integrated accommodation-based solutions

The RPB have also arranged four workshops for Health & Social Care Operational and Corporate teams, followed by an RPB workshop and linked to Further Faster. Two workshops have now taken place and these will conclude Mid-April 2024.

The aim of the workshops is to agree a set of North Wales principles for the priorities and allocation of the £2.6m funding. The Health Board has stated that this funding must be used for additionality and not covering gaps in core services.

Public Service Boards

The [Wellbeing of Future Generations \(Wales\) Act 2015](#) established a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. Conwy and Denbighshire, Gwynedd and Anglesey and lately Flintshire and Wrexham have used the power within the Act to merge their separate PSBs.

The PSB is a collection of public bodies working together to improve the well-being of their county. This means that as a group they must improve the economic, social, environmental and cultural well-being of their areas.

Conwy and Denbighshire Public Service Board

Recent meetings of the PSB have included discussions on the following topics.

- The PSB has noted the Community Engagement Plan Development and suggested regular updates to ensure the work is carried out and that nothing is missed.
- The PSB supported in principle recommendations in the Empowering Diverse Communities into Employment report. They included maintaining an ongoing dialogue about barriers to employment, and for anchor organisations such as Local Authorities, Health Board, Police, Universities and Colleges, to work together to help people get on the employment ladder through initiatives such as volunteering and apprenticeships. They were also supportive of taking a regional approach, and working with other PSBs to share good practice.
- The PSB discussed the pilot findings of the Community Welsh Building and Progressive Procurement report.
- The PSB noted a presentation on Inverse Care Law, and asked that they receive an update once all the workshops have been completed.

Flintshire and Wrexham Public Service Board

- The PSB published its Wellbeing Plan in May 2023, and have spent the remainder of the year creating a delivery structure that will enable the partner organisations that make up the PSB to work together on those actions where partnership working can make a real impact.
- The PSB partners have worked to co-create new engagement methods, especially with young people through Community Narratives at Sealand and Ty Pawb, developing storytelling techniques through the TEDx events which focused on mental health and climate change, and working with schools through the Future Leaders programme.
- The PSB believes that all children should have the best start in life, and local authorities are leading a joined-up approach to prevention and early intervention.
- Partners developed a whole system approach to the healthy weight sub-system priority of Eating Well and Being Active in Schools across Wrexham and Flintshire with the aspiration being to increase the number of children who live within three miles of their school who walk, scoot or cycle there.
- Recognising that taking part in green health opportunities can improve physical and mental health, the PSB sought to optimise green health opportunities through social prescribing
- The 100 stories programme is a partnership led by BCUHB, working with professionals, parents/carers/guardians and young people to gather stories about the transition from Children's to adult's services when it comes to services for neurodiversity.
- The PSB partners started to become Foster Friendly organisations, in line with the Welsh Governments framework for eliminating profit from children's social care. This will help to support the connected carers and foster families across our communities and provide a variety of options for our young people.
- Led by Wrexham University, partners have worked together to build the North Wales Children's University, so that all children across Flintshire and Wrexham have the opportunity to learn outside the classroom environment.

Gwynedd and Ynys Mon Public Service Board

The PSB has discussed the following during recent meetings.

- The 2023-28 Wellbeing Plan including an update on Welsh language Recruitment project.
- A presentation on the whole system thinking methodology and healthy weight.
- Travel charter.

The next meeting of the PSB is scheduled for 12 June 2024

NHS Wales Shared Services Partnership Committee

NHS Wales Shared Services Partnership Committee (NWSSPC) is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

Among the items they have recently discussed are the following.

- Payroll modernisation and overpayments.
- The Integrated Medium-Term Plan.
- Signing up to the Speaking up Safely policy.
- An update on international recruitment.
- All-Wales E-scheduling procurement.
- The business case for the relocation of the Patient Medical Records Service from Brecon House to another building on the same site.

The full minutes of the committee can be found [here](#).

It is recommended that the Board:

Receive and note the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.



Teitl adroddiad:	Emergency Medical Retrieval and Transfer Service (EMRTS)			
Report title:	Review: Update Report			
Adrodd i:	Betsi Cadwaladr University Health Board meeting			
Report to:				
Dyddiad y Cyfarfod:	Thursday, 28 March 2024			
Date of Meeting:				
Crynodeb Gweithredol:	<p>The purpose of this report is to update the Health Board in relation to the Emergency Medical Retrieval and Transfer Service (EMRTS) Review and the work led by the Chief Ambulance Commissioner on behalf of the Emergency Ambulance Services Committee (EASC).</p> <p>EASC met on 19th March 2024, to considered the feedback of the engagement process, the findings and conclusions of the work and four key recommendations. The intention was to bring forward the report for consideration and decision at each of the 7 Health Boards by the end of March 2024.</p> <p>Following careful consideration and extensive discussion, EASC agreed that further work was required to fully consider the representations made by Llais in particular as the statutory Citizen Voice Body, along with feedback from others including campaign groups and individuals. The Committee further agreed the principle that all 4 recommendations should be considered as a collective, and that specifically further detail should be provided relating to Recommendation 4.</p>			
Argymhellion:	The Board is asked to:			
Recommendations:	<ul style="list-style-type: none"> NOTE and DISCUSS the Update Report 			
Arweinydd Gweithredol:	Carol Shillabeer, Chief Executive Officer			
Executive Lead:				
Awdur yr Adroddiad:	MAIN REPORT: Helen Stevens-Jones, Director of Partnerships, Engagement and Communications and Carol Shillabeer, Chief Executive			
Report Author:	ADDENDUM A: Report of Stephen HARRY, Chief Ambulance Services Commissioner, Emergency Ambulance Service Committee (EASC)			
Pwrpas yr adroddiad:	Purpose of report:	I'w Nodi For Noting <input checked="" type="checkbox"/>	I Benderfynu arno For Decision <input checked="" type="checkbox"/>	Am sicrwydd For Assurance <input type="checkbox"/>
Lefel sicrwydd:	Arwyddocaol Significant	Derbyniol Acceptable	Rhannol Partial	Dim Sicrwydd No Assurance

Assurance level:	<input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<input 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>	<input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		Improved Access, Outcomes and Experience		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		There are potential risks associated with judicial review.		
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>		An updated Equality Impact Assessment (EIA) is attached at Appendix 5 and referenced within the EMRTS Service Review Engagement Report as well as published on the EASC website. The EIA has been completed in line with Cwm Taf Morgannwg University Health Board's process, as the host organisation for EASC.		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		N/A		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>		Key risks are discussed in Section 4 of the report at ADDENDUM A		
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>		N/A		
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>		N/A		

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	N/A
Next Steps Further Emergency Ambulance Services Committee to consider the further work related to due consideration to the representations made by Llais and others, and further detail regarding Recommendation 4. The Health Board will be asked to consider the further work in addition to the work already undertaken in order to provide a view relating to the Conclusions and Recommendations.	
NOTE – Main report has an addendum report (report of Stephen Harray, Chief Ambulance Services Commissioner) List of Appendices: Appendix 1: EMRTS Engagement Report Appendix 2: Feedback from Llais Appendix 3: Responses received following the close of engagement Appendix 4: Picker Institute Feedback Report Appendix 5: Updated Equality Impact Assessment Appendix 6: EMRTS Service Review Appendix 7: Llais North Wales – EMRTS Letter 15 th March 2024	

Introduction

This brief overview report provides an update relating to the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review that has been undertaken by the Chief Ambulances Services Commissioner on behalf of the Emergency Ambulance Services Committee (EASC). EASC is a joint committee made up of the 7 health boards in Wales; its agreed members being the 7 Chief Executives. From 1st April 2024, EASC will no longer exist following changes across Wales to establish a Joint Commissioning Committee (JCC). The JCC will take responsibility for commissioning a range of services, including EMRTS, and will have membership including the 7 health board Chief Executives.

A detailed report prepared by the Chief Ambulances Services Commissioner and considered by the EAS Committee is included as an addendum to this update report. The report provides more detail and is further supported by a range of appendices.

Background in brief

In November 2022, a service proposal relating to EMRTS and developed by the EMRTS and Wales Air Ambulance Charity, was presented to EAS Committee. EMRTS is a service provided in partnership between the NHS and the Wales Air Ambulance Charity.

The aim of the review was to identify opportunities to enhance the availability and utilisation of the service. Further work and a series of engagement activities were undertaken to draw in feedback on a range of options.

A significant level of interest was generated relating to the options, particularly in Mid and North Wales given one of the options was to merge two existing air Ambulance bases into one.

A Phase 3 online Engagement process took place during February 2024. This followed on from Phase 1 (14 week engagement) 'initial listening phase, and Phase 2 (5 weeks) second 'listening' phase.

Consideration and decision making

The EAS Committee met on 19th March 2024 to consider a number of recommendations, including

- **NOTE** the conclusion of Phase 3 and the overall engagement process
- **ENDORSE** the EMRTS Service Review Engagement Report, the EMRTS service Review document and the updated Equality Impact assessment for approval by health boards
- **NOTE** the response to Llais and the additional responses in Appendices 2 and 3
- **NOTE** the risk to patients and under-utilisation levels across Wales
- **NOTE** the risk to the Charity
- **NOTE** that the EASC Team continue to work with Health Board engagement, communication and service change leads, and Llais throughout the conclusion of the Review

The intention was to request all health boards discuss and potentially approve the conclusions and recommendations of the Service Review at their Boards by the end of March 2024, subsequent to the EAS Committee endorsement of the EMRTS Service Review document (and associated documents).

The meeting papers relating to this matter were circulated on 12th March 2024 simultaneously to EASC members and Llais. Llais (North Wales Region), the statutory Citizen Voice Body, made representation in the form of a letter to the Chair and CEO of Betsi Cadwaladr UHB on 15th March 2024. The letter is attached as Appendix 7. The issues raised in the letter are common to all Llais Regions. In brief the representation focused on several matters relating to the process of Phase 3 engagement and specifically concerns regarding the level of due consideration that has been afforded to the feedback. Other representations have been made by other stakeholders.

The EASC Team provided further information at the meeting in order to respond to the representations made, however the Committee felt that further time and work should be committed in order to be fully address the concerns raised.

In addition, discussion took place regarding the conclusions and recommendations of the Service Review. The report makes four recommendations as follows:

- ***Recommendation 1*** – *The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.*
- ***Recommendation 2*** - *The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.*
- ***Recommendation 3*** - *The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.*
- ***Recommendation 4*** – *The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.*

Importantly the Committee agreed that all 4 recommendations should be considered as interdependent rather than viewed singularly, and that it would be necessary to consider further detail regarding Recommendation 4 in order to fully understand the approach and potential impact/benefit of such a development.

Conclusion

The health board may have expected to be asked to discuss and potentially approve the EMRTS Service Review Report including its recommendations following the engagement work that has been undertaken, subsequent to consideration at EAS Committee.

Given the EAS Committee request for further work, the Board is therefore being asked to

- NOTE the work that has taken place to date,
- RECOGNISE the significant feedback given through the engagement process,
- RECOGNISE the representations made by Llais in relation to the due consideration of the feedback and the further work being undertaken by the EASC Team
- NOTE that further work is being undertaken to provide more detail on Recommendation 4
- NOTE that there is a further EAS Committee meeting on 28th March 2024.

ADDENDUM A: Report of Stephen HARRY, Chief Ambulance Services Commissioner

This report formed the basis of the Emergency Ambulance Services Committee consideration of the outcome of the Emergency Medical Retrieval and Transfer Service (EMRTS) at its meeting on 19th March 2024.

1.0 Situation/Background

1.1 The purpose of this report is to update members on the conclusion and the recommended option for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review, last received by the EAS Committee at the meeting 30 January 2024.

1.2 The original EMRTS Service Development Proposal (EMRTS and the Wales Air Ambulance Charity) was received at the Emergency Ambulance Services Committee (EASC) meeting on 8 November 2022. Committee Members agreed at that meeting that further scrutiny was required in a few key areas and that this impartial scrutiny would be undertaken by the Chief Ambulance Services Commissioner (CASC) called the EMRTS Service Review.

1.3 The purpose of the EMRTS Service Review is:

- To ensure that as many people as possible benefit from the excellent clinical outcomes that the critical care teams of EMRTS deliver (in partnership with the Wales Air Ambulance Charity) where there is currently un-met patient need across Wales (approximately 2-3 patients per day from all health boards across Wales who need the EMRTS service but who currently do not receive it)
- To improve the under-utilisation of clinical teams across the national EMRTS service (some are busier than others)
- To ensure geographical coverage across Wales
- To ensure the use of Rapid Response Vehicles (RRV) when the helicopters are unable to fly.

1.4 The (then) Community Health Councils across Wales (now Llais) asked the Chief Ambulance Services Commissioner to undertake a formal engagement process of no fewer than 8 weeks across Wales (this included a review of the process after 6 weeks followed by another 2 weeks of engagement).

2.4 The engagement approach delivered on behalf of health boards is summarised below:

Phase	Stage	Purpose	Timing
0	Brief (We are asking...)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us...)	Gathering of feedback on factors, weightings, and other suggestions to inform Options to be developed.	March-June 2023
2	Share (We are doing...)	Outline of options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed, before recommended option going forward to EASC for decision.	October - December 2023
3	Formal engagement	Seek views on:	February 2024

Phase	Stage	Purpose	Timing
		<ul style="list-style-type: none"> The six options shortlisted and evaluated in the Options Appraisal workshop The two shortlisted options - Options A and B The additional actions that have been identified to address the public and stakeholder feedback from Phases 1 and 2. 	

2.0 Specific Matters for Consideration

Engagement Process

2.1 The approach to the formal engagement process has been presented and detailed in previous EASC papers, most recently on 30 January 2024.

2.2 The EMRTS Service Engagement Report (Appendix 1) details the engagement methodology, participation and emerging themes following all three engagement phases.

2.3 In summary:

- 23 weeks of engagement with 45 engagement sessions between March 2023 and February 2024 inclusive
- In Phase 1, there were 14-weeks of engagement, more than double the time recommended for the initial 'listening' phase
- In Phase 2 there were 5 weeks, more than double the time recommended for the second 'listening' phase
- Phase 3 has comprised 4 weeks online engagement throughout February with Health Boards complementing by using their extant activities and engagement structures to give the opportunity to their respective populations to participate
- Across all engagement phases there has been more than 1000 engagement session attendances and more than 2,500 responses submitted via all feedback routes.

2.4 Phase 3 engagement built on the previous two engagement phases undertaken in 2023 and did not disregard any of feedback received in the previous phases.

2.5 Phase 3 engagement concluded on 29 February where 568 questionnaire responses were received. Where data was provided, the breakdown of responses by Health Board area is as follows:

- 66% response from Powys THB
- 20.6% Betsi Cadwaladr UHB
- 5.8% Hywel Dda UHB
- 1.7% Swansea Bay UHB
- 1.1% Cardiff and Vale UHB
- 0.9% Aneurin Bevan UHB
- 0.2% Cwm Taf Morgannwg
- 3.7% 'Not Sure'

2.6 To keep abreast of emerging themes from the feedback as it was received and maintain the timescales for recommendation to EASC in March 2024, the EASC team provided Llais and with regular feedback updates to demonstrate that due consideration is being given to

feedback. An email response to the draft Engagement Report was received from Llais on 8 March 2024 and for ease of reference as table as a response is attached at **Appendix 2**.

2.7 Snap-shot reports of feedback have been provided to Health Board colleagues and Llais national leads each week throughout February including a final summary report from the feedback received.

2.8 Each week, information was provided within a PowerBI in order that information could be examined by each Health Board. A summary was also provided of any engagements undertaken by the Chief Ambulance Services Commissioner.

2.9 The feedback received in the most recent engagement – Phase 3 – has not identified anything materially different from themes in earlier phases.

2.10 However, Phase 3 engagement did note the negative sentiment towards the engagement and decision-making processes. Additional responses have been received following the closure of the formal engagement phase and these have been answered in **Appendix 3**.

2.11 The Commissioner has been available to all stakeholders in Phase 3 of this Review as has been done throughout the Review period.

2.12 Feedback throughout the overall engagement falls into two general categories:

- You.Gov representative sample reflecting the national perspective
- Feedback from engagement shown in emergent themes reflecting localised perspectives from Caernarfon and Welshpool surrounding areas predominantly.

2.13 It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
- Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

2.14 These themes highlight the importance identified by the respondents to the need to address the needs of rural communities not near to hospitals, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales.

2.15 Notwithstanding the concerns of the public and stakeholder feedback in these areas from where it was expressed that citizens feel more vulnerable, there is a consensus of understanding that:

- Un-met patient need must be provided for by the service
- Highly skilled clinical teams need to be used in the best way to provide for patients; and
- That rural communities should not be disadvantaged in order to achieve this.

2.16 The national feedback undertaken by the Picker Institute (**Appendix 4**) identified the following priorities:

- Everyone in Wales should have equal access to the service
- The service should be structured to treat as many people as possible
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

2.17 The emerging themes of feedback has been consistent throughout all three phases of engagement with little variation.

2.18 There has been a shift from positive to negative sentiment about the engagement and decision-making process from Phases 1 and 2 that were reported, compared to Phase 3 in responses notably from Powys and Betsi Cadwaladr areas.

2.19 An updated Equality Impact Assessment (EIA) is attached at **Appendix 5** and referenced within the EMRTS Service Review Engagement Report as well as published on the EASC website. The EIA has been done in line with Cwm Taf Morgannwg University Health Board's process, as the host organisation for EASC.

The EMRTS Service Review

2.20 The EMRTS Service Review is attached at **Appendix 6**.

2.21 The Report provides a structured evaluation of the Emergency Medical Retrieval and Transfer Service (EMRTS) within Wales. It outlines the process and methodology used to review the service, covering the following:

- service delivery
- operational efficiency
- stakeholder engagement, and
- analysis of service coverage across Wales.

2.22 The Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the prehospital critical care provision in Wales. It addresses the service's role in providing advanced medical interventions in pre-hospital settings, highlighting the unique challenges faced in delivering critical care across the whole of Wales including remote areas.

2.23 The report makes four recommendations as follows:

- **Recommendation 1** – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.
- **Recommendation 2** - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.
- **Recommendation 3** - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.
- **Recommendation 4** – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

2.24 Members are asked to consider the Recommendations and seek support from the respective health boards to inform the final decision at the EASC meeting on 28th march 2024.

3.0 Key Risks

3.1 Public and political concerns remain around the proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of local bases and a perceived local loss of service, as per the initial Service Development Proposal. This has resulted in ongoing challenges for the Committee, EMRTS and the Charity. Linked to this we are mindful of the potential risks associated with judicial review.

3.2 There is an ongoing risk of delaying service improvement in delivering more critical care to patients across Wales where unmet patient need has been identified as approximately 2-3 patients per day across Wales.

3.3 There is also the matter of ongoing under-utilisation of clinical teams across EMRTS in the context of ongoing unmet patient need across Wales.

3.4 Staff morale within EMRTS following a protracted Review.

Members are asked to consider and discuss the above risks.

4.0 Recommendation

4.1 The Emergency Ambulance Services Committee is asked to:

- **NOTE** the conclusion of Phase 3 and the overall engagement process
- **ENDORSE** the EMRTS Service Review Engagement Report, the EMRTS service Review document and the updated Equality Impact assessment for approval by health boards
- **NOTE** the response to Llais and the additional responses in Appendices 2 and 3

- **NOTE** the risk to patients and under-utilisation levels across Wales
- **NOTE** the risk to the Charity
- **NOTE** that the EASC Team continue to work with Health Board engagement, communication and service change leads, and liaise throughout the conclusion of the Review

5.0 Next Steps

5.1 Discussion and potential approval at all health boards

5.2 EASC meeting on 28th March 2024 to finalise decision (following consideration by health boards)

5.3 Staff, public and stakeholder communication will be issued confirming EASC's decision.



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Emergency Ambulance
Services Committee

Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review – Engagement Report

01 March 2023 – 29 February 2024

This report has been prepared by the Emergency Ambulance Services Committee Team to summarise the process and findings of engagement on the “EMRTS Service Review” led by the Chief Ambulance Services Commissioner from March 2023 to February 2024. The preferred option, following the conclusion of the full engagement period, is set out in the *EMRTS Service Review* document and if adopted, also details how the service would operate.

Contents

	Page
Executive Summary	3
Introduction	7
Background and Context	8
Planning for the Future Service	11
Engagement Scope and Purpose	13
Stakeholders	16
Engagement Methods	17
Outcomes and Responses	28
Engagement Findings	36
Governance and Risk Issues	55
Follow Up Actions	57
Conclusions	58
Next Steps	60
Contact Details	61
Appendices	62

1.Executive Summary

This engagement report provides a comprehensive overview of the public engagement process undertaken during the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review in Wales.

The Review was initiated due to public interest in potential changes to air bases, aiming to address unmet patient needs, make effective use of resources, provide effective geographical coverage and solve emerging challenges. It is led by the Chief Ambulance Services Commissioner (CASC/Commissioner) on behalf of the Emergency Ambulance Services Committee (EASC), made up of Health Boards across Wales (see sections 3 and 4).

The Review's engagement processes sought to address queries and gather feedback for consideration in the Review process (see section 5).

The engagement involved citizens, stakeholders, professionals, community leaders, and government officials throughout the process in discussions about how the air ambulance service could be developed (see section 6).

Various engagement methods were employed, including drop-in sessions, public meetings (both in-person and virtual) and online surveys, as well as using Health Boards existing engagement mechanisms. Communication efforts were bilingual and accessible. Feedback mechanisms were in place to capture stakeholders' input and their protected characteristics under the Equality Act 2010 (where they were happy to share these), which was used to refine the engagement process and Equality Impact Assessment continuously. Adjustments were made based on feedback to enhance user experience and participation (see section 7).

Over the course of three phases, spanning 23 weeks, a total of 45 engagement sessions were conducted, supplemented by Health Board engagement mechanisms. Each phase built upon the previous one. Across all engagement phases there has been more than 1000 engagement session attendances and more than 2,500 responses submitted via all feedback routes, plus two petitions objecting to any base changes affecting Caernarfon and Welshpool reflecting public sentiment garnered significant support. Of the 2500 responses, a total of 999 were

EMRTS Service Review – Engagement Report

received from a representative panel (via You.Gov hosted by The Picker Institute). While geographical demographic data was not collected uniformly across all engagement methods, analysis of available data reveals insights into the geographical distribution of respondents, most recently in Phase 3 where the majority of feedback came from individuals within the Powys Teaching Health Board (PTHB) and Betsi Cadwaladr University Health Board (BCUHB) areas. Additionally, a higher participation rate was observed in this phase among older age groups, particularly those aged 55 and above, while younger age groups were less represented. However, it should be noted that this is where data was provided (see section 8).

The engagement process has yielded valuable insights from both the public and stakeholders, revealing a nuanced understanding of service priorities, concerns and suggestions. Feedback has been collected through representative surveys as well as localised engagement sessions, highlighting national perspectives as well as those specific to Caernarfon and Welshpool areas (see section 9).

The Picker Institute's report highlights the Welsh public's priorities for EMRTS, emphasising the importance of effective road response, adequate training and support for staff, equal access to services for all citizens and a commitment to maintaining current standards of care. These findings align with the overarching values and aims of the EMRT Service and EAS Committee.

It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- That current bases should not change due to the impacts on rural areas
- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.

- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
- Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

Concerns have also been raised about EMRTS's specialisation and the potential loss of experienced staff due to base relocations. Stakeholders express a desire for a more adaptable clinical model and emphasise the vital role of EMRTS in providing critical care services, particularly in rural communities.

Notwithstanding the concerns of the public and stakeholder feedback in these areas from where it was expressed that citizens feel more vulnerable, there is a consensus of understanding that:

- Un-met patient need must be provided for by the service; and
- Highly skilled clinical teams need to be used in the best way to provide for patients.
- And that rural communities should not be disadvantaged in order to achieve this.

Additional feedback regarding Health Boards, the Welsh Government and other emergency responders highlights scepticism about service developments and funding arrangements, alongside calls for enhanced engagement and consideration of rural healthcare needs more broadly. The importance of maintaining openness and transparency throughout the decision-making process also emerges.

Feedback highlighted perceived negative impacts on various equality characteristics. It is unlikely that the Review will have any specific impact on this, as the service is provided to all based on clinical need alone. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality, protected characteristics this cannot be discounted (see Section 10).

In conclusion, the emerging themes of feedback has been consistent throughout all three phases of engagement with little variation between phases. The engagement findings show the complexity of balancing national priorities

with localised concerns, emphasising the necessity of ongoing engagement to shape the future of EMRTS effectively in Wales.

2. Introduction

This engagement report provides:

- An outline of the background and context of service development of the EMRTS Service Review
- An overview of the engagement approach plan and process / actions undertaken with stakeholders
- An analysis of the engagement responses received.
- Summary conclusions drawn from the engagement process.

Please note that the Engagement Report is solely a report on the engagement process and what was heard. The EMRTS Service Review document contains details of the recommendations being made to the EAS Committee.

3. Background and Context

The air ambulance service in Wales is a partnership between the Wales Air Ambulance Charity and the EMRTS of NHS Wales. It is a highly specialised service providing pre-hospital critical care across Wales, taking the emergency department to the scene of an incident for life and limb trauma. It is complementary to the emergency service delivered by the Welsh Ambulance Services Trust.

The Wales Air Ambulance Charity provides the bases, helicopters, cars, pilots, fuel and maintenance. EMRTS is made up of the clinical teams from NHS Wales, with four bases at Caernarfon, Welshpool, Dafen (Llanelli) and Cardiff. All 4 teams work together to serve the population of Wales.

In August 2022, public and press interest was triggered by a leaked document about potential changes to air bases (namely Caernarfon and Welshpool) being discussed by the Wales Air Ambulance Charity and the EMRTS team.

In September 2022, a 'Focus On' session was held at the EASC (the Joint Committee of all Health Boards in Wales which commissions the air ambulance service), on the EMRTS Service and potential opportunities to develop the service.

The original EMRTS Service Development Proposal (EMRTS and the Wales Air Ambulance Charity) was received at the EAS Committee meeting on 8 November 2022. A number of comments and queries had already been received from key stakeholders from Caernarfon and Welshpool areas and the Committee Members agreed that further scrutiny was required in a few key areas. It was agreed that this scrutiny would be undertaken by the Commissioner and the EASC Team in the form of the EMRTS Service Review.

The EMRTS Service Review was to start the work afresh and be independent of the initial EMRTS Service Development Proposal. The Review, led by the Commissioner, was to include public engagement considering the queries, concerns and suggestions from public and stakeholders, focusing on how to further improve the air ambulance service in Wales.

The purpose of the EMRTS Service Review is to:

- **Help more people.** The service already does a great job saving lives and helping those needing critical care. But not everyone who needs this help can get it currently (this is unmet patient need). Historical data from the service showed that there are patients who need the service but are not receiving it currently, right across Wales. On average, there are approximately 2-3 patients per day across Wales who have an 'unmet need' for the service. The Review looks at ways to make sure more people can get the help they need, which means saving even more lives and helping people get the best possible critical care at scene, no matter where they are.
- **Use resources better.** Right now, some clinical teams in Wales are busier than others. There are different reasons why the teams may not be able to respond to the current unmet need, such as teams may already be tasked, weather factors, vehicle maintenance or the base team may be offline (i.e. no shifts operating at that time). Additionally, some clinical teams are not being used to their full capacity when they are available on shift (this is called 'under-utilisation'). This under-utilisation happens across different bases and calendar years, suggesting that crews could attend emergency calls in various parts of Wales or at different times of the day if their location or shift times were adjusted. A better way to make the best use of these highly skilled clinical teams is needed so everyone gets the help they need, no matter where they live or when they need it.
- **Spend money wisely:** The Charity has an obligation to its donors and the Charity Commission to make the best use of the money it receives to continually improve the service with EMRTS. Similarly, NHS Wales needs to make sure that the public money to pay for these clinical teams is used in the best way possible.
- **Solve problems:** Some people worry that changing things might cause new problems, like making it take longer for help to arrive. The Review looked at this carefully to understand worries and find solutions that work for everyone.

While "unmet need" refers to the existing demand for the service that is not currently being met, "lives saved" typically pertains to the impact of the service in providing critical care and saving lives.

To clarify, the proposed change aims to address the unmet need by enhancing the service's capacity and coverage, thereby potentially saving more lives. By ensuring that the service can effectively respond to the existing demand and reach more patients in need, it is anticipated that more lives can be saved. Therefore, the focus is on improving the service to meet the identified needs and enhance outcomes rather than directly equating unmet need with lives saved.

The Commissioner committed to four elements shaping his considerations throughout the Review, they are:

- **Modelling data** – a helpful guide using historical data but not to be taken on its own
- **Evaluation framework** – using commissioning goals and metrics that were tested during engagement Phases 1 and 2
- **Feedback** – giving conscientious consideration to the issues raised through the engagement process with public and stakeholders
- **'Red lines' and 'common sense' test**; for example:
 - not to position assets with worse flying conditions; or
 - more people will get the service across Wales; not only would more people get the service but if anyone who gets a service now will still get a service in the future.)

4. Planning for the Future Service

In response to the above findings, the Review has considered a number of options for future service development.

An iterative process throughout the engagement identified and modelled a number of options which included:

- **Phase 1** – three broad options of proposed model options were discussed:
 - Existing bases and changes to these
 - Having a new base in the centre of North Wales (by closing other bases)
 - Other ideas or scenarios (by asking for suggestions in Phase 1 engagement)
- **Phase 2** – a 'long list' of 20 options (from option 1 to option 6c) were developed from the 3 broad areas, based on feedback and suggestions in Phase 1
- **Phase 3** – six options were shortlisted (from the long list of 20) with two identified 'highest scoring' options from an options appraisal workshop of NHS Wales representatives using the agreed evaluation framework

The long list of 20 options were modelled by an external provider (Optima). A combined dataset from the period 1 June 2022 to 31 May 2023 was used. This time period was chosen to reflect the developments in EMRTS (since 2015 at its start). It gave the best way to use the data based on how the service is currently set up.

The aim has been to ensure optimal matching of capacity to demand and develop the most robust and sustainable model for the future of the service. The preferred option following the conclusion of the full engagement period, is set out in the EMRTS Service Review document and if adopted, also details how the service would operate.

Due to the predominance of feedback from the engagement stating that 'no change' in service bases would be optimal, the status quo option was considered as part of this process and was carried forward as part of the long and shortlisting process for comparison purposes. This was discounted before Phase 3 based on the level of unmet need, unequal and low levels of utilisation (including no-arrival days) alongside the lack of night time

capacity and population coverage. Every modelled scenario was able to deliver an improvement from the baseline “do nothing” position, as such demonstrating that the current service operating model is not optimised.

5. Engagement Scope and Purpose

The Review and this document use the terms 'engagement/engage' to mean the continuous involvement of, and informal consultation and discussions with, citizens, staff, staff representative and professional bodies, stakeholders and third sector and partner organisations regarding service development. (N.B development is used to reflect that there are no proposed changes to the ways the patients receive the service although technically the Welsh Government Guidance does not differentiate between 'development' and service 'change') .

The rationale for conducting public engagement was to have a constructive and meaningful conversation with public and stakeholders about how to further improve the air ambulance service in Wales in response to the queries and concerns raised to the initial *EMRTS Service Development Proposal*, that were emanating from Caernarfon and Welshpool areas specifically.

The engagement would enable public and stakeholder views and concerns to be fully understood and responded to as part of the overall Review led by the Commissioner.

An internal steering group was established in EASC and in September 2022, the EASC Team approached the (then) Community Health Councils (now Llais) for advice on the suitable engagement model for the EMRTS Service Review.

The Community Health Councils across Wales asked the Commissioner to undertake a formal engagement process of no fewer than 8 weeks across Wales. This included a review of the process after 6 weeks. This engagement approach reflected the Welsh Government's Guidance on NHS Service Change, which was extant at that time, specifically for a 'moderate service change' as it exhibited some of the following characteristics detailed in the guidance:

- change of location from which a service is delivered within a health board area
- partial service withdrawal
- anticipated moderate number of people affected or small change with moderate impact
- moderately sensitive issue locally

- closure of small facility with limited facilities (such as branch surgery or small community clinic)

The engagement process has been presented and detailed in every EAS Committee meeting to sight Members on the overall progress of the delivery of the engagement programme, as well as the emerging themes from public and stakeholder feedback.

From 1st April 2023, the guidance on engagement was changed along with the establishment of Llais as an independent body. A letter from Llais CEO was received by the Commissioner on 29 November 2023 that formally raised concerns about the next steps of the Review recommending that this Review was taken to further stage of engagement (the new guidance does not differentiate between engagement and consultation). Following discussions between the Commissioner and Llais on 15 December where Llais accepted the proposed additional 'Phase 3 engagement' augmenting the original planned approach. The letter of recommendation was considered at the EAS Committee on 21 December the EAS Committee agreed to go to a third and final stage of engagement in February 2024 based on the Commissioner's 15 December discussions with Llais. This would include engagement on shortlisted Options following the Options Appraisal process.

The third and final engagement period was agreed as a 4-week period, online during February 2024 and in order to address the needs of the digitally excluded, the health board engagement teams would provide local opportunities for their populations to be supported to contribute to this important opportunity through non-digital as well as digital means.

The purpose of engagement was:

- To inform and engage with all stakeholders and the general public about how air ambulance service in Wales could be improved
- To set out the analysis undertaken of current service usage patterns, the conclusions reached as a result and to explain the possible options for future service operations.

- To provide full opportunity to receive feedback, queries, suggestions, alternative options and concerns.
- To collate all feedback as the basis for reporting back to Health Boards, Llais and the EAS Committee.
- To consider feedback in developing options to further improve the air ambulance service as a result.

The Commissioner has had an ongoing dialogue with Llais since autumn 2022, attending formal meetings (such as their Senior Management Team) and informally with the CEO and Deputy CEO as the national leads.

Some senior Llais regional officers have also attended in-person and online sessions in Phases 1 and 2.

To keep abreast of emerging themes from the Phase 3 engagement feedback as it was received and maintain the timescales for recommendation to EASC in March 2024, the EASC Team provided Llais with regular feedback updates to demonstrate that due consideration is being given to feedback.

6. Stakeholders

Stakeholder mapping was completed that identified potential stakeholders including:

- Residents within the PTHB and BCUHB footprint areas
- Opposition campaign groups/Community leaders
- The general public
- EASC Members
- EMRTS staff
- Wales Air Ambulance Charity (staff and trustees)
- Local MPs, MSs and Councillors
- Welsh Government officials
- Voluntary sector
- NHS Wales Health Boards (Comms & Engagement leads, service change leads etc. Stakeholder Reference Groups and Partnership Boards)
- Welsh Ambulance Services NHS Trust (staff and patient panels)
- Community Health Councils/Llais
- Local, hyperlocal, regional and national media

Anyone who contacted the Commissioner and his team about the EMRTS Service Review were added to the Stakeholder Distribution List to receive regular updates about this issue with a request that they let the EASC Team know if they wished to be removed from the list (in line with Information Governance requirements).

7. Engagement Methods

Approach

The communication and engagement plan sought to build trust and confidence in the engagement process. As well as creating a conducive climate for constructive dialogue, the engagement approach aimed to:

- Provide fact-based information to clarify and aid understanding of how the extant service is provided in partnership between the Charity and EMRTS;
- Enable a transparent and thorough public engagement process to help inform a final EASC recommendation, Health Board consideration and decision;
- Provide reassurance to stakeholders about future service operations and opportunities around service developments;
- Meet the Welsh Government guidance, enacted by the (then) Community Health Council (now Llais) and their resultant requirements and recommendations.

The Gunning Principles were considered in underpinning the communications and engagement approach, and delivered in the following key activity phases:

Phase	Stage	Purpose	Timing
0	Brief (We are asking...)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us...)	Listening phase and gathering of feedback on factors, weightings, and other suggestions to inform options to be developed.	March-June 2023

Phase	Stage	Purpose	Timing
2	Share (We are doing...)	Outline of options developed, and work done (data and information requested etc.) from Phase 1 to explain options being considered and ultimately going forward to EASC for decision.	October - November 2023
3	Commenting...	Asked for views on: <ul style="list-style-type: none"> • The six options shortlisted and evaluated in the Options Appraisal workshop • The two shortlisted options - Options A and B • The additional actions identified to address the public and stakeholder feedback from Phases 1 and 2. 	February 2024

Communication and PR

A dedicated area on the EASC website was created and a substantial amount of information was published in readiness for the engagement process to start. This took account of information and queries in order to clarify the facts for participants recognising the technical and service operational complexities involved. This included Frequently Asked Questions (FAQs) and an explainer video.

A campaign visual identity and supporting assets were developed for the engagement and communications packs were supplied to all Health Boards, in all phases, for consistent messaging and promulgating within respective Health Board footprints.

The engagement programme was dependent on the localised promotion of events being shared through Health Boards' channels, local media outlets, and community leaders such as the Facebook campaign groups - which both have substantial followers totalling almost 17 thousand people at its height.

This onward cascade was encouraged in all formal EASC communications by asking interested stakeholders to speak to their friends, families, neighbours and colleagues about the engagement, and the many ways people can provide their feedback.

Health Board Communication and Engagement teams, and Service Change leads, supported the engagement programme in their respective areas. This included sharing through normal practice and existing networks, ensuring inclusion on key meetings and using digital and social media channels.

Regular updates (EMRTS Service Review Stakeholder Briefings) were issued electronically on a regular basis via the Stakeholder Distribution List and published on the EASC website. As of 04 March 2024, 17 Stakeholder Updates have been published.

For any misunderstood or misinterpreted information circulating about this complex issue, this was clarified by the EASC team on the website so that everyone had access to the same information and the campaign group organisers were helpful conduits to sharing this via their social feeds as well as through hyperlocal sites.

The Commissioner received national and local media interest about the EMRTS Service Review, with interviews and statements provided to all media bids received, as well as issuing media releases to media outlets proactively.

All erroneous and inaccurate media coverage was followed up with factual clarification and offers of additional interviews with the Commissioner.

Engagement Materials

The EASC Team worked with Health Board engagement, communication and service change leads in developing engagement materials at the outset of Phase 1 and again in Phase 3. These materials were shared with Community Health Councils/Llais colleagues, to test the initial drafts and comments received and considered recognising the level of detail needed to clarify complex information.

Phase 2 materials were developed from Phase 1 materials and were also shaped by the feedback from participants during Phase 1.

Despite this being a clinically and operationally complex service, efforts were made to make information as simple as possible including FAQs and glossary of terms throughout the engagement.

For those wanting to see the more detailed and technical information and data, all EAS Committee meeting papers and updates related to the EMRTS Service Review, as well as supporting documents, were published on the EASC website.

A core bilingual engagement documents pack was produced for each engagement phase, published on the website and also shared within sessions:

Engagement Materials		
Phase 1	Phase 2	Phase 3
<ul style="list-style-type: none">• Full technical document• Everyday summary document (main engagement document)• Easy Read document	<ul style="list-style-type: none">• Commissioner's Phase 2 Report• Plain language version• Supporting Documents (containing full technical details and breakdown of information, signposted in the Commissioner's Report) including:<ul style="list-style-type: none">○ History of EMRTS	<ul style="list-style-type: none">• Commissioner's Phase 3 Report• Easy Read version

Engagement Materials		
Phase 1	Phase 2	Phase 3
	<ul style="list-style-type: none"> ○ Engagement - What We Did and What We Heard ○ The Picker Institute Report ○ Historical Data Information Pack ○ Drive Time and Population Coverage ○ Weather Data ○ Optima Modelling ○ Presentation Slides (presentation with audio) 	
Supplementary materials were also made available and updated throughout the engagement, including:		
<ol style="list-style-type: none"> 1. FAQs 2. Presentation slides 3. Video explainer of EMRTS services 4. Signposting to organisational websites and formal corporate documents (annual reports and plans etc.) 5. Equality Impact Assessments (EAI's) 		

The Commissioner's Phase 2 Report and engagement documents were factual in that the options modelled had not been assessed or interpreted, meaning that there was no 'preferred' option, and therefore no 'recommendation' at Phase 2 of the engagement.

The Commissioner's Phase 3 Report included details of the shortlisted options and the options appraisal workshop outcome where two of the six options had scored the highest against the evaluation criteria.

Hard copies of all the bilingual documents were taken to the in-person engagement sessions (Phases 1 and 2) and anyone needing alternative formats was encouraged to contact the EASC Team directly who would help.

For in the in-person sessions in Phases 1 and 2, a 'question slip' was made available on entry to session for attendees to detail their question on if they felt uncomfortable asking questions themselves.

Engagement Sessions Format (Phases 1 and 2)

The engagement format covered a mix of different formats and times to suit as many people as possible. For example, virtual sessions for those with travel and access issues, and informality of drop-ins compared to the formality of public meetings. Emphasis was placed on giving people options to engage in the way that felt most comfortable to them, and local community leads were engaged at the formative stage of localised arrangements, in terms of locations, venues and timings.

There were three types of engagement sessions:

- **Drops-ins** – this format allowed for more informal 1:1 conversations. Respondents could ask questions and provide feedback to the Commissioner and EASC Team.
- **Virtual/online public meetings**
- **In-person public meetings**

All public meeting sessions followed the same format which included a presentation by the Commissioner, followed by 'open floor' Question and Answer time, regardless of whether this was in person or online.

The presentation slides used in the public meeting sessions were available on the EASC website and participants were reminded of all the ways in which their feedback could be provided along with the core engagement materials and supporting documentation that was publicly available.

Whilst the engagement was all-Wales to reflect the national remit of the service, much of the interest and concern emanated specifically from within BCUHB and PTHB areas. Therefore, the face to face engagement sessions focussed the footprint where there were more concerns of localised positions and perspectives.

The offer to meet with anyone, or any groups, who may be interested in hosting a specific event remained in place since the engagement began and were worked through to effect this, added into the timetables as they were confirmed. (The timetables for the public engagement sessions can be seen at Appendices A and B)

In addition, virtual private meetings have been held throughout the engagement (for example, politician's sessions, internal staff sessions).

Welsh Language and Accessibility

All documents were produced bilingually and online to increase accessibility with screen readers and Easy Read versions were produced.

Simultaneous Welsh translation was provided by an external supplier at the public meetings, whilst bilingual members of the EASC Team were available at all public meetings, drop-ins, and the virtual sessions online.

Whilst venues were chosen for accessibility, people who were intending joining a session were also encouraged to contact the EASC Team with any specific accessibility requests for each venue, although none were received.

The virtual sessions and online Picker survey, promoted by Health Boards was open to everyone across Wales, not just the localities to the Caernarfon and Welshpool bases.

To aid participants joining the virtual/online public meetings, the EASC Team produced a guide on how to use Microsoft (MS) Teams and simultaneous Welsh translation was available on the MS Teams platform.

Capturing Feedback

The intention was to provide as many options as possible for stakeholders to provide their feedback that suited them best which included:

Feedback Routes/ Response Mechanisms	Phase 1	Phase 2	Phase 3
Attending a drop-in engagement session	✓	✓	n/a
Attending a public meeting	✓	✓	n/a
Attending a virtual public meeting	✓	✓	n/a
Completing an online survey Phase 1- Picker Institute hosted Phase 3 – EASC hosted	✓	n/a	✓
Telephone answer line: 01443 471520	✓	✓	✓

Feedback Routes/ Response Mechanisms	Phase 1	Phase 2	Phase 3
Email: EASCSERVICEreviewqueries@wales.nhs.uk	✓	✓	✓
Online Query Form: https://easc.nhs.wales/engagement/sdp/ for any specific queries, requests or suggestions.	✓	✓	✓
Online questionnaire - Easy Read version	✓	n/a	✓
Completed downloaded Easy Read questionnaire emailed to EASCSERVICEreviewqueries@Wales.nhs.uk	✓	✓	✓
Letters	✓	✓	✓
Hard copy questionnaires *Phase 1 via Freepost (the Picker Institute)	✓	n/a	✓
Via Health Boards	✓	✓	✓
Via CHC/Llais representatives	✓	✓	✓

In Phases 1 and 2 notes were made by the EASC Team at each of the drop-ins, public meetings, and online sessions. Online sessions were also recorded, all public meetings in Phase 2 were professionally video recorded for note-taking purposes.

Online Survey and Representative Sampling

The Picker Institute was the external supplier that provided questionnaire design, data collation, analysis and reporting in Phase 1. This included a representative sample via You.Gov, to complement the engagement activities delivered by the EASC Team. The Picker Institute was commissioned to host, collate, and analyse the questionnaire response comprising:

- Online survey
- Hard copy survey data entry (via freepost)

- Co-ordinate representative sample responses (online).

Their remit was to provide an expert review, host an online survey, and provide a representative view of public perceptions on what constitutes high quality care.

Other than commissioning the external supplier, the Commissioner and EASC Team was not involved in the work done by the external supplier (data collection or analysis from online and hard copy responses).

Listening and Learning

Feedback about the engagement process itself was encouraged to help the EASC Team continually improve and make the engagement as effective as possible. This was done through a feedback form on the EASC website that was promoted within engagement sessions, as well as informally and anecdotally with participants at events and through third parties.

All feedback received was considered and acted upon, for example:

- The MS Teams function was adjusted based on some user feedback, to enhance user participation
- Times of some events were adjusted
- How materials were set out and the information explained was adapted.

Summary of Engagement Activity						
Phase	Time Period	Duration	Drop-In Sessions	Face to Face Public Meetings	Virtual Public Meetings	Total Sessions
1	15 March 2023 - 16 June 2023	14 weeks	8	14	11	33

Summary of Engagement Activity						
2	October 9 and November 12, 2023	5 weeks	5	5	2	12
3	01 -29 February 2024	4 weeks	n/a	n/a	n/a	n/a
TOTAL	n/a	23 weeks	13	19	13	45

As this table summarising the activity shows:

- In Phase 1 there were 14-weeks of engagement,
- In Phase 2 there were 5 weeks,
- In Phase 3 there were 4 weeks
- There has been 23 weeks with 45 engagement sessions.

It should be noted that each phase of engagement built on the previous one(s) and did not disregard any of feedback received in the previous phases.

8. Outcomes and Responses

Representative Panel (You.Gov via Picker)	999
Online Survey (Picker Institute)	198
Freepost questionnaire returns (Picker)	53
Online questionnaire (EASC)	568
Hard copy (letters, questionnaires)	15
Correspondence (e-mails, e-forms)	735
Telephone messages	24

Sessions Attendance

Phase 1 Sessions Attendance		
Date	Area	Number
04 April	Newtown	127
11 April	Virtual/online	10
13 April	Welshpool	15
13 April	Builth Wells	24
17 April	Virtual/online	12
18 April	Knighton	60
20 April	Virtual/online	9
26 April	Welshpool	180
27 April	Dolgellau	15
27 April	Caernarfon	28
28 April	Pwllheli	27
03 May	Wrexham	20

Phase 2 Sessions Attendance		
Date	Area	Number
12 October	Welshpool	52
3 October	Newtown	51
16 October	Machynlleth	25
17 October	Bangor	6
19 October	Pwllheli	53
20 October	Virtual/online	4
21 October	Virtual/online	7
	TOTAL	198

Phase 1 Sessions Attendance		
Date	Area	Number
04 May	Colwyn Bay	15
04 May	Tywyn	40
15 May	Virtual/online	5
17 May	Aberystwyth	11
18 May	Virtual/online	0
22 May	Virtual/online	2
23 May	Machynlleth	150
24 May	Tywyn	31
25 May	Anglesey	27
31 May	Virtual/online	0
05 June	Newtown	62
	TOTAL	870

There was a decline in session attendance for Phase 2 compared to Phase 1 but a combined total attendance of just over 1000 people. Attendance at the engagement sessions and participation in providing feedback is shown in the tables.

Petitions

The following petitions were shared with and noted by the Commissioner:

Route	Petition Statement	No of signatures:
Via Rhun ap Iorweth's MS office	<p><i>"Save Dinas Dinlle Air Ambulance Base.</i></p> <p><i>Plans are being made to close the Dinas Dinlle Air Ambulance Base as part of the plans to restructure the service that also includes the closing of Welshpool base and relocate to a site which is yet to be announced further up the North Wales Coast.</i></p> <p><i>The re-structure will lead to a reduction in staff, medical and technical and a reduction in the resources available which will inevitably lead to response times to the most rural areas of Gwynedd and Anglesey.</i></p> <p><i>The Air Ambulance service has proved to be invaluable to our rural communities In Gwynedd and Anglesey and to the Agricultural sector by being able to respond quickly to accidents and illnesses.</i></p>	108

	<i>The Dinas Dinlle base is central for Rural Gwynedd and Anglesey and an increase of only minutes in response times to accidents and serious illnesses will threaten lives."</i>	
Cllr Joy Jones	<i>"HANDS OFF Our Air Ambulance base in Welshpool. There is a proposal to move the Air Ambulance service from its base in Welshpool Powys, this is a vital service which saves many lives... This service is extremely important to Powys due to the rural areas & huge distances we have to travel for emergency care. With lack of road ambulances in our area, it is important that we keep the air ambulance in Powys where it can be scrambled quickly to reach patients. If this moves & serves a larger area it will have a serious impact on patient's health and urgent treatment... Many families & patients value the service from the air ambulance based in Welshpool. Please don't move it away from its base in Welshpool.... This proposal needs to be stopped."</i>	37, 844 (as at August 10, 2023)

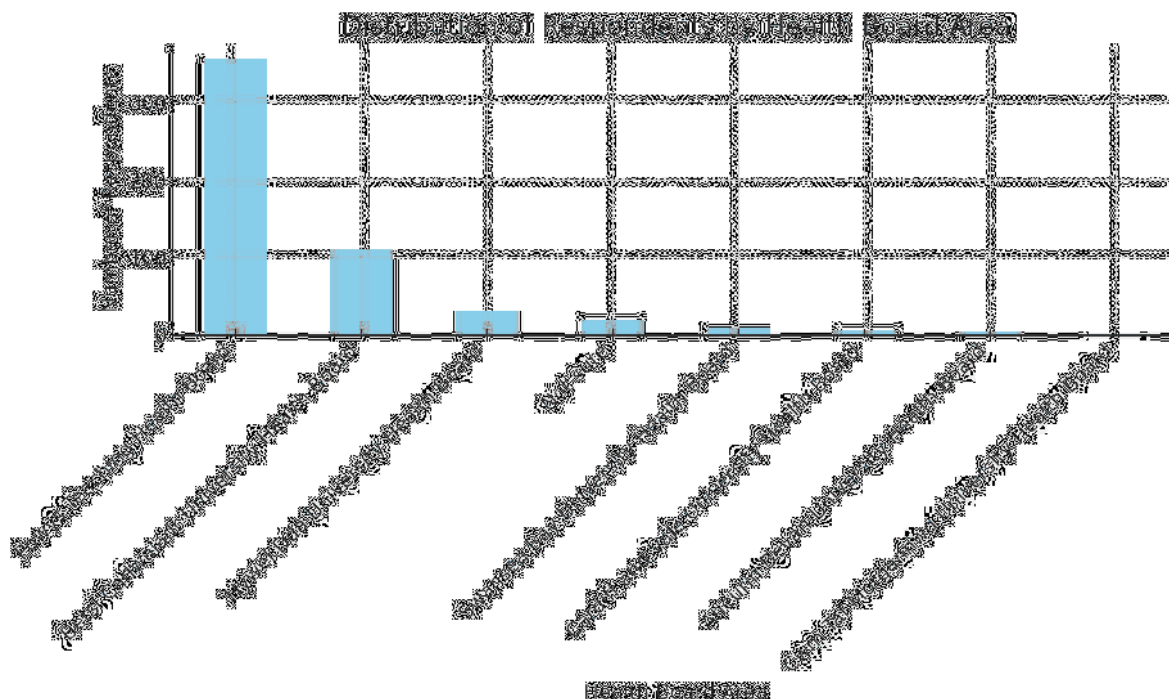
Who We Heard From

The Commissioner's offer to meet with anyone, or any groups, who may be interested in hosting a specific remained in place since the engagement began and were worked through to effect this, added into the timetables as they were confirmed. Virtual private meetings have been held throughout the engagement (for example, politician's sessions, internal EMRTS staff sessions, Charity Trustees, opposition campaign group organisers etc.).

The survey conducted by the Picker Institute in Phase 1 used a representative sample for the population of Wales through You.Gov methods.

Additionally, in Phase 3's online questionnaire survey, providing personal data was optional. The following data shows the range of respondents for Phase 3, where they chose to provide this data.

Health Board Analysis

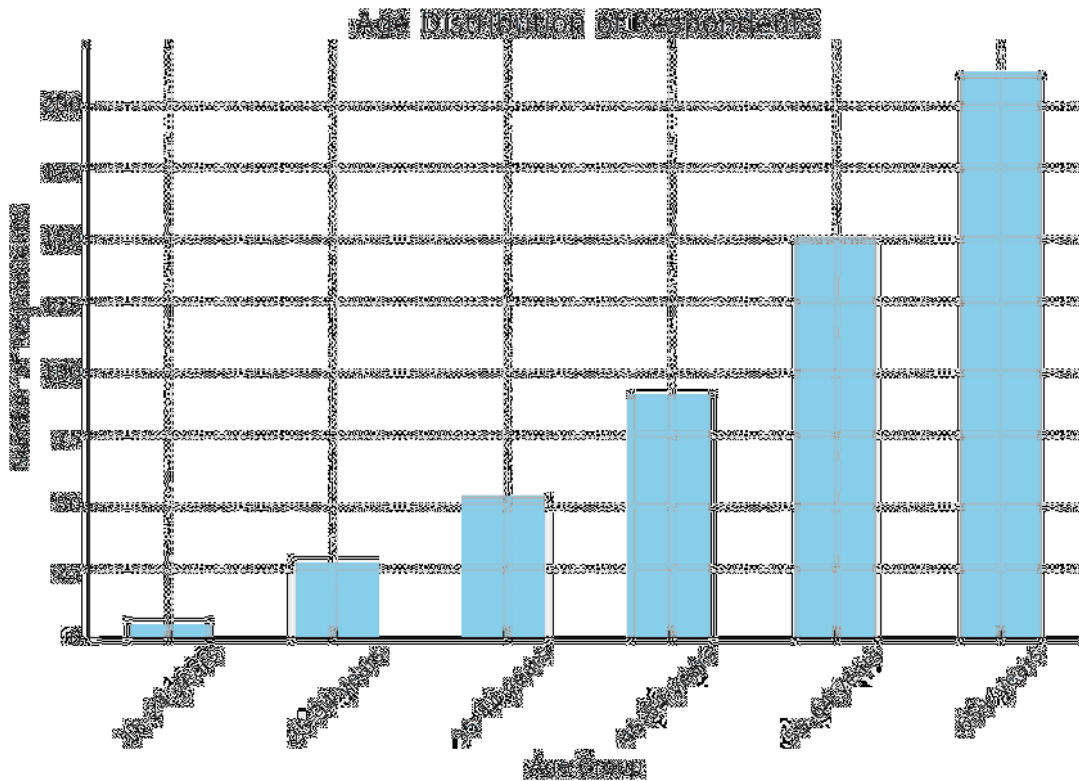


The analysis of the Health Board areas based on the feedback data reveals the distribution of respondents across different Health Boards in Wales. The graph and the data indicate the following distribution:

- PTHB has the highest number of respondents, with **356** entries, indicating a significant interest or concern among individuals in this area regarding the subject of the feedback.
- BCUHB follows with **111** respondents, showing notable engagement from this region as well.
- Hywel Dda University Health Board (HDUHB) has **31** respondents, indicating a moderate level of participation.
- A small number of respondents are Not sure of their Health Board area, totalling **20**.
- Other Health Boards like Swansea Bay, Cardiff and Vale, Aneurin Bevan, and Cwm Taf Morgannwg Health Boards have fewer responses, with **9, 6, 5, and 1** respondent respectively.

This distribution highlights a predominant interest and concern among individuals in the PTHB and BCUHB areas. The significantly lower numbers in other Health Board indicate either a lesser awareness of the Review or differing levels of concern about the issues addressed in the feedback.

Age Analysis



18-24 years: 5 respondents
25-34 years: 28 respondents
35-44 years: 53 respondents
45-54 years: 91 respondents
55-64 years: 150 respondents
65+ years: 212 respondents

The data indicates a higher participation rate among the older age groups, particularly those aged 55 and above, which comprise the majority of the dataset with 362 respondents.

The younger age groups, especially those between 18 and 34 years, have significantly lower representation, with only 33 respondents combined.

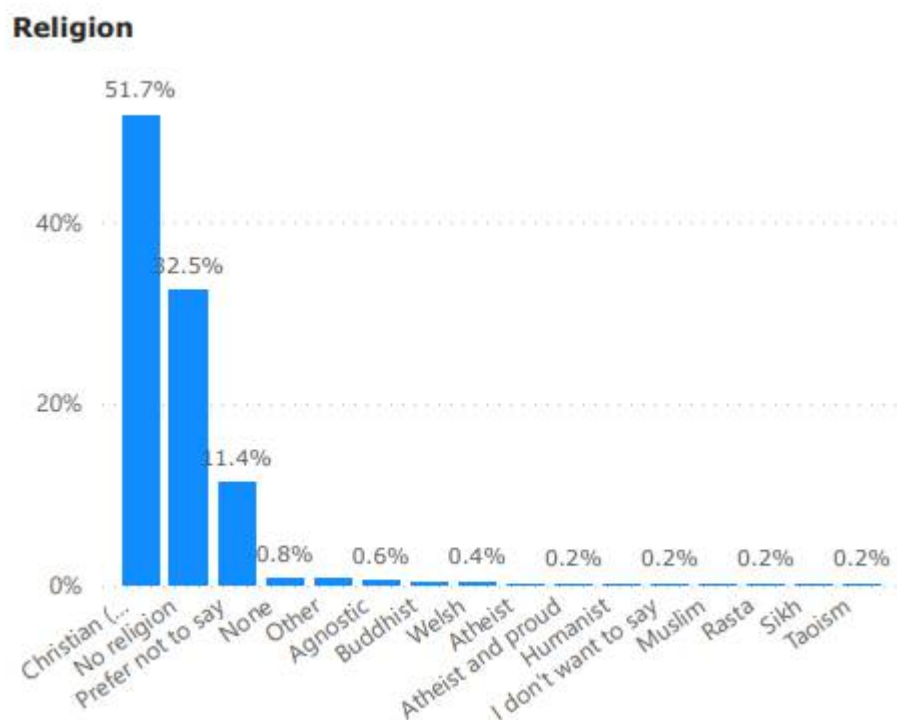
The predominant age group, 55-64 years, followed by the 65+ years category, suggests that the feedback collected might be particularly reflective of the priorities, concerns, and perspectives of the older population.

Gender Analysis

The data shows the high levels of feedback from women at 55.9%, followed by 38.8% male, 5.0% preferred not to say, and 0.2% non-binary.

Religion Analysis

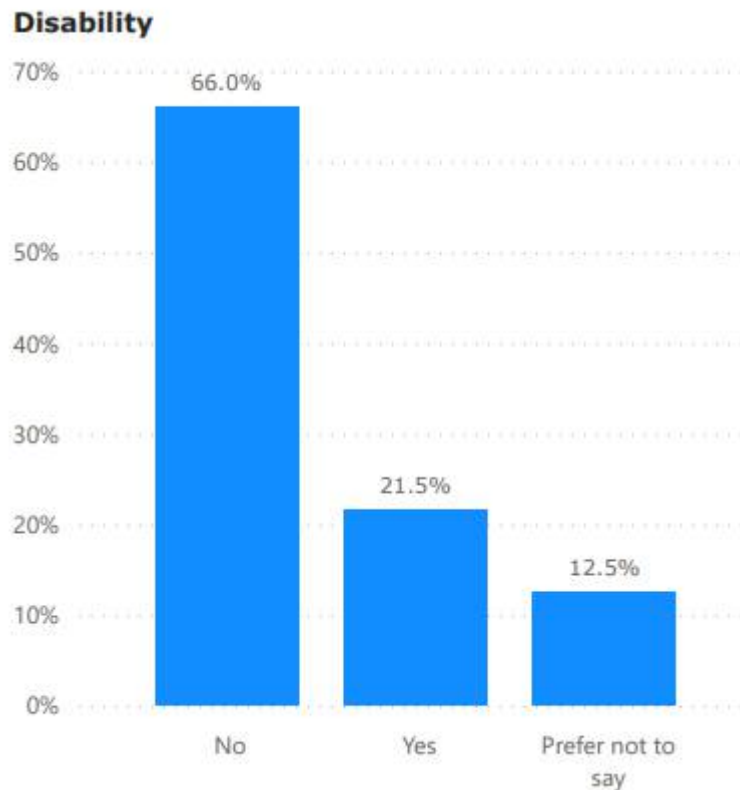
The highest proportion of respondents (51.7%) selected Christian, followed by 32.5% with 'no religion' and 11.4% selecting 'prefer not to say'. The data shows lower participation levels among other religious groups as shown in the chart:



Sexual Orientation Analysis

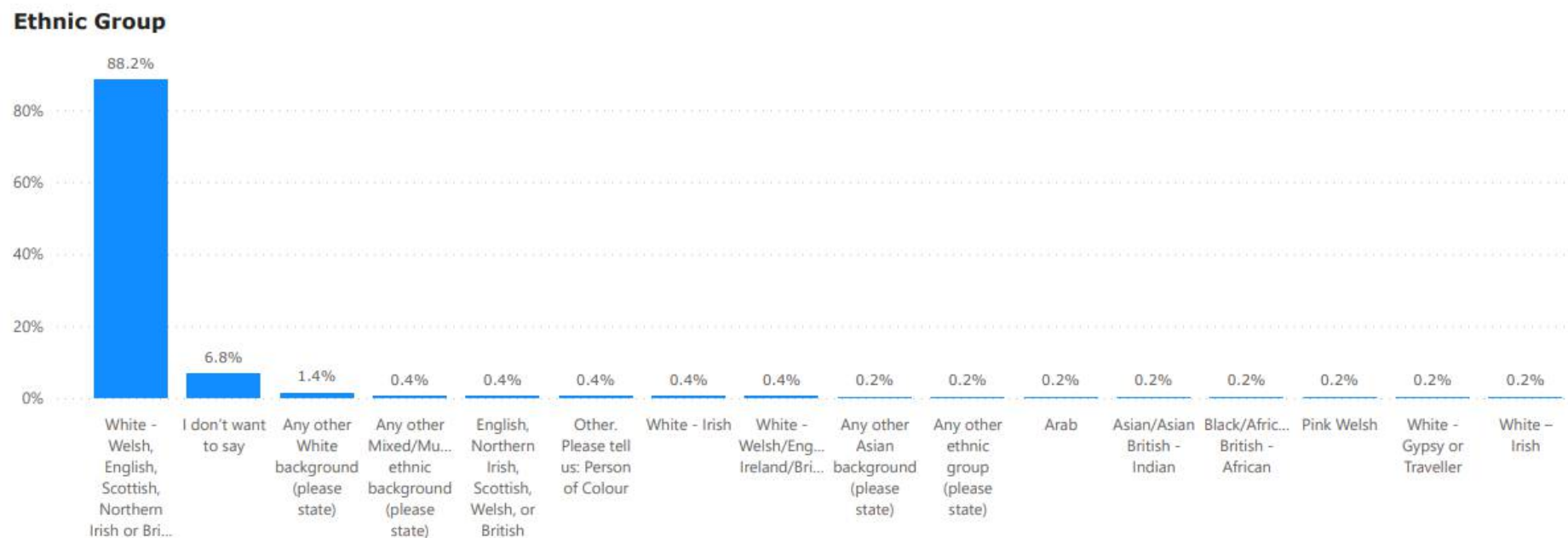
Data shows a higher participation rate among the 'Straight or Heterosexual' group at 82.1% compared to 13.4% who selected 'prefer not to say'. There is lower participation from groups including bisexual, gay or lesbian,

Disability Analysis



The data indicates that the majority of respondents did not have a disability (66%) compared to 21.5% who answered 'yes'. 12.5% chose 'prefer not to say'.

Ethnic Group Analysis



The data shows high participation levels with 'white' ethnic groups at 88.2% compared to any other other ethnic group and only followed by respondents 'preferring not to say' at 6.8%.

9. Engagement Findings

What Public and Stakeholders Said (Thematic Analysis)

Feedback throughout the overall engagement falls into two general categories:

1. You.Gov representative sample reflecting a national perspective
2. Feedback from all routes and engagement sessions shown in emergent themes reflect localised perspectives from Caernarfon and Welshpool surrounding areas predominantly.

Conclusions of The Picker Institute's report on feedback ([Supporting Document](#))

This report represents the data collected and collected by Picker for the Emergency Medical Retrieval and Transfer Service Review where the Welsh public were invited to respond, to provide a representative view of public perceptions on what constitutes high quality care relating to the EMRTS. The Picker Institute's report details the feedback collated and analysed and does not include the feedback gathered by the Commissioner and the EASC Team at the engagement sessions held in person or virtually.

The survey data provides insight into the Welsh public's priorities for this service. The most important priorities to the Welsh public when considering changes to EMRTS include:

- An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;
- If services change, there should be good training and support available for staff to make the best use of their advanced skills;
- Everyone in Wales should have equal access to the service
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.
- When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- Everyone in Wales should have equal access to the service;
- The service should be structured to treat as many people as possible
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

These findings highlight that strategic changes should ensure equity and equality of provision of care, with forethought for contingencies incorporated into the planning.

These findings align with the EASC's overarching values and aims.

Conclusions from EASC led engagement feedback

The feedback gathered by the EASC Team reflect localised perspectives from Caernarfon and Welshpool surrounding areas:

About the first EMRTS Service Development Proposal...

- **Feedback** – There's a perception that the proposed changes are driven by cost-saving measures, which raises concerns about potential service cuts. Concerns have been raised about funding any relocation or new base, with worries about resources being redirected from frontline services. There are concerns regarding the initial EMRTS Service Development Proposal, with scepticism about the Rhuddlan model being based on assumptions rather than historical data that could support its coverage and scepticism about the effectiveness of the Rhuddlan base due to its proximity to the coast. There's a significant concern that relocating base locations from Caernarfon and Welshpool could result in fatalities in those localities due to decreased accessibility to emergency medical services.

About weather and environment...

- **Feedback** – Concern that merging air bases in north Wales into one could limit service capacity during adverse weather conditions, when flying is restricted and that weather in Rhuddlan base is worse compared to Caernarfon and Welshpool bases. Some suggest relocating the Dafen (Llanelli) base instead, citing weather impacts shared in a weather data report. Concern about continued deterioration of environmental factors (such as flooding) affecting timely response by car to rural areas. Another suggestion is to conduct flood mitigation works at Welshpool to enhance its utilisation.

About the data...

- **Feedback** – Perception that the original data time reference period was in a 'Covid pandemic' year and therefore would not be typical in its demand because of the lockdowns imposed on the public. There was also a perception that the initial EMRTS Proposal was 'flawed' and now 'discredited' by data modelled and shared in Phase 2 and 3.

About response times...

- **Feedback** - For those in localities near to Caernarfon and Welshpool bases, there are concerns that the service will take longer to respond if it originates from bases other than Caernarfon or Welshpool. Additionally, there are concerns about the current Rapid Response Vehicle (RRV) locations and their ability to respond effectively. There's also apprehension about the mental and emotional stress patients may experience while waiting for an emergency response from "out of area" if base locations are moved and response times are prolonged. Rural mobile phone coverage is seen as adding delays when calling 999 compared to urban areas. There's a reliance on air support to provide a response within the "golden hour" compared to road response. The perception is that a local base always provides a local response, and any move would impact EMRTS response times for rural

patients. Moreover, there's a perception that a base location in mid Wales can reach everywhere quicker across all of Wales due to its central position.

About emergency healthcare needs relating to rural versus urban areas...

- **Feedback** - There is a perception that if bases move, current local base communities will no longer receive any service from EMRTS. Concerns have been raised about the vulnerability and inequality faced by mid, rural, and coastal communities compared to those closer to better road infrastructures and hospitals. The current bases are perceived as a local lifeline, providing reassurance through their visual presence. Road infrastructure limitations can impede emergency road response by the Welsh Ambulance Service Trust (WAST) due to weather and road closures. There are concerns about the proportion of high-risk jobs and activities in rural areas leading to a higher incidence of need compared to urban areas. Additionally, there's concern about air assets' ability to reach rural areas from north Wales, such as crossing the Eryri (Snowdonia) and Berwyn mountains. Lastly, there's a call for equity to be considered in the evaluation process and framework, given the variable access to health services across Wales.

About EMRTS...

- **Feedback** - There is overwhelming appreciation for the individuals providing critical-care emergency services. However, there persists a perception that EMRTS primarily operates as a 'fast ambulance/scoop and run service.' Concerns have been raised about EMRTS's specialisation, with suggestions for a more adaptable clinical model to respond to a wider range of conditions in rural and remote areas. There are worries about potential staff turnover if base relocations occur, leading to skill loss and financial expenses in recruitment, as well as local economic impacts. Suggestions for renaming EMRTS to options such as "Flying Doctors," "Air

Hospital," or "Flying Hospital" have been proposed. There's also concern about staff morale due to frustrations about not reaching more patients and maintaining clinical competencies. Staff also express a desire to support the critical care hub more.

About Health Boards, Welsh Ambulance Service and other emergency responders...

- **Feedback** - There is scepticism about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in a worse service. Emergency Medical Retrieval and Transfer Service is seen as providing comfort to communities, especially as delays in handovers affect the Welsh Ambulance Service Trust's ability to respond. There's concern that any base moves could negatively affect other emergency responders in the Powys area. Additionally, there's concern about paramedic staffing levels in mid and rural Wales.

About EMRTS Staff...

- **Feedback** – All staff are driven by serving patients who need the EMRTS critical care. There appeared to be more interest amongst staff from north and mid Wales than from south based teams based on session attendance. Responses from participants generally fell in two categories: support for developments that would enable as many patients to receive the service as possible, and those who want to maintain the current base arrangements. Staff have different views on how the current high under-utilisation levels affect staff as some feel that not responding to enough jobs adversely affected their clinical proficiency whilst others feel that training scenarios are sufficiently maintain clinical competencies. Some concern expressed about working different shift patterns and the potential loss of skilled staff should any changes take effect and staff did not

want to change their base arrangements. Some staff also concerned about optics of 'leaving communities' where they have been for some time. Some staff also expressed support for Option 6c.

About the Charity...

- **Feedback** - There are concerns that the Charity will lose the goodwill of support in base location areas, potentially leading to a decrease in charitable donations and destabilising the partnership service. Additionally, there's concern that the Charity may not support the decision of the EAS Committee. Stakeholder relations and potential reputational damage are also concerning. However, there is expressed support for working with the Charity and Emergency Medical Retrieval and Transfer Service on initiatives such as addressing flooding risks in Welshpool and fundraising efforts. There's a strong sense of support and passion for the service, with a feeling of local "ownership". Moreover, there's a perception that communities in rural and mid Wales are the most generous donors to Charity fundraising efforts.

About Welsh Government and Policy Makers...

- **Feedback** - There are concerns about the funding of the air ambulance service in Wales, with a view that it should be entirely funded by the Welsh Government. There's a request to consider additional bases and funding rather than relocating existing base locations. Additionally, there's a perception that citizens in mid and rural Wales are disadvantaged compared to those in urban areas in the north and south by public services generally. There's also concern that the new 20mph speed limit will negatively impact road ambulance response times, exacerbating existing challenges. Citizens were keen to see more engagement from Welsh Government.

About the engagement and decision-making processes...

- **Feedback** - supports the proposed evaluation factors and suggested adjusted weightings for them. There has been a mix of positive and negative sentiment: acknowledgment of the thoroughness, transparency, and delivery of the engagement process; and criticism for alleged 'bias' in questionnaire design, and pre-determined decision making. The feedback reflects how the Commissioner has been trusted and seen as someone who keeps promises and is true to their word in this Review. The clear presentation of complex information is appreciated, as is the use of different data ranges and the development of options. The level of detail provided is also appreciated and maintaining openness and transparency throughout was requested. However, feedback received later during the engagement sees some criticism for information being too complicated and some queries and scepticism about the engagement, purpose and approach to the Options Appraisal and decision-making processes.

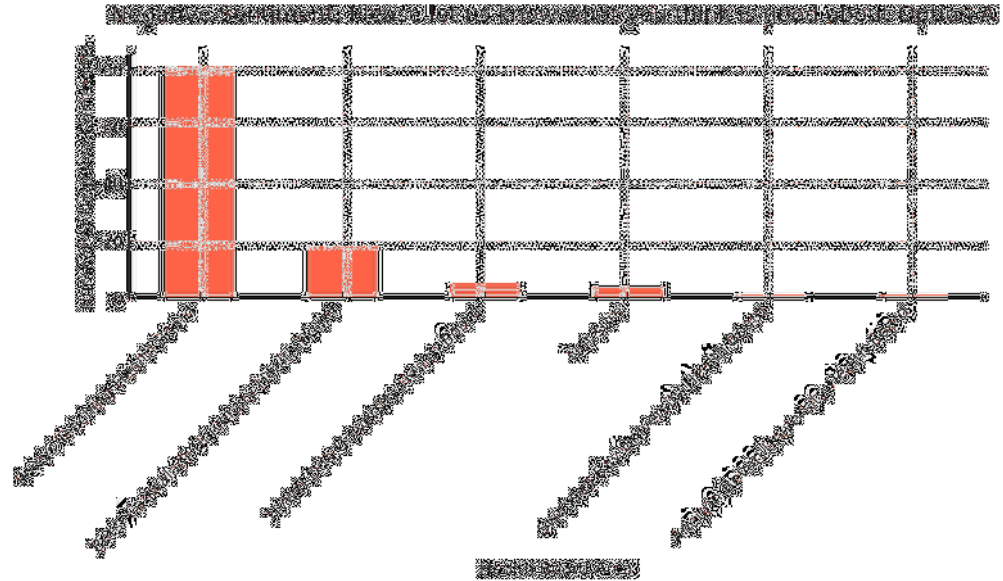
About Options Developed...

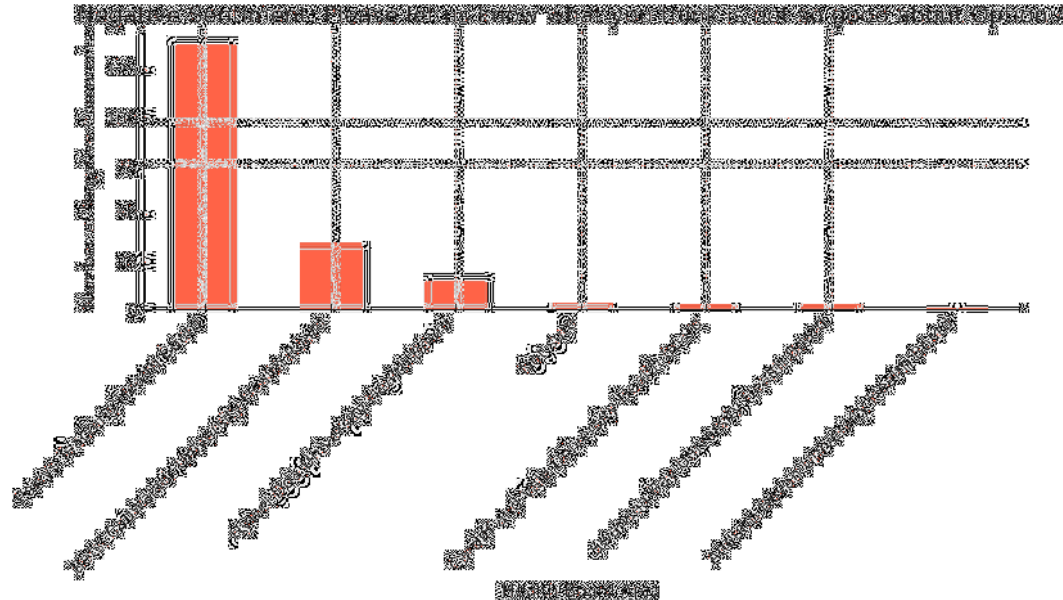
- **Feedback** - The feedback indicates support for Option 1 (do nothing), suggesting that maintaining the current setup is preferred by majority of respondents from areas near to Caernarfon and Welshpool bases. However, in Phases 2 and 3 there is support for Option 6c (neither option A or B) from PTUHB and BCUHB areas specifically. Option 6c proposes the consideration of a 'forward operating base' for Caernarfon and Welshpool to utilise in any occurrence, including fuel and clinical stock, for added resilience (i.e. for teams to operate from different locations when on shift). There is support for making Welshpool or Caernarfon bases operational 24 hours a day, which would provide an additional night service to better serve the needs of the communities.

There is a consistent view from stakeholders that the gains illustrated in the modelling are too marginal to justify any reconfiguration, especially considering the margin of error with modelled data.

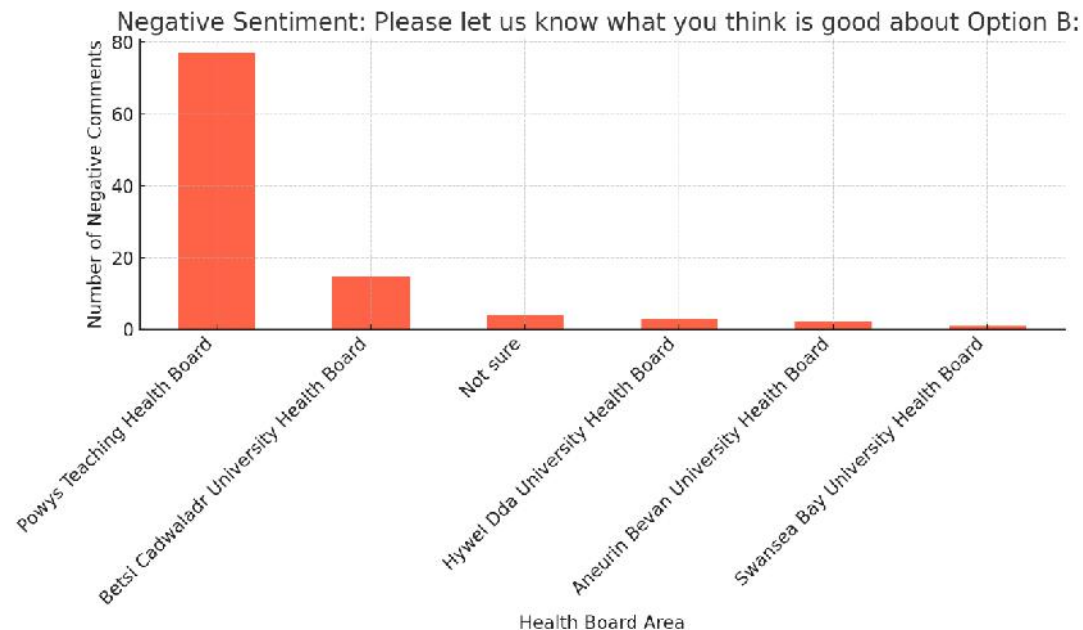
Feedback about Options A and B are set out below.

'Good' about Option A: Despite being a prompt for positive comments about Option A, there was a substantial number of negative sentiments, particularly from the PTHB (**81**) and BCUHB (**18**). This indicates that respondents from this area struggled to identify positive aspects of Option A, and their comments were instead reflective of underlying concerns or dissatisfaction. Age groups with the most negative sentiment were predominantly 65+ years (**53**) and 55-64 years (**29**).

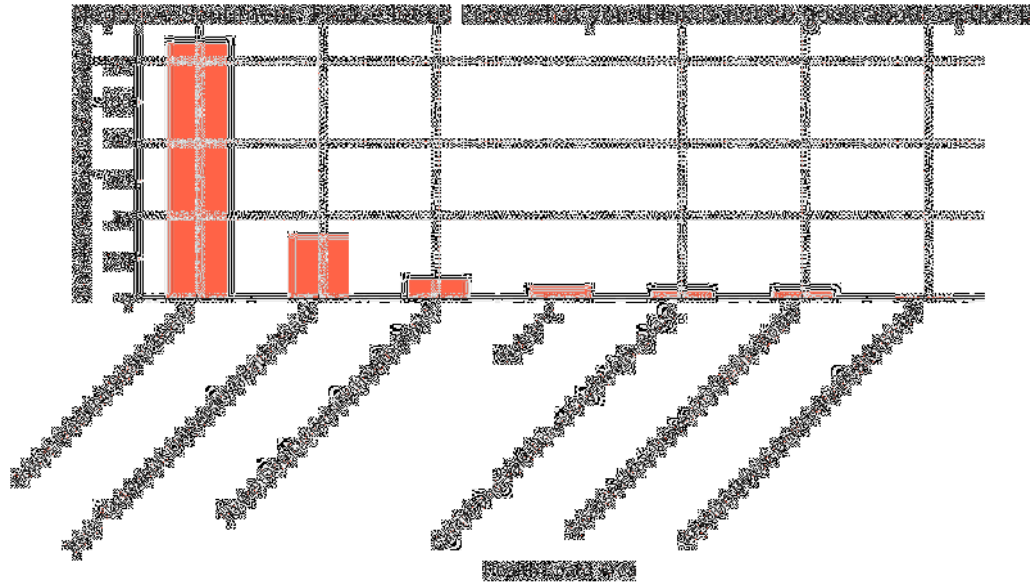




'Not So Good' about Option A: A large number of negative comments were noted, again with PTHB leading significantly (**138**), followed by BCUHB (**35**). This suggests that the concerns in this area are particularly strong regarding Option A. The age groups 65+ years (**72**) and 55-64 years (**56**) showed the most negative sentiment.



'Good' about Option B: Similar to Option A, the prompt for positive comments about Option B still attracted negative sentiments, predominantly from PTHB (**77**) and BCUHB (**15**). Older age groups showed more negativity with 65+ years (**42**) and 55-64 years (**33**) leading.



'Not So Good' about Option B: This aspect also revealed a high volume of negative comments from PTHB (**130**) and BCUHB (**33**). They highlight specific areas of concern or dissatisfaction with Option B among residents, which may require further attention and action. The 65+ years (**74**) and 55-64 years (**51**) age groups were again the most represented.

Across all categories, PTHB area consistently stands out with the highest number of comments. This suggests a strong level of dissatisfaction or concern in this area regarding both Options A and B.

The BCUHB area also shows considerable concerns, although less than Powys, indicating it is another key area of concern.

Age-wise, most feedback is from the older age groups, particularly those aged 65+ years and 55-64 years. This trend suggests that these age groups may have specific concerns or expectations that are not met by Options A and B.

The concentration of negative sentiment in these specific Health Board areas and among older age groups could be indicative of areas where additional focus is needed to address concerns, possibly related to healthcare access, quality of services, or communication about the changes proposed in Options A and B.

Equalities Impacts...

- **Feedback** – Feedback showed a perception of negative impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. There is a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999.

Impact on Well-Being of Future Generations Act

This section summarises some of the impacts on wellbeing that we have heard during the engagement from respondents in the Caernarfon and Welshpool bases surrounding areas:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate	People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality

Wellbeing Goal	Considerations	Examples of Feedback
	A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.	Concerns about weather, more frequent flooding affecting ability for road responses.
A resilient Wales	<p>People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological</p>	<p>Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services.</p> <p>During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents.</p> <p>Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe.</p>

Wellbeing Goal	Considerations	Examples of Feedback
	resilience and the capacity to adapt to change (for example, climate change).	Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.
A healthier Wales	People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the harm caused by alcohol and or non-	Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services. There's concern that any base moves could negatively affect other emergency responders in the Powys area.

Wellbeing Goal	Considerations	Examples of Feedback
	<p>prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.</p> <p>A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p>	<p>Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre-hospital critical care service meant that many felt this was very important as they did not have a district general hospital</p>
A more equal Wales	<p>A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).</p> <p>People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities</p>	<p>Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high-end service seemed to escalate the perceived impact.</p> <p>A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of cohesive communities	<p>People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identify; cultural and spiritual ethos</p> <p>Attractive, viable, safe and well-connected communities.</p>	<p>Local communities visited had a high-level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain this. There was balance, that the service should see as many people as possible, as long as this did not move the base.</p> <p>Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they felt the service was closing and there would not be a service. Despite reassurances this message appears to be unheard.</p> <p>Respondents have identified concerns about overall community viability and cohesiveness about public services generally. They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	<p>A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p> <p>People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life</p>	<p>No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually</p> <p>There are opportunities to continue to support and develop the service through the medium of Welsh.</p>
A prosperous Wales	<p>An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p> <p>People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working conditions</p>	<p>People raised the dangerous occupations regularly.</p> <p>Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.</p>

Summary of Emergent Themes

There was good quality dialogue and/or feedback in all sessions - drop-ins, in-person public meetings, and virtual/on-line.

Whilst the focus of the engagement has been on the EMRTS Service Review and how to develop the air ambulance service that is provided in partnership by the Wales Air Ambulance Charity and Emergency Medical Retrieval and Transfer Service Cymru (NHS Wales), throughout the dialogue feedback surfaced that covered health and social care issues more broadly. This has provided rich intelligence shared with colleagues across NHS Wales and Welsh Government.

Many personal experiences and testimonials were shared during the engagement through all response routes. This feedback highlights the value placed on the service and the general sense of anxiety over any proposed base move amongst respondents living in the Caernarfon and Welshpool areas (BCUHB and PTHB.)

It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional RRV coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.

- Calls for decision-makers to reconsider proposed options and prioritize the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the needs of rural communities and protected characteristic groups, ensuring timely access to pre-hospital critical care and maintaining essential life-saving services across Wales.

Notwithstanding the concerns of the public and stakeholder feedback in these areas there is a consensus of understanding that:

- Un-met patient need must be provided for by the service; and
- Highly skilled clinical teams need to be used in the best way to provide for patients.

In addition, the national feedback concluded the following priorities:

- everyone in Wales should have equal access to the service;
- the service should be structured to treat as many people as possible
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

After the engagement phase had concluded, further questions have been raised that are detailed in Appendix C for completeness.

10. Governance and Risk Issues

In conducting this engagement, the EASC Team has followed the Welsh Government's extant guidance on engagement, with advice from the national leads of Llais, as well as working with communication and engagement and service change leads of NHS Wales Health Boards.

Equality Impact Assessments (EIA's) were produced at intervals throughout the engagement and were made available to the public. The EIA has been done in line with Cwm Taf Morgannwg University Health Board's (CTMUHB) process, as the host organisation for EASC.

Feedback from the engagement on equality impacts have been identified and are reflected in the Engagement Findings section and noted in the updated EIA [LINK TO FOLLOW](#). The themes highlight the importance identified by the respondents to the need to address the unique needs of rural communities, those with protected characteristics under the Equality Act 2010 and those who are socially and economically disadvantaged, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales. The extra mitigating actions detailed in the Follow Up Actions section detail the mitigations being proposed to address the potential impacts on these groups.

Feedback highlighted perceived negative impacts on various equality characteristics. It is unlikely that the Review will have any specific impact on this as the service is provided to all based on clinical need alone. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.

Because of the importance of the issues under consideration as a result of this engagement and the strength and breadth of concerns raised, the EAS Committee decided that the preferred and recommended option going to Committee for decision would also be taken back to each respective Health Board for individual Board consideration before a collective Joint Committee decision is made.

The Committee has noted the following risks throughout the Review:

- There is an ongoing risk of delaying service reconfiguration in delivering more critical care to patients across Wales where unmet patient need has been identified as approximately 2-3 patients per day across Wales.
- There is also the matter of ongoing under-utilisation of clinical teams across EMRTS in the context of ongoing unmet patient need across Wales.
- Staff morale within EMRTS as detailed in the feedback.
- Any changes to the planned and agreed engagement and decision-making process and ensuing adjusted timeline could affect the Wales Air Ambulance Charity's position within the partnership arrangement.
- Potential loss of good will and fundraising support for the Charity.

11. Follow Up Actions

Some of the emerging issues are not within the scope of the Review such as the 'loss of public services in rural communities'. However, the Commissioner's role presents a unique opportunity to recommend some mitigations to address some of the issues raised in the engagement.

These mitigations could help to address the issues heard in the public engagement about concerns that:

- WAST services are regularly being pulled out of area and lengthy handover delays negatively affecting ability to respond to communities
- Mid, rural, and coastal communities are more vulnerable and 'less equal' than those in urban areas (that are found closer to better road infrastructures and general hospitals) and therefore need something more tailored to suit their rural needs
- EMRTS is too specialised. The service could respond to a wider range of conditions in rural and remote areas through a more tailored clinical response model
- Paramedic staffing levels in mid and rural north Wales are difficult
- EMRTS staff retention could be negatively affected with any base moves
- The Charity could lose the goodwill of support in base location areas. The impact on charitable donations could reduce and destabilise this important service
- The vulnerability of rural communities generally (the sense of 'all other services have been lost already')
- Current bases seen as a 'local lifeline' and seeing the air ambulance is reassuring to communities.

These mitigations have developed throughout the engagement process. They have surfaced in response to the extensive listening during earlier engagement phases, as detailed in the list above. The mitigations involve placing bespoke road-based enhanced and/or critical care services in rural and remote areas. This could give better geographical coverage. These mitigations could be taken within normal 'business as usual' arrangements and therefore with no added costs. This forms Recommendation 4 in the Review.

12. Conclusions

The engagement exercise has engendered considerable public interest and significant overall numbers of participants/responses between March 2023 and February 2024 inclusive.

The emerging themes of feedback has been consistent throughout all three phases of engagement with little variation between phases. The feedback received in the most recent engagement – Phase 3 – has not identified anything materially different from earlier phases.

A number of key issues and themes have been identified, which have been useful in informing future plans and actions:

- The majority of responses from PTHB and BCUHB areas specifically have expressed concern about any base location changes to Welshpool and Caernarfon respectively, believing that they would have a detrimental impact on people living in these areas being able to receive the service.
- The representative sample survey of Wales (via the Picker Institute) presented a national perspective and showed support for everyone in Wales having equal access to the service, structured to treat as many people as possible, with a plan for the service to support patients to the same standard as it does today.

Feedback from all engagement phases have been considered at each stage and has helped the development of a preferred and recommended option for Health Board consideration and Committee decision as detailed in the EMRTS Service Review document.

If the operational base changes do go ahead there is potential for adverse impact on some EMRTS staff, who may not want to change their operational bases; and the Charity, which may lead to a reduction on charitable donations.

The Committee, EMRTS and the Charity should consider options for monitoring these potential impacts so that action to address this service sustainability can be kept under review. A schedule for reporting to EMRTS staff,

Llais and communities on progress to deliver agreed mitigations and on monitoring these possible impacts should be agreed.

13. Next Steps

This Engagement Report will be shared with the EAS Committee at the meeting on 19 March 2024 along with the EMRTS Review document, updated EIA, written feedback from Llais and Committee paper. All Health Boards will consider the same papers prior to an extraordinary committee meeting being held on 28 March 2024 to consider feedback from these meetings and to make a decision on the way forward.

A review and learning session will be held to reflect on the experience of this engagement and help inform the wider development of the Committee's approach to continuous engagement and involvement.

Contact Details

The Chief Ambulance Services Commissioner and the Emergency Ambulance Services Committee team can be contacted in the following ways:

In writing: Emergency Ambulance Services Committee
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Phone: 01443 471520

Website: www.easc.nhs.wales

APPENDIX A - Phase 1 Sessions Timetable

Venue	Format	Date	Times
Bear Lanes Shopping Centre, Broad St, Newtown SY16 2QZ	Drop-Ins	Tue 04 April	9.30am-1.30pm
Tesco, Pool Rd, Newtown SY16 1DW			11am-3pm
The Monty Club, 11 Broad St, Newtown SY16 2LU	Public Meetings	Tue 04 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Microsoft Teams	Virtual Public Meeting	Tuesday 11 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Tuesday 11 April	6pm-7pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Drop In	Thursday 13 April	11-2pm
Royal Welsh Showground – Members Centre Builth Wells	Public Meeting	Thursday 13 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Microsoft Teams	Virtual Public Meeting	Monday 17 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Monday 17 April	6pm-7pm

Venue	Format	Date	Times
The Community Hall, Bowling Green Ln, Knighton LD7 1DR	Public Meeting	Tuesday 18 April	6pm-7pm
Microsoft Teams	Virtual Public Meeting	Thursday 20 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Thursday 20 April	6pm-7pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Drop In	Wed 26 April	11-3pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Public Meeting	Wed 26 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Byw'n Iach Glan Wnion (Fitness & Sports) Dolgellau, Arran Rd, Dolgellau, LL40 1LH	Drop In	Thursday 27 April	12-3pm
The Celtic Royal Hotel Caernarfon	Public Meeting	Thursday 27 April	5.30pm-7pm
Ysgol Glan Y Mor, Pwllheli, LL53 5NU	Public Meeting	Friday 28 April	7-8pm
Eagles Meadow Shopping Centre, Smithfield Rd, Wrexham LL13 8DG	Drop In	Wed 03 May	12pm-3pm
Holt Lodge, Wrexham Rd, Holt, Wrexham LL13 9SW	Public Meeting	Wed 03 May	5.30pm-7pm

Venue	Format	Date	Times
Bayview Shopping Centre, Sea View Rd, Colwyn Bay LL29 8DG	Drop-In	Thursday 04 May	10am-2pm
Byw'n Iach Bro Dysynni, High St, Tywyn LL36 9AE	Drop-In	Thursday 04 May	10am-2pm
Microsoft Teams	Virtual Public Meeting	Monday 15 May	1pm – 2pm
Microsoft Teams	Virtual Public Meeting	Monday 15 May	6pm – 7pm
Aberystwyth Football Club Park Avenue, Aberystwyth SY23 1PG	Public Meeting	Wednesday 17 May	6pm – 7pm
Microsoft Teams	Virtual Public Meeting	Thursday 18 May	12.30pm – 1.30pm
Microsoft Teams	Virtual Public Meeting	Monday 22 May	1pm – 2pm
Y Plas, Machynlleth, Powys, SY20 8ER	Public Meeting	Tuesday 23 May	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Byw'n Iach Bro Dysynni (Fitness Centre), High Street, Tywyn, LL36 9AE	Public Meeting	Wednesday 24 May	6.30pm-7.30pm
Ysgol Uwchradd Bodedern, Bro Alaw, Bodedern, Ynys Môn, LL65 3SU	Public Meeting	Thursday 25 May	6pm-7.30pm
Microsoft Teams	Virtual Public Meeting	Wednesday 31 May	1pm – 2pm
The Monty Club, 11 Broad St, Newtown	Public Meeting	Monday 05 June	6pm-7.30pm

Venue	Format	Date	Times
SY16 2LU			

APPENDIX B - Phase 2 Sessions Timetable

Venue	Format	Date	Time
Welshpool Town Hall 42 Broad St, Welshpool, SY21 7JQ	Public Drop-in	Thursday 12 October 2023	12:00 - 15:00
Welshpool High School Salop Rd, Welshpool, SY21 7RE	Public Meeting	Thursday 12 October 2023	18:30 - 19:30
Theatr Hafren - Newtown Campus Llanidloes Rd, Newtown, SY16 4HU	Public Drop-in	Friday 13 October 2023	12:00 - 15:00
Newtown High School Dolfor Road, Newtown, SY16 1JE	Public Meeting	Friday 13 October 2023	18:30 - 19:30
Machynlleth Rugby Club Plas Grounds, Bank Lane, Machynlleth, SY20 8EL	Public Drop-in	Monday 16 October 2023	12:00 - 15:00
Ysgol Bro Hyddgen Greenfields, Machynlleth, SY20 8DR	Public Meeting	Monday 16 October 2023	18:30 - 19:30
Bangor City Council Offices Ffordd Gwynedd, Bangor, LL57 1D	Public Drop-in	Tuesday 17 October 2023	12:00 - 15:00
Bangor City Council Offices Ffordd Gwynedd, Bangor, LL57 1D	Public Meeting	Tuesday 17 October 2023	18:30 - 19:30
Plas Heli Glan y Don Industrial Estate, Yr Hafan, Pwllheli, LL53 5YT	Public Drop-in	Wednesday 18 October 2023	12:00 - 15:00
Ysgol Glan Y Mor Pwllheli, LL53 5NU	Public Meeting	Wednesday 18 October 2023	18:30 - 19:30
Microsoft Teams Live Event (Joining Link)	Virtual Meeting	Public Thursday 19 October 2023	18:30 - 19:30
Microsoft Teams Live Event (Joining Link)	Virtual Meeting	Public Friday 20 October 2023	13:00 - 14:00

APPENDIX C – Further Queries

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Mission Creep / Narrative slippage Case for change and not understanding why; use of old data	<i>The EMRTS Service Review has comprehensively reviewed the EMRTS service which was started afresh. The level of unmet need for patients remains between 2 and 3 people per day. The review identifies clearly why doing nothing is not a viable option.</i>
Fait accompli of options provided for the 'desired result'	<i>As requested by EASC – HB representatives were nominated and attended the Option Appraisal workshop where all six options were assessed. Two clear top scoring options emerged and additional criteria were identified as needing to be developed</i>
The Unmet Need – questioning the numbers and how these vary across Wales	<i>This is correct – the change, if approved, will not meet all unmet need but will make inroads into reducing the level. The issue of unmet need is addressed in the Review document.</i>
Lack of clarity on additional scene attendances (not worth the effort of moving a base)	<i>5 criteria have been used to assess options and additional factors identified in the engagement process – have also been taken into account. As stated, this is not just about chasing numbers.</i>
No robust evidence of clinical outcomes for the unmet need cohort	<i>Service evaluation report included in the Review which clearly described beneficial clinical outcomes.</i>
Underutilisation and dispatch protocols disadvantaging mid /north assets	<i>Utilisation and dispatch protocols included in the Review.</i>
No rationale for reorganisation	<i>Case for change and rationale included in the Review.</i>

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
The 'additional extras' – no opportunity for the public to comment on the detail (within the consultation process)	<i>Recognised and included in the Review.</i>
Separate additional critical care provision in rural Wales from this unnecessary centralisation	<i>It is difficult to separate the issue, but considered in the Review</i>
The Scoring/Ranking Workshop - why hold a workshop? And only identify 2 preferred options and challenge on the impartiality of the process and the 'experts' in attendance	<i>Phase 1 and 2 recognised the need to evaluate options against a range of key criteria - factors and weightings. EASC agreed that health boards should participate and nominated key senior staff to attend, from a range of disciplines</i>
	<i>Members of the Air ambulance charity and EMRTS were present at the workshop to answer technical questions and did not take part in the scoring of the options. Details of the workshop are included in the Review The workshop was well evaluated by the representatives Detailed information was made available prior to the workshop Option appraisal workshops are a key element to Review processes The EASC team and myself did not participate in the scoring of the options.</i>
No public participation in the Option Appraisal Workshop	<i>The public were asked to comment on the factors, weightings and options in phase 2 prior to the workshop. The weightings were amended in line with the feedback received.</i>
The Preferred Options - little variation between option A and B	<i>This was the result of the Option Appraisal Workshop which I carried out fairly and consistently</i>

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Claims of improved services being unsubstantiated and reduced population coverage	<i>This is factually incorrect</i>
Risk of both aircraft off line at once and weather issues	<i>Weather information previously shared, risk of consolidating assets in one base understood</i>
Potential loss of skilled staff, impacting recruitment and retention	<i>Recognised and included as a factor in the option appraisal</i>
The loss of the aircraft as an 'anchor' for Critical Care services in Mid and North West Wales	<i>Not clear what this means as aircraft will not be lost - this is an all Wales pre hospital critical care service</i>
Irreversibility of the change	<i>Recognised and understood</i>
The lack of a proven, sustainable model for RRV provision to/in Mid and North West Wales when the aircraft is offline, and the inability of the RRVs to attend incidents across a substantial area of Mid/North West Wales if centrally based at Rhuddlan.	<i>Agree - the location of RRVs is critical for the population of the whole of mid and north Wales</i>
Additional flying time and topography	<i>These are taken into account in the report</i>
The Questionnaire was 'leading' and the document was overly long at 80+ pages and did not meaningfully engage with the public; suggestions for other ways of engaging were provided	<i>Every effort was made to ensure that all of the relevant information was shared. Engagement leads in health boards supported the work and it was in line with best practice An easy read version was produced to help all members of the communities and there were 11 ways of responding to the engagement including by telephone and email</i>
Ministerial Oversight – Llais asked to take up concerns raised with the Minister	<i>Noted</i>
Need for ongoing monitoring, benchmarking and appraisal of the new operating model to be independent of EMRTS and Charity management	<i>Agree - commissioning approach</i>

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Raised issues in relation to the Wales Air Ambulance Charity; damage to the brand; raising funds	<i>These are matters for the Charity – however, they are trusted and key partners and provide 2/3 of the funding for this amazing service</i>
Our preferred option from the consultation shortlist continues to be Option 6. We strongly believe that the only acceptable option would see the retention of 4 separate crewed air bases, with helicopters and RRV backup, at their current geographical distribution, and would wish to see this provision enhanced in order to meet the unmet need identified, especially through the development of a 'late shift' (or potentially 24 hour operation) in Mid/North Wales and the provision of a RRV capable of responding to the needs of the more urban-based population of North East Wales.	<i>Noted</i>
Following consideration of points raised in your most recent report however, we understand and appreciate the shortcomings of Option 6.	<i>Noted</i>
Preferred options – additional new options for Caernarfon and Welshpool including relocation of Caernarfon	<i>Recommendations have been made in the Review</i>

Issue raised	CASC Response
<p>On the process:</p> <ul style="list-style-type: none"> Llais doesn't feel that 5 days to respond to such a detailed engagement report is sufficient time to analyse the report and provide detailed points of feedback, so our feedback is more general in its nature. 	<p>I apologise for the short time given to respond.</p> <p>As always, thank you for your feedback.</p> <p>I was aware of the short timescales for this work and I hope that providing the weekly snapshot reports on a weekly basis and by providing the composite report was at least helpful in sharing the feedback received during this Phase 3 of the engagement process</p>
<ul style="list-style-type: none"> Not having the Service Review Report or the EIA makes it difficult to fully assess the engagement report in context. 	<p>Again apologies for this they were being drafted. We would welcome your comments on the report and will consider them as well as the feedback from health boards at the EASC meeting on 28 March 2024</p>
<ul style="list-style-type: none"> It is not clear when reading the Engagement Report what some actions and changes mean for example: <i>" the Commissioner is proposing a bespoke and ring-fenced resource to be used within a different clinical model for rural communities"</i> Needs an explanation of what this means in practice? Page 37 – <i>"Option 6c proposes the consideration of a 'forward operating base' for Caernarfon and Welshpool to utilise in any occurrence, including fuel and clinical stock, for added resilience."</i> Needs an explanation of what this means in practice? Page 46 – <i>"The EIAs show that, regardless of the different options that have been developed and considered, the way patients get the EMRTS Service will not change."</i> In the absence of an EIA, this statement cannot be evidenced. Page 48 – <i>"These extra actions have developed throughout the evaluation process"</i> explanation is needed as to what the actions are and how have they been developed. 	<p>Thank you, this has been amended and forms the basis for recommendation 4 of the review. I will ensure that we explain fully what the proposed recommendations mean and would welcome further discussions with you if this would be helpful.</p> <p>This is the option that many respondents highlighted as one they could support. This is included in the engagement report (page 39) and has been edited to better explain that this means</p> <p>Thank you</p> <p>Apologies for not receiving the most recent EIA. The intention was to explain that patients would continue to access the service as now – via the 999 call to the ambulance service. Patient would</p>

Issue raised	CASC Response
	<p>not be aware where the team would be operating from in terms of the base as it would depend on their requirement and what type of team would be best placed to deliver pre hospital critical care to suit the incident</p> <p>This has now been amended to better explain this issue</p>
<ul style="list-style-type: none"> As much time as possible (at least 10 days) should be given between publishing the engagement report (and associated papers) and any decision meeting. This is to give everyone sufficient time to develop an informed opinion, to provide feedback, and meaningfully contribute. 	<p>Papers will be shared with EASC members 7 days before the meeting takes place in line with our usual practice. Health boards will also be considering the information and will receive the reports</p>
<ul style="list-style-type: none"> We feel it would be prudent that health boards make their decision before EASC meet. 	<p>Health boards have asked for a further meeting of EASC at the end of March and it has been agreed to hold this on 28 March at 5pm. EASC members have confirmed their attendance</p>
<ul style="list-style-type: none"> Will the notes made by the EASC team at the drop in sessions, the feedback responses, facebook comments and petitions be published for transparency? 	<p>It will be possible to provide the feedback responses but they will take some time to prepare to redact for public sharing. Many respondents provided individual stories and personal information. We can work with you to provide this information. The Picker Institute questionnaire information is already available with information</p> <p>Facebook – we did not receive feedback in this way</p> <p>We have some handwritten notes which have informed discussion and they could be transcribed with time and resource.</p> <p>Petitions - we received one petition and are aware of a further petition from mid Wales but have not received at time of writing</p>
<ul style="list-style-type: none"> Will all responses be published in a separate appendices? 	<p>As above, information can be shared following some additional work required to ensure patient identifiable information is redacted</p>
<p>On the report itself:</p>	
<p>The report is very long and is not written in everyday language. As a result, it will be hard for many people and communities across Wales to</p>	<p>The report has been written for the EASC Committee in the first instance</p>

Issue raised	CASC Response
fully understand and appreciate the content. Because of this we do not feel the report is accessible as it does not reflect the needs of the diversity of the population	
<ul style="list-style-type: none"> We suggest that the report is written in everyday language and consideration is given to how the document could be shortened and simplified without losing important information. 	I will discuss this with the Committee on 19 March and respond to you on this matter
<ul style="list-style-type: none"> Links to other documents with the engagement report should be kept to a minimum where completely necessary. 	Understood. Will make every effort to ensure this is kept to a minimum
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Use of acronyms and jargon should be avoided. 	Agree
<ul style="list-style-type: none"> <ul style="list-style-type: none"> An executive summary of maximum two pages should be produced. 	This has been produced and is included within the engagement report
<ul style="list-style-type: none"> <ul style="list-style-type: none"> An Easy Read version of the report and executive summary should be produced. 	I will discuss this with the Committee on 19 March and respond to you on this matter
<ul style="list-style-type: none"> Where 'Welsh Government's guidance' refers to the Welsh Government's Guidance on NHS Service Change this should be made explicitly clear. 	Agree - noted and edited
<ul style="list-style-type: none"> There are some typos and Americanisation of words within the document which will mostly likely be picked up in proof reading but we wanted to highlight these. 	Agree - noted and edited
<ul style="list-style-type: none"> The interchange between unmet need and lives saved may cause some confusion as they are both used in reference to rationale for the change. 	Agree - noted and edited
<ul style="list-style-type: none"> Suggest that '<i>The preferred option following the conclusion of the full engagement period, is set out in the EMRTS Service Review document and if adopted, also details how the service would operate</i>' on P7 is moved, or repeated, to the cover sheet. 	Agree - noted and edited
<ul style="list-style-type: none"> Page 13 references campaign groups had over 17K FB followers and two petitions are noted (p23), one with very significant responses, but no further comment made within the document. Readers would 	<p>Feedback was not collected by this route (Facebook)</p> <p>Reference on petitions has been included in the findings section. Only one petition received to date (although we are aware of another)</p>

Issue raised	CASC Response
<p>expect to understand if there analysis of this feedback and how has it been considered.</p>	
<ul style="list-style-type: none"> Llais acknowledges that the report EASC response to the feedback address some of the concerns raised through feedback directly. Some of the responses could be simplified and softened as they read as defensive or dismissive of peoples concerns as currently written. 	<p>Agree - noted and edited</p>
<ul style="list-style-type: none"> There is a very clear gap in engagement with people under the age of 45 (p26), there is no reference to how efforts were made to engage this demographic. 	<p>This was raised in the weekly snapshot reports submitted to health boards and they utilised their local engagement strategies to engage with local communities. Data completion in sharing was optional. Engagement did take place with all members of the community during face to face meetings and a representative sample was captured by the external provider in the YouGov survey. Hope this is helpful</p>
<ul style="list-style-type: none"> P49 - <i>The Commissioner has provided comprehensive responses to concerns, by giving reassurance regarding any perceived impact and advising of additional actions being undertaken to offset/mitigate the concerns.</i> As concerns still remain, as evidenced from the Phase 3 sentiment, Llais suggests rewording this. 	<p>Agree - noted and edited</p>
<ul style="list-style-type: none"> The report has very fairly and honestly reflected the sentiment for and against the different options and provides an honest reflection of the feedback Llais has seen. 	<p>Thank you, my intention throughout has been to openly and honestly engage with the public</p>

Following the engagement phase – further questions have been raised:	CASC Response
Mission Creep / Narrative slippage Case for change and not understanding why; use of old data	The EMRTS Service Review has comprehensively reviewed the EMRTS service which was started afresh. The level of unmet need for patients remains between 2 and 3 people per day. The review identifies clearly why doing nothing is not a viable option
Fait accompli of options provided for the ‘desired result’	As requested by EASC – HB representatives were nominated and attended the Option Appraisal workshop where all six options were assessed. Two clear top scoring options emerged and additional criteria were identified as needing to be developed
The Unmet Need – questioning the numbers and how these vary across Wales	This is correct – the change if approved will not meet all unmet need but will make inroads into reducing the level. The issue of unmet need is addressed in the Review document
Lack of clarity on additional scene attendances (not worth the effort of moving a base)	5 criteria have been used to assess options and additional factors identified in the engagement process – have also been taken into account. As stated, this is not just about chasing numbers
No robust evidence of clinical outcomes for the unmet need cohort	Service evaluation report included in the Review which clearly described beneficial clinical outcomes
Underutilisation and dispatch protocols disadvantaging mid /north assets	Utilisation and dispatch protocols included in the Review
No rationale for reorganisation	Case for change and rationale included in the Review
The ‘additional extras’ – no opportunity for the public to comment on the detail (within the consultation process)	Recognised and included in the Review
Separate additional critical care provision in rural Wales from this unnecessary centralisation	It is difficult to separate the issue, but considered in the Review

Following the engagement phase – further questions have been raised:	CASC Response
The Scoring/Ranking Workshop - why hold a workshop? And only identify 2 preferred options and challenge on the impartiality of the process and the 'experts' in attendance	Phase 1 and 2 recognised the need to evaluate options against a range of key criteria - factors and weightings. EASC agreed that health boards should participate and nominated key senior staff to attend, from a range of disciplines
	<p>Members of the Air ambulance charity and EMRTS were present at the workshop to answer technical questions and did not take part in the scoring of the options. Details of the workshop are included in the Review</p> <p>The workshop was well evaluated by the representatives</p> <p>Detailed information was made available prior to the workshop</p> <p>Option appraisal workshops are a key element to Review processes</p> <p>The EASC team and myself did not participate in the scoring of the options.</p>
No public participation in the Option Appraisal Workshop	The public were asked to comment on the factors, weightings and options in phase 2 prior to the workshop. The weightings were amended in line with the feedback received.
The Preferred Options - little variation between option A and B	This was the result of the Option Appraisal Workshop which I carried out fairly and consistently
Claims of improved services being unsubstantiated and reduced population coverage	This is factually incorrect
Risk of both aircraft off line at once and weather issues	Weather information previously shared, risk of consolidating assets in one base understood
Potential loss of skilled staff, impacting recruitment and retention	Recognised and included as a factor in the option appraisal
The loss of the aircraft as an 'anchor' for Critical Care services in Mid and North West Wales	Not clear what this means as aircraft will not be lost - this is an all Wales pre hospital critical care service
Irreversibility of the change	Recognised and understood

Following the engagement phase – further questions have been raised:	CASC Response
The lack of a proven, sustainable model for RRV provision to/in Mid and North West Wales when the aircraft is offline, and the inability of the RRVs to attend incidents across a substantial area of Mid/North West Wales if centrally based at Rhuddlan.	Agree - the location of RRVs is critical for the population of the whole of mid and north Wales
Additional flying time and topography	These are taken into account in the report
The Questionnaire was 'leading' and the document was overly long at 80+ pages and did not meaningfully engage with the public; suggestions for other ways of engaging were provided	Every effort was made to ensure that all of the relevant information was shared. Engagement leads in health boards supported the work and it was in line with best practice An easy read version was produced to help all members of the communities and there were 11 ways of responding to the engagement including by telephone and email
Ministerial Oversight – Llais asked to take up concerns raised with the Minister	Noted
Need for ongoing monitoring, benchmarking and appraisal of the new operating model to be independent of EMRTS and Charity management	Agree - commissioning approach
Raised issues in relation to the Wales Air Ambulance Charity; damage to the brand; raising funds	These are matters for the Charity – however, they are trusted and key partners and provide 2/3 of the funding for this amazing service
Our preferred option from the consultation shortlist continues to be Option 6. We strongly believe that the only acceptable option would see the retention of 4 separate crewed air bases, with helicopters and RRV backup, at their current geographical distribution, and would wish to see this provision enhanced in order to meet the unmet need identified, especially through the development of a 'late shift' (or potentially 24 hour operation) in Mid/North Wales and the provision of a RRV capable of responding to the needs of the more urban-based population of North East Wales.	Noted

Following the engagement phase – further questions have been raised:	CASC Response
Following consideration of points raised in your most recent report however, we understand and appreciate the shortcomings of Option 6.	Noted
Preferred options – additional new options for Caernarfon and Welshpool including relocation of Caernarfon	Recommendations have been made in the Review



Chief Ambulance Services Commissioners Report

Emergency Medical and Retrieval Service - Service Review

Supporting Document 3 Picker Report



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Services Committee



Emergency Medical Retrieval and Transfer Service Review

Public Engagement Survey

Date: August 2023

Author: Sarah Gunn

Picker

Picker is a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care. We are here to:

- ◉ Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- ◉ Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- ◉ Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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Contents

Background	1
Key findings summary	2
Methodology	3
Overall engagement approach	3
Questionnaire development	3
Survey fieldwork	4
Online survey	4
Paper survey	4
YouGov Panel	4
Analysis and reporting	4
Questionnaire Routing	5
Data cleaning and validation	5
Derived questions	5
Weighted data	5
Data presentation	6
Survey results	7
Information about the Emergency Medical Retrieval and Transfer Service Review	7
Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service	9
Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service	12
Conclusions	13
Appendix 1 – Picker survey	14
Appendix 2 – Regions and Unitary Authorities	26

Background

A potential opportunity for a service development for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) was considered at the meeting of the Emergency Ambulance Services Committee (EASC) Joint Committee (consisting of health board Chief Executives) on 6 September 2022. At the meeting Members agreed that additional scrutiny would be undertaken in several key areas.

Given the above requirements and the challenges raised both by Committee members, members of the public, politicians, Llais members (the operational name of the Citizen Voice Body, formerly Community Health Councils, CHCs), and community groups; and to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team undertook to begin the process of undertaking this EMRTS Service Review afresh.

An impartial and objective scrutiny process is being led by the Chief Ambulance Services Commissioner and the team. This is independent of the assumptions and modelling included within the proposal, this is the “EMRTS Service Review”.

The intention is that the approach of undertaking analysis afresh and undertaking formal public engagement will enable the views and concerns of stakeholders to be understood, to agree the rules to be followed when developing options and to agree what is important when comparing different options as part of an open, transparent and robust process. The process is to explore and maximise the additional activity that could be achieved from existing bases and explore options to reconfigure the service.

The EMRTS Service Review was approached in two ways:

1. Face to face and online engagement sessions, led by the Chief Ambulance Services Commissioner and his team at EASC. These comprised:
 - Face to face drop in sessions
 - Face to face public meetings
 - Online public meetings.
2. Picker was commissioned to host, collate, and analyse the questionnaire response comprising:
 - Online survey
 - Hard copy survey data entry (via freepost)
 - Co-ordinate representative sample responses (online)

Picker is the external supplier secured to undertake the second part as detailed above to complement the engagement activities delivered by the EASC team. Picker’s remit was to provide an expert review, host an online survey, and provide a representative view of public perceptions on what constitutes high quality care. This report details the feedback collated and analysed by Picker and does not include the feedback gathered by the Commissioner and the EASC team at the engagement sessions held throughout Wales. Other than commissioning Picker, the EASC team has not been involved in the work done by Picker (data collection or analysis from online and hard copy responses).

Key findings summary

Information about the Emergency Medical Retrieval and Transfer Service Review

24% had heard about the Emergency Medical Retrieval and Transfer Service review from other information sources such as social media, news channels or other online content.

8% had visited the Emergency Ambulance Services Committee website and reviewed information on the Emergency Medical Retrieval and Transfer Service review.

5% of respondents attended one or more of the Emergency Medical Retrieval and Transfer Service review engagement events.

Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Respondents were most likely to agree with the following priority statements:

95% agreed an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason.

95% agreed if services change, there should be good training and support available for staff to make the best use of their advanced skills.

91% agreed everyone in Wales should have equal access to the service.

90% agreed before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

The three top priority statements¹ selected by respondents were:

- 1.** Everyone in Wales should have equal access to the service (61%)
- 2.** The service should be structured to treat as many people as possible (49%)
- 3.** Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (46%)

¹ The phrasing reflects the wording of the online questionnaire, in which definitions were not given and was open to interpretation by respondents. The EASC are resolute that any changes arising will be additionality of provision and not erosion of service.

Methodology

Overall engagement approach

The planned engagement approach is based on 3 key activity phases (Table 1).

Table 1. Engagement approach summary

Phase	Stage	Purpose	Timing
0	Brief (We are asking...)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us...)	Gathering of feedback on factors, weightings, and other suggestions to inform Options.	March-June 2023
2	Share (We are doing...)	Outline of Options developed from Phase 1 to explain Options going forward to EASC for decision and for public comment in advance of EASC final decision.	Autumn 2023

The work done by Picker forms part of Phase 1 that has focussed on ‘listening’ to comments, queries and gathering of feedback on how to develop options to further improve the air ambulance service in Wales.

Questionnaire development

The survey was designed collaboratively between Picker and the Emergency Ambulance Services Committee. The survey was designed to understand the public perspectives on three key areas:

- Information about the Emergency Medical Retrieval and Transfer Service Review.
- Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service.
- Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

The survey was available in English and Welsh (Appendix 1).

Survey fieldwork

The survey used multiple methods of data collection throughout fieldwork (Table 2).

Table 2. Response method count and proportion of total responses

Response method	Count	Proportion of total responses
YouGov panel survey	999	80%
Online survey	198	16%
Paper survey	53	4%
Total	1250	100%

Online survey

The survey was hosted on the third-party online survey portal Qualtrics. It was administered through an open link and QR code, distributed at public engagement events and available online via the EASC website. The online survey was available between 4 April 2023 and 16 June 2023. **The online survey received 198 responses.**

Paper survey

Paper surveys were distributed at public engagement events and returned to a data processing centre who actioned data entry of the responses. These responses were delivered to Picker and uploaded directly to the online survey platform. **The paper survey received 53 responses.**

YouGov Panel

The survey was conducted using an online survey administered to members of the YouGov Plc UK panel of 800,000+ individuals who have previously consented to take part in surveys.

Emails are sent to panellists selected at random from the base sample. The e-mail invites them to take part in a survey and provides a generic survey link. Once a panel member clicks on the link, they are directed to the online survey according to the sample definition and quotas. In this case, the sample definition was "Wales population", representative by geographical region and a quota set at 1000 respondents.

YouGov provided a data set of 1,001 responses, two were excluded as they did not meet the inclusion criteria due to geographical location. **The YouGov Panel received 999 responses.**

All collected data were aggregated into the same dataset. The combined data presented in this report provides a margin of error of $\pm 2.77\%$.

Analysis and reporting

Standard validation practices were used in the survey tool and on the data collected, in this and associated reports to improve representativeness. Practices are outlined below:

Questionnaire Routing

To improve respondent experience, routing was used in the online survey tool and YouGov Panel to ensure respondents were only shown questions that were relevant to them. For example, only respondents who indicated they had seen enough information when answering Q3: "Overall, do you feel like you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review" were directed to Q4: "Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service?"

Data cleaning and validation

When the survey closed, the raw data were analysed and feedback that did not meet the inclusion criteria was removed. Criteria for inclusion involved at least 1 completed question from Q2 to Q9 of the survey.

Derived questions

Some questions were not applicable to all respondents but were not preceded by a filter/routing question. These questions have response options such as "Don't know / Can't say". Overall percentages in this report were calculated after removing these non-applicable respondents (Figure 1). This ensures that the reported data remains focussed on those respondents to whom the question applied or who could recall the details. These questions are indicated using a plus (+) symbol, e.g., Q2_1 becomes Q2_1+.

Figure 1. Derived question example (unweighted data)

Q2_1 I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review engagement events			Q2_1+ I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review engagement events		
Yes	97	8%	Yes	97	8%
No	1090	89%	No	1090	92%
Don't know	35	3%			
<i>Total</i>	<i>1,222</i>	<i>100%</i>	<i>Total</i>	<i>1,187</i>	<i>100%</i>

Weighted data

Weighting is a statistical technique in which data is assigned appropriate weights to groups to bring under or overrepresented groups in line with the population.

The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample based on standard Wales demographics by geographic region. The profile is normally derived from census data or, if not available from the census, from industry accepted data. The data in this report has been weighted by region according to Office for National Statistics (ONS data).² The mapping of Unitary Authorities to regions can be found in Appendix 2, the regions are defined as per YouGov methods. To account for

² Mid-Year Population Estimates, UK, June 2020, Office for National Statistics
[<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesandscotlandandnorthernireland>]

67 respondents who could not be mapped to a Welsh region due to insufficient information, 67 respondents were added to the total population prior to the proportional calculation.

Table 3. Population and response data with assigned weights

Region	Population No.	% of Wales population	Response no.	% of response	Weight	Weighted % of response
North Wales	703,361	22%	220	18%	1.260824	22%
Mid and West Wales	522,749	16%	343	27%	0.601031	16%
South Wales West	538,488	17%	183	15%	1.160444	17%
South Wales Central	377,168	12%	66	5%	2.253655	12%
Cardiff	369,202	12%	122	10%	1.193443	12%
South Wales East	658,618	21%	249	20%	1.043117	21%
Unknown	67	0%	67	5%	0.000392	0%
Total	3,169,653	100%	1250	100%	-	100%

Data presentation

Throughout this report, percentages have been rounded to zero decimal places. This means that sometimes the total for a single-response question can be just below or above 100%. The percentages reported in this survey represent the weighted data.

Throughout this report, we provided the unweighted number of respondents to each question indicated as n=(x), where x equals the number of respondents. Because responding to each question was not mandatory, the number of respondents to each question varies throughout the results.

Reporting note

Comments, questions and themes received separately as part of the EMRTS service review have been collated by the EASC Team. These will be included in the final communications of this public engagement, in conjunction with findings presented in this report by Picker.

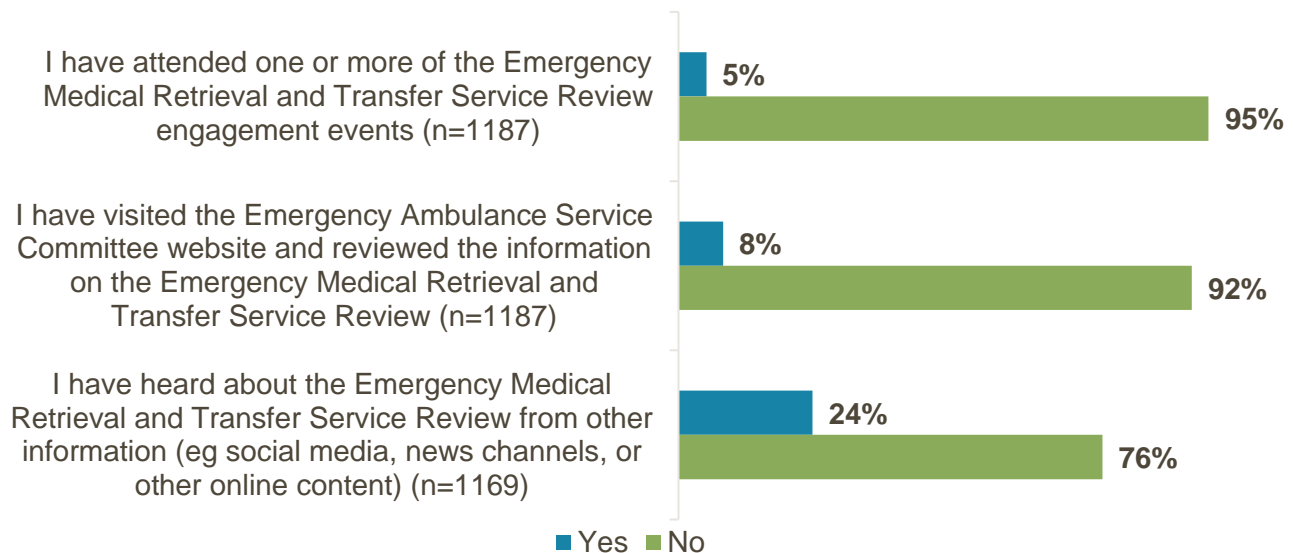
Survey results

Information about the Emergency Medical Retrieval and Transfer Service Review

The first section of the survey sought to understand the level of engagement and information the public has had with the EMRTS review. As shown in Figure 2:

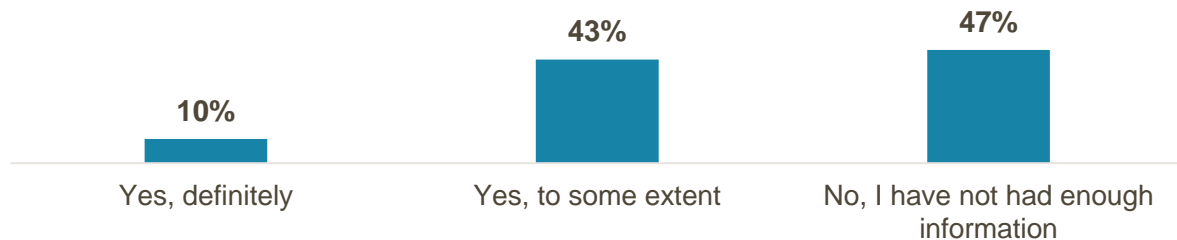
- 5% of respondents attended one or more of the EMRTS review engagement events (n=97)
- 8% had visited the EASC website and reviewed information on the EMRTS review (n=157)
- 24% had heard about the EMRTS review from other information such as social media, news channels or other online content (n=347)

Figure 2. Q2+ For each of the following statements, please select a response from the options below.



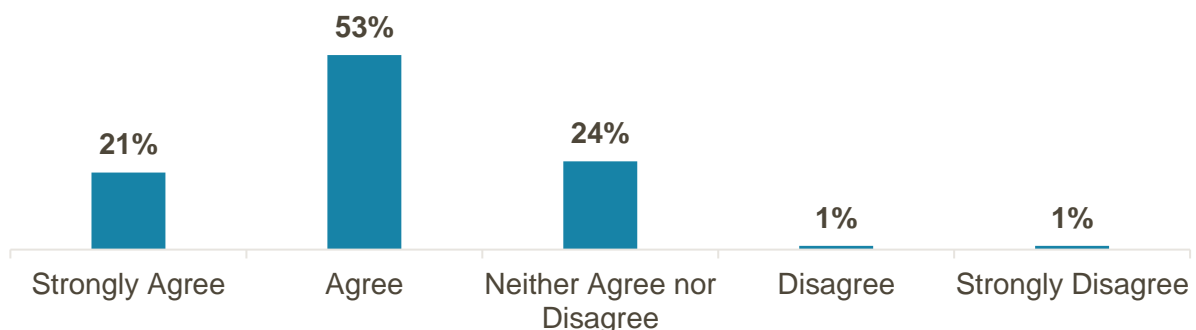
When asked whether respondents felt they have had enough information to understand the reasons for the EMRTS review (Figure 3), 10% said yes, definitely (n=95), 43% said yes, to some extent (n=348), while 47% said no, they have not had enough information (n=362).

Figure 3. Q3+ Overall, do you feel you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review? (n=805)



Almost three quarters of respondents (74%, n=383) agreed that based on the information they have seen, there is a need to review and improve the EMRTS. 24% neither agreed nor disagreed (n=120), while 2% disagreed there is a need to review and improve the service (n=12) (Figure 4Figure 5).

Figure 4. Q4+ Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service? (n=515)



A free text question was posed to respondents to ask if there was any additional information that they would have found useful in relation to the EMRTS Review. A number of respondents felt they required more information:

“I have not seen any information about it so perhaps a way of information getting to households in Wales would be good.”

“Full data analysis of the reasoning behind the review and proposed changes.”

“An engagement document which clearly outlines what you want views on. The only thing I can find is a presentation which seems to assume the need for change rather than demonstrate this. There is also a lack of clarity over what you are asking for views on and insufficient information in the presentation [regarding] this.”

Respondents also detailed their concerns about the review, and emphasised how important the air ambulance service is to remote areas:

“Air ambulance support is needed in rural areas where travel to hospital is prohibitive due to the rurality and road network. some farms for example are remote and when patients are in need of emergency medical treatment, air ambulance is a life saver.”

“As a business owner in a potentially hazardous occupation operating in remote locations, I am concerned the re-structure will mean less availability in the areas I operate.”

“Need to understand why they would close the Welshpool area. We need cover in these rural areas.”

“How are you going to get to an emergency fast in rural mid-Wales if you remove the air ambulance from Welshpool? North Powys has a large network of poor rural roads and no A & E department which means it takes a considerable time to get from an emergency to hospital. At the moment our air ambulance can be at the scene of an accident in a very short time, but how much longer would it take from an airfield in North Wales?”

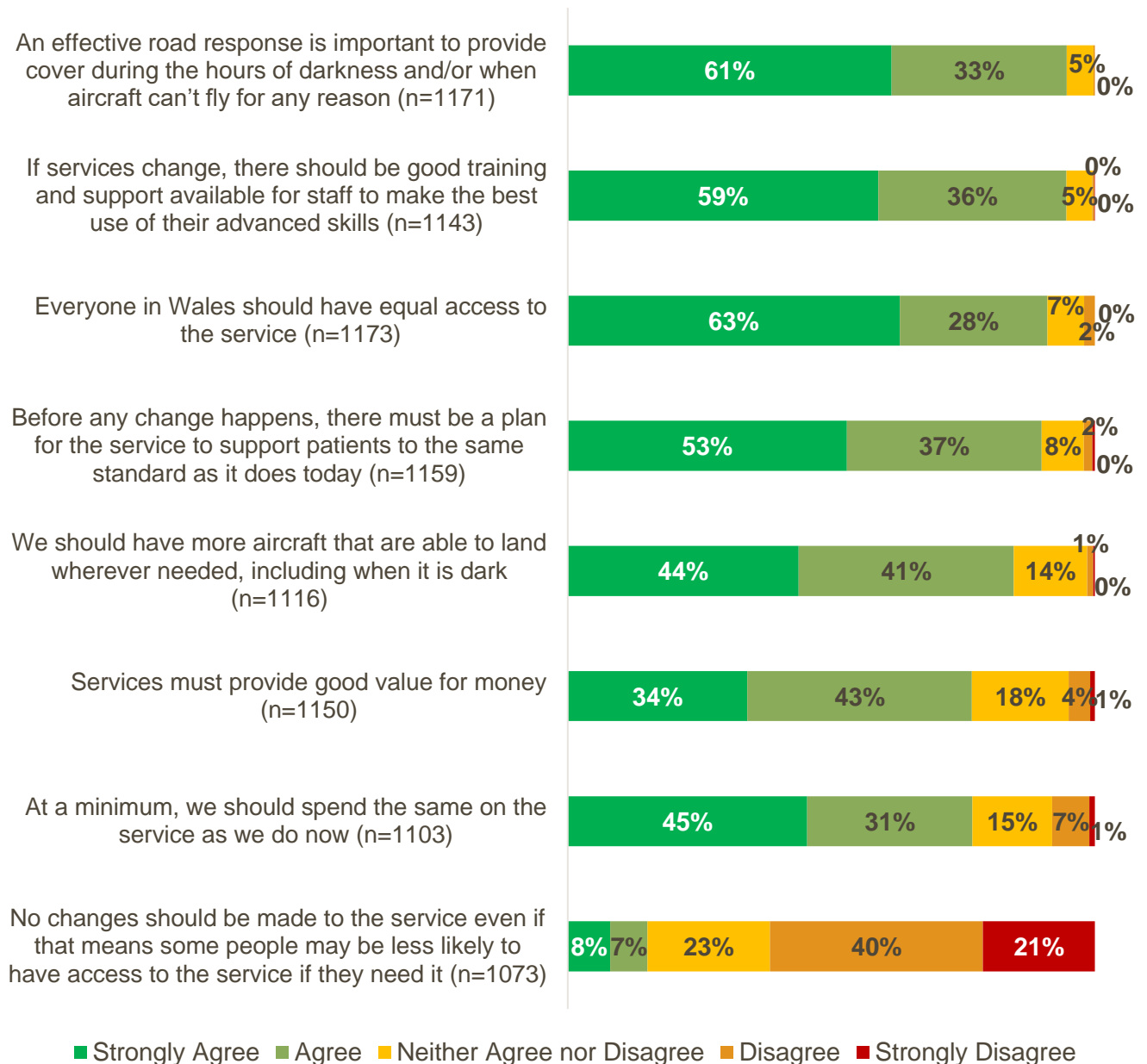
Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

To understand what is important to the Welsh Public when considering changes to the EMRTS, respondents were asked to what extent they agreed with priority statements developed by the Emergency Ambulance Services Committee.

As shown in Figure 5, Respondents were most likely to agree that:

- ◉ An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason (95%, n=1113)
- ◉ If services change, there should be good training and support available for staff to make the best use of their advanced skills (95%, n=1081)
- ◉ Everyone in Wales should have equal access to the service (91%, n=1067)
- ◉ Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (90%, n=1051)

Figure 5. Q6 Please select the extent to which you agree with the following statements.



All respondents were asked whether they had any comments in relation to the priority statements presented in the survey. A number of respondents commented on the funding necessary for the service:

"All the priorities rely on funding, what's the contingency plan for a revenue shortfall."

"For me, care is paramount. Cost is secondary. Healthcare and emergency response times, literally make the difference between life and death. Which is more important than the 'cost value.'"

"Having airborne transport that can land at night may make the cost untenable, but people's lives are priceless."

Several respondents highlighted the importance of the service for remote communities, and these communities need to be prioritised:

“Areas that are difficult to access by road should be prioritised such as rural over cities.”

“This service is critical to us as a rural farm community. We wouldn’t be able to get to hospital in the golden hour by road alone.”

“Prioritisation should be based on difficulty of access and time to get to the end location rather than ‘everyone has access’.”

“It is impossible to have equal access to all services for everyone in Wales unfortunately. That said we should consider that rural and coastal areas are vulnerable places and should be considered when looking to ensure emergency care.”

When asked if there were any other priorities that should be considered, respondents felt improvements could be made to medical emergency service and response across Wales and within hospitals:

“Improving average response times across Wales for all vehicles.”

“Improving land ambulance services especially when bed blocking compromises their job.”

“Keeping staff up skilled and using the most up to date medical equipment and upgrading vehicles when needed.”

“It’s not about people having fair access to the air ambulance, it’s about fair access to hospital in an emergency.”

“None of these things can be properly fixed in isolation- needs to be in conjunction with social care and hospitals.”

The source of funding was also raised, with respondents suggesting the Welsh Government provide funding for the air ambulance service:

“Management structure and the NHS in Wales FULLY funding the Air Ambulance as England does - it’s a travesty that it is currently funded by public donations while our Hospitals and Doctors are poorly run. Who is really receiving the money for the NHS in Wales and where is it being spent??”

“Maybe funding from the Welsh government should be considered for this vital service.”

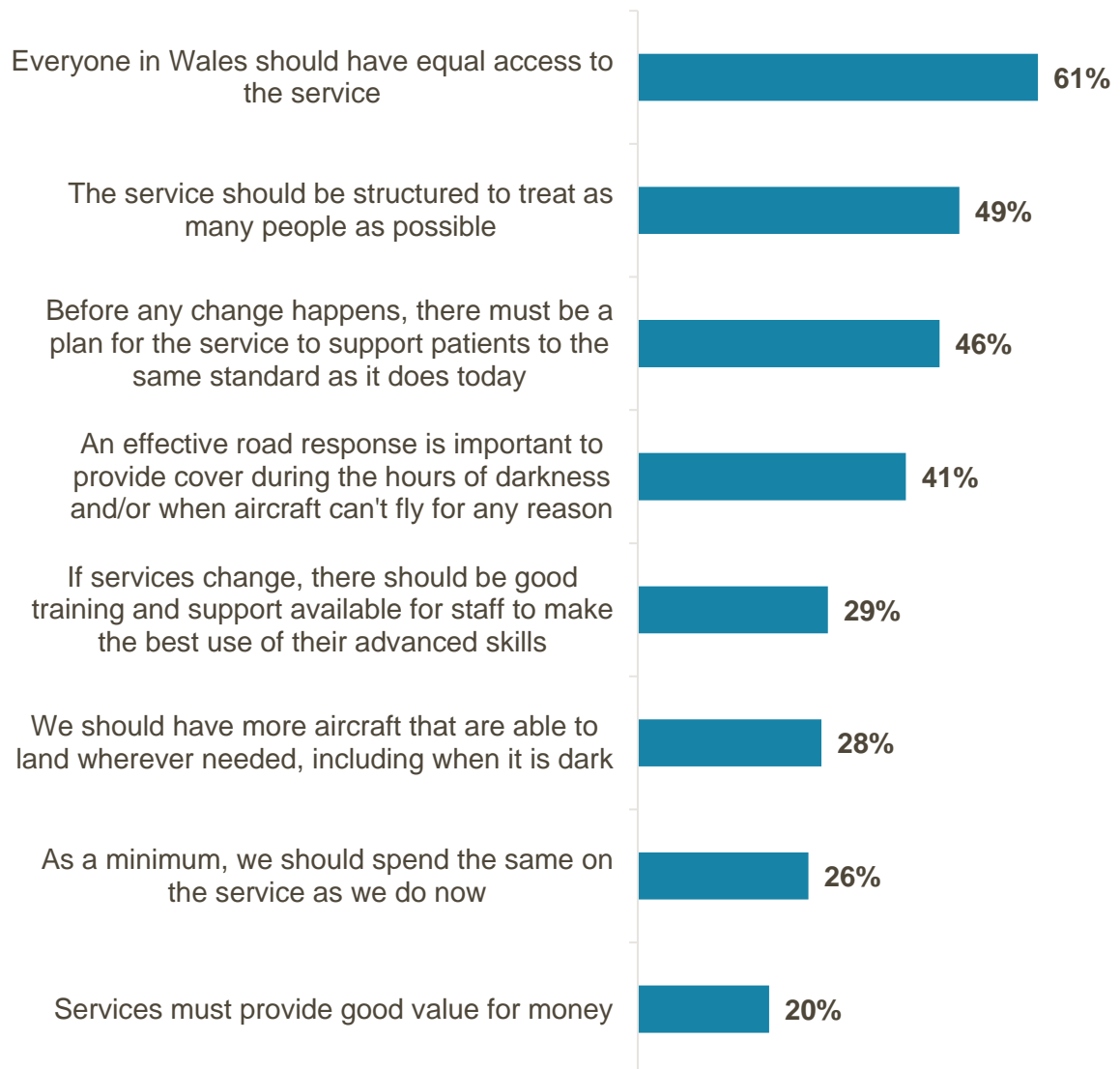
“Proper level of government funding to support this service.”

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Respondents to the survey were asked to rank priority statements from least important to most important when considering changes to the EMRTS. Figure 6 shows the percentage of respondents who ranked the priority from 1 to 3 (most important). The three top priority statements selected by respondents were:

- Everyone in Wales should have equal access to the service (61%, n=729)
- The service should be structured to treat as many people as possible (49%, n=568)
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (46%, n=562)

Figure 6. Q9 Please rank the priorities below from most important to least important. 1 is most important and 8 is least important (n=1165)



Conclusions

This report represents the data collected and collected by Picker for the Emergency Medical Retrieval and Transfer Service Review where the Welsh public were invited to respond, to provide a representative view of public perceptions on what constitutes high quality care relating to the EMRTS. The survey data provides insight into the Welsh public's priorities for this service.

The most important priorities to the Welsh public when considering changes to the EMRTS service include:

- an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;
- if services change, there should be good training and support available for staff to make the best use of their advanced skills;
- everyone in Wales should have equal access to the service
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- everyone in Wales should have equal access to the service;
- the service should be structured to treat as many people as possible
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

These findings highlight that strategic changes should ensure equity and equality of provision of care, with forethought for contingencies incorporated into the planning. These findings align with the EASC's overarching values and aims.

Appendix 1 – Picker survey

This is a replication of the survey as implemented online by Picker. English and Welsh versions could be selected, the English text is replicated first then the Welsh.



English (United Kingdom) ▼

Emergency Medical Retrieval and Transfer Service Review engagement survey.

The Emergency Ambulance Service Committee (EASC) is responsible for planning emergency ambulance services across Wales.

EASC is seeking feedback on the future development of the air ambulance service in Wales - a partnership between the Wales Air Ambulance Charity and the Emergency Medical Retrieval and Transfer Service (EMRTS).

Our goal is simple. We want as many people as possible to have access to potentially life saving air and rapid ambulance services, no matter where they live in Wales or when they need help. We want to make sure that the people who need it can have access to a service no matter where they live in Wales or when they need help. We know that this service saves lives, so we want to treat as many people as possible.

EASC is looking for feedback to make sure that when we are undertaking this Service Review, we are looking at the right things and that we understand what you think.

Your views are important to us and to the future development of the Service. Thank you for taking the time to complete this questionnaire, which should take around five minutes.



Emergency Medical Retrieval and Transfer Service Review engagement survey.

Information about the Emergency Medical Retrieval and Transfer Service review

Q1 From the list below, please select the group that best describes you?

- ☐ Member of the public in Wales
- ☐ Community group leader or representative
- ☐ Previous patient of EMRTS
- ☐ Media representative
- ☐ EMRTS member of staff
- ☐ Wales Air Ambulance Charity staff member or trustee
- ☐ NHS Wales Health board / Trust staff
- ☐ Elected political representative (local/regional/national)
- ☐ Community Health Council / Llais
- ☐ Other (please specify) _____

Q2 For each of the following statements, please select a response from the options below:

	Yes	No	Don't know
I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review engagement events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have visited the Emergency Ambulance Service Committee website and reviewed the information on the Emergency Medical Retrieval and Transfer Service Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have heard about the Emergency Medical Retrieval and Transfer Service Review from other information (eg social media, news channels, or other online content)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 Overall, do you feel you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review?

- ☐ Yes, definitely (Go to Q4)
- ☐ Yes, to some extent (Go to Q4)
- ☐ No, I have not had enough information (Go to Q4)
- ☐ I have not seen any information about the review (Go to Q5)

Q4 Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't know / can't say

Q5 Please let us know if there is any additional information that you would have found useful in relation to the Emergency Medical Retrieval and Transfer Service Review: (free text)

Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service.

The Emergency Ambulance Service Committee have developed a set of priority statements to support decision making when identifying any changes to be made to the Emergency Medical Retrieval and Transfer Service. Your responses to this section will support these statements to be grouped into factors so the most important priorities are identified when considering the options for service review.

Q6 Please select the extent to which you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
No changes should be made to the service even if that means some people may be less likely to have access to the service if they need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before any change happens, there must be a plan for the service to support patients to the same standard as it does today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everyone in Wales should have equal access to the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We should have more aircraft that are able to land wherever needed, including when it is dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If services change, there should be good training and support available for staff to make the best use of their advanced skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services must provide good value for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a minimum, we should spend the same on the service as we do now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 Do you have any comments in relation to the priorities listed in the previous question?
(Free text)

Q8 Are there any other priorities you think should be considered? (Free text)

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Q9 Please rank the priorities below from most important to least important. To rank the listed items, please drag and drop each item into order (1 being the most important and 8 being the least important)

- _____ The service should be structured to treat as many people as possible
- _____ Before any change happens, there must be a plan for the service to support patients to the same standard as it does today
- _____ Everyone in Wales should have equal access to the service
- _____ An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason
- _____ We should have more aircraft that are able to land wherever needed, including when it is dark
- _____ If services change, there should be good training and support available for staff to make the best use of their advanced skills
- _____ Services must provide good value for money
- _____ As a minimum, we should spend the same on the service as we do now

About you

Whilst your feedback is anonymous, we ask for this information so we can consider local factors and understand more about who is responding to this engagement questionnaire.

Q10 Please enter the first part of your postcode e.g. LL21

Thank you for completing the survey. Your responses are extremely important to us. The Emergency Ambulance Service Committee needs the best available information to allow it to consider if any changes should be made to the Emergency Medical Retrieval and Transfer Service.

Your responses will be used alongside wider information that includes but is not limited to: air ambulance missions from previous years, weather predictions/patterns, and the regional difference in the population across Wales both permanent and seasonal.

If you would like further information about the Emergency Medical Retrieval and Transfer Service reviews and/or to provide further feedback, please use the following link to our website <https://easc.nhs.wales/engagement/sdp/>.



Cymraeg ▼

Arolwg Ymgysylltu Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (GCTMB).

Mae Pwyllgor y Gwasanaethau Ambiwlans Brys (PGAB) yn gyfrifol am gynllunio gwasanaethau ambiwlans brys ledled Cymru.

Mae'r PGAB yn ceisio adborth ar ddatblygiad y gwasanaeth ambiwlans awyr yng Nghymru yn y dyfodol - partneriaeth rhwng Elusen Ambiwlans Awyr Cymru a'r GCTMB.

Mae ein nod yn syml. Rydym am i gynifer o bobl â phosibl gael mynediad at wasanaethau awyr a gwasanaethau ambiwlans cyflym a allai achub bywydau, ni waeth ble y maent yn byw yng Nghymru neu pan fydd angen cymorth arnynt. Gwyddom fod y gwasanaeth hwn yn achub bywydau, felly rydym am drin cymaint o bobl â phosibl.

Mae'r PGAB yn chwilio am adborth i wneud yn siŵr, pan fyddwn yn cynnal yr Adolygiad Gwasanaeth hwn, ein bod yn edrych ar y pethau cywir a'n bod yn deall eich barn.

Mae eich barn yn bwysig i ni ac i ddatblygiad y Gwasanaeth yn y dyfodol. Diolch am gymryd yr amser i gwblhau'r holiadur hwn, a ddylai gymryd tua phum munud.



Gwybodaeth am Adolygiad y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (GCTMB)

Q1 O'r rhestr isod, dewiswch y grŵp sy'n eich disgrifio chi orau

- ☐ Aelod o'r cyhoedd yng Nghymru
- ☐ Arweinydd neu gynrychiolydd grŵp cymunedol
- ☐ Claf blaenorol GCTMB
- ☐ Cynrychiolydd y cyfryngau
- ☐ Aelod o staff GCTMB
- ☐ Aelod o staff neu ymddiriedolwr Elusen Ambiwylans Awyr Cymru
- ☐ Staff bwrdd iechyd / Ymddiriedolaeth GIG Cymru
- ☐ Cynrychiolydd gwleidyddol etholedig (lleol/rhanbarthol/cenedlaethol)
- ☐ Cyngor Iechyd Cymuned / Llais
- ☐ Arall _____

Q2 Ar gyfer pob un o'r datganiadau canlynol, dewiswch ymateb o'r opsiynau isod

	Ie	Na	Ddim yn gwybod
Rwyf wedi mynychu un neu fwy o ddigwyddiadau ymgysylltu Adolygiad Gwasanaeth Casglu a Throsglwyddo Meddygol Brys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rwyf wedi ymweld â gwefan/ Pwyllgor y Gwasanaethau Ambiwylans Brys ac wedi adolygu'r wybodaeth am yr Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rwyf wedi clywed am yr Adolygiad Gwasanaeth Casglu a Throsglwyddo Meddygol Brys o wybodaeth arall (e.e. cyfryngau cymdeithasol, sianeli newyddion, neu gynnwys ar-lein arall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 Yn gyffredinol, a ydych yn teimlo bod gennych ddigon o wybodaeth i ddeall y rhesymau dros yr Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys?

- ☐ Ydw, yn bendant
- ☐ Ydw, i ryw raddau
- ☐ Nac ydw, nid wyf wedi cael digon o wybodaeth
- ☐ Nid wyf wedi gweld unrhyw wybodaeth am yr adolygiad

Display This Question:

If Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = Yes, definitely

And Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = Yes, to some extent

And Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = No, I have not had enough information

Q4 Ar sail y wybodaeth a welsoch, a ydych yn anghytuno neu'n cytuno bod angen adolygu a gwella'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys?

- ☐ Cytuno'n Gryf
- ☐ Cytuno
- ☐ Ddim yn Cytuno nac yn Anghytuno
- ☐ Anghytuno
- ☐ Anghytuno'n Gryf
- ☐ Ddim yn gwybod / Methu â dweud

Q5 Rhowch wybod i ni os oes unrhyw wybodaeth ychwanegol y byddech wedi'i chael yn ddefnyddiol mewn perthynas â'r Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys:

Deall yr hyn sy'n bwysig wrth ystyried newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys.

Mae Pwyllgor y Gwasanaethau Ambiwlans Brys wedi datblygu set o ddatganiadau blaenoriaeth i gefnogi gwneud penderfyniadau wrth nodi unrhyw newidiadau i'w gwneud i'r

Gwasanaeth Casglu a Throsglwyddo Meddygol Brys. Bydd eich ymatebion i'r adran hon yn cefnogi grwpio'r datganiadau hyn yn ffactorau fel bod y blaenoriaethau pwysicaf yn cael eu nodi wrth ystyried yr opsiynau ar gyfer adolygu gwasanaethau.

Q6 Dewiswch i ba raddau yr ydych yn cytuno â'r datganiadau canlynol:

	Cytuno'n Gryf	Cytuno	Ddim yn Cytuno nac yn Anghytuno	Anghytuno	Anghytuno'n Gryf
Ni ddylid gwneud unrhyw newidiadau i'r gwasanaeth hyd yn oed os yw hynny'n golygu y gallai rhai pobl fod yn llai tebygol o gael mynediad at y gwasanaeth os oes ei angen arnynt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyn i unrhyw newid ddigwydd, rhaid cael cynllun i'r gwasanaeth gefnogi cleifion i'r un safon ag y mae heddiw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dylai pawb yng Nghymru gael mynediad cyfartal at y gwasanaeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mae ymateb ffordd effeithiol yn bwysig er mwyn darparu gwasanaeth yn ystod oriau tywyllwch a/neu pan na all awyrennau hedfan am unrhyw reswm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dylem gael mwy o awyrennau sy'n gallu glanio lle bynnag y bo angen, gan gynnwys pan fydd hi'n dywyll	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os bydd gwasanaethau'n newid, dylai fod hyfforddiant a chymorth da ar gael i staff wneud y defnydd gorau o'u sgiliau uwch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhaid i wasanaethau ddarparu gwerth da am arian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fel isafswm, dylem wario'r un faint ar y gwasanaeth ag yr ydym yn ei wneud yn awr

☐ ☐ ☐ ☐ ☐

Q7 A oes gennych unrhyw sylwadau mewn perthynas â'r blaenoriaethau uchod

Q8 A oes unrhyw flaenoriaethau eraill y credwch y dylid eu hystyried

Blaenoriaethu'r hyn sy'n bwysig wrth ystyried newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys

Q9 Rhestrwch y blaenoriaethau isod o'r pwysicaf i'r lleiaf pwysig.

I raddio'r eitemau a restrir, llusgwch a gollwng pob eitem yn eu trefn (1 yw'r pwysicaf ac 8 yw'r lleiaf pwysig)

- _____ Dylai'r gwasanaeth gael ei strwythuro i drin cymaint o bobl â phosibl
- _____ Cyn i unrhyw newid ddigwydd, rhaid cael cynllun i'r gwasanaeth gefnogi cleifion i'r un safon ag y mae heddiw
- _____ Dylai pawb yng Nghymru gael mynediad cyfartal at y gwasanaeth
- _____ Mae ymateb ffordd effeithiol yn bwysig er mwyn darparu gwasanaeth yn ystod oriau tywyllwch a/neu pan na all awyrennau hedfan am unrhyw reswm
- _____ Dylem gael mwy o awyrennau sy'n gallu glanio lle bynnag y bo angen, gan gynnwys pan fydd hi'n dywyll
- _____ Os bydd gwasanaethau'n newid, dylai fod hyfforddiant a chymorth da ar gael i staff wneud y defnydd gorau o'u sgiliau uwch
- _____ Rhaid i wasanaethau ddarparu gwerth da am arian
- _____ Fel isafswm, dylem wario'r un faint ar y gwasanaeth ag yr ydym yn ei wneud yn awr

Amdanoch chi

Er bod eich adborth yn ddienw, gofynnwn am y wybodaeth hon fel y gallwn ystyried ffactorau lleol a deall mwy am bwy sy'n ymateb i'r holiadur ymgysylltu hwn.

Q10 Rhowch ran gyntaf eich cod post e.e. LL21

Diolch am gwblhau'r arolwg. Mae eich ymatebion yn hynod o bwysig i ni. Mae angen y wybodaeth orau sydd ar gael ar Bwyllgor Gwasanaethau Ambiwlans Brys i'w alluogi i ystyried a ddylid gwneud unrhyw newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys.

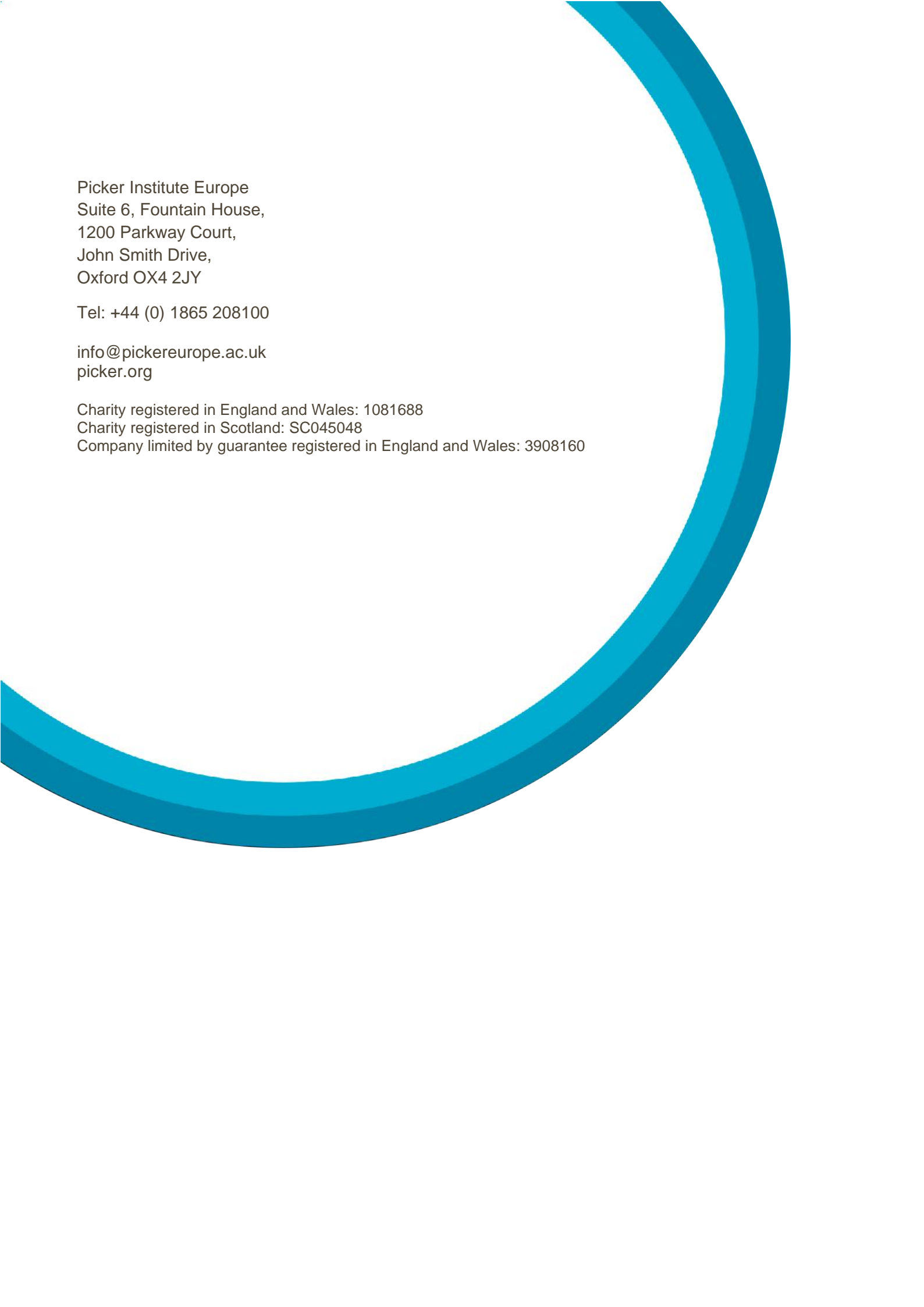
Bydd eich ymatebion yn cael eu defnyddio ochr yn ochr â gwybodaeth ehangach sy'n cynnwys, ond heb fod yn gyfyngedig i: deithiau ambiwlans awyr o flynyddoedd blaenorol, rhagolygon/patrymau tywydd, a'r gwahaniaeth rhanbarthol yn y boblogaeth ar draws Cymru yn barhaol ac yn dymhorol.

Os hoffech ragor o wybodaeth am adolygiadau'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys a/neu roi adborth pellach, defnyddiwch y ddolen ganlynol i'n gwefan <https://pgab.gig.cymru/ymgysylltu/agg/>.

Appendix 2 – Regions and Unitary Authorities

Mapping of Unitary Authorities to regions as defined by YouGov for their regional omnibus (<https://business.yougov.com/product/realtime/regional-omnibus>).

Region	Unitary Authority
North Wales	Isle of Anglesey
	Gwynedd
	Conwy
	Denbighshire
	Flintshire
	Wrexham
Mid and West Wales	Powys
	Ceredigion
	Pembrokeshire
	Carmarthenshire
South Wales West	Swansea
	Neath Port Talbot
	Bridgend
South Wales Central	Vale of Glamorgan
	Rhondda Cynon Taf
Cardiff	Cardiff
South Wales East	Merthyr Tydfil
	Caerphilly
	Blaenau Gwent
	Torfaen
	Monmouthshire
	Newport



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Emergency Ambulance
Services Committee



Uned Gomisiynu Gydweithredol Genedlaethol
GWASANAETHAU DIGIDOL
DIGITAL SERVICES
National Collaborative Commissioning Unit



Bwrdd Iechyd Prifysgol
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Services Committee

Equality Impact Assessment Tool EASC EMRTS Service Review

EMRTS SERVICE REVIEW – FINAL REPORT

This EIA builds on the previous iterations during Phases 1, 2 and 3 of the formal engagement processes held during 2023 and 2024.

Section 1 – Preparation		
1.	Title of service - EMRTS Service Review Final Report	<p>Emergency Ambulance Services Committee (EASC) Service Review of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) who are commissioned to provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility.</p> <p>It is important to note that the way patients receive the EMRTS Service will not change (from the current position) – this is a specialist emergency pre hospital critical care all Wales service which is provided by bringing expertise to the patient wherever the incident occurs. The service is accessed by ringing 999 for the ambulance, the call is screened and the appropriate emergency response is provided depending on clinical need.</p> <p>The EMRTS Service Review, led by the Chief Ambulance Services Commissioner was commissioned by EASC in December 2022 following receipt of the EMRTS Service Development Proposal which was presented to EASC on 8 November 2022. Members of EASC asked for additional scrutiny which led to the EMRTS Service Review.</p> <p>The (then) Community Health Councils in Wales requested that an 8 week formal engagement process should take place to allow opportunity for the public to engage with the work.</p> <p>This EIA updates the previous iteration developed for Phases 1, 2 and 3 of public engagement and are attached for ease of reference.</p>

Section 1 – Preparation

Phases of engagement

Phase 0 – October 2022 to March 2023

This was a pre engagement phase to aid understanding and create optimal conditions for engagement dialogue.

Phase 1 – March - June 2023 (14 weeks) (now working with Llais) The engagement (you are telling us) was to gather feedback on factors, weightings and other suggestions to inform the options to be developed.



Equality Impact
Assessment - EASC E1

Phase 2 – October 2023 – December 2023 (5 weeks)

This was about sharing (what we are doing) outlining the options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed, before recommended option going forward to EASC for decision.



Final Equality Impact
Assessment - EASC E1

Phase 3 – 1 to 29 February 2024 (4 weeks)

Seeking views on the six options shortlisted and evaluated in the Options Appraisal Workshop and allowing the public to comment on the two shortlisted options – Options A and B. It also included the additional actions that had been identified to address the public feedback received from Phase 1 and 2.



Final Equality Impact
Assessment - EASC E1

In summary

- 23 weeks of formal engagement was undertaken
- 45 engagement sessions
- more than 1000 engagement session attendances
- more than 2,500 responses submitted via all feedback routes.

Update reports have been provided to every meeting of the Emergency Ambulance Services Committee

<https://easc.nhs.wales/the-committee/meetings-and-papers/>

Section 1 – Preparation

The Joint Committee of all health boards in Wales agreed to a phased approach to the work to develop the EMRTS Service Review, led by the Chief Ambulance Services Commissioner. The EIA for the Phase 3 engagement which followed the Phase 2 Chief Ambulance Services Commissioner's Report that set out the developed Options based on the feedback from the first phase of engagement that took place between March and June 2023. It was a summary overview document of the work undertaken and was accompanied by several detailed factual and technical documents that provided further information, all of which remain available on the EASC website.

A report was also commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov. The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care (further information included in section 7).

Phase 2 engagement continued in listening to the public and stakeholders of the public engagement in October and November 2023 where developed options were shared from what was heard in Phase 1. Both EMRTS staff and the Wales Air Ambulance Charity (WAAC) were stakeholders in this Review and their feedback has been considered within the process alongside all feedback received.

Phase 2 gathered more feedback on the options that were developed to further improve the air ambulance service in Wales, and this had been considered alongside taking each option through the agreed evaluation framework in an Options Appraisal Workshop.

The Options Appraisal Workshop took place on 12 January 2024 and involved representatives from Health Boards and NHS Trusts in Wales. This resulted in a short list of two options that included a preferred option and the Phase 3 engagement aimed to gather feedback from the public in line with the previous approach.

Section 1 – Preparation

Options Workshop – identified Six Shortlisted options

Short List Option No.	Option
-	Do Nothing – Baseline
1	2A) Welshpool 1400-0200. Change the Welshpool shift to 14:00 - 02:00 hours.
2	2B) Caernarfon 1400-0200. Change the Caernarfon shift to 14:00 - 02:00 hours.
3	3D) North Central Wales near A55 0800-2000 + 1400-0200. Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 14:00 - 02:00.
4	4C) Improve 3D, adding car shift 2000-0800 in Wrexham.
5	5C) Improve the baseline, adding car shift 2000-0800 in Caernarfon.
6	6C) Improve 2B, adding car shift 2000-0800 in North Central Wales near A55.

Best scoring Options were 3 & 4 which in phase 3 are referred to as Option A and B within the Phase 3 documentation.

Short List Option Ref No.	Option Description	Final Option Ref:
3	3D) North Central Wales near A55 0800-2000 + 1400-0200. Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 14:00 - 02:00.	Option A
4	4C) Improve 3D (above), adding car shift 2000-0800 in Wrexham.	Option B

Phase 3 engagement asked for comments on the six options shortlisted, the two highest scoring options, and feedback about the process.

CASC Response to Phase 3 Engagement

Each week a snapshot report was developed for EASC Members, which was shared with Llais and also the communication, engagement and service change leads in health boards. Each week, information was provided within a PowerBI in order that information could be examined by each health board. A summary was also provided of any engagements undertaken by the Chief Ambulance Services Commissioner.

Email attached of weekly emails sent to EASC members and health boards



Weekly emails sent to EASC members and health boards

Section 1 – Preparation

Composite PowerBI report attached of all feedback received



Phase 3 Composite
Feedback.pdf

Summary of all engagement carried out in Phase 3 by the Chief Ambulance Services Commissioner



Chief Ambulance
Services Commissioner

Summary of Phase 3 - overall 568 responses

Feedback was received in a number of ways – all feedback was considered equally important no matter which way it was submitted:

- the online questionnaire
- completed questionnaire emailed to EASCServicereviewqueries@Wales.nhs.uk
- hard copy questionnaire received at the National Collaborative Commissioning Unit
- telephone messages
- online query form from the EASC website (SDP query)
<https://easc.nhs.wales/engagement/sdp/>
- direct emails to the EASCServicereviewqueries@Wales.nhs.uk
- Letters
- Online questionnaire - easy read version
- a completed easy read questionnaire emailed to
EASCServicereviewqueries@Wales.nhs.uk

Consistent feedback was received in Phase 3 (as with Phases 1 & 2) concerns included opposition to closing bases, closing services, distance from hospitals, would lead to a loss of lives, impact on Charity donations, timely treatment affected, whether decision already made, no consideration for rural areas, hazardous occupations, roads, accessibility and geography, quick ambulance response, personal stories emphasise life-saving impact – frustration, disappointment and plea to reconsider the proposal – particularly from the communities near to Caernarfon and Welshpool bases. Questions were also raised about the engagement process and the questionnaires.

It is evident from the public feedback in phase 3 that there were several common themes and concerns regarding the proposed changes to air ambulance services in Wales. Here are the key themes:

1. Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.

Section 1 – Preparation

2. Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
3. Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
4. Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
5. Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
6. Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
7. Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
8. Calls for decision-makers to reconsider proposed options and prioritize the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the needs of rural communities, ensuring timely access pre hospital critical care, and maintaining essential life-saving services across Wales.

Is this a new policy/service or a policy/service development?



EMRTS is an existing service which is clinically led and managed. EMRTS Cymru has been commissioned by the Emergency Ambulance Services Committee since 2015 and as part of their commissioning are required to meet specific commissioning intentions to review and improve services. The EASC EMRTS Service Review has scrutinised the:

- Geographical coverage
- Rapid Response Vehicle Usage (RRV)
- Utilisation (some bases are busier than others)
- Unmet need (2-3 people a day would benefit from the EMRT Service but do not receive one).

The Review has recommended that the service could be developed to provide EMRT services to more people if changes were made to bases. The final 4 recommendations are as follows:

Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

Recommendation 2 – The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.

Section 1 – Preparation		
		<p>Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.</p> <p>Recommendation 4 - The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.</p>
2.	Service Aims and Brief Description	<p>EMRTS Cymru working with the Wales Air Ambulance Charity has been reviewing its service to comply with the Commissioning Intentions set by the Emergency Ambulance Services Committee</p> <p>The service aim is to:</p> <ul style="list-style-type: none"> • provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility. <p>This highly specialist critical care service is about 0.7% of all 999 emergency calls to the Welsh Ambulance Services NHS Trust.</p> <p>The Service Development Proposal presented to EASC on 8 November 2022 identified opportunities to significantly improve services, although, this would involve closing two air bases and opening a new combined base in mid north Wales.</p> <p>The EASC agreed that more scrutiny was required and the EASC Team, led by the Chief Ambulance Services Commissioner were asked to scrutinise the work. This has led to the EASC Service Review of EMRTS.</p> <p>The EIA of the original service development proposal is added here:</p> <p> Equality Impact Assessment - EMRTS</p> <p>Mission Data for EMRTS Information from the EMRTS Annual Reports (below) https://emrts.nhs.wales/about-us/key-documents1/</p> <p> EMRTS Mission data from the annual report</p>

Section 1 – Preparation

Overview of the EMRTS Services – Annual Missions

	Male	Female	Paediatric	Median	Age Range
2015-2016	69%	31%	16%	47	0-97
2016-2017	70%	30%	27%	46	0-98
2017-2018	68%	32%	Not available	46	0-96
2018-2019	67%	33%	12%	45	0-97
2019-2020	66%	34%	12%	49	0-101
2020-2021	66%	34%	9%	Not available	Not available
2021-2022	68%	32%	14%	Not available	Not available
2022-2023	67%	33%	Not available	Not available	Not available

Patient incident location by Health Board

AB – Aneurin Bevan University Health Board; **BCU** – Betsi Cadwaladr University Health Board; **CV** – Cardiff and Vale University Health Board; **CTM** – Cwm Taf Morgannwg University Health Board; **HD** – Hywel Dda University Health Board; **ABM / SB** now Swansea Bay University Health Board (previously Abertawe Bro Morgannwg – which ended in 2019); **P** - Powys Teaching Health Board.

	AB	BCU	CV	CTM	HD	ABM/SB	P	England
2015-2016	10%	14%	7%	7%	18%	23%	19%	2%
2016-2017	12%	16%	6.5%	4.5%	19%	21%	19%	2%
2017-2018	10%	31%	8%	6%	15%	14%	15%	1%
2018-2019	13%	27%	13%	6%	15%	15%	10%	1%
2019-2020	13%	25%	14%	10%	14%	13%	9%	2%
2020-2021	19%	16%	19%	15%	11%	13%	6%	1%
2021-2022	18%	20%	19%	14%	13%	12%	6%	2%
2022-2023	20%	17%	17%	14%	13%	10%	7%	2%

Section 1 – Preparation

Patient destination by Health Board

AB – Aneurin Bevan University Health Board; **BCU** – Betsi Cadwaladr University Health Board; **CV** – Cardiff and Vale University Health Board; **CTM** – Cwm Taf Morgannwg University Health Board; **HD** – Hywel Dda University Health Board; **ABM / SB** now Swansea Bay University Health Board (previously Abertawe Bro Morgannwg – which ended in 2019); **P** - Powys Teaching Health Board.

	AB	BCU	CV	CTM	HD	ABM SB	P	NHS England	Left in community
2015-2016	6%	8%	21%	5%	9%	26%	1%	24%	19%
2016-2017	7%	8%	21%	4%	9%	28%	1%	22%	26%
2017-2018	6%	25%	16%	6%	9%	21%	<1	17%	23%
2018-2019	7%	21%	20%	6%	10%	19%	<1	17%	15%
2019-2020	4%	18%	24%	5%	7%	18%	<1	24%	29%
2020-2021	4%	18%	24%	5%	7%	18%	<1	24%	29%
2021-2022	7%	12%	38%	7%	7%	14%	1%	14%	32%
2022-2023	9%	12%	38%	7%	7%	11%	<1	16%	19%

Section 1 – Preparation

The table below shows the year age profile by bands/percent for 2019-2023 inclusive (Source – EMRTS Team mission information). Age profile per HB area attached at **Appendix 3**.

Age group	Percentage in age groups 2019-2023
0-4	6.3%
5-9	1.9%
10-14	3.0%
15-19	4.6%
20-24	5.2%
25-29	5.4%
30-34	5.6%
35-39	6.1%
40-44	5.8%
45-49	6.3%
50-54	7.3%
55-59	8.8%
60-64	8.0%
65-69	7.2%
70-74	6.1%
75-79	6.3%
80-84	3.6%
85-89	1.7%
90-94	0.6%
95-99	0.1%
Total	100.0%

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics.

However, the main mission categories (as below) are:

- Road incidents: there is evidence that socio-economically deprived areas suffer more than affluent areas in terms of road incidents. Road traffic related injuries, particularly for child pedestrians, are among the greatest of all health inequalities, with much higher rates in children from families led by parents in unskilled employment or from deprived neighbourhoods (source: [EM template for sub leg \(senedd.wales\)](#))
- Cardiac arrest: the risk of cardiac arrest increases with age and is also associated with higher levels of deprivation
- Other trauma: this is a broad category including multiple trauma incidents and equality profiling information is not available
- Falls: the risk of falling increases with age and can be more common amongst those experiencing disabilities and health conditions associated with gait and mobility including neurological conditions.

Section 1 – Preparation

Types of incidents

Incidents attended include the following:

(Source: [Service Evaluation of the Emergency Medical Retrieval & Transfer Service \(EMRTS\) Cymru \(nhs.wales\)](#) page 20).

NATURE	2015*	2016	2017	2018	2019	2020*	TOTAL
ANIMAL RELATED INJURIES	9	12	12	10	16	2	61
BREATHING PROBLEMS	27	58	82	110	147	35	459
BURNS OR EXPLOSIONS	18	14	34	44	62	12	184
CARDIAC ARREST	172	240	272	411	509	163	1767
CARDIAC RELATED	34	50	69	60	66	8	287
DROWNING	7	13	16	21	25	7	89
FALLS	112	208	226	215	252	104	1117
OTHER MEDICAL	16	37	20	44	83	34	234
OTHER TRAUMA	122	220	254	341	382	112	1431
PENETRATING TRAUMA	17	47	47	58	69	39	277
PREGNANCY OR CHILDBIRTH RELATED	8	5	8	7	13	7	48
ROAD INCIDENTS	275	404	409	398	499	103	2088
SEIZURES	22	52	59	64	108	30	335
STROKE	5	11	13	8	19	3	59
TRANSFER	103	162	165	194	203	59	886
UNCONSCIOUS	36	66	126	148	180	74	630
TOTAL	983	1599	1812	2133	2633	792	9952

Table 2 Nature of incident (5 years)

Cases attended by category are also included in the Information from the EMRTS Annual Reports (below) <https://emrts.nhs.wales/about-us/key-documents1/>

Summary information setting out the demographic profile of the people of Wales based on 2021 census information is available from the NOMIS website: [2021 Census Profile for Wales](#).

Information at local authority level is also available from the NOMIS website and from the StatsWales website at [StatsWales Equality data](#).

Given that there is some evidence that mission categories attended by EMRTS may have a direct association with equality factors such as age, deprivation and disability, the EASC team co-ordinated engagement activity at a national level primarily through digital and stakeholder channels, and health boards were also asked to amplify this through their local channels with a particular focus on key audiences who may not have digital access. Materials were provided in a range of formats including easy read in order to increase opportunities for participation.

Section 1 – Preparation		
3.	Who Defines the Service? -	<p>The EASC EMRTS Service Review is being led by Stephen Harrhy, Chief Ambulance Services Commissioner on behalf of the Emergency Ambulance Services Committee. EASC also has an independent Chair, Dr Chris Turner.</p> <ul style="list-style-type: none"> • The national director for EMRTS Cymru is Professor David Lockey. • The Wales Air Ambulance Charity Chief Executive is Dr Sue Barnes. <p>Together, working in partnership the EMRTS Cymru service has developed to its current position.</p>
4.	Who is Involved in undertaking this EqIA?	<p>Gwenan Roberts, EASC Committee Secretary Stephen Harrhy, Chief Ambulance Services Commissioner Ross Whitehead, Deputy Chief Ambulance Services Commissioner, EASC Team Lee Leyshon, Deputy Director of Communication and Engagement, EASC Team Matthew Edwards, Head of Commissioning and Performance EASC Team Ricky Thomas, Head of Informatics, National Collaborative Commissioning Unit.</p> <p>Advice given by members of the All Wales Health Board Communications, Engagement and Service Change Group</p>
5.	Other Policies and Services	<p>Phase 3 engagement completed on 29 February 2024 and the Chief Ambulance Services Commissioner has taken into account the feedback received and made recommendations for presentation at the EASC meeting on 19 March 2024. This meeting will take place prior to consideration by health boards and therefore a further meeting of EASC has been arranged on 28 March 2024 for the final decision making, taking into account the views of all health boards in Wales.</p> <p>The aim of the recommendations will be to enhance the EMRTS ability to provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility.</p> <p>This is an all-Wales pre hospital critical care service provided from four bases across Wales.</p>

Section 1 – Preparation		
		<p>EASC agreed on four specific areas related to base activity, these were:</p> <ul style="list-style-type: none"> • Geographical coverage • Rapid Response Vehicle Usage (RRV) • Utilisation (some bases are busier than others) • Unmet need (2-3 people a day would benefits from the EMRT Service but do not received one). <p>These have been completed and have been presented during the phases of public engagement and there has been significant feedback particularly from Powys and Betsi Cadwaladr health board residents.</p> <p>The service works closely with the Welsh Ambulance Services NHS Trust (also commissioned by the EASC) and with health boards. There is also mutual aid between the air ambulances services in the UK where they help each other at time of need and where it is possible to do so.</p>
7.	What might help/hinder the success of the service?	<p>The impact of the original service development proposal was to raise concerns in local rural communities in mid and north west Wales and that they would lose their air base and they believed therefore the service itself. This led to the development of Facebook social media pages in support of maintaining the status quo – Welshpool page has over 10,000 followers and over 6,000 followers for the Caernarfon base.</p> <p>The public feedback has not changed throughout the engagement phases despite assurance given that 'if patients receive a service now, they will also receive if a change were made'.</p> <p>The service is highly valued by the people of Wales and the Wales Air Ambulance Charity is very successful and well supported.</p> <p>To provide an unbiased view for the all Wales service, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov. The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. The most important priorities to the Welsh public when considering changes to the EMRTS service included:</p>

Section 1 – Preparation

- an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason
- if services change, there should be good training and support available for staff to make the best use of their advanced skills
- everyone in Wales should have equal access to the service
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- everyone in Wales should have **equal access** to the service
- the service should be structured to **treat as many people as possible**
- before any change happens, there must be a plan for the service to **support patients to the same standard as it does today.**



Picker Report EMRTS
Aug 2023.pdf

The CASC recommendations will impact on the staff who currently work in the specific air bases of Welshpool and Caernarfon if EASC approve that the bases move to a different location.

If the change is approved, an implementation plan will be required and local line EMRTS managers and the EMRTS Cymru senior team would deal with these matters in line with all Wales NHS Workforce policies.

The Wales Air Ambulance Charity will have their own arrangements for change within their organisation.

The service currently provided by the partnership between the EMRTS Cymru and the Wales Air Ambulance is widely supported and well thought of throughout Wales. This world leading service has been independently evaluated and has been found to lead to:

- Increased chance of survival (37% reduction in mortality after 30 days)

Section 1 – Preparation																										
		<ul style="list-style-type: none">• Taking the patients to the right place first time (42% bypassed local hospitals to get to specialist care)• Flying emergency department 63% of patients had treatments at scene previously only available in hospital• Attracting new consultants into Wales - 12 new consultant recruited, attracted to work with the service (as at 2020).																								
8.	Is the policy/service relevant to “eliminating discrimination and eliminating harassment?”	<p>It is unlikely that this Service Review will have any specific impact on this as the service is provided to all based on clinical need alone.</p> <p>However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.</p> <p>During Phase 3, the feedback received primarily came from mid and north Wales - over 86% of responses were received from the Powys and Betsi Cadwaladr health board areas. Overall, respondents have indicated that they believed there would be an effect on those with protected characteristics, most significantly for disability, pregnancy and age.</p> <div><h3>Questionnaire Characteristics</h3><p><i>Respondents believe the following would be affected by any change:</i></p><div><div>Health Board</div><div>All</div><div>Age</div><div>All</div><div>Option</div><div>All</div><div>Marital Status</div><div>All</div><div>Number of responses</div><div>568</div></div><table><tr><td>Age</td><td>Disability</td><td>Sex/Gender</td><td>Sexual Orientation</td></tr><tr><td>193</td><td>257</td><td>46</td><td>32</td></tr><tr><td>Gender Reassignment</td><td>Race</td><td>Marriage / Civil Partnership</td><td>Pregnancy</td></tr><tr><td>32</td><td>38</td><td>34</td><td>198</td></tr><tr><td></td><td>Religion</td><td>Welsh Language</td><td></td></tr><tr><td></td><td>28</td><td>78</td><td></td></tr></table><p>The responses received during phase 3 showed a perception amongst responders, particularly from mid and north Wales of adverse impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh language.</p></div>	Age	Disability	Sex/Gender	Sexual Orientation	193	257	46	32	Gender Reassignment	Race	Marriage / Civil Partnership	Pregnancy	32	38	34	198		Religion	Welsh Language			28	78	
Age	Disability	Sex/Gender	Sexual Orientation																							
193	257	46	32																							
Gender Reassignment	Race	Marriage / Civil Partnership	Pregnancy																							
32	38	34	198																							
	Religion	Welsh Language																								
	28	78																								

Section 1 – Preparation

There remains a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999. There is a perception that those living rurally would also be disadvantaged.

The Review has examined how crews were tasked and were assured that there were no questions within the dispatch protocols that related to equalities characteristics or impacted on those living in rural areas across Wales.

Dispatch is based on clinical need alone – decisions are made by EMRTS critical care practitioners.

The EMRT Service responds to the highest clinical urgency regardless of any protected characteristics. This is in line with the policies and procedures approved by the Welsh Ambulance Services NHS Trust who operate the clinical control centre in Cwmbran where the EMRTS Critical Care Hub is based.

In the event of an EMRTS resource not being available, incidents are 'highlighted' as the potential next tasking. However, that decision is dynamic and is dependent on many factors including when the next resource is available, the location of the incident and the clinical need of incoming calls through the 999 system.

It is unlikely that adverse impacts relating to people with protected characteristics would impact differently from the general population should the bases be moved. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.

However, the CASC recognises the strength of belief in specific areas in relation to the impact on people with protected characteristics and also specifically in relation to rural areas. It is anticipated that the EMRT Service will have specific commissioning intentions to improve the communications to the population of Wales to better understand what the service is and how the service is provided. The issues raised in relation to rural services will also be an area of focus for the commissioning of all ambulance services.

Section 1 – Preparation

		<p>The recommendations do not change the way patients receive the EMRTS Service. This is a clinically led service, it accounts for about 1% of all of the 999 calls received by the Welsh Ambulance Services NHS Trust (WAST) and provides pre hospital critical care services to the population of Wales. All calls are screened at the EMRTS Critical Care Hub based in the WAST call centre where an EMRTS critical care practitioner and dispatcher work together to dispatch crews.</p> <p>However, in terms of the rapid response vehicle usage (when helicopters are unable to fly) for the population coverage at 90 minutes further mitigation is required to ensure no diminution of service compared to the status quo.</p> <p>For example, if there is a risk that for example parts of western Betsi Cadwaladr or north Powys areas may experience reduced access to the service when the helicopter cannot fly due to bad weather and because the RRV is now located further away – the mitigation for this risk is identified within recommendation 4 as follows:</p> <p>Recommendation 4 – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.</p>
9.	Is the policy/service relevant to “promoting equality of opportunity?”	<p>It is unlikely that this Service Review will have any specific impact on those with protected characteristics as the service is provided to all based on clinical need alone.</p> <p>However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.</p> <p>The original service development proposal suggested that more patients could receive a service and this could be argued as promoting equality of opportunity. This finding has also be identified within the EMRTS Service Review and the impact on those people not receiving a service which has been investigated further.</p> <p>As part of the formal engagement process held in Phase 1, EASC agreed and the following reasons were used with the public agree as a way to help decide what to do next:</p>

Section 1 – Preparation

1. **Health gain**

- EMRTS should be as efficient and effective as possible and as many people as possible should get a service
- Before any change happens, there must be a plan for EMRTS to be able to carry on as now

2. **Equity**

- Everyone in Wales should have fair / same (equitable) access to the service
- An effective road response is important especially when the helicopters can't fly and to provide improved cover during the hours of darkness.
- We should have more aircraft able to land wherever needed when it is dark.

3. **Clinical skills and sustainability**

- It is very important that we look after the staff and make sure there is good training available for staff to make the best use of their advanced skills

4. **Value for money**

- If we want to develop services, we must make sure they provide value for money

5. **Affordability**

- As a minimum, we should spend the same as we do now.

Phase 1 provided the following documents in Welsh and English

<https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/>

- EMRTS Service Review Technical Document
- Everyday summary
- Easy Read version
- Engagement presentation slides

Supporting documents included

<https://easc.nhs.wales/engagement/sdp/supporting-documents-phase-1/> :

- EMRTS Service Development Proposal (as presented to EASC 8 November 2022)
- EMRTS Service Development Proposal cover report
- EMRTS Service Development proposal.

At the phase 1 meetings a presentation was used and was provided to all meetings in English only. Simultaneous translation into Welsh was available at all meetings.

Section 1 – Preparation

A bilingual handout (Have your say / Dweud eich Dweud) was offered to all members of the public with all of the ways to get in touch with the team and register their issues.

Hard copies of the questionnaire developed by the Picker Institute were provided in Welsh and English which included a freepost address. The questionnaire was also available online.

Phase 2

The offer was made for anyone who had specific accessibility requirements to aid participation in the engagement to contact the EASC Team with details for ongoing help and support.

Phase 2 provided the following documents in Welsh and English except where identified:

<https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/>

- Chief Ambulance Services Commissioner's Report
- Plain Language Version
- Engagement Slides
- Frequently asked questions

Supporting documents available in Welsh and English except where identified included:

<https://easc.nhs.wales/engagement/sdp/sdp2/>

- 1 History of EMRTS
- 2 Engagement What we did and what we heard
- 3 Picker Institute Report (English only)
- 4 EMRTS Historical Data information pack
- 5 Drive time and population coverage
- 6 Weather Data (English only)
- 7 Optima modelling (English only)

At the phase 2 meetings

- All venues were accessible; microphones were used to ensure the Public could hear questions and this was checked at venues (mobile microphones purchased in Phase 1 to ensure equity at meetings) hearing loops were used wherever possible
- a presentation was used and provided to all meetings in English only (CASC cannot speak Welsh).
- Drop in meetings had bilingual staff to meet with members of the public

Section 1 – Preparation

- Bilingual staff provided meet and greet services at all venues
- Simultaneous translation into Welsh was available at all public meetings.
- Hard copies and other formats of the documents were available on request
- A bilingual handout (Have your say / Dweud eich Dweud) was offered to all members of the public with all of the ways to get in touch with the team and register their issues
- Anyone who had specific accessibility requirements to aid participation in the engagement were asked to contact the EASC Team with details for assistance.



Dweud eich Dweud
for the tables.docx

Phase 3

In building on the work in Phase 1 and 2, the Option Appraisal Workshop used the Factors and Weightings discussed with the public (in Phases 1 and 2) and agreed by EASC to undertake the work with health boards and develop the Preferred Option. The Phase 3 engagement asked the public to 'Have your say on the Preferred Options A and B'.

Documents available:

Chief Ambulance Services Commissioners Report Phase 3 (Engagement Document) [Here](#)

<https://easc.nhs.wales/engagement/sdp/p2ep1/phase-3-final-document/>

Equality Impact Assessment - [Here](#)

<https://easc.nhs.wales/engagement/sdp/p2ep1/final-equality-impact-assessment-easc-emrts-service-review-phase-3/>





Phase 3 Engagement Document Easy Read version [Here](#)

<https://easc.nhs.wales/engagement/sdp/p2ep1/welsh-air-ambulance-consultation-easy-read/>

Phase 3 Engagement Questionnaire Easy Read version

Members of the Public were able to respond using a number of formats identified on Page 4.

Section 1 – Preparation

10.	Is the policy/service relevant to “promoting good relationships and positive attitudes?”	<p>It is unlikely that the EMRTS Service Review will have any specific impact on this. However, the approach to all of the engagement phases has been open, honest and transparent and every effort made to engage meaningfully with the public in the language of their choice.</p> <p>The strength of public feeling particularly in Powys and the Caernarfon area is recognised and valued. It is understood that change is concerning for people and the service is highly valued and ‘owned’ in these locality areas.</p> <p>However, the service commissioned by EASC is an all Wales highly specialist pre hospital critical care service and hence the Service Review is being considered by the Emergency Ambulance Services Committee to consider if any changes need to be made for the benefit of the whole population of Wales.</p> <p>Updates to EASC meetings (all available online) at https://easc.nhs.wales/the-committee/meetings-and-papers/:</p> <p>May 2023</p>  <p>2.4 EMRTS Service Review Update_EASC.</p> <p>July 2023 – emerging themes reported</p>  <p>2.5 EMRTS Service Review Update_EASC.</p> <p>September 2023 – plans for Phase 2 engagement</p>  <p>2.4 EMRTS Service Review Update_EASC.</p> <p>November 2023 – received feedback from Phase 2</p>  <p>2.4 EMRTS Service Review Update_EASC.</p>
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Section 1 – Preparation

December 2023 – approved Phase 3



2.4 EMRTS Service
Review Update_EASC.

January 2024 -



2.4_ EMRTS Service
Review Update_EASC.

Other arrangements

All EASC meetings apart from May 2023 were live streamed (since November 2022) and remain available on the website. The recording for the May meeting was corrupt and could not be used.

Engagement Report (Link to follow)

EMRTS Service Review (Link to follow)

EMRTS Service Review EASC report (link to follow)

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics.

As part of the work, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov (see Section 7). The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. This was reported in August 2023 and is available here:

easc.nhs.wales/engagement/sdp/sdp2/supporting-document-3-picker-institute-report/

Section 2. Impact

Do you think that the policy/service impacts on people because of their age? (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60)

It is unlikely that the EASC EMRTS Service Review will have a specific impact on people due to their age. The all-Wales highly specialist critical care service is provided to the patient whenever or wherever they need it. An easy read or plain language version was developed for the engagement materials to support people of any age.

During the feedback on the Phase 3 engagement, of the 568 respondents, 193 believed that people would be affected due to their age (third largest group). Despite reassurances given during public meetings in the previous phase, the public who responded believed there would be an impact. This was identified in the previous EIA as the risk of cardiac arrest (one of the main mission categories) increases with age and is also associated with higher levels of deprivation. This concern is recognised and understood. The service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics although the age range of all patients is provided below from actual mission data. The public should feel assured that should they require the service it would attend to each and every patient regardless of age. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

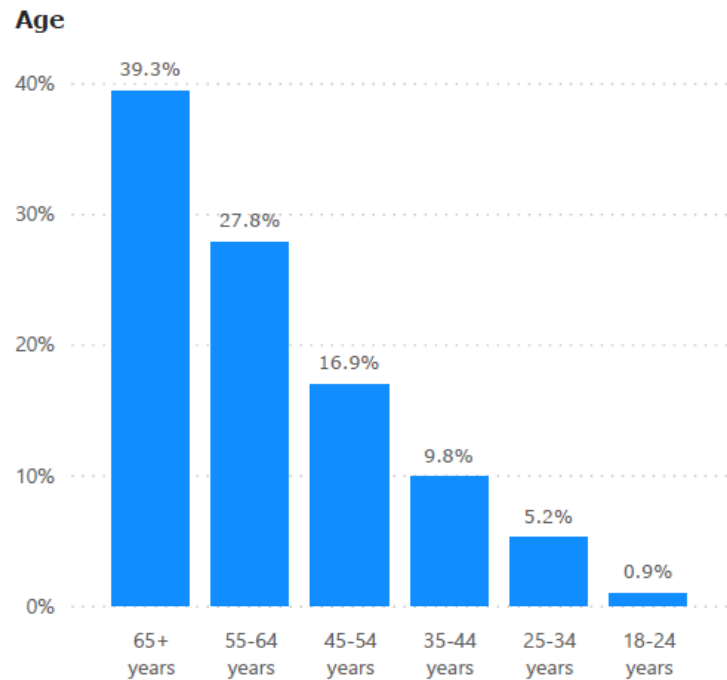
From **Appendix 3** – the age profile of the most numerous responders in Powys (last 2 columns) appears to be a consistently higher percentage than the remainder of Wales.

Age	Abertawe Bro Morgannwg		Aneurin Bevan		Betsi Cadwaladr		Cardiff and Vale		Cwm Taf		Hywel Dda		Powys Teaching	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%
Age 45 to 59	103,232	19.9	116,609	20.2	138,201	20.1	86,535	18.3	57,835	19.7	78,251	20.5	28,570	21.5
Age 60 to 64	33,594	6.5	37,878	6.6	49,884	7.3	24,985	5.3	19,233	6.6	28,447	7.4	10,864	8.2
Age 65 to 74	49,787	9.6	54,913	9.5	74,070	10.8	35,072	7.4	27,335	9.3	43,141	11.3	16,232	12.2
Age 75 to 84	31,683	6.1	33,505	5.8	45,896	6.7	23,484	5.0	16,291	5.6	26,649	7.0	9,926	7.5
Age 85 to 89	8,164	1.6	8,542	1.5	11,830	1.7	6,837	1.4	4,158	1.4	7,144	1.9	2,685	2.0
Age 90 and over	4,083	0.8	4,246	0.7	6,529	0.9	3,214	0.7	2,085	0.7	3,640	1.0	1,403	1.1

The table below shows the year age profile by bands/percent for 2019-2023 inclusive (Source – EMRTS Team mission information). Age profile per HB area attached at **Appendix 3**.

Age group	Percentage in age groups 2019-2023
0-4	6.3%
5-9	1.9%
10-14	3.0%
15-19	4.6%
20-24	5.2%
25-29	5.4%
30-34	5.6%
35-39	6.1%
40-44	5.8%
45-49	6.3%
50-54	7.3%
55-59	8.8%
60-64	8.0%
65-69	7.2%
70-74	6.1%
75-79	6.3%
80-84	3.6%
85-89	1.7%
90-94	0.6%
95-99	0.1%
Total	100.0%

The age range of responders in Phase 3 was as follows:



Low numbers of responses were received from people aged less than 45 years, amounting to 15.9% of all responses although this age group are over 28% of those who have needed the EMRT Service. Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot weekly reports throughout the 4 weeks recognised that the highest age group of responders was over 65 years which was of interest particularly considering the concerns in relation to this age group potentially being digitally excluded. The composite number included all methods of response and therefore may reflect positively on the choices offered to call, email, write or use the online opportunities.

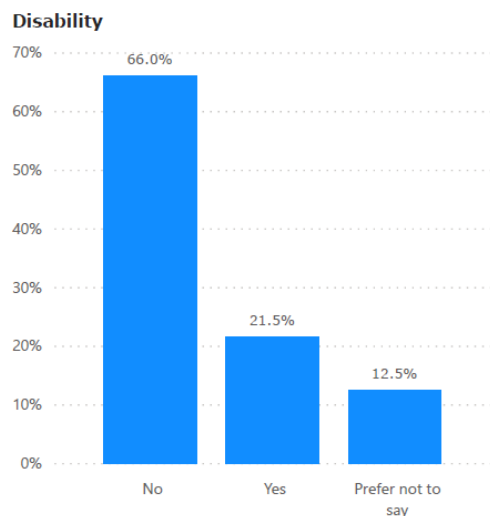
In terms of those in the below 45 years age group, the health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their disability? (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long term conditions such as Cancer or HIV)

It is unlikely that the EASC EMRTS Service Review will have an adverse impact on people because of their disability. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The all-Wales service is provided to the patient whenever or wherever they need it.

Engagement resources were developed in line with the requests from the public during all Phases – for example, summary documents, plain language documents and all of the supporting information, particularly that data should be provided unredacted which was met. Venues used for engagement activities were accessible and all engagement materials were available in whatever format members of the public required. The main resources were (at least) bilingual and had a summary, plain language and more comprehensive documentation which was in line with the requests heard during the engagement.

During the feedback on the Phase 3 engagement, 257 respondents (almost ½) believed that people with disabilities would be adversely affected. This could include as previously identified in relation to the EMRTS mission categories that for Falls: there was an increased risk of falling with age and could be more common amongst those experiencing disabilities and health conditions associated with gait and mobility including neurological conditions. Responses were as follows:



This concern is recognised and understood. The EMRT Service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The public should feel assured that should they require the service it would attend to each and every patient regardless of any disability. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports throughout the 4 weeks identified that at least 20% of respondents consistently identified themselves as having a disability.

The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Does the policy impact on people because of their caring responsibilities?

The service will not have specific impact on people due to caring responsibilities. However, a small number of staff could be affected if the base changed (no decision has yet been made); this would be managed on an individual basis in line with the reasonable adjustments requirements.

The EASC EMRTS Service Review itself does not impact as it is a review of the EMRTS service which is an all-Wales service provided to the patient whenever or wherever they need it.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of Gender reassignment? (This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc.)

It is unlikely that EMRTS Service Review will have specific impact on people because of gender reassignment. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including gender reassignment. The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 32 respondents believed that the change would impact on people because of gender reassignment and they would be adversely affected by the change.

This concern is recognised and understood as a belief held by some members of the public. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.

The public should feel assured that should they require the service it would attend to each and every patient regardless whether have undergone gender reassignment. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their being married or in a civil partnership?

Impacts in this area are rare, but it can intersect with gender discrimination. Whether an individual is married or not should not impact any aspect of the way they are treated.

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their being married or in a civil partnership. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The all Wales service is provided to the patient whenever or wherever they need.

During the feedback on the Phase 3 engagement, 34 respondents believed that people being married or in a civil partnership would be adversely affected by the change. This concern is recognised as a belief that some members of the public hold. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.

The public should feel assured that should they require the service it would attend to each and every patient regardless of their marital or civil partnership status. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service. Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby? (This applies to anyone who is pregnant or on maternity leave, but not parents of older children)

It is unlikely that EASC EMRTS Service Review will have specific impact on people because of their being pregnant or having recently had a baby. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including related to pregnancy or recent birth. The all-Wales service is provided to the patient whenever or wherever they need it. Should a pregnant woman have a life threatening condition the impact could be positive for the individual.

During the feedback on the Phase 3 engagement, 198 respondents (the second largest area) believed that the service would impact women because of their being pregnant or recently having a baby and they would be adversely affected by the change.

This concern is recognised and understood. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.

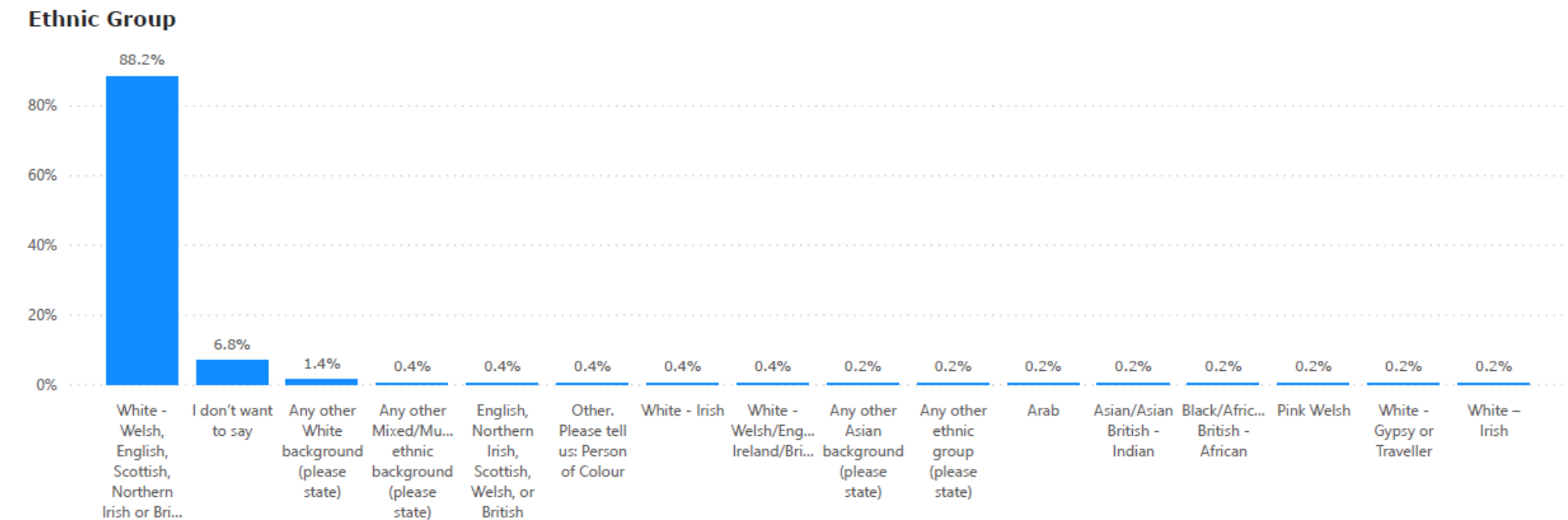
The public should feel assured that should they require the service it would attend to each and every patient regardless of whether pregnant or having recently had a baby. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.)

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their race. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 38 respondents believed that the service would impact on people because of their race. The ethnicity of respondents was collected and showed that 88.2% of respondents identified themselves as being White (Welsh, English, Scottish or Northern Irish/British) 6.8% preferred not to say; other groups had very low numbers.



This concern is recognised and understood. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of their race or ethnicity. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

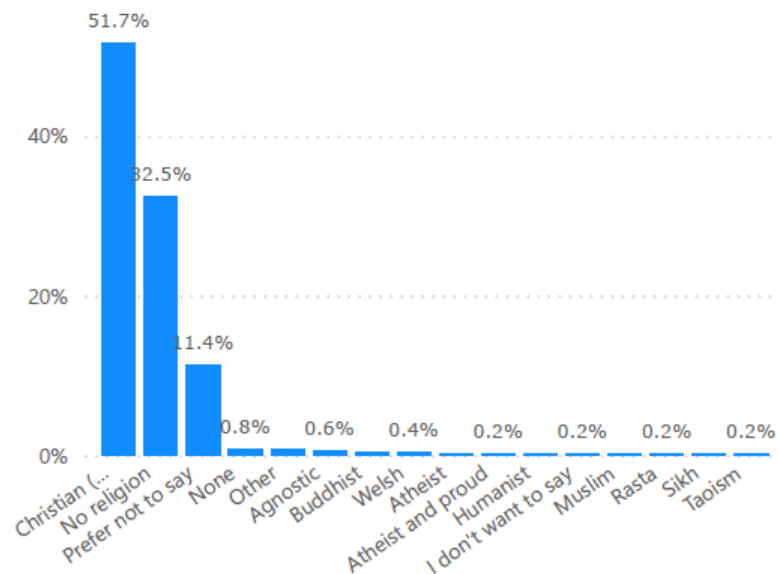
Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports throughout the 4 weeks recognised that the majority of responders identified as being white, with very low numbers for black, Asian or other ethnic groups. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups)

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their religion, belief or non-belief. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including relating to religion. The all-Wales service is provided to the patient whenever or wherever they need.

During the feedback on the Phase 3 engagement, 28 respondents believed that the service would impact on people because of their religion, belief or non-belief.

Religion



This concern is recognised and understood as something members of the public believe. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of religion, belief or non-belief. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

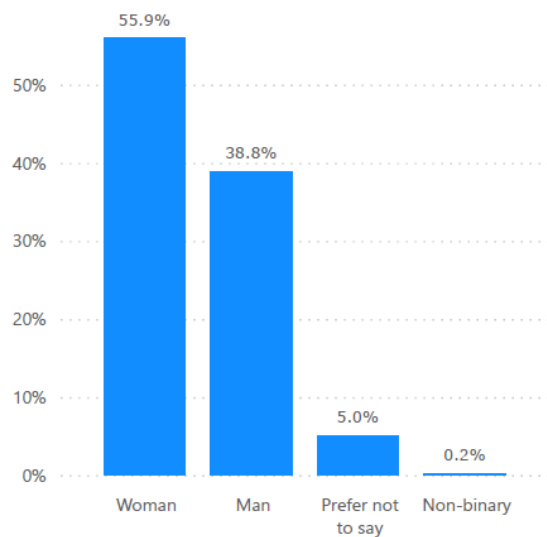
Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on men and women in different ways? *Do men and women have different needs and commitments that need to be considered. Are their respective roles fully considered in work-life balance policies etc.*

It is unlikely that the EASC EMRTS Service Review will have specific impact on women or men. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics related to gender. The all-Wales service is provided to the patient whenever or wherever they need it.

The service does impact on men and women in slightly different ways in terms of actual missions, almost consistently 2/3rd of all patients are men. However, more women than men responded to the engagement and gave feedback

Gender



Missions

	Male	Female	Paediatric	Median	Age Range
2015-2016	69%	31%	16%	47	0-97
2016-2017	70%	30%	27%	46	0-98
2017-2018	68%	32%	Not available	46	0-96
2018-2019	67%	33%	12%	45	0-97
2019-2020	66%	34%	12%	49	0-101
2020-2021	66%	34%	9%	Not available	Not available
2021-2022	68%	32%	14%	Not available	Not available
2022-2023	67%	33%	Not available	Not available	Not available

It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of gender. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

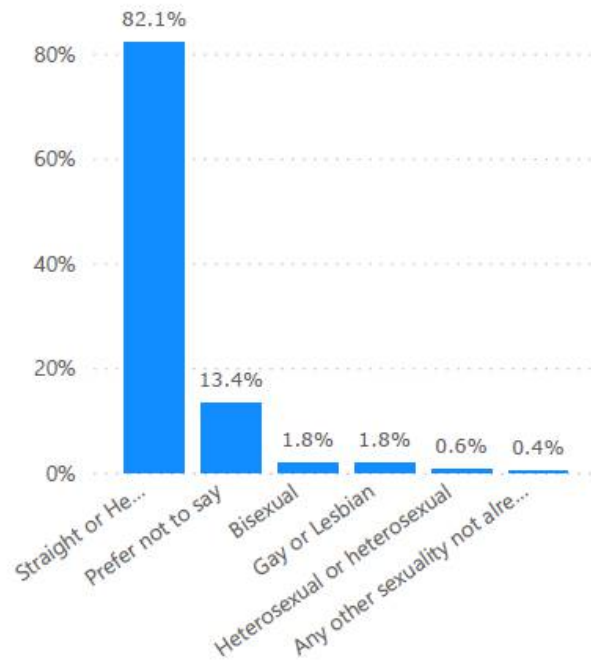
Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people)

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their sexual orientation. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including for sexual orientation. The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 32 respondents believed that the service would impact on people because of their sexual orientation.

Sexual Orientation



It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of sexual orientation. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their Welsh language? (e.g. the active offer to receive services in Welsh, bilingual information etc).

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their use of the Welsh language. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including for the Welsh Language. The all-Wales service is provided to the patient whenever or wherever they need. As the service is provided by highly trained specialist staff not all can speak in Welsh. All posts recruited have the ability to speak Welsh as desirable and every effort would be made to accommodate patients in the language of choice. However, this is a critical care life-saving service and this would be paramount. All engagement documents are bilingual.

During the feedback on the Phase 3 engagement, 78 respondents believed that the service would impact on people because of their Welsh Language.

It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of their Welsh language. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

The Welsh government has introduced a new Socio-economic duty effective from April 2021. It asks us to consider the impact of our decisions on inequality experienced by people at socio-economic disadvantage.

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their socio-economic disadvantage. The all Wales service is provided to the patient whenever or wherever they need.

The service does attract new consultants to Wales, which may have a socioeconomic impact on specific localities.

During the feedback on the Phase 3 engagement, many respondents believed that there would be an impact on rural areas. As previously raised in terms of the main mission categories for the EMRT Service Road incidents: there is evidence that socio-economically deprived areas suffer more than affluent areas in terms of road incidents. Road traffic related injuries, particularly for child pedestrians, are among the greatest of all health inequalities, with much higher rates in children from families led by parents in unskilled employment or from deprived neighbourhoods (source: [EM template for sub leg \(senedd.wales\)](#))

It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided specifically in rural areas. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of where they live. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Other considerations

- Future Generations Act

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	<p>People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate</p> <p>A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.</p>	<p>People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality</p> <p>Concerns about weather, more frequent flooding affecting ability for road responses.</p>
A resilient Wales	<p>People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services.</p> <p>During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents.</p>

Wellbeing Goal	Considerations	Examples of Feedback
	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example, climate change).	<p>Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe.</p> <p>Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, this from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.</p>
A healthier Wales	People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the	Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services.

Wellbeing Goal	Considerations	Examples of Feedback
	<p>harm caused by alcohol and or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p>	<p>There's concern that any base moves could negatively affect other emergency responders in the Powys area.</p> <p>Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre hospital critical care service meant that many believed this was very important as they did not have a district general hospital</p>
A more equal Wales	<p>A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).</p> <p>People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities</p>	<p>Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high end service seemed to escalate the perceived impact.</p> <p>A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of cohesive communities	<p>People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identify; cultural and spiritual ethos</p> <p>Attractive, viable, safe and well-connected communities.</p>	<p>Local communities visited had a high level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain. There was balance, that the service should see as many people as possible, as long as this did not move the base.</p> <p>Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they believed the service was closing and there would not be a service. Despite reassurances this message appears to be unheard.</p> <p>Respondents have identified concerns about overall community viability and cohesiveness about public services generally.</p> <p>They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	<p>A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p> <p>People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life</p>	<p>No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually</p> <p>There are opportunities to continue to support and develop the service through the medium of Welsh.</p>
A prosperous Wales	<p>An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p> <p>People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working conditions</p>	<p>People raised the dangerous occupations regularly</p> <p>Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.</p>

- Duty of Quality – clearly a consideration as we know that the EMRTS provides life saving pre hospital critical care services and the aim to see as many patients as possible.
- Healthcare Impact Assessment – to be confirmed and considered further
- Social Wellbeing Wales Act 2014
- Public sector equality duty (under the Equality Act 2010)

Section 3 Outcome

Summary of Assessment:

Please summarise Equality issues of concern and changes that will be made to the service development accordingly.

It is recognised that people in protected characteristic groups are likely to be impacted by any change more than the general population and that in particular children, older people, disabled people and those living with social & economic disadvantage could be disproportionately affected.

Intersectionality can also mean that some people receiving the service will have more than one of these protected characteristics and so the impacts on them would be disproportionately greater.

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics and therefore any potential impact cannot be discounted.

Also, there are significant numbers of those who responded during Phase 3 who believe that there are adverse impacts on those with protected characteristics.

Whilst there is clear evidence of an overall health gain to the people of Wales from the preferred option, there is a possible likelihood of a moderate downside impact as it is recognised that during periods when the air ambulance helicopter is unable to fly (e.g. due to very poor weather conditions) then communities located closer to the current bases in Welshpool and Caernarfon may experience a reduced service during these "no fly" periods than now because of the increased distance for RRV response.

An implementation plan will need to be developed if the recommendations are approved by EASC particularly in recognition that increased need for EMRTS may be associated with factors such as age, deprivation and disability. Importantly, the implementation plan would need to consider the impact on EMRTS staff.

Section 3 Outcome	
	<p>Also, the plan will need to specifically include communications and engagement with the public to better understand and trust the partnership service once more.</p> <p>The aim of the Review is to use the existing resources to provide services to those who currently need it but don't receive it (2-3 a day) and therefore this consideration is influential for decision making (those 'unmet need' patients may also have protected characteristics).</p> <p>An example of this would be that approximately 530,000 people in north Wales would not receive a response during the hours of darkness within 60 minutes.</p> <p>Given the responses from the public there is a need for commissioners to address this matter and the strong beliefs of the public during this recent engagement phase.</p>
<p>Please indicate whether these changes have been made.</p>	<p>This document and equality impact assessment has provided an opportunity to demonstrate that any potential downside impacts have been considered with particular reference to protected characteristics so that proportionate mitigating actions can be considered. Also, to clarify whether there was any suggestion that any parts of Wales would see any aspect of a diminution of service compared to now.</p> <p>The final 4 recommendations are as follows:</p> <p>Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.</p>

Section 3 Outcome	
	<p>Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.</p> <p>Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.</p> <p>Recommendation 4 - The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.</p> <p>These recommendations will be presented and considered by the Emergency Ambulance Services Committee (a joint committee of health boards) on 19 March 2024 prior to consideration by health boards. A final meeting of EASC will be held on 28 March 2024.</p>
Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.	<p>As a result of the engagement process, the Chief Ambulance Services Commissioner was struck by what he heard primarily in small community areas in mid and north Wales.</p> <p>As the process has evolved further mitigations have been considered and are shared as recommendations in the EMRTS Service Review as above.</p>
Who will monitor this EIA and ensure mitigation is undertaken	This remains a partnership approach between the commissioners at EASC (Health Boards), EASC Team, EMRTS Team and Wales Air Ambulance Charity
CTMUHB Equality Team	<p>Sent to CTMUHB Signed Gwenan Roberts Date 11 March 2024</p> <p>Actioned:</p>

Appendix 1

Equity Table 1: Population Coverage – Road (Population of Wales 3.137m)

Option	Hours	Bases Available	Population 30m	Population 60m	Population 90m
2A Welshpool 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Caernarfon	1,447,276	2,343,954	2,471,716
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Welshpool	927,155	1,569,711	1,619,843
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
2B Caernarfon 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	1,419,482	2,264,179	2,235,983
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Caernarfon	954,949	1,649,487	1,655,576
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
3D North Central Wales near A55 08:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	1,616,598	2,430,303	2,556,938
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	1,616,598	2,430,303	2,556,938
	20:00 – 02:00	Cardiff, North Central Wales near A55	1,124,271	1,735,836	1,740,798
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
4C Improve 3D, add car shift 2000-0800 (Wrexham)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	1,616,598	2,430,303	2,556,938
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	1,616,598	2,430,303	2,556,938
	20:00 – 02:00	Cardiff, North Central Wales near A55, Wrexham	1,362,413	1,982,722	1,987,698
	02:00 – 08:00	Cardiff, Wrexham	1,116,333	1,725,957	1,730,904
5C Improve baseline, add car shift 2000-0800 (Caernarfon)	08:00 – 20:00	Cardiff (7am start), Dafen (7am start), Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 08:00	Cardiff, Caernarfon	954,949	1,649,487	1,655,576
6C Improve 2B, add car shift 2000-0800 (North Central Wales near A55)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	1,419,482	2,264,179	2,235,983
	14:00 – 20:00	Cardiff, Dafen, Welshpool, Caernarfon	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Caernarfon, North Central Wales near A55	1,201,029	1,906,252	1,912,370
	20:00 – 08:00	Cardiff, North Central Wales near A55	1,124,271	1,735,836	1,740,798

Appendix 2

Equity Table 2: Population coverage – Air

Option	Hours	Bases Available	Population 30m	Population 40m (night)	Population 60m
2A Welshpool 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Caernarfon	3,136,070 (99.97%)	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Welshpool	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	2,606,214 (83.1%)	-
2B Caernarfon 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	3,098,068 (98.75%)	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Caernarfon	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	2,606,214 (83.1%)	-
3D North Central Wales near A55 08:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	3,137,127	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, North Central Wales near A55	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	2,606,214 (83.1%)	-
4C Improve 3D, add car shift 2000-0800 (Wrexham)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	3,137,127	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, North Central Wales near A55, Wrexham	-	3,137,127	-
	02:00 – 08:00	Cardiff, Wrexham	-	3,137,127	-
5C Improve baseline, add car shift 20-08 (Caernarfon)	08:00 – 20:00	Cardiff (7am start), Dafen (7am start), Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 08:00	Cardiff, Caernarfon	-	3,137,127	-
6C Improve 2B, add car shift 20-08 (North Central Wales near A55)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	3,098,068 (98.75%)	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Welshpool, Caernarfon	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Caernarfon, North Central Wales near A55	-	3,137,127	-
	20:00 – 08:00	Cardiff, North Central Wales near A55	-	3,137,127	-

Appendix 3

KS102EW - Age structure

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population All usual residents

units Persons

date 2011

rural urban Total

Age	Abertawe Bro Morgannwg		Aneurin Bevan		Betsi Cadwaladr		Cardiff and Vale		Cwm Taf		Hywel Dda		Powys Teaching	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents	518,013	100.0	576,754	100.0	687,937	100.0	472,426	100.0	293,212	100.0	382,138	100.0	132,976	100.0
Age 0 to 4	28,436	5.5	34,890	6.0	40,037	5.8	29,711	6.3	18,079	6.2	20,566	5.4	6,582	4.9
Age 5 to 7	16,611	3.2	19,663	3.4	22,050	3.2	15,392	3.3	10,015	3.4	11,739	3.1	3,959	3.0
Age 8 to 9	10,723	2.1	12,685	2.2	14,049	2.0	9,606	2.0	6,244	2.1	7,662	2.0	2,681	2.0
Age 10 to 14	29,603	5.7	35,750	6.2	38,980	5.7	26,440	5.6	17,361	5.9	21,667	5.7	7,947	6.0
Age 15	5,948	1.1	7,359	1.3	8,237	1.2	5,658	1.2	3,555	1.2	4,687	1.2	1,724	1.3
Age 16 to 17	12,569	2.4	15,795	2.7	17,148	2.5	11,317	2.4	7,453	2.5	9,366	2.5	3,463	2.6
Age 18 to 19	14,449	2.8	14,497	2.5	16,965	2.5	17,047	3.6	7,698	2.6	11,405	3.0	2,780	2.1
Age 20 to 24	36,866	7.1	35,396	6.1	42,001	6.1	45,560	9.6	20,137	6.9	25,499	6.7	6,465	4.9
Age 25 to 29	32,700	6.3	34,298	5.9	37,376	5.4	37,484	7.9	18,988	6.5	19,005	5.0	5,877	4.4
Age 30 to 44	99,565	19.2	110,728	19.2	124,684	18.1	94,084	19.9	56,745	19.4	63,270	16.6	21,818	16.4
Age 45 to 59	103,232	19.9	116,609	20.2	138,201	20.1	86,535	18.3	57,835	19.7	78,251	20.5	28,570	21.5
Age 60 to 64	33,594	6.5	37,878	6.6	49,884	7.3	24,985	5.3	19,233	6.6	28,447	7.4	10,864	8.2
Age 65 to 74	49,787	9.6	54,913	9.5	74,070	10.8	35,072	7.4	27,335	9.3	43,141	11.3	16,232	12.2
Age 75 to 84	31,683	6.1	33,505	5.8	45,896	6.7	23,484	5.0	16,291	5.6	26,649	7.0	9,926	7.5
Age 85 to 89	8,164	1.6	8,542	1.5	11,830	1.7	6,837	1.4	4,158	1.4	7,144	1.9	2,685	2.0
Age 90 and over	4,083	0.8	4,246	0.7	6,529	0.9	3,214	0.7	2,085	0.7	3,640	1.0	1,403	1.1

In order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies.



Final Report

Emergency Medical Retrieval and Transfer Service Review

MARCH 2024

Stephen Harrhy
Chief Ambulance Services Commissioner



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwans Brys

Emergency Ambulance
Services Committee

2. Contents

Page	Number	Page	Number
2 Contents	1	9 Exploring the Solutions to Pre- Hospital Critical Care Delivery in Wales	42
3 Supporting Documents	2	Engagement	43
4 Foreword	3	Engagement Phase 1	44
5 Executive Summary	4	Picker Survey	44
Summary of findings	4	Options Development	45
Equality Impact Assessment	6	New North Wales Base	46
Summary of recommendations	7	Modelling	49
6 Preface	8	Modelling Results	50
Purpose	9	Factors	52
Background	9	Engagement Phase 2	53
Commissioning Requirements	10	Options Appraisal - Long List	53
Commissioning Intentions	11	Options Discounted	54
History	12	Options Appraisal - Short List	56
EMRTS Evaluation	13	Options Appraisal - Workshop	57
Structure of the report	15	Options Appraisal - Scoring	58
Limitation	15	Options Appraisal - Ranking	59
<i>Data</i>	15	Options Appraisal - Do Nothing	60
<i>Modelling</i>	15	Options Appraisal - Conclusion	61
Technical Note	16	Engagement Phase 3	63
7 Explaining the delivery of pre-hospital critical care in Wales	17	Summary	64
Operating Model	18	10 Conclusion and Recommendations	65
Service at a Glance	19	Conclusion	66
Flight Types	20	Recommendations	67
Current Position	21	Appendix 1	68
Map of current base location	21	Conclusions from EASC-led engagement feedback	68
Critical Care Interventions	22		
Dispatch Criteria	23		
Dispatch Process	24		
Base Activity	25		
Response Time	26		
Summary	28		
8 Exploring the Current Problems of Pre-Hospital Critical Care Delivery in Wales	29		
Population Coverage	30		
Air Coverage - Day	31		
Air Coverage - Night	32		
Road Coverage - Day	33		
Road Coverage- Night	35		
Utilisation	36		
Unmet Need	39		
Summary	41		

3. Supporting Documents

The Report is supported by documents that readers should consider alongside this Report.

For ease of reference a full list has been provided below.

All documents are available on the following page: <https://easc.nhs.wales>

1. EASC EMRTS SDP Presentation
2. EMRTS Service Development Proposal Cover Paper
3. EMRTS Service Development Proposal
4. EMRTS Service Review Technical Document
5. Everyday Summary
6. Easy Read EMRTS Service Review
7. Engagement Event Presentation Slides
8. EQIA - EASC EMRTS Service Review January 2023
9. Frequently Asked Questions
10. Chief Ambulance Commissioner's Report
11. Chief Ambulance Commissioner's Report Plain Language Version
12. Chief Ambulance Commissioner's Phase 2 Engagement Slides
13. Phase 2 Frequently Asked Questions
14. EQIA - EASC EMRTS Service Review Sept 2023
15. Supporting Document 1 History of EMRTS
16. Supporting Document 2 Engagement What We Did and What We Heard
17. Supporting Document 3 Picker Institute Report
18. Supporting Document 4 EMRTS Historical Data Information Pack
19. Supporting Document 5 Drive Time and Population Coverage
20. Supporting Document 6 Weather Data
21. Supporting Document 7 Optima Modelling
22. Chief Ambulance Commissioner's Report Phase 3
23. EQIA - EASC EMRTS Service Review January 2024
24. Phase 3 Engagement Document Easy Read
25. EMRTS Options Appraisal Document
26. EMRTS Options Appraisal Summary
27. EASC Current and Past Papers

4. Foreword

I am pleased to present this Report as the culmination of an extensive review of the Emergency Medical Retrieval and Transfer Service (EMRTS).

The air ambulance service in Wales is a unique partnership between the Wales Air Ambulance Charity (WAAC) and the clinical teams of EMRTS.

It is a specialised pre-hospital critical care service that delivers excellent patient outcomes and is highly regarded by public and stakeholders alike.

It is a service that the people of Wales are rightly proud of and feel well-served by.

As the Chief Ambulance Services Commissioner for Wales, I have a duty and obligation to look at how this service can be further improved for those patients who need it.

Likewise, the Charity has a responsibility of making the best possible use of the funds that they have for everybody across Wales, wherever they are.

As a result of queries and concerns raised from the initial EMRTS Service Development Proposal in November 2022, it was agreed that work would start afresh as the EMRTS Service Review.

The purpose of this review is to ensure that as many people as possible benefit from improved clinical outcomes by making the best use of the clinical teams across Wales.

An extensive engagement and listening exercise has provided valuable insights for me to consider and take on board in the development of recommendations for the future of EMRTS in Wales.

I have heard and read countless patient stories, been struck by how valued this critical care service is and how worried by change people are. These stories have been powerful reminders of why we need to continually adapt to meet patient needs.

It has also provided rich intelligence about broader health system issues. This has been integral to the review process and I have been able to feed this back to health boards.

Alongside this feedback I have also analysed historical data, modelled scenarios and undertaken an option appraisal workshop.

There are opportunities for the Charity, EMRTS, NHS Wales and the public to work together to ensure we have a service that continues to deliver and develop effectively for the communities of Wales.

I would like to take this opportunity to thank the public, everyone in the EASC team, the Charity, EMRTS, NHS Wales colleagues, Llais, and every contributor to this review.



Stephen Harrhy
Chief Ambulance
Services Commissioner

5. Executive Summary

This Report provides a structured evaluation of the Emergency Medical Retrieval and Transfer Service (EMRTS) within Wales. It outlines the process and methodology used to review the service, covering the following:

- service delivery
- operational efficiency
- stakeholder engagement, and
- analysis of service coverage across Wales.

The Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the pre-hospital critical care provision in Wales. It addresses the service's role in providing advanced medical interventions in pre-hospital settings, highlighting the unique challenges faced in delivering critical care across the whole of Wales including remote areas.

5.1 Summary of Findings

Service Overview: EMRTS is Wales's main provider of pre-hospital critical care services. It utilises a mix of consultants, critical care practitioners (CCPs), appropriately equipped helicopters, and rapid response vehicles to deliver specialised hospital-level care directly to patients across Wales. It focuses on significantly improving outcomes for those in life and limb threatening situations.

Current Provision: EMRTS is primarily provided from four bases across Wales, offering a mix of consultants, CCPs, appropriately equipped helicopters, and rapid response vehicles operating across varying hours.

Critical Care Interventions: EMRTS provides advanced interventions beyond standard ambulance services, such as blood product administration, hypertonic saline for brain injuries, limb amputation, perimortem cesarean section, point-of-care testing, pre-hospital anaesthesia, and thoracostomy.

Dispatch Criteria and Process: The dispatch of EMRTS resources is decided by the EMRTS Critical Care Hub based on specific criteria, related to the severity of incidents. Decisions on resource deployment take into account various factors, including proximity and clinical team composition.

Base Activity and Response Time: Data from 2022 identifies the activity for each base and that this is variable. It shows for each health board the distribution of responses from each base.

Population Coverage: EMRTS aims to provide an equitable service across Wales. The entire population has access to air-based assets, road-based coverage is more limited due to road network limitations, topography and base locations.

Air Coverage: During the day, a combination of bases (Caernarfon, Welshpool, Dafen and Cardiff) can provide air coverage for the entire population within 30 minutes (08:00 – 19:00). Post 8pm, northern Wales lacks coverage within 60 minutes, affecting roughly 530,000 people or 75% of the Betsi Cadwaladr University Health Board population.

Road Coverage: Isochrone maps indicate varying population coverage for rapid response vehicles across Wales. After 8pm Cardiff provides the only rapid response vehicle for Wales.

Utilisation: Utilisation rates, which measure resource activity, vary across bases, indicating a better balance between efficiency and service availability is possible.

Unmet Need: Where critical care is required but no resources are available, this is recorded as unmet need, especially after 8pm. 73.7% of unmet need occurs post-8pm across Wales. North Wales has the highest level of unmet need.

Engagement Phases: The report details three phases of engagement from March to June 2023, October to November 2023, and February 2024 aimed at gathering feedback to inform and influence the EMRTS Review.

Operational Scenarios: Six operational scenarios were developed including maintaining the status quo, modifying existing bases, and considering new base locations with and without additional resources.

New North Wales Base Analysis: 1,718 potential locations in Mid and North Wales were assessed for their coverage capabilities. This identified a location south of Rhyl/Rhuddlan as the most effective area showing significant increases in incident coverage.

Modelling Results: The Report presents the results of six modelled scenarios with 20 variations. It focuses on outputs such as dispatches, scene arrivals, unmet needs, overall utilisation, and response durations. Results were shared during the Phase 2 public engagement.

Factors: Five factors, their definitions and weightings were agreed during the public engagement process. These are: Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money.

Options Appraisal: A shortlist of six options were appraised at a workshop. The workshop brought together representatives from health boards and trusts across Wales and included clinical, planning, operational, engagement and finance staff. Members of the Emergency Ambulance Services Committee (EASC) team, EMRTS management and the Wales Air Ambulance Charity were present to provide expert advice only.

Options Appraisal Scoring: Representatives from health boards and trusts were asked to score each option against each factor individually using information circulated prior to the workshop. Individual scores were discussed and a group score agreed. The two top scoring options were taken forward as part of Phase 3 engagement.

Concerns: The report acknowledges public and stakeholder concerns regarding service accessibility and specialisation, suggesting complementary actions to address these alongside the preferred operational changes.

5.2 Equality Impact Assessment (EQIA)

It is recognised that people in protected characteristic groups are likely to be impacted by any change more than the general population and that in particular children, older people, disabled people and those living with social & economic disadvantage could be disproportionately affected.

Intersectionality can also mean that some people receiving the service will have more than one of these protected characteristics and so the impacts on them would be disproportionately greater.

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics and therefore any potential impact cannot be discounted.

Also, there are significant numbers of those who responded during Phase 3 who believe that there are adverse impacts on those with protected characteristics.

Whilst there is clear evidence of an overall health gain to the people of Wales from Option A and Option B, there is a possible likelihood of a moderate downside impact as it is recognised that during periods when the air ambulance helicopter is unable to fly (e.g. due to very poor weather conditions) then communities located closer to the current bases in Welshpool and Caernarfon may experience a reduced service during these “no fly” periods than now because of the increased distance for RRV response.

An implementation plan would need to be developed if the recommendation is approved by EASC particularly in recognition that increased need for EMRTS may be associated with factors such as age, deprivation and disability. Importantly, the implementation plan would need to consider the impact on EMRTS staff.

Also, the plan will need to specifically include communication with the public to better understand and trust the partnership service once more.

However, the recommendations within the review mitigate against these.

The aim of the Review is to use the existing resources to provide services to those who currently need it but don't receive it (2-3 a day) and therefore this consideration is influential for decision making (those 'unmet need' patients may also have protected characteristics).

An example of this would be that approximately 530,000 people in north Wales would not receive a response after 8pm within 60 minutes.

5.3 Summary of Recommendations

Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of this Report.

Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.

Recommendation 4 – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.



6. PREFACE



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Pwyllgor Gwasanaethau
Ambwlans Brys
Emergency Ambulance
Services Committee

6.1 Purpose

This Report concludes the Emergency Medical Retrieval and Transfer Service (EMRTS) Review instigated by the Emergency Ambulance Services Committee (EASC) at their December 2022 meeting.

The accompanying Final Engagement Report provides a comprehensive overview of the three phases of public and stakeholder engagement that has taken place as part of this review.

The findings and recommendations of the Chief Ambulance Services Commissioner (CASC) are set out within the Report.

6.2 Background

In November 2022, EASC received an EMRTS Service Development Proposal from EMRTS and the Wales Air Ambulance Charity (Charity).

The Proposal, based on data modelling, suggested re-configuring the operational arrangements to provide a more effective service, that could potentially do more within the existing resource by changing the way in which the service was operationally organised.

Specifically, the Proposal identified moving operations from Caernarfon and Welshpool bases into a combined base located in mid-North Wales adjacent to the A55.

The Proposal is available on the following link:

<https://easc.nhs.wales/engagement/sdp/supporting-documents/>

At this meeting, EASC members raised questions, as well as noted queries and concerns raised by members of the public, politicians, Community Health Council members (now Llais as of 1 April 2023) and community groups in relation to this proposed change affecting Caernarfon and Welshpool bases specifically.

Subsequently, EASC asked the CASC and the wider EASC Team to undertake an impartial review of the service.

The review is independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal.

6.3 Commissioning Requirements

In considering this Report it is helpful to do so with consideration to specific and relevant criteria that EMRTS are expected to comply with as part of their commissioning requirements.

EMRTS through the EMRTS Quality and Delivery Framework are commissioned to deliver an all Wales service.

Consistent with other services commissioned by EASC, commissioning frameworks do not define the geographical location of bases, resource or infrastructure.

The following Care Standards and Core Requirements drawn from the EMRTS Quality and Delivery Framework are particularly relevant to this report:

PCP 3 EMRTS must engage fully with its third sector partner, the Wales Air Ambulance Charity Trust.

PCP 8 EMRTS must ensure that the right resource(s) are dispatched to provide the right type of care for patients.

PCP 9 EMRTS must ensure that, when a response is appropriate, a resource is dispatched without delay.

CR3 Equity - EMRTS must ensure that:

(i) Systems and procedures are in place to ensure that patients have equal access to services regardless of their location

(ii) Systems and procedures are in place to ensure that patients have equal access to services regardless of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

CR6 Safety - EMRTS must ensure that:

(i) Any services it provides to the public, and any patient intervention it undertakes, protects public / patients from avoidable harm and clinical risk

(ii) Systems must be in place to record, investigate, report and learn from incidents and accidents

(iii) The health, safety and wellbeing of patients who receive treatment is not adversely affected by inadequate training, accountability, operational systems or arrangements.

6.4 Commissioning Intentions

In addition to the Commissioning Framework, through the annual Integrated Medium Term Planning process the Committee sets out its Commissioning Intentions for services that outline the Committee's strategic priorities for each planning cycle.

EMRTS Commissioning Intentions 2023-24	
CI1a	Enhanced CCP-led response – Building on the findings of recent winter initiatives and demand and capacity planning undertaken within the service, support the implementation of an enhanced daytime response that will ensure more effective use of resources, improve service quality and the patient experience and provide opportunities for workforce development.
CI1b	Planning – Build on the implementation and consolidation of Phase 1 of the EMRTS Service Expansion project, working collaboratively with commissioners to plan the implementation of the remaining phases of the EMRTS Service Expansion programme.
CI3a	Improvement Plan – Develop and implement an improvement plan in response to the EMRTS Service Evaluation Report.
CI4a	Demand and Capacity Strategy – To continue with the work on a collaboratively developed demand and capacity strategy will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include the use of forecasting, modelling and health economic evaluations.

Table 1: Commissioning Intentions

6.5 History

The Charity was incorporated on 19 June 2000 and launched on St. David's Day in 2001. The objective of the Charity at that stage was to provide a paramedic-led air response with the aim of rapidly transferring patients to hospital by air.

The service was first operated from Swansea Airport on the establishment of the Charity with the first aircraft initially working as an 8 hours per day, 5 days per week service then expanding to a 7 day service in July 2002.

A paramedic was based at the North Wales Police helicopter base in Rhuddlan from April 2001 as an interim measure until the second aircraft was established at Caernarfon (Dinas Dinlle) Airport in July 2003.

The service at Welshpool Airport was established in June 2006, with the offer from the aircraft provider of a helicopter for a short period. This third aircraft initially worked as a 5-day service to cover the busy holiday period and then was made a permanent service in January 2007.

In 2015, the Emergency Medical Retrieval and Transfer Service (EMRTS) was established.

The new service created a partnership between the Charity, Welsh Government and NHS Wales, to provide an air and road response that would ensure advanced decision-making and critical care for life and limb threatening emergencies at scene and then transfer for time critical specialist care.

In 2016, Wales Air Ambulance moved from the isolated location of Swansea Airport to a purpose-built facility in Dafen, near Llanelli.

This move gave the service access to a better road network, in particular the M4, which was valuable for emergency responses via car.

In 2018, the Charity take over the long-term lease for Cardiff Heliport, which became home to the Charity's fourth aircraft with 24/7 services being provided for the whole of Wales from this base.



6.6 EMRTS Evaluation

The EMRTS Service Evaluation in 2021, undertaken jointly with Swansea University for the period of April 2015 to April 2020 demonstrated that the service was able to deliver improvements in a range of measurable benefits that were described in the original business case:

Factor	Measurable benefit	Result
Equity	<i>Introduction and expansion of EMRTS service will reduce the number of emergency interhospital transfers by 30%</i>	Emergency inter-hospital transfers were reduced by 41%
	<i>Improved equity of access to pre-hospital critical care in North Wales.</i>	After service introduction, there was more than doubling of the attendance of doctors attending critical incidents in North Wales, and an increase in available key interventions.
	<i>Access to specialist care and interventions</i>	<ul style="list-style-type: none"> • 42% of patients bypassed local hospitals to be taken directly to more specialist care. Very few patients attended required secondary transfer. • When the service attended emergency patients, critical interventions were available a median time of 29 minutes faster (air), and 41 minutes faster (road) than via the standard 999 response.
Health Gain	<i>Critical Care Intervention outside standard ambulance service practice</i>	<ul style="list-style-type: none"> • 63% (6,018) of patients attended received interventions that are outside standard ambulance service practice • 313 patients received blood product transfusions • 790 patients received pre-hospital anaesthesia
	<i>Reduction in mortality</i>	For patients with blunt trauma, the 30-day mortality rate for patients treated by the service was 37% lower (adjusted odds ratio 0.63 (95% CI 0.41-0.97); p=0.037) than an equivalent population attended by the ambulance service only

Area	Measurable benefit	Result
Clinical Skills and Sustainability	Increased consultant appointments, especially in Emergency Medicine.	<ul style="list-style-type: none">Twelve new consultants were recruited into Wales due to the attraction of posts that include formal pre-hospital care sessions with EMRTS.Thirty-two part-time consultants who also work in key specialties in NHS hospitals are employed to deliver the clinical service
	Increased educational intervention to healthcare professionals.	An average of 100 formal training events per year have been delivered and recorded, delivering structured educational interventions to healthcare professionals across NHS Wales.

Table 2: Service Evaluation



6.6 Structure of the Report

This Report is set out over three main sections:

- Explaining the delivery of Pre-Hospital Critical Care in Wales
- Exploring the current problems of Pre-Hospital Critical Care delivery in Wales
- Exploring the solutions to Pre-Hospital Critical Care delivery in Wales

Each section provides a detailed overview of the work and analysis undertaken in the production of this report.

A summary page at the end of each section provides a concise overview of the content and findings of each section.

6.7 Limitations

Data

This Report is provided for informational purposes only and is based on the data and information available at the time of its preparation.

Despite our best efforts to ensure accuracy, completeness, and timeliness, it cannot be guaranteed that the report is free from errors or omissions.

Circumstances, data and information can change over time, which may impact the relevance and accuracy of the Report's contents.

Modelling

Modelling and its outputs are provided for informational and planning purposes only, based on assumptions, data, and information available at the time of creation.

While every effort has been made to ensure the model's accuracy and reliability, it cannot be guaranteed that it will perfectly reflect future conditions or outcomes.

Models are simplifications of reality and thus inherently contain uncertainties and potential inaccuracies.

Users are advised to consider the context, assumptions, and limitations of the model when interpreting its results.



6.8 Technical Note

Personal Identifiable Information

“Personal data is defined in the UK GDPR as: “‘personal data’ means any information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person”.

All statistical activities and outputs are subject to the UK Statistics Authority Code of Practice for Official Statistics, the Statistics and Registration Services Act 2007, the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) (2016/679). The GDPR and the Data Protection Act 2018 replaced the 1998 Act from 25 May 2018.

Statistical Disclosure Control

When producing analysis, we need to balance accuracy and timeliness of publication with disclosure control to reduce the risk of identifying individuals from the outputs.

The following steps will be applied to reduce the risk of identifying individuals from small numbers.

- If a total is between 0 and 5 (inclusive)
 - no breakdown will be displayed and the figure displayed as ‘*’

Data has been sourced from the Welsh Ambulance Services NHS Trust Qlik Business Intelligence platform. Information provided in this report was cross checked with this platform on the 6 October 2023.





7. EXPLAINING THE DELIVERY OF PRE- HOSPITAL CRITICAL CARE IN WALES



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7.1 Operating Model

Pre-Hospital Critical Care Services in Wales is primarily provided by Emergency Medical Retrieval and Transfer Service (EMRTS).

A small amount of enhanced and critical care is also provided by a number of voluntary organisations aligned to the British Association for Immediate Care.

EMRTS is a clinically led service, commissioned by EASC and is hosted by Swansea Bay University Health Board.

The service provides a highly trained critical care team comprising consultants (from an emergency medicine, anaesthesia, and intensive care background) and critical care practitioners (CCP) (who are advanced-trained paramedics and nurses).

It operates in partnership with the Charity, who provide helicopters, pilots, response cars and the infrastructure required for the critical care teams to operate across Wales.



The service has two main areas of activity:

- Pre-hospital critical care for all age groups (i.e., interventions/decisions that are outside standard paramedic practice).
- Undertaking time-critical, life or limb-threatening adult and paediatric transfers from peripheral centres for patients requiring specialist intervention at the receiving hospital.



7.2 Service at a Glance

What the Service <u>IS</u>	What the Service is <u>NOT</u>
IS a highly specialised critical care response bringing hospital level care to the patient	NOT designed to meet ambulance response times
IS a service that is designed to improve the outcomes of patients experiencing life or limb threatening illness or injury	NOT designed to be a safety net for areas of Wales that do not have access to a local hospital
IS a Doctor/CCP or CCP/CCP crew with access to a helicopter or a rapid response vehicle	NOT one crew for helicopters and one crew for rapid response vehicles, nor has a Doctor on each base.
IS a service for the whole of Wales, meaning any resource at any base can respond to any part of Wales.	NOT a service providing defined geographical response e.g. there is not mid-Wales air ambulance service
IS designed to bring specialist critical care expertise to the scene and start life-saving treatment sooner	NOT a fast ambulance that gets you to hospital quickly or to bring a patient to a hospital within a 'golden hour'

Table 3: Service at a glance



7.3 Flight Types

EMRTS undertake flights under two types of operation:

- **Helicopter Emergency Medical Services (HEMS)** – this type of flight allows for specific Civil Aviation Authority (CAA) dispensations (risk alleviations) to be granted in recognition of an emergency situation
- **Air Ambulance** – this type of flight is considered a normal transport task and so does not attract any of the risk alleviations present in HEMS flights i.e. a non-emergency routine long-distance transport / repatriation.

To provide a road ambulance analogy:

- If called to an emergency: an ambulance would proceed at great speed, sounding its siren and proceeding against traffic lights - thus matching the risk of operation to the risk of a potential death (= HEMS flights)
- For a transfer of a patient (or equipment) where life and death (or consequential injury of ground transport) is not an issue: the journey would be conducted without sirens and within normal rules of motoring - once again matching the risk to the task (= air ambulance flights).

It is for the medical professional to decide between HEMS or air ambulance and not the pilot.



7.4 Current Provision

Table 3 below demonstrates the current operational set up of EMRTS. The service is provided primarily from 4 bases in Wales.

Base	Hours	Crew Mix	Resources
Caernarfon	08:00 - 20:00	1 x Consultant & 1 x CCP or 2 x CCP*	Access to helicopter and rapid response vehicle
Welshpool	08:00 - 20:00	1 x Consultant & 1 x CCP or 2 x CCP*	
Dafen	07:00 - 19:00	1 x Consultant & 1 x CCP	
Cardiff Day	08:00 - 20:00	2 x CCP or 1 x CCP & HTP**	
Cardiff Night	20:00 - 08:00	1 x Consultant & 1 x CCP	

Table 4: Current Operational Provision

*Agreed hybrid model with one Consultant and a CCP at the North or Mid Wales base and two CCPs at the other.

** HTP = Helicopter Transfer Practitioner.

7.5 Map of current base locations



Image 1: Operational Map

7.6 Critical Care Interventions

EMRTS provides advanced pre-hospital critical care interventions that are typically above that provided by the ambulance services.

Examples include:

Blood Products - Ability to give blood and blood products. Any patient with a rapid bleed, trauma, obstetric, medical GI bleeding etc.

Hypertonic Saline 5% - Signs of actual or impending herniation (signs of coning) resulting from traumatic or non-traumatic brain injury.

Limb Amputation - A surgical procedure to remove a limb. Indicated for rapid extrication of a critically ill patient when there are no other rapid options.

Neonatal CPAP - Support of the distressed neonate (particularly in premature labours).

Perimortem Caesarean Section - Performance of an emergency caesarean section. To improve the cardiovascular status of a pregnant patient who is in traumatic or medical cardiac arrest.

Point-of-care Testing - Blood gas and blood analysis at scene. INR testing, carbon monoxide testing.

Pre-hospital Anaesthesia - The ability to anaesthetise a patient in order to intubate and ventilate. Airway compromise, respiratory failure, neurological compromise like unconsciousness.

Thoracostomy - Decompression of the chest using a scalpel and finger thoracostomy method. Relieves a tension pneumothorax.

This list is not exhaustive. Many of the interventions can be undertaken by Critical Care Practitioners, independently of a doctor.



7.7 Dispatch Criteria

The decision to task an EMRTS resource is made by the EMRTS Critical Care Hub. The Hub is based in the Welsh Ambulance Services NHS Trust Clinical contact Centre in Cwmbran and is staffed by 1 clinician and 1 allocator 24/7. The hub monitors calls for the whole of Wales.

Table 5 below outlines the typical calls that would prompt the Hub to investigate further, however the Hub team may access any call that presents to the ambulance 999 system.

Consider Immediate Dispatch Examples	Interrogated Dispatch Examples
<ul style="list-style-type: none"> • Vehicle Ejection/Rollover • High speed vehicle and pedestrian collision • Patient unconscious (RED appropriate or with associated mechanism) • Major chest/head/pelvic injury • Airway compromise • Significant burn • Amputation above ankle or wrist • Stabbings, impalements, shootings, explosions (scene safety issues to be considered first) • Fall from height (>10ft or 1 storey) • Trapped in machinery • Mass casualty event (e.g. Aircraft/train/coach crash) 	<ul style="list-style-type: none"> • Major Incident (standby/declared) • Vehicle or pedestrian collision • Industrial or agricultural accidents • Diving emergencies • Equestrian injuries • Coastal/beach incidents • 999 call originating from a midwife led maternity unit • 999 call originating from a District General Hospital • Crew request • Severe haemorrhage of any sort • Return of Spontaneous Circulation • Patient agitated/combative • Open or deformed limbs requiring advanced analgesia or procedural sedation • Medical emergencies (including Myocardial Infarction, Cardiac Arrest) • Traumatic injuries including: <ul style="list-style-type: none"> ◦ Hangings ◦ Burns/Scalds ◦ Drowning ◦ Electrocutions ◦ Spinal injury with paralysis

Table 5: Dispatch Criteria

7.8 Dispatch Process

The 9 steps below outline the typical decision making and approach adopted by the HUB when dispatching an EMRTS resource.



Call handler receives 999 call from operator and processes the call.



EMRTS allocator/clinician listens to the call whilst it is being processed.



If a critical care need is identified on the call.



A logistical decision is made on appropriate team to attend – this would typically be based on proximity to the incident, but may also be based on clinical crew mix or a tactical decision based on other ongoing or potential incidents.



The allocator will contact the relevant base / team and give appropriate grid reference / location.



The base crew will decide on the type of vehicle (air or road) that they will use to attend the incident. They will consider location, travel time and likely destination for the patient when making this decision.



Clinician contacts scene or responding WAST vehicle enroute to interrogate call further and give clinical advice if required.



The EMRTS crew will be regularly updated enroute when safe and appropriate to do so.



Additional information enroute may on occasion result in the crew being stood down, or re-tasked to a different incident.

7.9 Base Activity

Table 6 and Chart 1 below demonstrates the arrivals at scene by resources assigned to each base during 2022.

	Caernarfon	Welshpool	Dafen	Cardiff Day	Cardiff Night
Aneurin Bevan	*	14	88	255	131
Cariff & Vale	*	*	39	269	143
Cwm Taf Morgannwg	*	*	103	135	102
Swansea Bay	*	*	161	32	60
Hywel Dda	6	28	194	49	42
Betsi Cadwaladr	292	138	*	*	13
Powys	7	129	28	32	15
Out of Area	*	17	*	*	6

Table 6: Base Activity

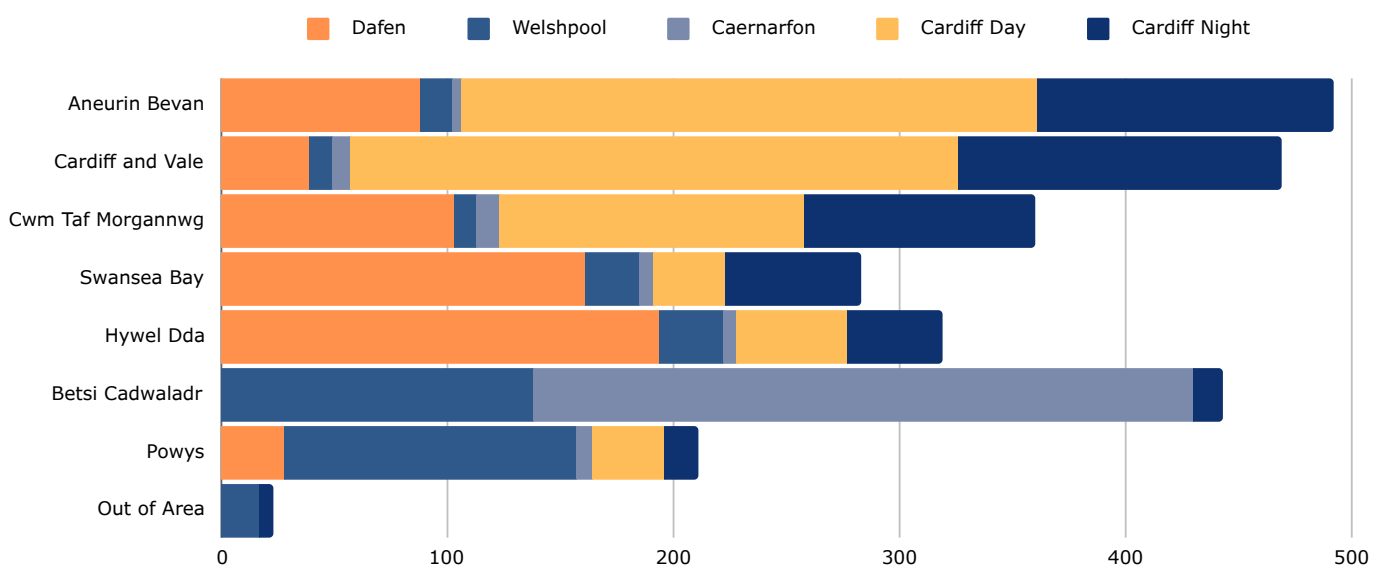


Chart 1: Base Activity

7.10 Response Time

Whilst the speed of response is important when considering life and limb-threatening illness or injury, EMRTS is not designed or commissioned to provide a primary response to these incidents, that role remains with the Welsh Ambulance Service.

EMRTS provides a specialised secondary response to these incidents and the response time should be considered in this context and cannot be measured against the traditional metric of ambulance response times.

Road ambulance response time clock start and clock stop points are well defined. The clock time starts regardless of the availability of an asset to respond.

Red

Identification of Chief Complaint (Clock Start) to on scene (Auto* or Manual).

Amber

Final Medical Priority Dispatch System (MPDS) disposition (Clock Start) to on scene (Auto* or Manual).

For EMRTS, clock start and stop times are less defined and could be applied to a number of unique episodes within the patient's care episode, but overall the definition of response time for EMRTS requires the allocation of an EMRTS resource, examples are provided below:

Clock Start:

- Identification of incident by the EMRTS Critical Care Hub
- Allocation of resource by EMRTS Critical Care Hub
- Take off /mobilisation of resource.

Clock Stop:

- Auto geo-fence (automatic applied when resource is within a set distance of the incident, this may include still being in the air)
- Manual input once landed
- Manual input once at the patient's location.



**Auto refers to a virtual geographic boundary, defined by Global Positioning System (GPS) technology, that enables vehicles to trigger an on-scene or at hospital status response when a vehicle enters a particular area.*

There are a number of additional nuances that apply to EMRTS air response that would not usually apply to road-based ambulance resources, linked to the requirements of the Civil Aviation Authority including:

- Daytime planning time of up to 6 minutes prior to take off
- Night-time planning time of up to 45 minutes prior to take off
- Aircraft landing locations can be significant distances from patient locations, requiring the crew to travel on foot or access secondary road-based transport to the patient's location.

Table 7 below provides the proportions of each resource type that responded to each health board, the average response time and arrivals at scene per 1000 population for each health board in 2022.

	Air/Road	Average Response Time	Arrivals at scene per 1000 population
Aneurin Bevan	54% / 46%	43 minutes	1.2
Betsi Cadwaladr	87% / 13%	47 minutes	1.6
Cardiff & Vale	17% / 83%	29 minutes	1.1
Cwm Taf Morgannwg	57% / 43%	41 minutes	1.3
Hywel Dda	79% / 21%	52 minutes	1.2
Powys	78% / 22%	49 minutes	0.6
Swansea Bay	50% / 50%	43 minutes	1.5
Out of Area	85% / 15%	29 minutes	N/A

Table 7: Response Time

7.11 Summary

Service Overview: EMRTS is Wales's main provider of pre-hospital critical care services. It utilises a mix of consultants, critical care practitioners (CCPs), appropriately equipped helicopters, and rapid response vehicles to deliver specialised hospital-level care directly to patients across Wales. It focuses on significantly improving outcomes for those in life and limb threatening situations.

Current Provision: EMRTS is primarily provided from four bases across Wales, offering a mix of consultants, CCPs, appropriately equipped helicopters, and rapid response vehicles operating across varying hours.

Critical Care Interventions: EMRTS provides advanced interventions beyond standard ambulance services, such as blood product administration, hypertonic saline for brain injuries, limb amputation, perimortem cesarean section, point-of-care testing, pre-hospital anaesthesia, and thoracostomy.

Dispatch Criteria and Process: The dispatch of EMRTS resources is decided by the EMRTS Critical Care Hub based on specific criteria, related to the severity of incidents. Decisions on resource deployment take into account various factors, including proximity and clinical team composition.

Base Activity and Response Time: Data from 2022 identifies the activity for each base and that this is variable. It shows for each health board the distribution of responses from each base.



8. EXPLORING THE CURRENT PROBLEMS OF PRE-HOSPITAL CRITICAL CARE DELIVERY IN WALES



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8.1 Population Coverage

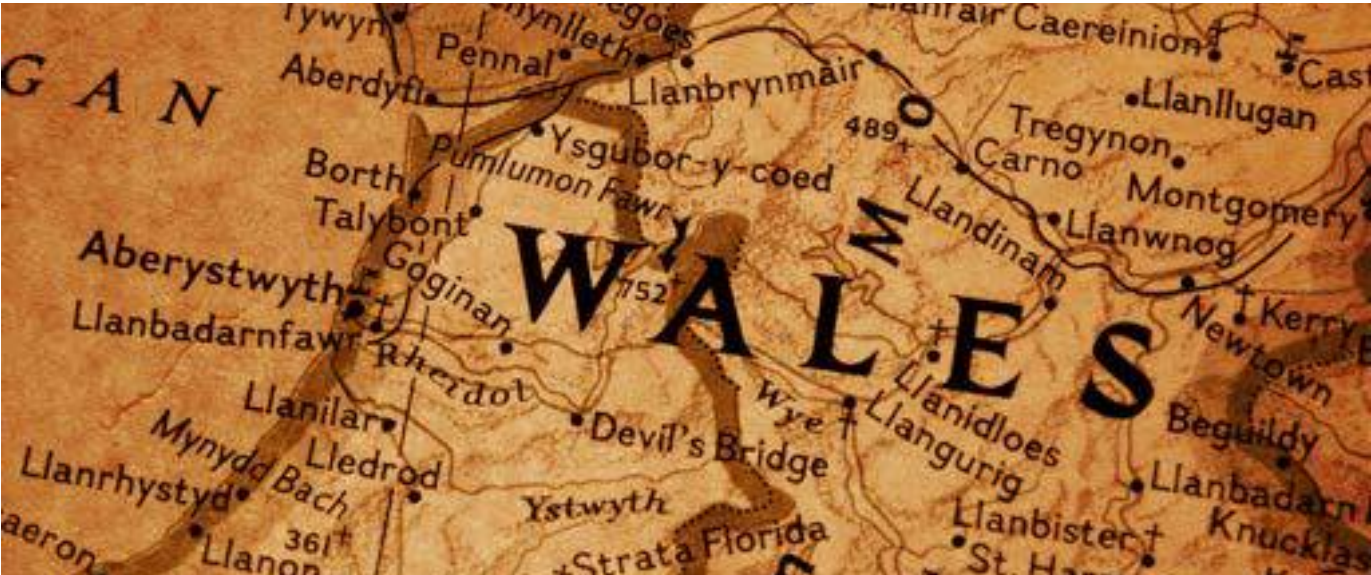
There is a clear and desirable expectation for EMRTS resources to be accessible to as much of the population as possible.

Whilst the whole of the population has access to air-based assets the timeliness of road-based assets to reach incidents locations is more complex due to the physical capabilities of response cars and the road network.

This information is based on a total Welsh population of **3,137,127** and is shown below in Table 8.

	30 minute Air response		60 minute Air response		90 minute Air Response
Caernarfon	809,751	25.8%	Whole Population		
Welshpool	1,258,626	40.1%			
Dafen	2,408,162	76.8%			
Cardiff Day	2,187,688	69.7%			
Cardiff Night	-	-	2,606,214	83.1%	Whole Population

Table 8: Population Coverage



8.2 Air Coverage - Day

Daytime response from each base assumes 6 minutes for start-up and daytime ground procedures, and 24 minutes flying time.

The combination of Caernarfon, Welshpool, Dafen and Cardiff Day provide coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.

At 60 minutes each base is individually able to provide coverage for the whole of the population.



Map 1: Air Coverage Day

8.3 Air Coverage - Night

Map 2 below demonstrates the current air coverage for Wales within 60 minutes after 8pm (or hours of darkness).

Night response assumes 20 minutes* for start-up and ground procedures, and 40 minutes flying time.

As can be seen from map 2, the population in the North of Wales is not currently covered by air after 8pm with the assumed start up and flying times within 60 minutes.

There is a population of approximately 530,000 in this uncovered area, equating to around 75% of the Betsi Cadwaladr University Health Board population.



Map 2: Air Coverage Night

*20 minutes is used as the average start-up time, but guidance allows for up to 45 minutes during the hours of darkness.

8.4 Road Coverage - Day

The ability of the rapid response vehicles to provide population coverage at times when the aircraft is not flying, or when the response would be better by road than by air is an important component of base effectiveness.

Table 9 below demonstrates the population covered by rapid response vehicles from each base at 30, 60 and 90 minutes.

	30 minute road response		60 minute road response		90 minute road response	
Caernarfon	77,031	2.5%	279,307	8.9%	553,336	17.6%
Welshpool	48,976	1.6%	279,306	8.9%	619,439	19.7%
Dafen	491,114	15.7%	1,490,063	47.5%	2,330,024	74.3%
Cardiff Day	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%

Table 9: Response Time

At 30 minutes

- Each base covers a unique population with no-overlap

At 60 minutes

- Dafen and Cardiff cover an overlap population in South Central Wales
- Welshpool and Caernarfon cover an overlap population near Dolgellau

At 90 minutes

- there are multiple overlaps of population by 2 or 3 bases.

Map 3 below demonstrates the rapid response vehicle coverage from each base in Wales at 90 minutes, which shows coverage to almost every area of Wales.



Map 3: Road Coverage - Wales

It should be noted that some areas on the map which show as not covered even though they are within a coverable area, this is due to the software containing no road that is available to drive on.

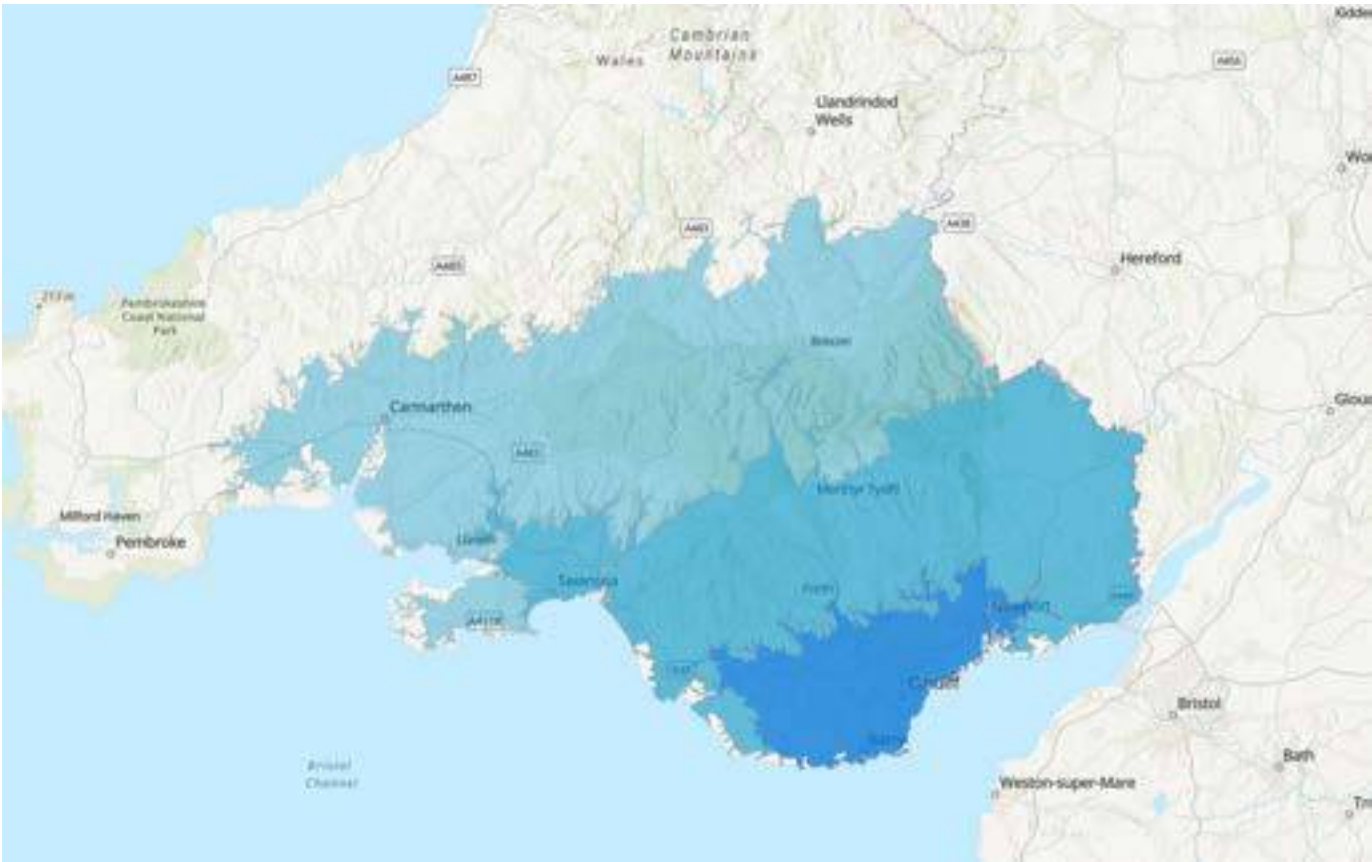
8.5 Road Coverage - Night

After 8pm at night there is one crew available for the whole of Wales based at Cardiff Heliport. Table 10 and Map 3 below show the population coverage for this asset when responding from the base.

	30 minute road response		60 minute road response		90 minute road response	
Cardiff Night	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%

Table 10: Response Time

Map 3 below illustrates the coverage area of Wales during nighttime hours originating from Cardiff Base. Displayed in varying shades of blue, the map delineates drive-time responses of 30, 60, and 90 minutes, with darker hue representing 30 minutes and lighter shades indicating longer travel times.



Map 3: Road Coverage Night - Cardiff

8.6 Utilisation

Utilisation is a measure how active a given resource is during the time it is available. For the purposes of providing an emergency response, utilisation is a balance between availability of resources against the efficiency and effectiveness of service delivery:

- Too low utilisation and the service becomes inefficient, costly and potentially disengages staff.
- Too high utilisation and the services becomes ineffective by not being available when patients need it.

The calculation below has been used:

Utilisation = total minutes from allocation to clear / available shift minutes

With the following assumptions included:

- A shift is assumed to be 12 hours, with no meal break, and therefore 720 minutes total
- Overruns are included in the activity

Overruns are periods where a crew continues to be active beyond the end of their shift. Overruns have a number of adverse impacts, including staff wellbeing, reduced cover for following shifts, and on occasion can result in an aircraft being stranded at a site away from its home base.



Base Utilisation			
	2020	2021	2022
Caernarfon	16%	21%	22%
Welshpool	19%	27%	25%
Dafen	47%	51%	46%
Cardiff Day	-	-	52%
Cardiff Night	56%	39%	32%

Table 11: Base Utilisation

Table 11 above provides the overall level of utilisation for each base on an annual basis, and outlines the variation in utilisation across bases in Wales.

From the process outlined in section 7.8 the deployment of a particular base or asset is primarily driven by proximity to the incident, this is consistent with the population coverage outlined in section 8.1 where bases with larger population coverage at 30 minute by air and the 30, 60 and 90 minutes by road are significantly busier.



Underlying these overall utilisation figures are days where the assets on the base do not arrive at the location of a single incident.

Table 12 below outlines the unique days in each of the previous three years where either air or road asset, or no asset reached the scene of an incident.

	No Arrival Days								
	2020			2021			2022		
	Air	Road	Base	Air	Road	Base	Air	Road	Base
Caernarfon	191	317	156	181	307	137	172	321	146
Welshpool	188	308	155	148	306	114	164	312	133
Dafen	117	177	27	120	207	50	89	254	43
Cardiff	313	34	26	167	41	17	127	41	7

Table 12: No Arrival Days

There are fixed costs with the operation of the EMRT service regardless of the volume of incidents attended, as such the table above highlights a significant opportunity for efficiency and productivity gains, particularly in those bases where on average 38% of days annually result in no attendance at a single incident.

8.7 Unmet Need

Unmet need is defined as any incident where a critical need is identified but no EMRTS resource is available to respond.

Unmet need may occur for a variety of reasons, such as:

- Assets already committed
- Assets offline
- Perceived time delay of response
- Weather

Since the instigation of the 24/7 EMRTS Critical Care Hub in 2020 the number of incidents where a critical care need was identified but no asset was available to respond has been recorded.

Chart 2 below demonstrates that unmet need occurs within each health board area of Wales.

The population of North Wales has the highest level of unmet need, this is particularly true after 8pm.

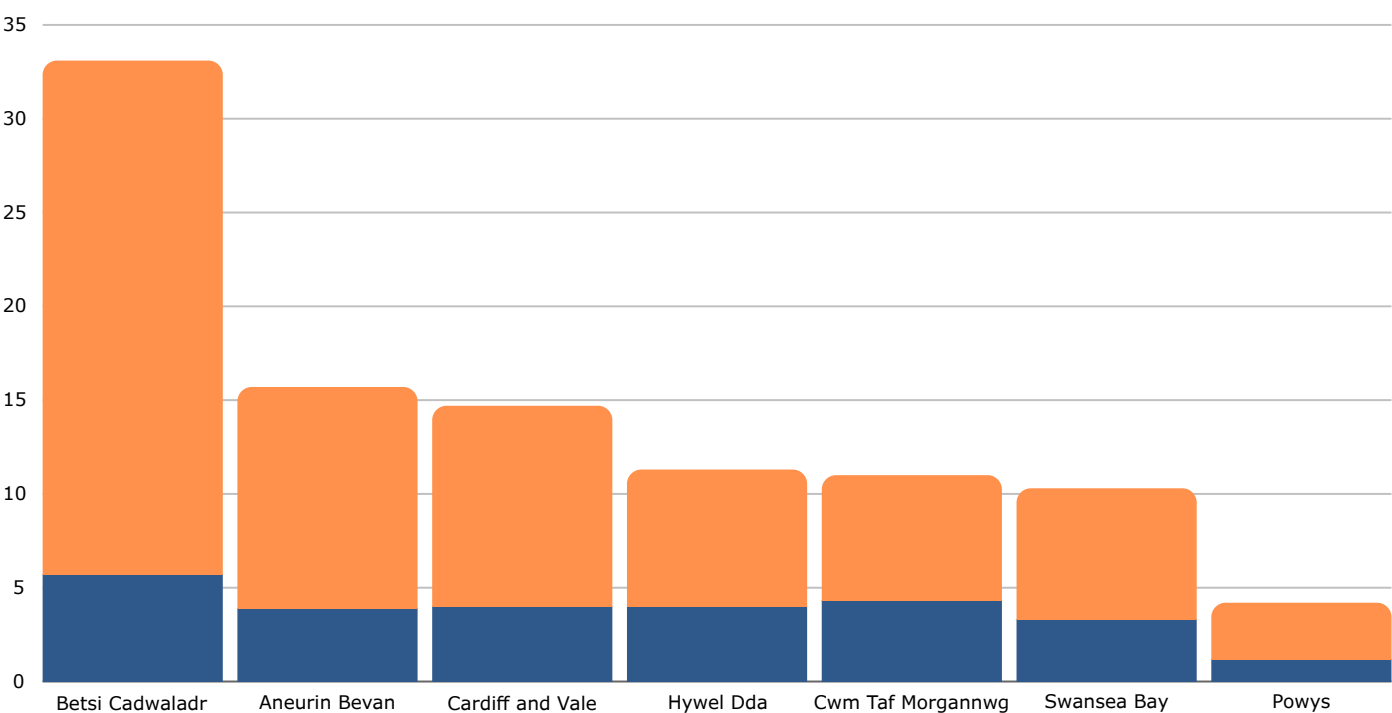


Chart 2: Unmet Need

It should be noted that 73.7% of unmet need occurs after 8pm. Every area of Wales experiences the majority of its unmet need during this time, when only one asset is available from Cardiff.

Table 13 below provides monthly unmet need since August 2022.

Air or Road	2020	2021	2022
January	N/A	122	137
February	N/A	76	90
March	N/A	103	89
April	N/A	144	70
May	N/A◇	129	77
June	N/A◇	190	87
July	N/A◇	172	73
August	115	164	61
September	123	153	75
October	133	124	87
November	124	118	88
December	131	118	70

Table 13: Unmet Need

N/A = Not Available

◇ New collection embedding

8.8 Summary

Population Coverage: EMRTS aims to provide an equitable service across Wales. The entire population has access to air-based assets, road-based coverage is more limited due to road network limitations, topography and base locations.

Air Coverage: During the day, a combination of bases (Dafen, Welshpool, Caernarfon, and Cardiff) can provide air coverage for the entire population within 30 minutes (08:00 – 19:00). Post 8pm, northern Wales lacks coverage within 60 minutes, affecting roughly 530,000 people or 75% of the Betsi Cadwaladr University Health Board population.

Road Coverage: Isochrone maps indicate varying population coverage for rapid response vehicles across Wales. After 8pm Cardiff provides the only rapid response vehicle for Wales.

Utilisation: Utilisation rates, which measure resource activity, vary across bases, indicating a better balance between efficiency and service availability is possible.

Unmet Need: Where critical care is required but no resources are available, this is recorded as unmet need, especially after 8pm. 73.7% of unmet need occurs post-8pm across Wales. North Wales has the highest level of unmet need.



9. EXPLORING THE SOLUTIONS TO PRE-HOSPITAL CRITICAL CARE DELIVERY IN WALES



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambwlans Brys
Emergency Ambulance
Services Committee

9.1 Engagement

This Report uses the terms 'engagement / engage' to mean the continuous involvement of, and informal consultation and discussions with, citizens, staff, staff representative and professional bodies, stakeholders, and third sector and partner organisations regarding service development.

The rationale for conducting a public engagement was to have a constructive and meaningful conversation with public and stakeholders about how to further improve the air ambulance service in Wales in response to the queries and concerns raised to the initial EMRTS Service Development Proposal that were emanating from Caernarfon and Welshpool areas specifically.

The engagement would enable public and stakeholder views and concerns to be fully understood and responded to as part of the overall independent review led by the Commissioner.

An internal steering group was established in EASC and in September 2022, the EASC Team approached the (then) Community Health Councils (now Llais) for advice on the suitable engagement model for the EMRTS Service Review.

The Community Health Councils across Wales asked the Commissioner to undertake a formal engagement process of no fewer than 8 weeks across Wales.

This included a review of the process after 6 weeks. This engagement approach reflected the Welsh Government's guidance for a 'moderate service change' as it exhibited some of the characteristics detailed in the guidance.

The engagement process has been presented and detailed in every EASC meeting to sight Members on the overall progress of the delivery of the engagement programme, as well as the emerging themes from public and stakeholder feedback.

Detailed information on the feedback received during the engagement process and the CASC response is provided at Appendix 1



9.2 Engagement - Phase 1

The first phase of engagement took place from March 2023 - June 2023.

This phase was focused on listening and gathering information and feedback on factors, weighting and suggestions to inform the options to be developed.

Further detailed information on this phase is available in the accompanying Engagement Report.

9.3 Picker Survey

Alongside online and face to face engagement sessions, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov.

The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. The report concluded

The most important priorities to the Welsh public when considering changes to the EMRTS service include:

- an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;

- if services change, there should be good training and support available for staff to make the best use of their advanced skills;
- everyone in Wales should have equal access to the service
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- everyone in Wales should have **equal access** to the service;
- the service should be structured to **treat as many people as possible**
- before any change happens, there must be a plan for the service to **support patients to the same standard as it does today.**

9.4 Options Development

As part of the phase 1 public engagement 3 broad areas of proposed model options were discussed:

- Existing bases and changes to these
- Having a new base in the centre of North Wales (by closing other bases)
- Additional ideas or scenarios (to be informed by engagement process)

Following the completion of the Phase 1 Engagement, these broad themes were further developed into 6 operational scenarios to explore through modelling how each one would change the baseline position.

Scenario	Description
1	Status Quo – Keeping things as they are now
2	Existing Bases with Existing Capacity
3	Consolidated Base with Existing Capacity
4	Consolidated Base + Additional Capacity
5	Status Quo + Additional Capacity
6	Existing Bases + Additional Capacity

Table 14: Scenarios

9.5 New North Wales Base

In order to establish the potential location of a base in the central area of North Wales, the modelling company were asked to assess locations based on proximity and coverage of existing EMRTS incidents.

To do this they ran coverage algorithms across 1,718 locations in Mid and North Wales which identified a location south of Rhyl / Rhuddlan area.

Given the proximity of this location to the historical airbase in Rhuddlan, this site was used for the remainder of the modelling.

The EASC Team assessed the population coverage of this location using the same methodology as set out in section 8.1.

For ease of reference the existing base population coverage by air and road have been re-provided along side the Rhuddlan site.

	30 minute Air response		60 minute Air response		90 minute Air Response
Caernarfon	809,751	25.8%	Whole Population		
Welshpool	1,258,626	40.1%			
Rhuddlan	787,641	25.1%			
Cardiff Day	2,187,688	69.7%			
Cardiff Night	-	-	2,606,214	83.1%	Whole Population

Table 15: Population coverage by air inc Rhuddlan

As Table 15 shows, whilst Rhuddlan is able to provide whole population coverage at 60 minutes, its more northerly location limits the coverage it can provide for southern population in 30 minutes compared to Welshpool and Caernarfon.

NOTE

- The combination of Dafen, Welshpool, Caernarfon and Cardiff Day provides coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.
- The combination of Dafen, Cardiff Day and Rhuddlan provides coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.

	30 minute Road response		60 minute Road response		90 minute Road Response	
Caernarfon	77,031	2.5%	279,307	8.9%	553,336	17.6%
Rhuddlan	324,348	10.3%	624,477	19.9%	707,959	22.6%
Welshpool	48,976	1.6%	279,306	8.9%	619,439	19.7%
Dafen	491,114	15.7%	1,490,063	47.5%	2,330,024	74.3%
Cardiff Day	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%
Cardiff Night						

Table 16: Population coverage by road inc Rhuddlan

As Table 16 above shows Rhuddlan provides a substantial increase in population coverage by road at 30 and 60 minutes, as well as a material additional coverage at 90 minutes.

Map 4 demonstrates Rhuddlan is not able to replicate the full geographical and therefore whole population coverage that the current base locations are able to provide at 90 minutes travel time by road.



Map 4: 90 minute response

9.6 Modelling

Modelling was used to explore the impact of each scenario.

To enhance the modelling outputs, the reference period used to inform the scenario modelling was set as the period between the 1 June 2022 to 31 May 2023. This time period provided the most recent and stable data period since the introduction of the additional daytime service from Cardiff.

Following feedback from Phase 1, weather data was also sourced for each of the current base locations, and the potential site in North Wales, located in Rhuddlan.

Multiple variations were run for each scenario resulting in 20 separately modelled options.

Scenario 1: Status Quo – Keeping things as they are now

Scenario 2: Existing Bases / Existing Capacity – Testing different shift times 14:00 – 02:00 and 20:00 – 08:00 for crews at the existing bases.

Scenario 3: Consolidated Base / Existing Capacity – Merging two bases into one at a centralised location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for crews at this base.

Scenario 4: Consolidated Base / Additional Capacity – Taking the best variation for scenario 3, and adding an extra car crew in a different location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for this crew.

Scenario 5: Status Quo / Additional Capacity – Taking the status quo and adding an extra crew to some bases and testing different shift times 14:00 – 02:00 and 20:00 – 08:00.

Scenario 6: Existing Bases / Additional Capacity – Taking the best variation for scenario 2, and adding an extra car crew in a different location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for this crew.

9.7 Modelling Results

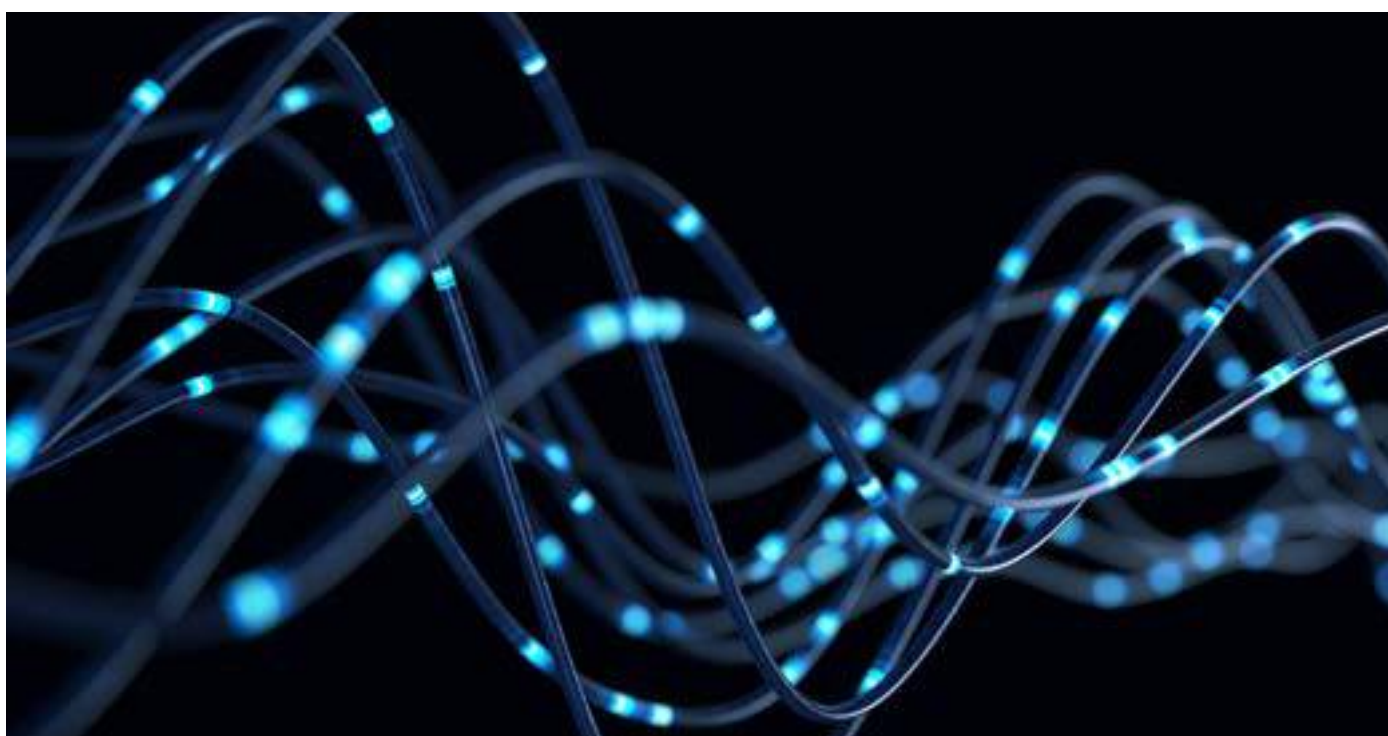
The results of the modelling are set out overleaf. These were shared as part of the phase 2 – public engagement. The full modelling results report is available in the supporting document 7 Optima Modelling available on the EASC website on the EASC website..

- **Dispatches:** how often a vehicle was dispatched (not necessarily arrived i.e. stood down). [count]
- **Scene arrivals:** how often a vehicle arrived at scene. [count]
- **Residual unmet need:** The count of all incidents in the input incident dataset, minus the count of incidents with a simulated dispatch.
- **Overall Utilisation:** time assigned to incidents / planned shift time (e.g. 4h / 12h = 33%). [percentage] - In the results per best-performing scenario variation, these are also broken down by base.
- **Response Duration:** Clock Start Time --> First Vehicle Arrived Time. [mm:ss]
- **Vehicle Reflex Duration:** Vehicle Dispatch Time --> Vehicle Scene Arrival Time. [mm:ss]



Scenario	Dispatches	Scene Arrivals	Residual Unmet Need	Crew Utilisation	Response Duration (avg)	Veh. Reflex Duration (avg)
1) Baseline	3,650	2,696	858 (19%)	30%	56:21	26:20
Scenario 2: Existing Bases, Existing Capacity. The best-performing variation is marked as ★.						
2A) Welshpool 14-02	3,739	2,785	769 (17%)	31%	55:13	25:59
2B) Caernarfon 14-02 ★	3,748	2,793	760 (17%)	31%	55:25	26:36
2C) Welshpool & Caernarfon 14-02	3,684	2,730	824 (18%)	30%	55:50	25:12
2D) Welshpool 20-08	3,679	2,727	829 (18%)	30%	56:48	26:13
2E) Caernarfon 20-08	3,708	2,753	800 (18%)	31%	57:05	26:35
Scenario 3: Consolidated Base, Existing Capacity. The best-performing variation is marked as ★.						
3A) Rhuddlan 2x 08-20	3,661	2,707	847 (19%)	30%	56:36	26:09
3B) Best Alternative 2x 08-20	3,671	2,717	937 (21%)	31%	56:10	26:03
3C) Rhuddlan 08-20 + 20-08	3,767	2,812	741 (16%)	31%	53:58	24:43
3D) Rhuddlan 08-20 + 14-02 ★	3,791	2,835	717 (16%)	32%	53:23	25:22
Scenario 4: Additional Capacity to Scenario 3. The best-performing variation is marked as ★.						
4A) Extra car 08-20	3,817	2,861	691 (15%)	27%	54:29	25:08
4B) Extra car 14-02	3,843	2,888	665 (15%)	27%	53:02	24:34
4C) Extra car 20-08 ★	3,859	2,904	649 (14%)	27%	52:33	24:12
Scenario 5: Additional Capacity to Baseline. The best-performing variation is marked as ★.						
5A) Welshpool add 20-08	3,746	2,792	762 (17%)	26%	55:55	25:55
5B) Welshpool add 14-02	3,733	2,779	775 (17%)	26%	55:52	25:41
5C) Caernarfon add 20-08 ★	3,755	2,801	753 (17%)	26%	55:19	25:30
5D) Caernarfon add 14-02	3,738	2,785	770 (17%)	26%	56:06	25:50
Scenario 6: Additional Capacity to Scenario 2. The best-performing variation is marked as ★.						
6A) Extra car 08-20	3,777	2,823	731 (16%)	26%	54:06	25:55
6B) Extra car 14-02	3,834	2,878	674 (15%)	27%	52:44	25:08
6C) Extra car 20-08 ★	3,857	2,901	651 (14%)	27%	51:47	24:50

Table 17: Optima Modelled Scenario Results



9.8 Factors

At the outset of this work, the Committee approved the use of 5 factors for any proposed change to the service, these objectives are consistent with the original business case for the establishment of EMRTS and for the case to expand the service into a 24/7 operation.

Following the feedback received in the Phase 1 Public Engagement adjustments were made to the weightings, with Clinical Skills and Sustainability being increased to 20 and Value for Money decreased to 15.

The objectives are set out below in table 18 below.

Ref	Factor	Commissioning Objective	Original Weighting	Post Phase 1 Weighting
1	Health Gain	To improve the quality of care and outcomes for patients in Wales	25	25
2	Equity	To ensure that the whole population of Wales receive adequate and timely access to specialised pre-hospital critical care	25	25
3	Clinical Skills & Sustainability	To retain and retrain staff and enable them to utilise their skills to the top of their skill set and to attract and recruit the best people for the service	15	20
4	Affordability	To ensure the service delivered is able to operate effectively within the financial constraints of NHS Wales and Wales Air Ambulance Charity Trust	15	15
5	Value for Money	To maximise efficiency, ensure that the population attain the highest possible level of health gain for the given level of expenditure	20	15

Table 18: Factors



9.9 Engagement Phase 2

The second Phase of engagement took place from October 2023 - November 2023.

This phase was focused on sharing the work undertaken to date and the options that had been developed and modelled.

Further detailed information on this phase is available in the accompanying Engagement Report.

9.10 Options Appraisal - Long List

Following the completion of Phase 2 and at the direction of the Joint Committee at the November 2023 meeting, an options appraisal workshop was held with representatives from across NHS Wales in January 2024.

In preparation for the workshop the EASC Team undertook a review of the 20 options in order to develop a reasonable shortlist for consideration by the workshop participants. The shortlist included six options plus DO NOTHING for comparison purposes.

Table xx outlines the justification for discounting each of the 13 options not taken forward to the workshop.

9.11 Options Discounted from the Long List

Having considered the modelling, the following 13 options were discounted and were not taken forward as part of the options appraisal process. The justification explained below:

No.	Option Discounted from the Long List	Justification for not taking forward from Long List
1	2C) Welshpool & Caernarfon 1400-0200 Change the Welshpool and Caernarfon shifts to 14:00 - 02:00 hours.	Similar option to 2A and 2B but: <ul style="list-style-type: none"> reduced available capacity between 0800-1400 provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
2	2D) Welshpool 2000-0800 Change the Welshpool shift to 20:00 - 08:00 hours.	Similar option to 2A and 2B but: <ul style="list-style-type: none"> reduced available capacity between 0800-2000 provides less scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
3	2E) Caernarfon 2000-0800 Change the Caernarfon shift to 20:00 - 08:00 hours.	Similar option to 2A and 2B but: <ul style="list-style-type: none"> reduced available capacity between 0800-2000 provides fewer scene arrivals and therefore smaller reduction in unmet need
4	3A) North Central Wales near A55 2x 0800-2000. Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 (2 shifts).	Similar option to 3D but: <ul style="list-style-type: none"> reduced available capacity after 2000 provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
5	3B) Best Alternative. Merge Welshpool and Caernarfon into the best alternative (2 shifts)	Similar option to 3D but: <ul style="list-style-type: none"> reduced available capacity after 2000 provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
6	3C) North Central Wales near A55 0800-2000 + 2000-0800 (Rhuddlan). Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 20:00 - 08:00.	Similar option to 3D but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation

No.	Option Discounted from the Long List	Justification for not taking forward from Long List
7	4A) Extra car 0800-2000. Uses the best-performing variation of scenario 3, then adds a car-only shift (08:00 - 20:00 hours) to a new, well-covering location in the north Wales.	Similar option to 4C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
8	4B) Extra car 1400-0200. Similar to the previous but make the car-only shift 14:00 - 02:00 hours.	Similar option to 4C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
9	5A) Welshpool add 2000-0800. Add a 20:00 - 08:00 crew to Welshpool.	Similar option to 5C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
10	5B) Welshpool add 1400-0200. Add a 14:00 - 02:00 crew to Welshpool. During the shift overlap (14:00 -20:00), if the helicopter is already being used, then the second crew will use the car.	Similar option to 5C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
11	5D) Caernarfon add 1400-0200. Add a 14:00 - 02:00 crew to Caernarfon. During the shift overlap (14:00 -20:00), if the helicopter is already being used, then the second crew will use the car.	Similar option to 5C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need
12	6A) Extra car 0800-2000. Uses the best-performing variation of scenario 2, then adds a car-only shift (08:00 - 20:00 hours) to a new, well-covering location in the north Wales.	Similar option to 6C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need results in lower crew utilisation
13	6B) Extra car 1400-0200. Similar to the previous but make the car-only shift 14:00 - 02:00 hours.	Similar option to 6C but: <ul style="list-style-type: none"> provides fewer scene arrivals and therefore smaller reduction in unmet need

Table 19: Options Appraisal - Discounted Options

9.12 Options Appraisal - Short List

The 'Do Nothing- baseline' and remaining six options were carried forward as the short list for appraisal at the workshop. Table 20 below outlines these options:

Short List Option No.	Option Description
-	Do Nothing – Baseline (included for comparison purposes only) Keep all 4 bases, 4 teams and make no changes.
1	Keep 4 bases and 4 teams Only make 1 change, to Welshpool shift times from 8am - 8pm to 2pm - 2am.
2	Keep 4 bases and 4 teams Only make 1 change, to Caernarfon shift times from 8am - 8pm to 2pm - 2am.
3	Reduce bases from 4 to 3, keep 4 teams Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am.
4	Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am Also add an extra car team running 8pm-8am from Wrexham area providing additional cover for the urban areas of North Wales.
5	Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am (Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)
6	Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55. Make the car-only shift 8pm-8am (Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)

Table 20: Options Appraisal - Short List

9.13 Options Appraisal - Workshop

The Options Appraisal Workshop was held on 12 January, 2024 with representation from health boards and NHS Trusts that included clinical, planning, operational, engagement and finance staff. The role of these NHS Wales representatives was to score each option against each factor and assist the CASC arriving at a recommendation for EASC.

Subject matter experts from EMRTS and the Charity were on hand to help answer any technical queries raised. However, they did not participate in the scoring and had no influence on the process. The EASC Team facilitated the session and answered any questions on the process followed to date.

Information was shared with attendees prior to the workshop, this included the Option Appraisal Process Document that included indicators and metrics, benefits and drawbacks for each option, in line with Table 21 below.

Factor	Commissioning Approach
Health Gain	<ul style="list-style-type: none"> • Proportion of met need • Residual unmet need • Scene arrivals • Increased number of arrivals at scene over baseline • Creation of new unmet need • Total crew utilisation (including range across bases – for context)
Equity	<ul style="list-style-type: none"> • Response times (reflex times) • Available capacity between 0800-1400 • Population coverage – road (30m, 60m, 90m) • Population coverage - air • %age of total unmet need (for context) • Unmet need per 10k (for context) • Weather (per base) (for context)
Clinical Skills and Sustainability	<ul style="list-style-type: none"> • Utilisation by base and asset • EMRTS Management Team's operational view • No arrival days (for context)
Affordability	<ul style="list-style-type: none"> • Additional recurrent cost to baseline (pay and non-pay costs) • Transition/project costs • Additional capital costs
Value for Money	<ul style="list-style-type: none"> • Additional cost to the baseline • Increased number of arrivals at scene over baseline • Cost per additional scene arrival

Table 21: Options Appraisal - Workshop

9.14 Options Appraisal - Scoring

Representatives were asked to score each option against each factor individually using the information circulated prior to the workshop. Individual scores were discussed and a group score agreed for each option against each factor.

The following table contains the total weighted scores, for descriptions see table 21 on page 57.

Opt	Description	Factor 1 Health Gain	Factor 2 Equity	Factor 3 Clinical Skill and Sustainability	Factor 4 Affordability	Factor 5 Value for Money	Total Weighted Score
1	Keep 4 bases and 4 teams	100	100	100	120	60	480
2	Keep 4 bases and 4 teams	100	100	100	150	120	570
3	Reduce bases from 4 to 3, keep 4 teams	200	150	200	120	150	820
4	Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am	225	225	100	60	90	700
5	Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am	150	200	80	60	30	520
6	Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55.	250	150	60	30	60	550

Table 22: Options Appraisal - Scoring

9.15 Options Appraisal - Ranking

Opt	Description	Total Weighted Score	Ranked Position
1	Keep 4 bases and 4 teams Only make 1 change, to Welshpool shift times from 8am - 8pm to 2pm - 2am.	480	6th
2	Keep 4 bases and 4 teams Only make 1 change, to Caernarfon shift times from 8am - 8pm to 2pm - 2am	570	3rd
3	Reduce bases from 4 to 3, keep 4 teams Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am.	820	1st
4	Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am Also add an extra car team running 8pm-8am from Wrexham area providing additional cover for the urban areas of North Wales	700	2nd
5	Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am (Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)	520	5th
6	Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55. Make the car-only shift 8pm-8am (Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)	550	4th

Table 23: Options Appraisal - Ranking

9.16 Options Appraisal - Do Nothing

The “Do Nothing” option was carried forward as part of the long and shortlisting process for comparison purposes.

In his Phase 3 Report, the CASC stated that “Do Nothing” was not an acceptable choice, due to:

- High levels of unmet need
- Unequal and low levels of utilisation (including no-arrival days)
- Lack of night time capacity
- Poor population coverage at night

It should also be noted, that every modelled scenario was able to deliver an improvement in scene arrivals from the baseline, indicating that the current service is not optimised.



9.17 Options Appraisal

- Conclusion

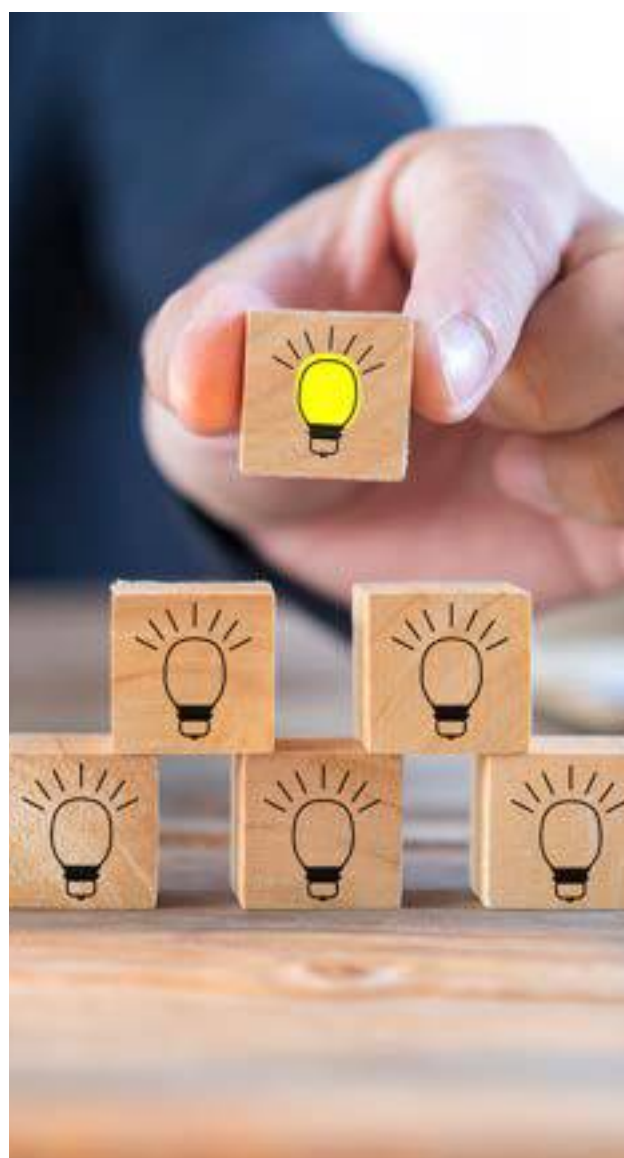
It was agreed that the highest ranking Options 3 and 4 would be taken forward to Phase 3.

However, workshop participants recognised that neither option would address all the public and stakeholder feedback heard throughout Phases 1 and 2 of engagement.

There were several consistent emerging themes, some within the scope of the Review. These included:

- Concern about WAST services regularly being pulled out of area and lengthy handover delays adversely affecting ability to respond to communities
- Concerns that mid, rural, and coastal communities are more vulnerable and 'less equal' than those in urban areas located closer to better road infrastructures and general hospitals and therefore need something more bespoke to reflect their rural needs
- Concern that EMRTS is too specialised and could respond to a wider range of conditions for rural and remote areas through a more bespoke clinical model
- Concern about paramedic staffing levels in mid and rural north Wales
- Concerns about EMRTS staff retention with any base moves

- Concerns that the Charity will lose the goodwill of support in base location areas and the impact on charitable donations which could decrease and destabilise this important service provided in partnership
- Concern about vulnerability of rural communities generally ('lost all other services already')
- Current bases perceived as a 'local lifeline' and visual presence is reassuring.



It was recognised that, as the Commissioner of both the ambulance service and EMRTS, the CASC has the opportunity to propose additional actions to address some of the feedback raised during the engagement process.

Adopting this approach will ensure that EASC is making the most of its total available commissioning allocation and therefore not requiring additional monies.

The additional actions should aim to:

- Provide additional pre-hospital resources and improve the ability to respond to rural, remote and coastal communities.
- Respond to the need for a different model in rural, remote and coastal areas.
- Involve a bespoke clinical model with EMRTS responding to a wider range of conditions in rural, remote and coastal areas, retaining a visual presence in these areas.
- Improve ambulance resources in rural, remote and coastal areas.
- Provide an alternative for EMRTS staff not wishing to work from a centralised base ensuring improved resource in rural, remote and coastal areas.

Positive feedback regarding the session was received from attendees.

A summary of the workshop and the full information pack is available on the EASC Website as part of the supporting information.

9.18 Engagement Phase 3

Phase 3 public engagement was focused on providing an opportunity for commenting on the proposed Options.

For the purposes of clarity during Phase 3, the shortlisted Options (previously referenced 3 and 4) are now referenced **Options A and B**.

It was evident from the public feedback that there were several common themes and concerns regarding the proposed changes to pre-hospital critical care delivery in Wales.

The key themes are summarised below:

1. Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.

2. Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.

3. Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.

4. Belief of the impact on rural communities, ageing populations, and workers in hazardous professions.

5. Risk of decreased donations to the Charity, potentially threatening its sustainability.

7. Emphasis on equitable access to pre-hospital critical care across all regions of Wales.

8. Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the unique needs of rural communities, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales.

It was evident from each Phase of the public engagement process, how valued this critical care service is and how worried by change people are.



9.19 Summary

Engagement Phases: The report details three phases of engagement from March to June 2023, October to November 2023, and February 2024 aimed at gathering feedback to inform and influence the EMRTS Review.

Operational Scenarios: Six operational scenarios were developed including maintaining the status quo, modifying existing bases, and considering new base locations with and without additional resources.

New North Wales Base Analysis: 1,718 potential locations in Mid and North Wales were assessed for their coverage capabilities. This identified a location south of Rhyl/Rhuddlan as the most effective area showing significant increases in incident coverage.

Modelling Results: The Report presents the results of six modelled scenarios with 20 variations. It focuses on outputs such as dispatches, scene arrivals, unmet needs, overall utilisation, and response durations. Results were shared during the Phase 2 public engagement.

Factors: Five factors, their definitions and weightings were agreed during the public engagement process. These are: Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money.

Options Appraisal: A shortlist of six options were appraised at a workshop. The workshop brought together representatives from health boards and trusts across Wales and included clinical, planning, operational, engagement and finance staff. Members of the Emergency Ambulance Services Committee (EASC) team, EMRTS management and the Wales Air Ambulance Charity were present to provide expert advice only.

Options Appraisal Scoring: Representatives from health boards and trusts were asked to score each option against each factor individually using information circulated prior to the workshop. Individual scores were discussed and a group score agreed. The two top scoring options were taken forward as part of Phase 3 engagement.

Concerns: The report acknowledges public and stakeholder concerns regarding service accessibility and specialisation, suggesting complementary actions to address these alongside the preferred operational changes.



10. CONCLUSION AND RECOMMENDATIONS



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambwlans Brys
Emergency Ambulance
Services Committee

10.1 Conclusion

This is the Final Report of the Emergency Medical Retrieval and Transfer Service Review.

The comprehensive review process, that has encompassed phases of public engagement, historical data analysis, operational scenario development and modelling, and a detailed option appraisal, has culminated in a thorough understanding of the achievements, challenges and solutions to delivering pre-hospital critical care delivery in Wales.

This process has clarified the need for the service to develop and enhance the access, effectiveness and efficiency of the service across Wales. This is particularly required during night-time hours, where currently approximately 530,000 of the North Wales population do not have access to an aircraft within 60 minutes after 8pm.

Due to the predominance of feedback from the engagement process, stating that no change in the service bases would be optimal it is important to understand that the current high levels of unmet need, unequal and low levels of utilisation (including no-arrival days), lack of night time capacity and poor population coverage at night, mean that doing nothing is not an acceptable option.

The process has recognised the importance of balancing community expectations with operational realities of service delivery.

Meticulous analysis and public engagement, has highlighted the essential role of EMRTS in providing advanced medical interventions in life and limb threatening situations across Wales.

Six operational scenarios with multiple variations were crafted based on maintaining the status quo, consolidating bases and adjusting or increasing existing capacity. Detailed modelling of these scenarios was conducted to assess their impact on service coverage, response times, utilisation rates, and unmet needs.

An appraisal workshop evaluated the scenarios against key factors such as Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money. This led to the selection of a consolidated base model with and without additional capacity being selected as the preferred options for further consideration.

Throughout the engagement phases, concerns were raised about the potential impact of operational changes on rural coverage, service specialisation, staff retention and community support. These concerns guided the recommendations.

10.2 Recommendations

Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of this Report.

Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.

Recommendation 4 – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

Appendix 1

Conclusions from EASC-led engagement feedback

The feedback gathered by the EASC Team reflect localised perspectives from Caernarfon and Welshpool surrounding areas:

About the first EMRTS Service Development Proposal

Feedback – There's a perception that the proposed changes are driven by cost-saving measures, which raises concerns about potential service cuts. Concerns have been raised about funding any relocation or new base, with worries about resources being redirected from frontline services. There are concerns regarding the initial EMRTS Service Development Proposal, with scepticism about the Rhuddlan model being based on assumptions rather than historical data that could support its coverage and scepticism about the effectiveness of the Rhuddlan base due to its proximity to the coast. There's a significant concern that relocating base locations from Caernarfon and Welshpool could result in fatalities in those localities due to decreased accessibility to emergency medical services.

EASC Response – *This is acknowledged. The Review has started work afresh and independent of the initial EMRTS Service Development Proposal. All options to develop the service cost more money is therefore not a cost-saving exercise. There are requirements in both NHS Wales and for the Charity (via the Charity Commission) to ensure that money is being spent in the most effective way to benefit patients. No evidence is received to support the belief that 'more people will die' if any operational base changes are made. However, data used within the Review shows that 2-3 patients per day need the service currently but who cannot access the service is a current known fact.*

About weather and environment

Feedback – Concern that merging air bases in north Wales into one could limit service capacity during adverse weather conditions, when flying is restricted and that weather in Rhuddlan base is worse compared to Caernarfon and Welshpool bases. Some suggest relocating the Dafen (Llanelli) base instead, citing weather impacts shared in a weather data report. Concern about continued deterioration of environmental factors (such as flooding) affecting timely response by car to rural areas. Another suggestion is to conduct flood mitigation works at Welshpool to enhance its utilisation.

EASC Response – Acknowledgement is given to the belief that having assets spread across various bases enhances flexibility in responding to emergencies. However, no substantiated evidence has been provided to validate the claim that the Rhuddlan base encounters more adverse weather conditions, as the factual weather reports do not corroborate this allegation. Despite facing challenging weather conditions, the utilisation levels at Dafen remain appropriately productive. The Review acknowledges the importance of ensuring a diverse range of assets are available for clinical teams to respond to areas during inclement weather. It is emphasised that operational considerations in the Review prioritise avoiding recommendations that would place bases in more challenging flying conditions.

About the data

Feedback – Perception that the original data time reference period was in a 'Covid pandemic' year and therefore would not be typical in its demand because of the lockdowns imposed on the public. There was also a perception that the initial EMRTS Proposal was 'flawed' and now 'discredited' by data modelled and shared in Phase 2 and 3.

EASC Response – This concern was appreciated, and new data time reference period was used in response to Phase 1 feedback. It was also explained in Phase 2 that the original data used for the EMRTS Service Development Proposal was accurate at a specific point in time. However, since the original data was modelled, more data and further analysis have been conducted. For instance, the establishment of daytime Critical Care Paramedic (CCP)-led responses from Cardiff Heliport has become a standard part of the service. Additionally, weather data relating to each base has been sourced and incorporated into the analysis. These developments have influenced the data modelling done after Phase 1 engagement.

Moreover, there have been other service developments across the NHS system since the original proposal was prepared, including adult critical care transfers. While this has impacted the number of transfers EMRTS is tasked with, it has also ensured that the service is more available to attend primary missions at the scene of incidents or illnesses.

These variables illustrate the complexity of modelling for this clinically specialised life-saving service. Since its establishment, EMRTS, in partnership with the Wales Air Ambulance Charity, has consistently explored options to improve and adapt the service to meet its aims and objectives, including meeting as much demand in Wales for this specialist service as possible.

Furthermore, the service is obligated to respond to the Commissioning Intentions set by the Emergency Ambulance Service Committee (EASC). These strategic priorities aim to ensure reasonable expectations for the ongoing improvement of services. For 2022-23, these intentions include service expansion and the use of forecasting and modelling to inform system transformation.

About response times

Feedback - For those in localities near to Caernarfon and Welshpool bases. there are concerns that the service will take longer to respond if it originates from bases other than Caernarfon or Welshpool. Additionally, there are concerns about the current Rapid Response Vehicle (RRV) locations and their ability to respond effectively. There's also apprehension about the mental and emotional stress patients may experience while waiting for an emergency response from "out of area" if base locations are moved and response times are prolonged. Rural mobile phone coverage is seen as adding delays when calling 999 compared to urban areas. There's a reliance on air support to provide a response within the "golden hour" compared to road response. The perception is that a local base always provides a local response, and any move would impact EMRTS response times for rural patients. Moreover, there's a perception that a base location in mid Wales can reach everywhere quicker across all of Wales due to its central position.

EASC Response – *This belief assumes that the 'local' helicopter is ring-fenced for local needs. However, the service operates on a national basis across all teams based in four locations. For instance, data reveals that 61% of the Welshpool teams' activity involves responding to incidents outside of Powys. Additionally, Cardiff crews provide 24-hour cover, meaning they are the only available option for incidents occurring after dark. The 'golden hour' is a historical term often used in trauma or emergency care to suggest that an injured or sick person must receive definitive treatment within the first 60 minutes from the time of injury or appearance of symptoms. The concept is outdated and has been substantially discredited by clinicians. The whole pathway of care is now different with many lifesaving interventions being made by first responders and ambulance clinicians in the early period following injury or illness, and in appropriate cases the delivery of critical care and onwards transfer to definitive care by EMRTS. For the patient this can mean hours saved when compared to standard care (going to the right hospital) and therefore the initial response time is less critical. However, in recognising the different needs in rural areas compared to urban areas (distance to District General Hospitals etc.) the Commissioner is proposing a bespoke and ring-fenced resource to be used within a different clinical model for rural communities.*

This is set out as Recommendation 2 in the Review document that would see the development of a commissioning proposal for the expansion of road based enhanced and/or critical care services in locations that would minimise any loss of geographical road coverage of these resources within a 90 minute travel window. All missions are to provide pre-hospital critical care to patients. However, the service is not commissioned on a time basis but on a clinical need. It is anticipated that WAST would continue to provide the first response as well as an EMRTS if the clinical desk thought it was necessary.

About emergency healthcare needs relating to rural versus urban areas...

Feedback - There is a perception that if bases move, current local base communities will no longer receive any service from EMRTS. Concerns have been raised about the vulnerability and inequality faced by mid, rural, and coastal communities compared to those closer to better road infrastructures and hospitals. The current bases are perceived as a local lifeline, providing reassurance through their visual presence. Road infrastructure limitations can impede emergency road response by the Welsh Ambulance Service Trust (WAST) due to weather and road closures. There are concerns about the proportion of high-risk jobs and activities in rural areas leading to a higher incidence of need compared to urban areas. Additionally, there's concern about air assets' ability to reach rural areas from north Wales, such as crossing the Eryri (Snowdonia) and Berwyn mountains. Lastly, there's a call for equity to be considered in the evaluation process and framework, given the variable access to health services across Wales.

EASC Response –*The feeling of being remote and therefore more vulnerable in emergencies is noted and appreciated. The data also shows that EMRTS has a higher usage per head of population in rural areas compared to urban. To provide assurance the way in which the service is delivered is not proposing to change. The way patients in the Caernarfon and Welshpool localities receive the service will remain. The whole basis of the Review is to look at how the service can be further improved, not removed. This is about providing the service to more people, not fewer, equally across Wales, including across communities local to Caernarfon and Welshpool. The 'equality factor' in the evaluation framework reflected the emphasis placed on this in the feedback. Helicopters already fly out of Caernarfon and Welshpool to reach patients elsewhere therefore crews also fly back into these areas. Similarly, the after-dark cover is only currently provided by Cardiff based teams who cover all of Wales.*

About EMRTS

Feedback - There is overwhelming appreciation for the individuals providing critical-care emergency services. However, there persists a perception that EMRTS primarily operates as a 'fast ambulance/scoop and run service.' Concerns have been raised about EMRTS's specialisation, with suggestions for a more adaptable clinical model to respond to a wider range of conditions in rural and remote areas. There are worries about potential staff turnover if base relocations occur, leading to skill loss and financial expenses in recruitment, as well as local economic impacts. Suggestions for renaming EMRTS to options such as "Flying Doctors," "Air Hospital," or "Flying Hospital" have been proposed. There's also concern about staff morale due to frustrations about not reaching more patients and maintaining clinical competencies. Staff also express a desire to support the critical care hub more.

EASC Response – *The appreciation and passion for the service is acknowledged. There is also agreement that citizens living and working remotely in rural areas relies on this service and that the service needs to be available to respond to incidents that might not currently meet the clinical decision-making threshold to initiate an EMRTS response. It is also acknowledged that the service may lose some experienced staff in both scenarios (of do nothing or changing base locations) – either because staff are not busy enough on shift or because some staff may not want to work from different bases. The impact on staff has been acknowledged as part of the factors and weightings this was given higher weighting following public comment. The extra actions detail how staff could be retained on their current base by working to a broader clinical response to better service rural communities. This would need to be worked through in line with standard NHS Wales processes. Branding considerations could be included within future Charity and EMRTS communications and marketing strategies in response to this feedback.*

About Health Boards, Welsh Ambulance Service and other emergency responders

Feedback - There is scepticism about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in a worse service. Emergency Medical Retrieval and Transfer Service is seen as providing comfort to communities, especially as delays in handovers affect the Welsh Ambulance Service Trust's ability to respond. There's concern that any base moves could negatively affect other emergency responders in the Powys area. Additionally, there's concern about paramedic staffing levels in mid and rural Wales.

EASC Response –All feedback relating to Health Boards and WAST has been shared back and reported within the EASC governance routes for further consideration by respective organisations. This intelligence has resulted in the Commissioner identifying extra actions to mitigate against these concerns.

About EMRTS Staff...

Feedback – All staff are driven by serving patients who need the EMRTS critical care. There appeared to be more interest amongst staff from north and mid Wales than from south based teams based on session attendance. Responses from participants generally fell in two categories: support for developments that would enable as many patients to receive the service as possible, and those who want to maintain the current base arrangements. Staff have different views on how the current high under-utilisation levels affect staff as some feel that not responding to enough jobs adversely affected their clinical proficiency whilst others feel that training scenarios are sufficiently maintain clinical competencies. Some concern expressed about working different shift patterns and the potential loss of skilled staff should any changes take effect and staff did not want to change their base arrangements. Some staff also concerned about optics of ‘leaving communities’ where they have been for some time. Some staff also expressed support for Option 6c.

EASC Response – The different views of the staff groups are acknowledged. Shortlisted options need the same or more staff, but it is understood that some staff may not want to change their current work base locations or patterns. There is a commitment that the Review takes into account staff views alongside all feedback and works with staff to support through any operational changes that may take effect. Any changes to the service would be subject to an implementation plan, including NHS Wales Organisational Change Processes where appropriate to support and facilitate any change.

About the Charity

Feedback - There are concerns that the Charity will lose the goodwill of support in base location areas, potentially leading to a decrease in charitable donations and destabilising the partnership service. Additionally, there's concern that the Charity may not support the decision of the EAS Committee. Stakeholder relations and potential reputational damage are also concerning. However, there is expressed support for working with the Charity and Emergency Medical Retrieval and Transfer Service on initiatives such as addressing flooding risks in Welshpool and fundraising efforts. There's a strong sense of support and passion for the service, with a feeling of local "ownership". Moreover, there's a perception that communities in rural and mid Wales are the most generous donors to Charity fundraising efforts.

EASC Response –*This concern is noted and has been reflected as a risk within reports to the Committee. Assurance is provided that for those receiving a service now, that they will continue to receive a service and therefore encouraged to maintain support for the Charity. The Charity has confirmed it will support changes agreed by the Committee if the evidence shows an improved service to the people of Wales and that no community is materially disadvantaged as a result of any changes. If the Committee decides to endorse a change in medical operations which will need to be supported by an altered configuration of air base locations, and the above-mentioned parameters are met, the Charity will support the Committee's decision and start activities to make the changes happen. Despite the passion and perceived local ownership, the service operates dynamically on a national basis to serve the population of Wales.*

About Welsh Government and Policy Makers...

Feedback - There are concerns about the funding of the air ambulance service in Wales, with a view that it should be entirely funded by the Welsh Government. There's a request to consider additional bases and funding rather than relocating existing base locations. Additionally, there's a perception that citizens in mid and rural Wales are disadvantaged compared to those in urban areas in the north and south by public services generally. There's also concern that the new 20mph speed limit will negatively impact road ambulance response times, exacerbating existing challenges. Citizens were keen to see more engagement from Welsh Government.

EASC Response – *All feedback relating to Welsh Government has been shared back and reported within the EASC governance routes for further consideration by Welsh Government and policy makers.*

About the engagement process

Feedback - supports the proposed evaluation factors and suggested adjusted weightings for them. There has been a mix of positive and negative sentiment: acknowledgment of the thoroughness, transparency, and delivery of the engagement process; and criticism for alleged 'bias' in questionnaire design, and pre-determined decision making. The feedback reflects how the Commissioner has been trusted and seen as someone who keeps promises and is true to their word in this Review. The clear presentation of complex information is appreciated, as is the use of different data ranges and the development of options. The level of detail provided is also appreciated and maintaining openness and transparency throughout was requested. However, feedback received later during the engagement sees some criticism for information being too complicated and some queries and scepticism about the engagement, purpose and approach to the Options Appraisal and decision-making processes.

EASC Response – *It is acknowledged that this is a clinically and operationally complex service. For that reason, every effort was made to make information as simple as possible including FAQs and glossary of terms throughout the engagement. In addition, full technical information has been made available for those wanting more detail. All information presented has been done using historical data, and reports for supporting documents were provided by professional suppliers.*

An independent supplier was used for questionnaire design, collation and analysis. Committee members had previously agreed (21 November 2023) that Health Board representatives would participate in the Options Appraisal process. Health Board participants represented a broad range of professional disciplines that included medical and clinical.

The Commissioner and EASC Team did not score the options and neither did the and Charity representatives who were there to answer technical queries only. This has been explained publicly and all documents, including how scoring worked on the day. The EAS Committee is a joint committee of all Health Board and Health Boards are responsible for commissioning services for their population, therefore have to be involved in any work relating to their specific areas.

About Options Developed

Feedback - The feedback indicates support for Option 1 (do nothing), suggesting that maintaining the current setup is preferred by majority of respondents from areas near to Caernarfon and Welshpool bases. Stakeholders, however, in Phases 2 and 3 there is support for Option 6c from Powys and Betsi Cadwaladr areas specifically.

Option 6c proposes the consideration of a 'forward operating base' for Caernarfon and Welshpool to utilise in any occurrence, including fuel and clinical stock, for added resilience (i.e. for teams to operate from different locations when on shift). There is support for making Welshpool or Caernarfon bases operational 24 hours a day, which would provide an additional night service to better serve the needs of the communities.

There is a consistent view from stakeholders that the gains illustrated in the modelling are too marginal to justify any reconfiguration, especially considering the margin of error with modelled data.

EASC Response – *The Commissioner has a duty and obligation to look at how this service can be further improved to these patients who need the service. There is robust evidence and an academic report that patients receiving an EMRTS response are more likely to survive and get back to normal life sooner. Therefore, the un-met patient need and under-utilisation levels for some clinical teams cannot be ignored and 'do nothing' is not an acceptable choice. It is agreed that there needs to be more resilience in 24hour provision. It is of concern that the support expressed for Option 6c provides less cover for Powys residents and is therefore unacceptable to the Commissioner. the EMRTS Service has developed incrementally over time to meet more patient's needs. All changes are incremental and each time the service has developed it has delivered more than data modelled.*

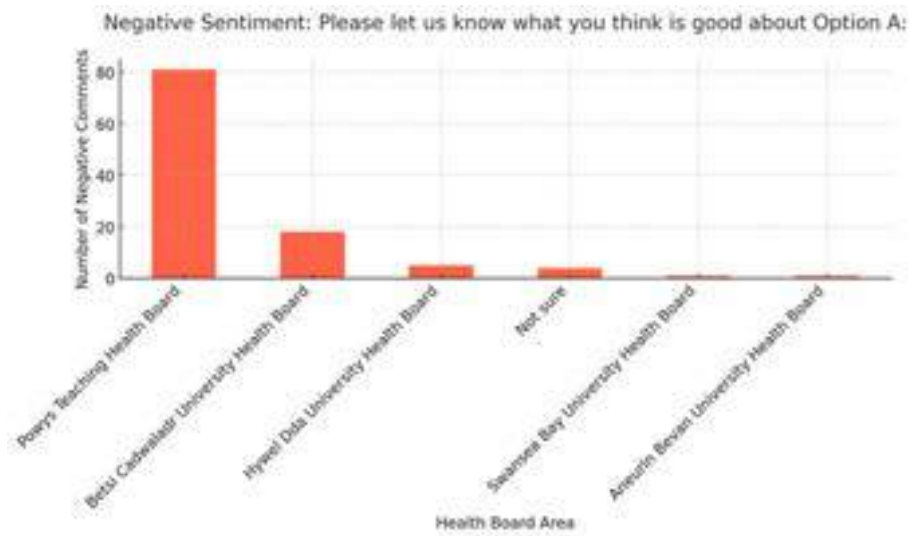


Chart 3: Option A: Good

‘Good’ about Option A: Despite being a prompt for positive comments about Option A, there was a substantial number of negative sentiments, particularly from the Powys Teaching Health Board (81) and Betsi Cadwaladr University Health Board (18). This indicates that respondents from this area struggled to identify positive aspects of Option A, and their comments were instead reflective of underlying concerns or dissatisfaction. Age groups with the most negative sentiment were predominantly 65+ years (53) and 55-64 years (29).

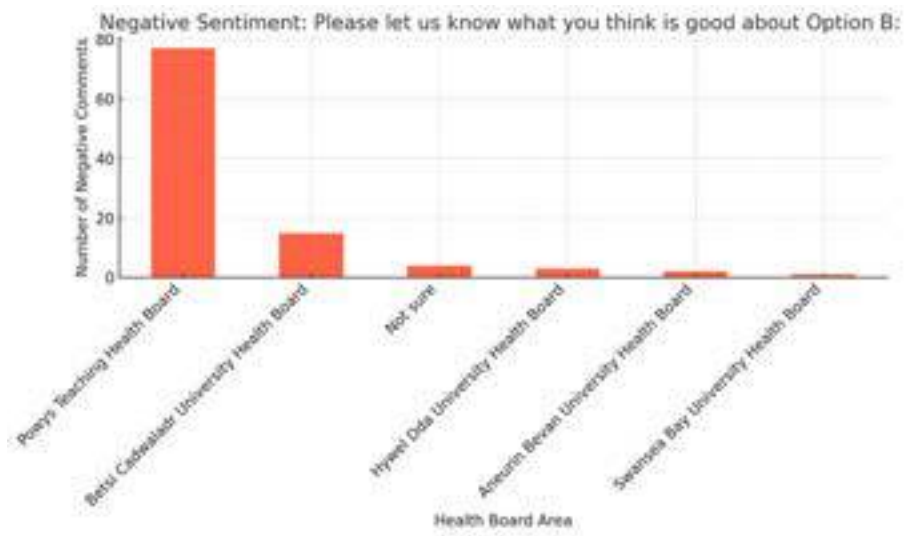


Chart 4: Option A: Not So Good

‘Not So Good’ about Option A:, A large number of negative comments were noted, again with Powys Teaching Health Board leading significantly (138), followed by Betsi Cadwaladr University Health Board (35. This suggests that the concerns in this area are particularly strong regarding Option A. The age groups 65+ years (72) and 55-64 years (56) showed the most negative sentiment.

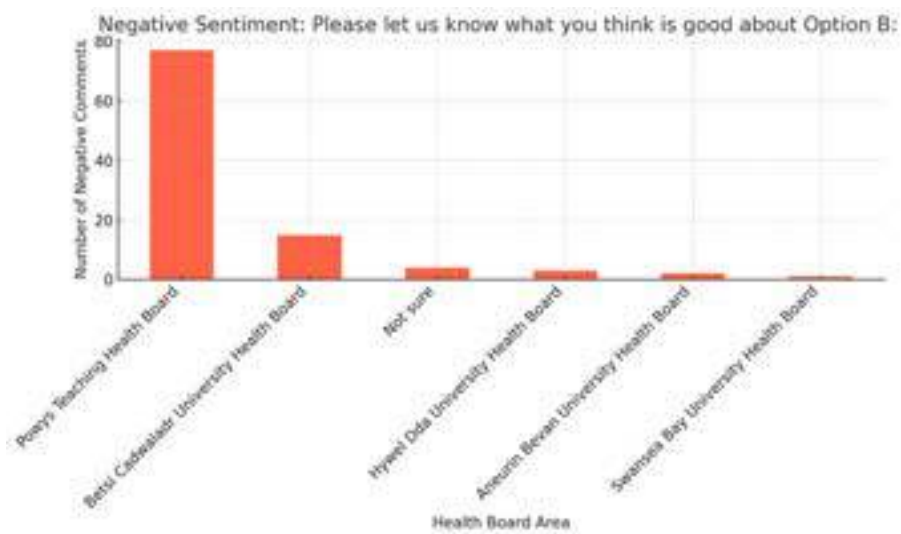


Chart 5: Option B: Good

‘Good’ about Option B: Similar to Option A, the prompt for positive comments about Option B still attracted negative sentiments, predominantly from Powys Teaching Health Board (77) and Betsi Cadwaladr University Health Board (15). Older age groups showed more negativity with 65+ years (42) and 55-64 years (33) leading.

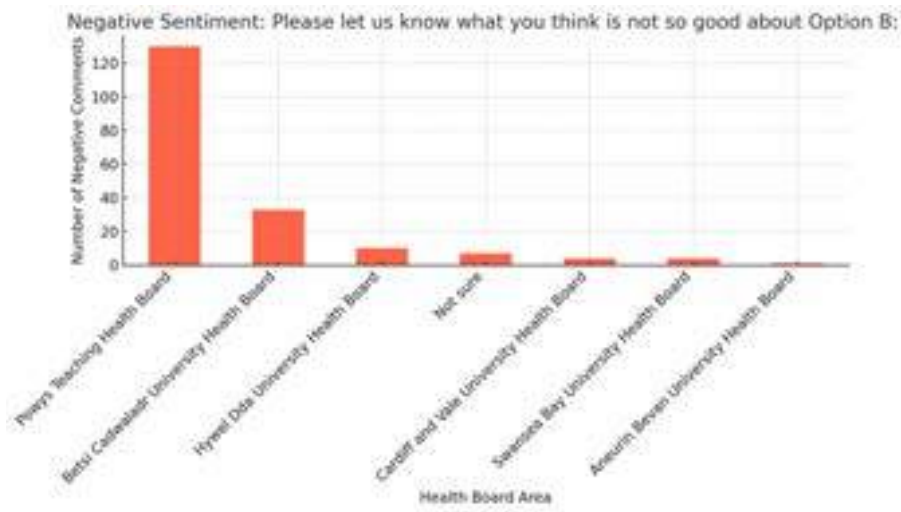


Chart 4: Option B: Not So Good

‘Not So Good’ about Option B: This aspect also revealed a high volume of negative comments from Powys Teaching Health Board (130) and Betsi Cadwaladr University Health Board (33). They highlight specific areas of concern or dissatisfaction with Option B among residents, which may require further attention and action. The 65+ years (74) and 55-64 years (51) age groups were again the most represented.

Across all categories, Powys Teaching Health Board area consistently stands out with the highest number of comments. This suggests a strong level of dissatisfaction or concern in this area regarding both Options A and B.

The Betsi Cadwaladr University Health Board area also shows considerable concerns, although less than Powys, indicating it is another key area of concern.

Age-wise, most feedback is from the older age groups, particularly those aged 65+ years and 55-64 years. This trend suggests that these age groups may have specific concerns or expectations that are not met by Options A and B.

The concentration of negative sentiment in these specific Health Board areas and among older age groups could be indicative of areas where additional focus is needed to address concerns, possibly related to healthcare access, quality of services, or communication about the changes proposed in Options A and B.

Equalities Impacts

Feedback – Feedback showed a perception of negative impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. There is a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999.

Impact on Well-Being of Future Generations Act

This section summarises some of the impacts on wellbeing that we have heard during the engagement from respondents in the Caernarfon and Welshpool bases surrounding areas:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	<p>People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate</p> <p>A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.</p>	<p>People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality</p> <p>Concerns about weather, more frequent flooding affecting ability for road responses.</p>
A resilient Wales	<p>People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces.</p> <p>A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example, climate change).</p>	<p>Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services. During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents.</p> <p>Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe.</p> <p>Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A healthier Wales	<p>People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the harm caused by alcohol and or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.</p> <p>A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p>	<p>Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services. There's concern that any base moves could negatively affect other emergency responders in the Powys area.</p> <p>Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre-hospital critical care service meant that many felt this was very important as they did not have a district general hospital.</p>
A more equal Wales	<p>A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).</p> <p>People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities</p>	<p>Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high-end service seemed to escalate the perceived impact.</p> <p>A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.</p>
A Wales of cohesive communities	<p>People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Attractive, viable, safe and well-connected communities.</p>	<p>Local communities visited had a high level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain this. There was balance, that the service should see as many people as possible, as long as this did not move the base.</p> <p>Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they felt the service was closing and there would not be a service. Despite reassurances this message appears to be unheard.</p> <p>Respondents have identified concerns about overall community viability and cohesiveness about public services generally. They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.</p>

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	<p>A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p> <p>People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life</p>	<p>No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually</p> <p>There are opportunities to continue to support and develop the service through the medium of Welsh.</p>
A prosperous Wales	<p>An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p> <p>People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working condition</p>	<p>People raised the dangerous occupations regularly.</p> <p>Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.</p>

Table 24: Impact on Well-Being of Future Generations Act

Summary of Emergent Themes

There was good quality dialogue and/or feedback in all sessions - drop-ins, in-person public meetings, and virtual/on-line.

Whilst the focus of the engagement has been on the EMRTS Service Review and how to develop the air ambulance service that is provided in partnership by the Wales Air Ambulance Charity and Emergency Medical Retrieval and Transfer Service Cymru (NHS Wales), throughout the dialogue feedback surfaced that covered health and social care issues more broadly. This has provided rich intelligence shared with colleagues across NHS Wales and Welsh Government.

Many personal experiences and testimonials were shared during the engagement through all response routes. This feedback highlights the value placed on the service and the general sense of anxiety over any proposed base move amongst respondents living in the Caernarfon and Welshpool areas (Betsi Cadwaladr University Health Board and Powys Teaching Health Board areas.)

It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
- Calls for decision-makers to reconsider proposed options and prioritize the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the needs of rural communities and protected characteristic groups, ensuring timely access to pre-hospital critical care, and maintaining essential life-saving services across Wales.

Notwithstanding the concerns of the public and stakeholder feedback in these areas there is a consensus of understanding that:

- Un-met patient need must be provided for by the service; and
- Highly skilled clinical teams need to be used in the best way to provide for patients.

In addition, the national feedback concluded the following priorities:

- everyone in Wales should have equal access to the service;
- the service should be structured to treat as many people as possible
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.



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www.easc.nhs.wales



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwans Brys

Emergency Ambulance
Services Committee



Uned Gomisiynu Gydweithredol Genedlaethol

GWASANAETHAU DIGIDOL
DIGITAL SERVICES

National Collaborative Commissioning Unit

Teitl adroddiad: Report title:	Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales		
Adrodd i: Report to:	Health Board		
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 28 March 2024		
Crynodeb Gweithredol: Executive Summary:	To provide an update on the establishment of the NHS Wales Joint Commissioning Committee and to seek adoption of its governance framework, as a Joint Committee of the Board.		
Argymhellion: Recommendations:	<p>The Board is asked to:</p> <ol style="list-style-type: none"> NOTE the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers; NOTE that the JCC will supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1st April 2024; NOTE the development of the JCC's governance framework, as a key component of the Health Board's governance framework; ADOPT the amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards; and the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18th March 2024 (Appendix A); ADOPT the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19th March 2024 (Appendix B); and NOTE the JCC's Accountability Map for information (Appendix C). 		
Arweinydd Gweithredol: Executive Lead:	Carol Shillabeer – Chief Executive Officer		
Awdur yr Adroddiad: Report Authors:	Rani Dash, Director of Corporate Governance, Aneurin Bevan University Health Board, and Chair of National Commissioning Programme Governance Workstream Phil Meakin – Acting Board Secretary		
Pwrpas yr adroddiad:	I'w Nodi <i>For Noting</i>	I Benderfynu arno <i>For Decision</i>	Am sicrwydd <i>For Assurance</i>

Purpose of report:	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>	
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:					
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		The Health Board is required to act according to its legal Directions and Regulations. This report contains information to allow the Health Board to conform to this. National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?		No, however, a Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024 Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?		This is not applicable for this report.			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan		The nature of this paper has an impact on the way Corporate Governance is reported and managed in the Health Board. Risks related to			

gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	<p>Corporate Governance are reflected in the body of the report and the development of this work will support better oversight and management of them.</p>
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	<p>There is not expected to be an additional cost as costs associated with the establishment of the new NHS Wales Joint Commissioning Committee will be borne out of existing budgets of WHSSC, EASC, NCCU and costs relating to any other commissioning functions transferred into the new Joint Commissioning Committee.</p>
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	<p>Not applicable</p>
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	<p>This links to the BAF Risk SP16 "“There is a risk of failing to effectively strengthen the Board arrangements following special measures and implement critical governance, accountability, planning, and performance improvements”"</p>
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	<p>Not applicable</p>
Next Steps: <ul style="list-style-type: none"> • If the Board approves the recommendations then the Standing Orders of the Health Board will be updated and published to formalise these arrangements 	
List of Appendices: <ul style="list-style-type: none"> • Appendix A Letter - Amendments to LHB SOs and issuing of NWJCC SOs • Appendix A, Document 1: Amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards • Appendix A, Document 2: Standing Orders for the NHS Wales Joint Commissioning Committee • Appendix A, Document 3: Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee • Appendix B Correspondence from the Minister for Health and Social Services • Appendix B, Document 1: Standing Financial Instructions for the NHS Wales Joint Commissioning Committee • Appendix C: Accountability Map 	

1. Situation/Background

- 1.1 Welsh Government's [*"A Healthier Wales: long term plan for health and social care"*](#) committed to a review of national commissioning functions. Consequently, an independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) (which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.
- 1.2 The scope of the Review, as set out in its Terms of Reference, was to:
- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps;
 - Horizon scan future national (and regional) commissioning requirements;
 - Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive;
 - Describe the potential national commissioning functions to be undertaken ('function');
 - Describe the different options for delivery of those function ('form');
 - Describe the different options for future governance and decision-making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive;
 - Make recommendations on a preferred way forward; and
 - Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation).
- 1.3 The review found that while there was good evidence of evolution and growing maturity in both WHSSC and EASC, there remained gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision-making and accountability arrangements.
- 1.4 In summary, the recommendations made were:
- WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
 - This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies.
 - The term "specialist" [or "specialised"] should not be used in any new name, but the scope and responsibilities of the service should be defined.
 - The new body should take on an expert supportive role to Health Boards in developing Regional and Inter-Health Board commissioning. This would help build commissioning capacity across the health system in Wales.

- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

1.5 While the commissioning of 111 services was not explicitly included in the initial scope of the review, this was considered under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by Health Boards. It was confirmed that this recommendation would therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

1.6 It was also confirmed that the planned transfer of the Sexual Assault Referral Centres (SARCs) commissioning service from the NHS Executive to the NCCU on 1 April 2024 would also be included within the remit of the work to be taken forward.

1.7 In response to the review, a National Commissioning Programme, led by Welsh Government with accountability to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales, was established. The purpose of which being to implement the recommendations arising from the review and to provide strategic direction and control to ensure all required preparatory work and engagement was undertaken in readiness for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

2. Establishment of the NHS Wales Joint Commissioning Committee

2.1 On the 6 November 2023, the Minister for Health and Social Services confirmed the title of the new national commissioning joint committee would be, NHS Wales Joint Commissioning Committee / Cyd-bwyllgor Comisiynu GIG Cymru.

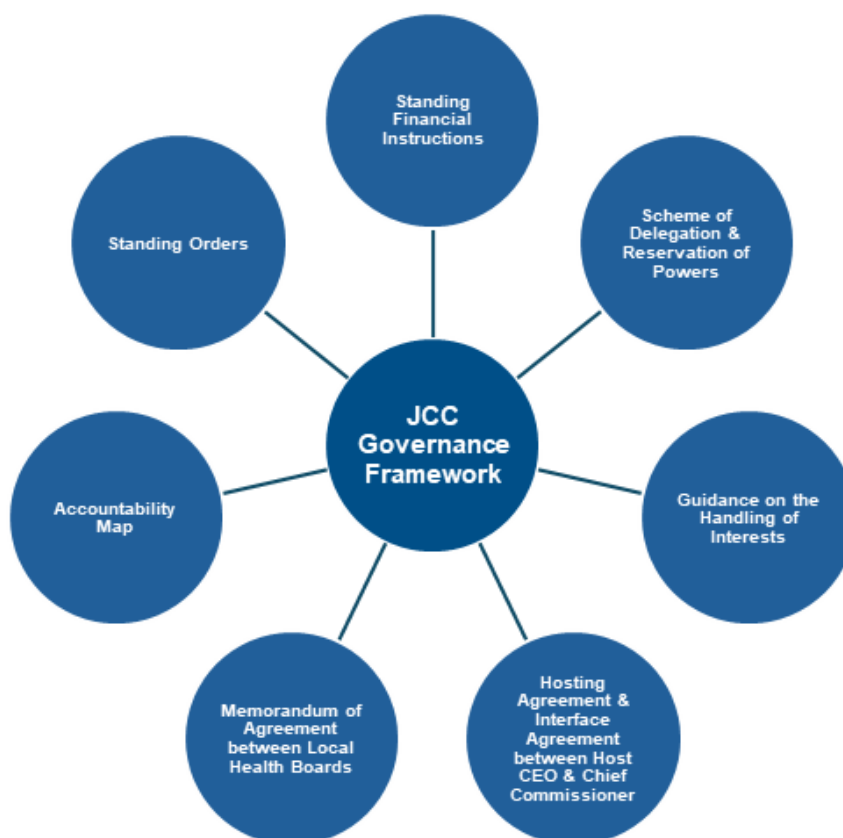
2.2 The [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) (the Directions) came into force on 7th February 2024 which provide that the Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are: (a) specialised services for: (i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children; (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis; (c) emergency medical services; (d) non-emergency

patient transport services; (e) emergency medical retrieval and transfer services; (f) NHS 111 services; (g) sexual assault referral centres; and (h) other services as directed by the Welsh Ministers.

- 2.3 For the purpose of jointly exercising those functions set out within the Directions, the Local Health Boards will establish a joint committee to be operational on 1 April 2024, which will supersede the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee as Joint Committees of Local Health Boards.
- 2.4 The Directions determine that the host Local Health Board must provide administrative support for the operation of the joint committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).
- 2.5 The [National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024](#) (the Regulations) were laid before Senedd Cymru on 9th February 2024 and will come into force on 1st April 2024. These Regulations make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee (the Joint Commissioning Committee [JCC]), including its procedures and administrative arrangements. An [Explanatory Memorandum](#) was also laid before Senedd Cymru.
- 2.6 As set out within Part 2 of the Regulations, membership of the JCC will consist of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers.
- 2.7 In addition, the JCC's membership will include an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body. In addition, the intention is for the Chief Commissioner to hold Accountable Officer status, delegated by Welsh Government, for accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.
- 2.8 At the time of writing, processes are underway to appoint the JCC's Chair and Lay Members and an Interim Chief Commissioner. Announcements in respect of these are expected imminently.

3. Governance Framework of the NHS Wales Joint Commissioning Committee

- 3.1 The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Local Health Board and have been developed within that context.
- 3.2 The Governance Framework of the JCC will contain the following and an update on each element is provided below:



- 3.3 Standing Orders – The JCC’s Standing Orders are to be issued by Welsh Ministers to Local Health Boards (LHBs) using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board in Wales must agree the Standing Orders for the regulation of the NHS Wales Joint Commissioning Committee’s proceedings and business to form part of each LHBs Standing Orders.

The JCC Standing Orders therefore form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 and LHB Standing Order, paragraph 3.2 into day-to-day operating practice.

- 3.4 Scheme of Delegation and Reservation of Powers – The JCC’s Scheme of Delegation and Reservation of Powers will form an annex to the JCC’s Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the JCC’s business:
- Those matters reserved for Local Health Boards;
 - Those matters delegated from Local Health Boards and reserved for the JCC; and
 - Those matters further delegated from the JCC to the Chief Commissioner (and other Officers as appropriate).

In addition to the responsibilities delegated from the JCC, the Chief Commissioner will have delegated responsibilities from the Host Body (set out within the Hosting Agreement) and delegated responsibilities from Welsh Government (set out within an Accountable Officer Memorandum).

It will also be necessary for the Host Body to confirm within its respective Scheme of Delegation and Reservation of Powers any functions delegated to the Chief Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

- 3.5 Standing Financial Instructions – The JCC’s Standing Financial Instructions (SFIs) will form an annex to the JCC’s Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs will align with the JCC’s Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.
- 3.6 The Board is required to formally adopt the JCC’s Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions, as part of its overall governance framework for the Health Board, with the JCC being a formal Joint Committee.
- 3.7 On 18th March 2024, the Minister for Health and Social Services issued Model Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, attached at **Appendix A**. In addition, amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards following the establishment of the NHS Wales Joint Commissioning Committee were issued.
- 3.8 On 19th March 2024, the Minister for Health and Social Services issued Model the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, attached at **Appendix B**.
- 3.9 **The Board is therefore asked to ADOPT:**
- **Appendix A, Document 1: Amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards**
 - **Appendix A, Document 2: Standing Orders for the NHS Wales Joint Commissioning Committee**
 - **Appendix A, Document 3: Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee**
 - **Appendix B, Document 1: Standing Financial Instructions for the NHS Wales Joint Commissioning Committee**
- 3.10 Accountability Map - an Accountability Map for the JCC has been developed and agreed by the National Commissioning Programme Oversight Board. The purpose of the Accountability Map is to outline the formal accountabilities and formal relationships between Welsh Government, Local Health Boards, the Host Body (CTMUHB), the JCC and its Team. This is attached at **Appendix C** for the Board’s information.

- 3.11 Guidance on the Handling of Interests – Guidance has been developed to set out the arrangements for the appropriate handling of declarations of interests within the JCC’s business, ensuring that the JCC operates within its Standing Orders and the Standards of Behaviour Framework set by CTMUHB as the Host Body. This guidance extends to the handling of interests which may, or be perceived to, arise where a JCC Officer Member (a Chief Executive of a Local Health Board) is an employee of an organisation which is a provider of services commissioned via the JCC.
- 3.12 Memorandum of Agreement between Local Health Boards - To ensure the effective operation of the JCC as a Joint Committee, a Memorandum of Agreement between all 7 Local Health Boards (LHBs) will be established, which will set out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officer of each constituent LHB as individual officer members of the JCC.
- 3.13 Hosting Agreement – A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards will be established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This will be supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

4. Recommendations

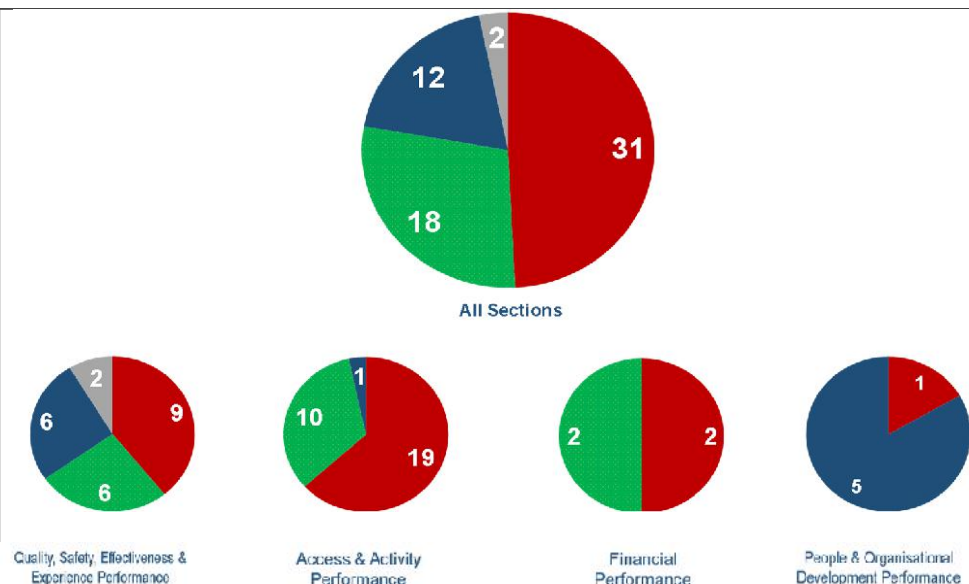
4.1 The Board is asked to:

- a. NOTE the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers;
- b. NOTE that the JCC will supersede the Board’s current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1st April 2024;
- c. NOTE the development of the JCC’s governance framework, as a key component of the Health Board’s governance framework;
- d. ADOPT the amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards; and the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18th March 2024 (Appendix A);
- e. ADOPT the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19th March 2024 (Appendix B); and

NOTE the JCC’s Accountability Map for information (Appendix C).



Teitl adroddiad:	Integrated Performance Report, 2023/24
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 28 March 2024
Date of Meeting:	
Crynodeb Gweithredol:	This Report relates to the Month 10, 2023/24 (Month 11 for Financial performance)
Executive Summary:	<p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a trilogy of new frameworks intended to drive the strategic objectives of the Health Board for the next four years. The IPF will be used in conjunction with the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF). The Framework will align with the Quality Surveillance Strategy as it is developed.</p> <p>The purpose of the Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none">1. Key deliverables from the Annual Plan (IMTP)2. NHS Wales Performance Framework (Quadruple Aims)3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures. <p>The Health Board has a number of measures rated monthly and included within this report, the below graphic indicating a number of these measures are off target;</p>



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

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

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

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

The Performance Directorate has been working with our partners across the organisation, 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.

	<p>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.</p> <p>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;</p> <ul style="list-style-type: none"> • 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. <p>The intention of the report structure is to enable members to identify key escalations from sub-committees of the Health Board, whilst enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, a key enhancement to the reporting moving forwards will be for the following;</p> <ul style="list-style-type: none"> • Development of local metrics that give greater insight into understanding current performance (through Executive forums & sub-Committees). • 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. <p>The Performance team continue to work with the Health Board to further embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal accountability review structures and escalation / de-escalation mechanisms.</p>
Argymhellion:	The Health Board is asked to:
Recommendations:	Review the contents of the report and propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.
Arweinydd Gweithredol:	Russell Caldicott, Interim Executive Director of Finance and Performance

Executive Lead:				
Awdur yr Adroddiad:	Ed Williams, Acting Director of Performance			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	This report will be available to the public once published for Health Board			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N The Report has not been assessed for its			

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Socio-economic Impact as it is reporting on actual performance
<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>	There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	The delivery of the performance indicators within our IPR will directly/indirectly impact upon the financial recovery plan of the Health Board.
<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>	The delivery of the performance indicators within our IPR will directly/indirectly impact on our current and future workforce.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This report has been reviewed by Executive Team.</p> <p>The full report has been reviewed by the Acting Director of Performance, and the Executive Director of Finance & Performance.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	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.
<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>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i> <i>Implementation of recommendations:</i> Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.</p>	

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

In addition, the Performance Directorate is working with executive colleagues via the Executive Delivery Integrated Performance Group, on the development of a suite of locally defined measures that once ratified, will be include in the Integrated Performance Reports in due course.

Rhestr o Atodiadau:

List of Appendices: 2

1: Summary of Report

2: Integrated Performance Report in PDF

Appendix 1 Summary of Report

Committee: Health Board

Report title: Summary of Integrated Performance Report

Report Author: Director of Performance

1. Introduction

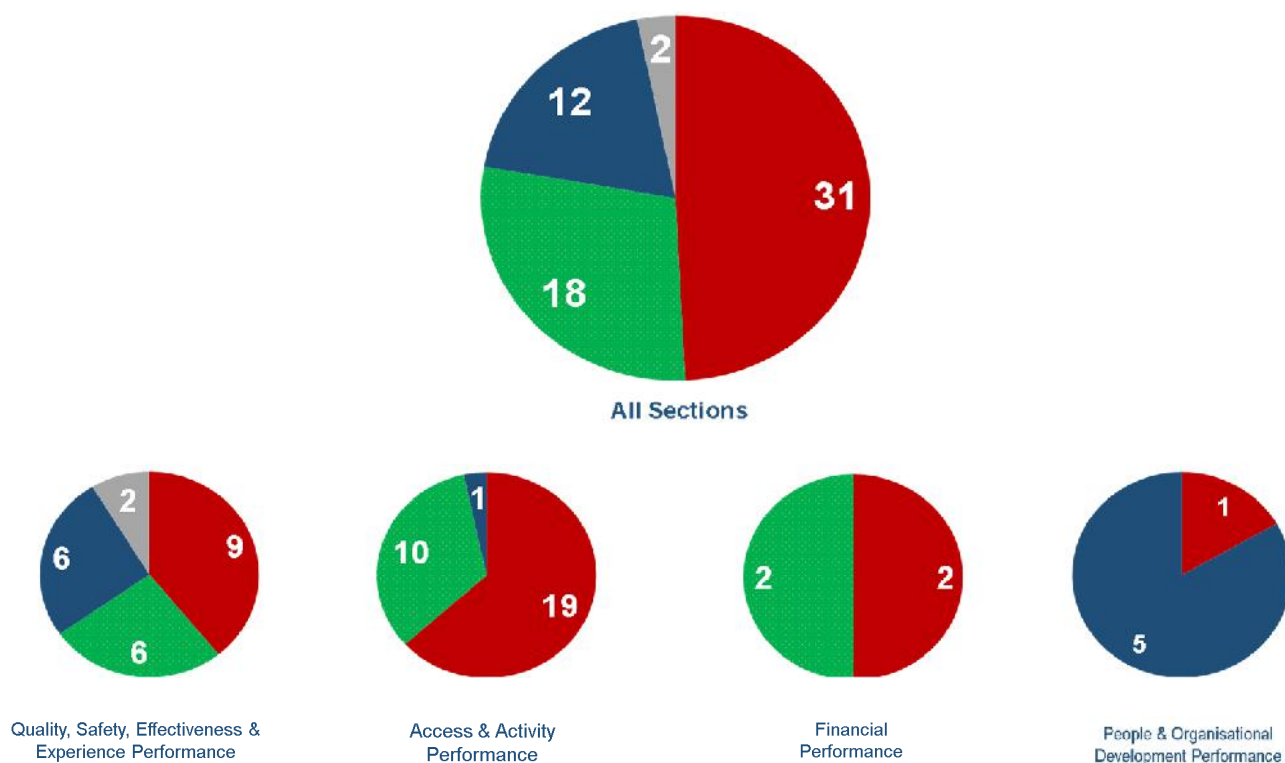
The Performance Department has been developing a revised performance report for the Health Board, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' now including a section summarising the areas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

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

2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 18 are on target, 32 are off target and six are a cumulative basis. There is one measure for which the data is not yet available (Patient Experience Surveys on CIVICA).

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

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

3. Key outputs from oversight of Access & Activity Performance

3.1 Quality (Safety, Effectiveness & Experience) Performance

The key areas highlighted centre upon;

Three new never events were reported in February 2024:

- Wrong Site Surgery: Patient undergoing amputation of 2nd and 3rd toes had an incision into the 4th toe instead of the 3rd, however stopped and proceeded to amputate the correct toe.
- Wrong Procedure: Patient had mirena coil inserted after category 2 caesarean section which had been planned for a different patient. The list order was changed due to the increase in category for this patient.
- Wrong Route (Medication): Patient was unable to swallow oral medication, medication was crushed and mixed with water in a syringe and inadvertently given IV.

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

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

3.2 People & Organisational Development

The key areas highlighted centre upon;

Turnover rates of nursing and midwifery staff remains consistent at 1.6% since December 2023. Sickness absence has increased at 6.4% (compared to 6.2% reported previously)

with stress and other mental health issues continuing to be the main reason for sickness absence.

The percentage rate of agency spend as a proportion of the total pay bill continues to fall.

3.3 Access & Activity Performance

The key areas highlighted centre upon

This is the greatest number of measures contained within the report, with the 30 measures within this section requiring oversight through PFIG, noting BCUHB is achieving the target for 10 and not achieving the target rate for 19 (64%) of the measures.

3.3.1 Adult Mental Health Measures Performance

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

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

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

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

3.3.3 Urgent & Emergency Care Performance

After remaining consistent around the 69% mark in quarter 3 of 2023-24, quarter 4 has seen a consistent decline to 65.4% in performance in the percentage of patients experiencing waits over 4 hours in our Emergency Departments. Patients experiencing waits of over 12 hours remains over the 3,000 mark and remains an area of escalation within the service. The number of ambulance handover delays of an hour or more continues to be of concern, currently reported at 2,322 and the number of patients delayed over 4 hours in an ambulance remains static at just over 890 (although still 200 fewer than seen a year ago).

Delayed pathways of care remains a key concern for the Health Board as the number is increasing with over 362 patients experiencing delays in their pathway and no significant change seen since April 2023. Heightened concern due to developing winter pressures and strike actions that will affect performance across all areas of the system were highlighted in the previous report.

3.3.4 Planned Care Performance

Our performance against the single cancer pathway (SCP) target remains fragile, and continues to deteriorate at 55.2%. (Latest available position). Concerns remain regarding the position with dermatology and urology, with the forecast that the overall position may continue to deteriorate in coming months.

After falling consistently over the previous six months, the number of patients waiting over 8 weeks for a diagnostic test has been increasing for the last two months and is at 6,836. Although still well below the 10,000 breaches reported a year ago. There is ever increasing demand for diagnostics and timely testing remains a challenge with prioritisation taking place to ensure we deliver care based on clinical criteria (urgent and urgent suspected cancer cohorts).

The number of patients experiencing waits over 14 weeks for therapy interventions continues to increase and with 4,265 patients waiting in February, double the 2,102 reported in June 2023. Main pressures in Physiotherapy include high number of vacancies, accommodation capacity in Central and East, cessation of locum support, increase in inpatient demand and urgent referral demand.

The number of patients waiting over 52 weeks for a new outpatient appointment has continued to rise through the fiscal year and is now at 14,929 compared to 12,000 in April 2023. However, the focus placed upon longer waits explains this with continuous reductions in the number of patients waiting over:-

- 208 weeks – down to 244 (these mainly in Dermatology, Maxillo-facial, Orthodontics)
- 156 weeks - down to 1,436 from 3,359 in April 2023 (63% reduction)
- 104 weeks - down to 7,970 from approx. 9,500 in April 2023

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

The number of patients experiencing a delay of over 100% of their waiting time for a follow up outpatient appointment has decreased to 87,859 compared to the 91,334 previously reported.

3.3.5 Summary

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

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

- Impact of Junior Doctor strike action
- Patient flow (emergency departments and delays to discharge)

- Maintaining CAMHS performance
- Achievement of cancer standards (Dermatology)
- Ambulance handover times and performance

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

3.4 Financial Performance (Month 11)

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

	Apr £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	YTD Total £m
Monthly Deficit / (Surplus) above plan	1.0	2.9	5.4	5.6	5.5	3.3	1.2	0.8	-6.3	-4.3	-9.7	5.4

The Health Board has seen a movement towards attainment of the outturn forecast deficit of £33m (original planned deficit of £134m offset by £101m of additional Welsh Government funding). However, the control total for the financial year is a £20m deficit and the Health Board continues to forecast non-attainment of this outturn owing to increased costs.

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

The Health Board has received a further resources for inflation of £5.7m for 2023/24, the impact being to improve the forecast outturn (subject to Board endorsement) to a £27m deficit. Whilst this results in an improvement over the original plan this will not achieve the £20m deficit control target issued by Welsh Government. The Health Board improved financial position follows implementation of a series of cost controls (establishment and non-pay controls) and use of balance sheet flexibility. The risks being costs associated with high emergency demand and strike action.

4. Overall Summary

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

5. Appendix

Integrated Performance Report

Reporting Period to 31st January 2024 (Activity)

29th February 2024 (Finance)

Presented to the

Health Board

on 28th March 2024



Title	Page	Title	Page
Cover	1	Section 1: Quality Safety, Effectiveness & Experience Performance	17
Table of Contents	2	Section 2: Access & Activity Performance	26
Performance Escalation Report	3	Section 3: People & Organisational Development Performance	37
The Integrated Performance Report	10	Section 4: Financial Performance	40
NHS Wales Performance Framework 2023-24	11	Additional Information	45
About this Report	12	Introduction to Integrated Performance Report (IPR)	46
Overall Summary of Performance	14	Reporting Governance Structure	47
All Wales NHS Performance Dashboard	15	Performance Directorate Outputs	49
		Appendix	51

Performance Escalations Report



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Produced on behalf of our **Health Board** by the
Performance Directorate in partnership with our **Integrated Performance Executive Delivery Group**





A Summary of Escalated Performance Measures

Quality, Safety, Effectiveness & Experience Performance

- Three new never events occurred in February 2024
 - Wrong site Surgery
 - Wrong Procedure
 - Wrong Route (Medication)
- Overdue investigations remain a challenge, 296 investigations are overdue at the end of December 2023.
- Clinical coding compliance remains a significant risk that is likely attributed to staff absence: work is underway to review this and a paper pertaining to solutions is being presented to the Health Board in due course.

People & Organisational Development Performance

- Sickness absence rate stayed below 6.5% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW
- PADR rate increased steadily over last 12 months is now at 78.2%, this work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.
- Focus on off-contract agency continues however there was a rise in agency usage reported in January 2024.

Access & Activity Performance

- Extreme RTT waits over 208 weeks.
- Single Cancer Pathway performance
- Diagnostics waits over 8 weeks
- Therapy Waits over 14 weeks
- Emergency Department medical assessment waits
- Ambulance handover waits
- Pathways of Care Delays

Financial Performance

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

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

The forecast for the financial year a £33m deficit, whilst not attaining the Welsh Government control target of £20m deficit this is in line with the originally endorsed plan (£134m less the £101m allocation in year) noting;

- The Health Board has a deficit year to date totalling £35.7m
- This is £5.4m adverse to the plan to attain a £33m deficit at close of the financial year
- Drivers of cost overruns centre upon use of escalation beds (emergency care) that's driving use of premium working, high prescribing and secondary care drug usage and Continuing Healthcare costs

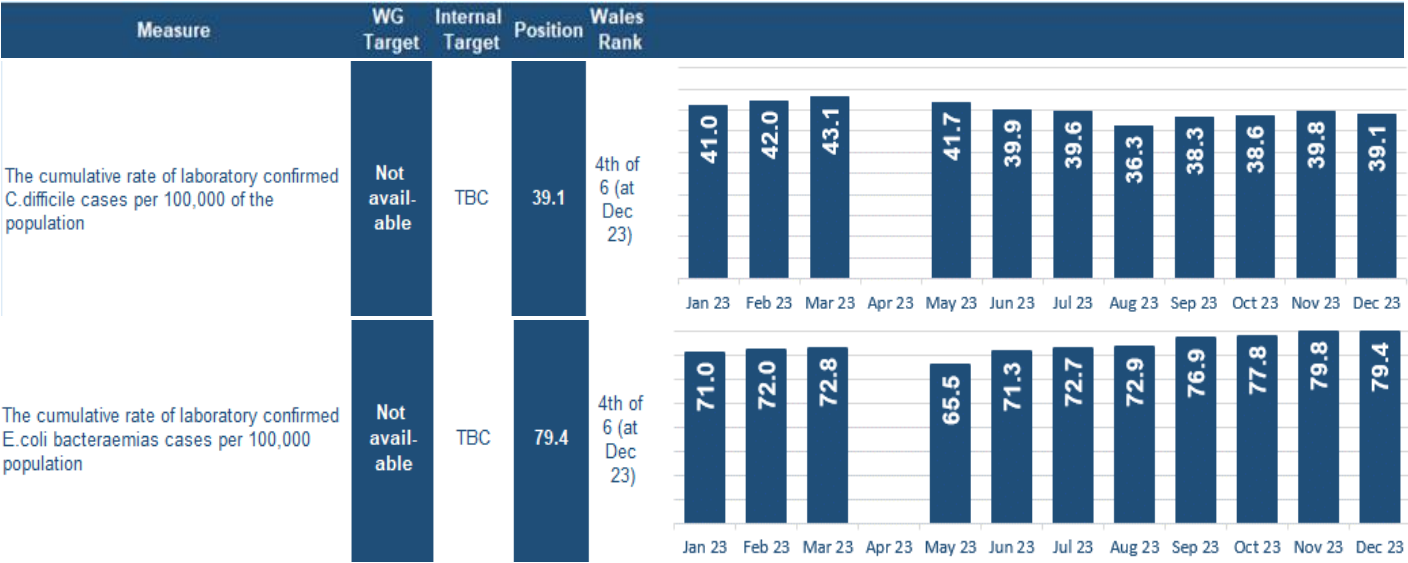
The Health Board has implemented a series of cost controls (establishment and non-pay controls) and identified balance sheet flexibility to mitigate these cost overruns.

The receipt of an additional inflationary allocation from Welsh Government will enable (subject to Health Board endorsement) the forecast deficit to be re-stated to £27m for the year.

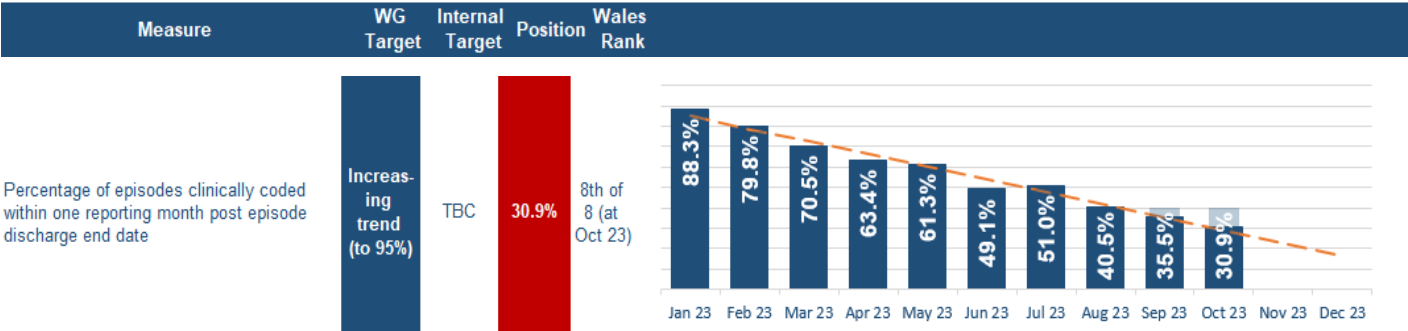
Our Quality: Escalated Performance Measures

C.difficile and E.Coli infection rates

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 2024.



Our Quality: Escalated Performance Measures

Never Events

In February 2024, there were 3 Never Events

- **Wrong Site Surgery:** Patient undergoing amputation of 2nd and 3rd toes had an incision into the 4th toe instead of the 3rd, however stopped and proceeded to amputate the correct toe.
- **Wrong Procedure:** Patient had mirena coil inserted after category 2 caesarean section which had been planned for a different patient. The list order was changed due to the increase in category for this patient.
- **Wrong Route (Medication):** Patient was unable to swallow oral medication, medication was crushed and mixed with water in a syringe and inadvertently given IV.

Nationally Reportable Incidents

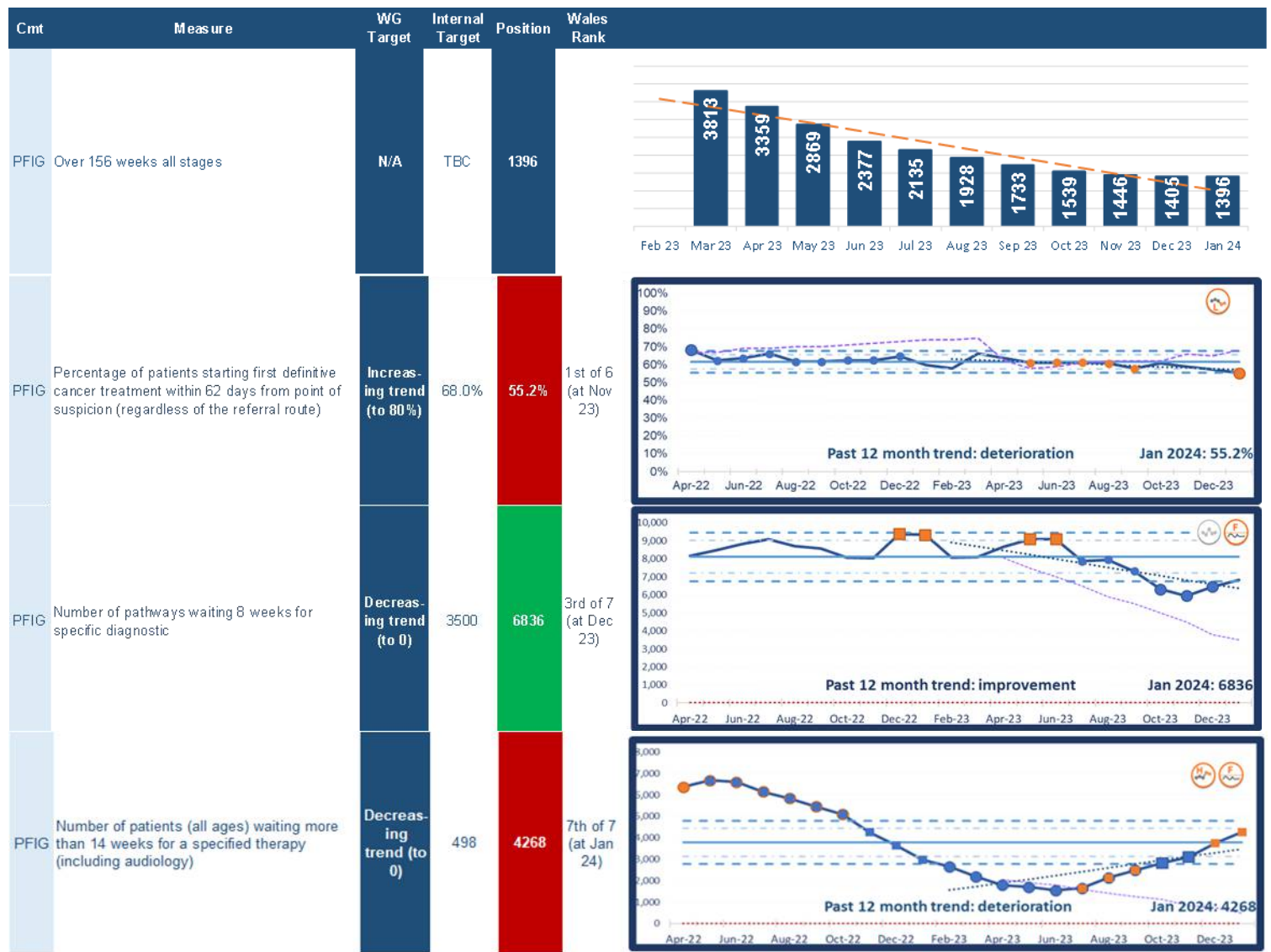
- At the end of January 2024 there were 87 open NRIs of which 24 were overdue outcome forms to NHS Wales Exec. The Patient Safety Team (PST) are supporting the progression of all NRIS. Drop in clinics for staff are held weekly to help focus the outcome from the incident review with any learning which can be shared.
- The IHCs and Divisions have submitted their reduction plans to the Executive Director of Nursing and Midwifery for onward monitoring of trajectory.



Access & Activity: Escalated Performance Measures

Planned Care

- Extreme RTT waits, 244 patients waiting over 208 weeks at time of reporting, which is 100 less than predicted.
- 63% reduction in number of patients waiting over 156 weeks at all stages
- Single Cancer Pathway performance continues to deteriorate at 55.2%. Driven largely by dermatology capacity but also patient choice to defer treatment until after the Christmas period. 116 WLIs within dermatology (one stop clinics, MOPs, triage) to increase capacity and reduce backlog by end of March
- 6,465 patients waiting over 8 weeks for a specified diagnostic test. Radiology, Endoscopy, Cardiology and Neurophysiology account for the bulk of the breaches.
- 4,246 patients waiting over 14 weeks for a specified therapy with Physiotherapy accounting for most of the breaches driven by lack of accommodation and high number of vacancies

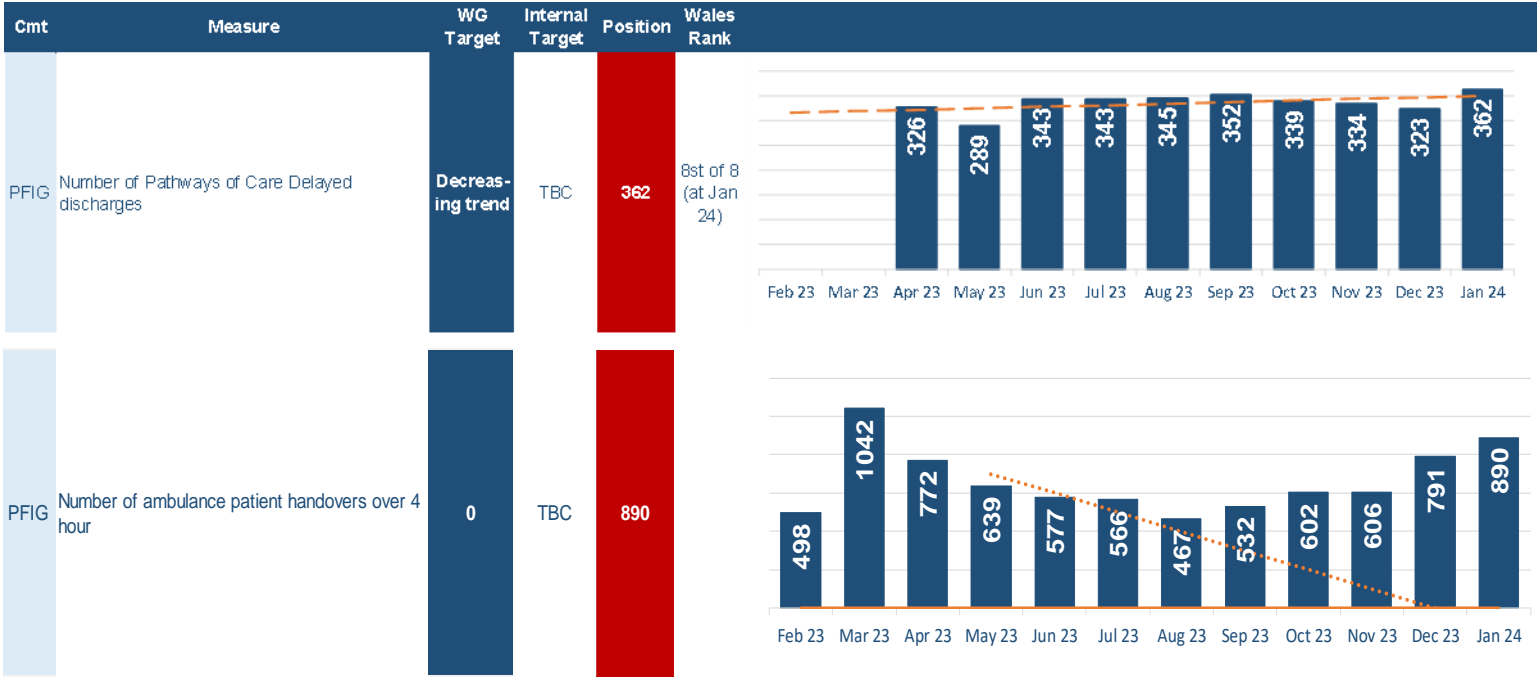




Access & Activity: Escalated Performance Measures

Urgent & Emergency Care

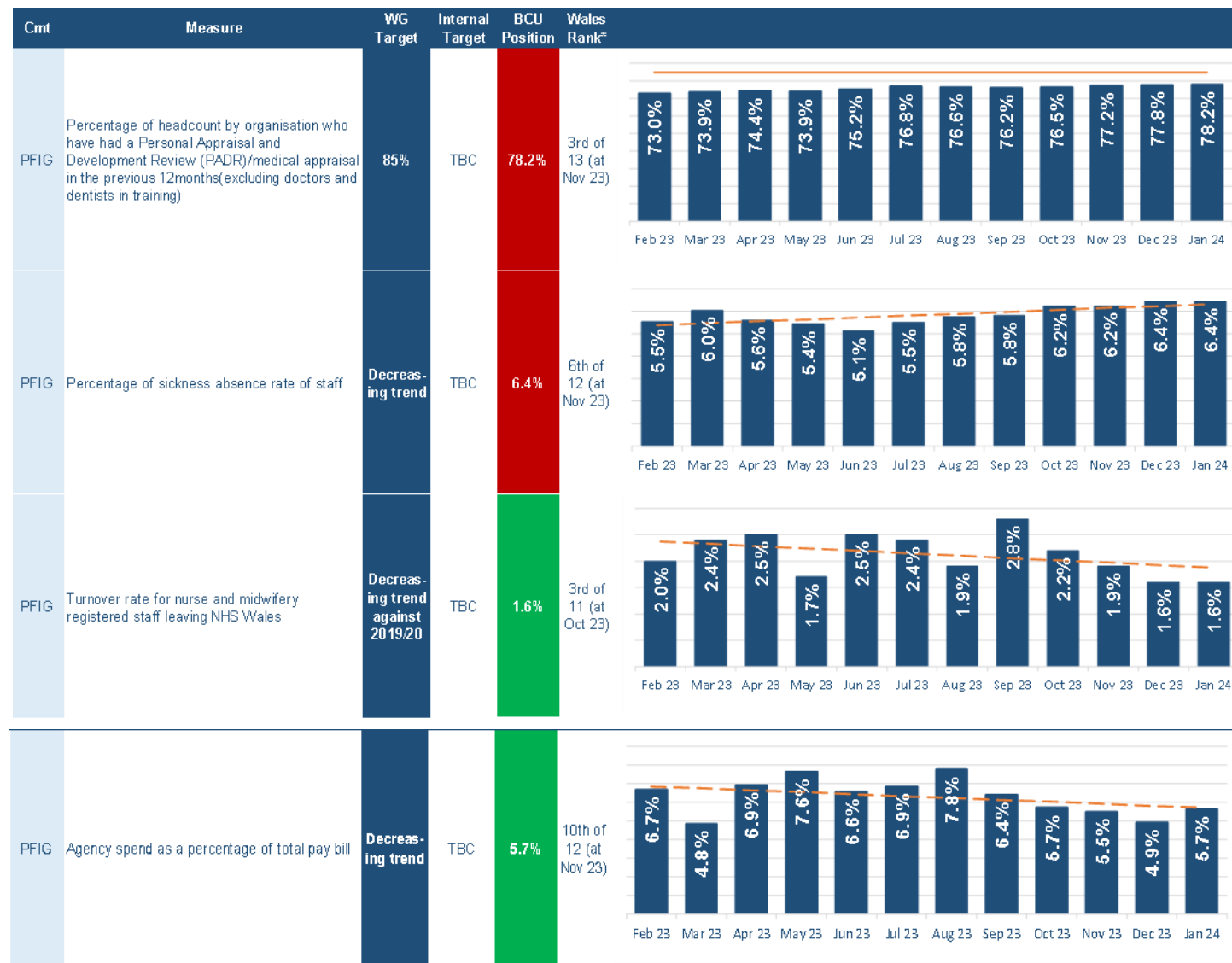
- The number of patients experiencing delays to their Pathways of Care (Delayed Discharges) remains a concern and continues to increase at 362.
- Ambulance handover delays over 4 Hours continue to increase.
- Totality of lost hours, Ysbyty Glan Clwyd remain an outlier, in comparison with the number of ambulance arrivals.
- Ysbyty Gwynedd are showing an pattern of improvement.
- BCUHB remain with an monthly handover >1 hour of over 50%





Our People & OD: Escalated Performance Measures

- 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.
- Sickness absence rate stayed below 6.5% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW
- Focus on off-contract agency continues however there was a rise in agency usage reported 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;

	Apr £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	YTD Total £m
Monthly Deficit / (Surplus) above plan	1.0	2.9	5.4	5.6	5.5	3.3	1.2	0.8	-6.3	-4.3	-9.7	5.4

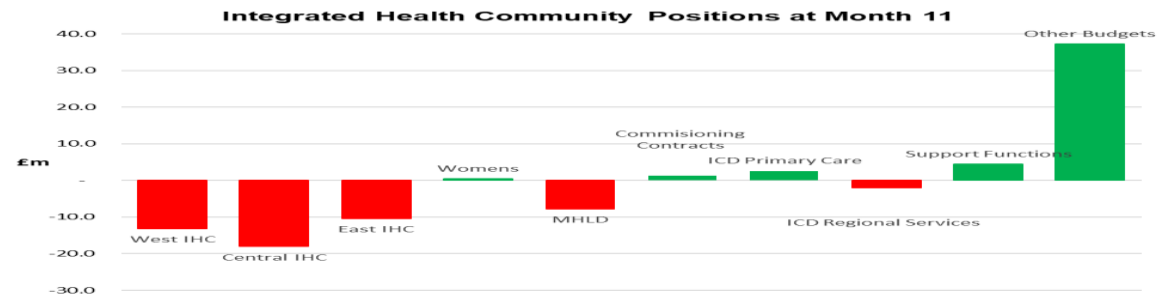
The Health Board is forecasting delivery of a £33m deficit outturn. However, further inflationary allocations from Welsh Government will enable (subject to Health Board endorsement) an improvement in the forecast to a £27m deficit for 2023/24.

Whilst this does not attain the Welsh Government control target of a £20m deficit, it is an improvement over original plan and represents progress towards the control total, with performance reported as follows;

- The Health Board has a deficit year to date totalling £35.7m
- £5.4m adverse to the plan to attain a £33m deficit for the year, mitigated through cost controls and balance sheet flexibility
- £5.7m additional allocation received from Welsh Government for inflation

The Health Board is to consider an improved outturn to £27m deficit for the year

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



Key drivers of the deficit being;

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

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

The costs continue to reduce with sustained reductions in use of premium working (Medical & Nursing agency) and non-pay cost exposure. Also, focus placed upon savings delivery has resulted in the Health Board exceeding targeted levels for the 2023/24 financial year, with schemes now forecast to deliver £31.4m against the target of £25.2m.

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

About Our Integrated Performance Report



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Betsi Cadwaladr
University Health Board

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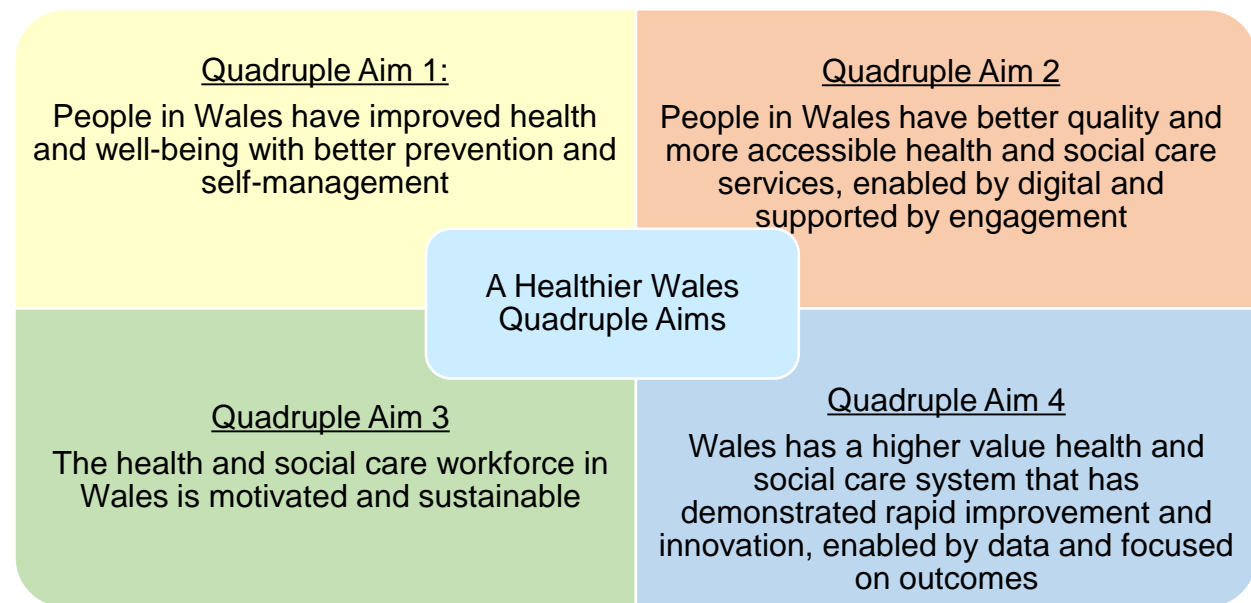




NHS Wales Performance Framework 2023-24

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 1st April 2024.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special 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.

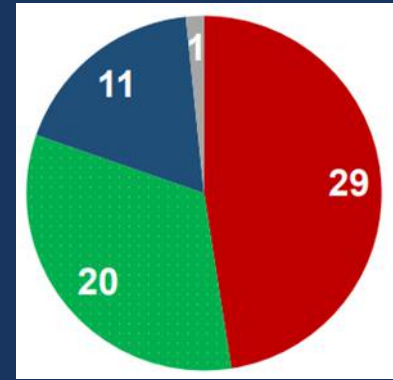


Interpreting Results of Statistical Process Control (SPC) Charts

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"> Variance results show the trends in performance over time Trends either show special cause variance or common cause variance Blue Icons indicate positive special cause variance Orange Icons indicate negative special cause variance requiring action Grey Icons indicate no significant change 			<ul style="list-style-type: none"> Assurance results demonstrate the likelihood of achieving a target and is based upon the trends over time Blue Icons indicate an expectation to consistently achieve the target Orange Icons indicate an expectation not to consistently achieve the target Grey Icons indicate an expectation for inconsistent performance, sometimes the target will be achieved and sometimes it will not be achieved. 		

* Assurance based upon observations of the data as presented in the SPC charts only.

Our Integrated Performance Report



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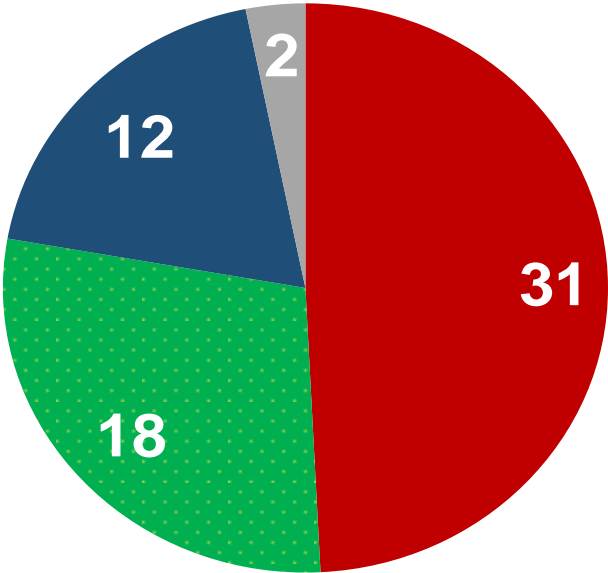
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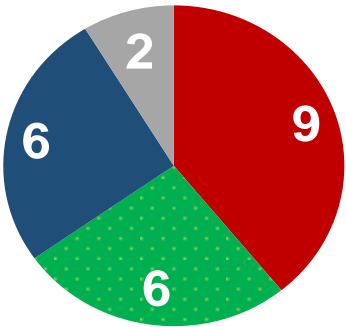




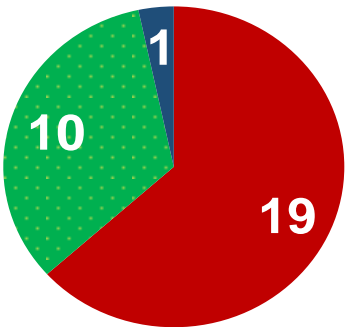
Summary of Performance to Month 10



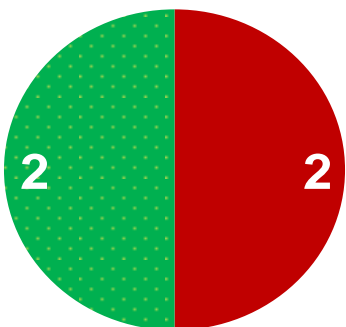
All Sections



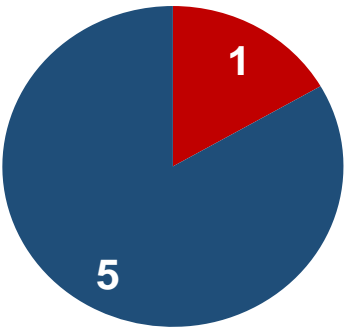
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance



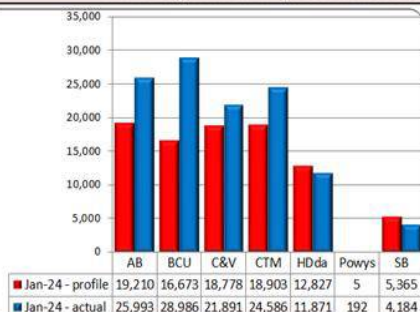
Financial Performance



NHS Wales Performance Dashboard- part 1

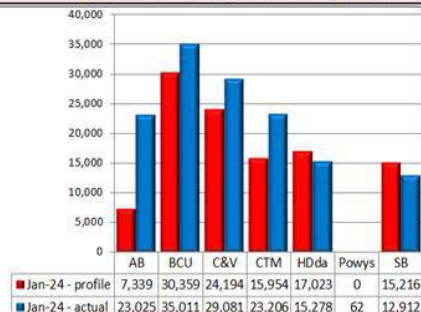
PERFORMANCE DASHBOARD

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



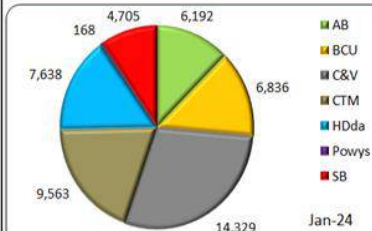
- In Jan-24, HDda and SB achieved their trajectories for the number of patients waiting over 36 weeks for a new outpatient appointment.
- HDda, Powys and SB all saw a reduction in Jan-24 when compared to the previous month.
- At an all Wales level, the number of patients waiting over 36 weeks for a new outpatient appointment has increased in Jan-24 when compared to the previous month by 2,707 to 117,703, a 2.4% increase.
- Powys had the lowest number of patients waiting over 36 weeks for a new outpatient appointment in Jan-24 at 192, BCU had the highest number of waits at 28,986 (24.6% of the total).

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



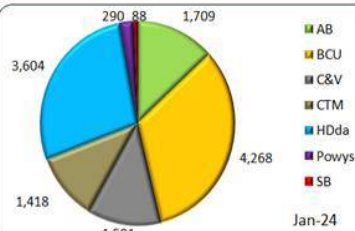
- In Jan-24, HDda and SB achieved their trajectories for the number of patients waiting over 52 weeks for referral to treatment.
- BCU, CTM, HDda and SB have seen a reduction in Jan-24 when compared to the previous month.
- At an all Wales level, the number of over 52 week referral to treatment waits has reduced in Jan-24 when compared to the previous month by 1,747 to 138,575, a 1.3% reduction.
- Powys had the lowest number of patients waiting over 52 weeks for referral to treatment in Jan-24 at 62, BCU had the highest number of waits at 35,011 (25.3% of the total).

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



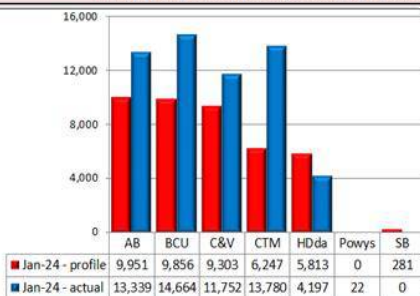
- In Jan-24 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 8 weeks for a specified diagnostic.
- AB has not provided an 8 week diagnostic trajectory.
- Only BCU and HDda saw an increase in Jan-24 when compared to the previous month.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has reduced in Jan-24 when compared to the previous month by 1,102 to 49,431, a 2.2% reduction.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Jan-24 at 168, C&V had the highest at 14,329 (29.0% of the total).

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



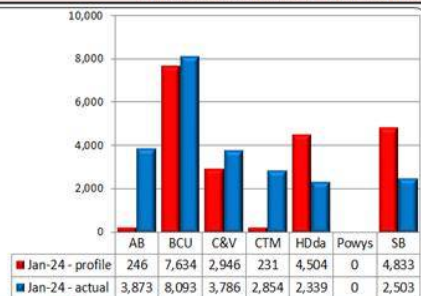
- In Jan-24 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 14 weeks for a specified therapy.
- CTM has not provided a 14 week therapy trajectory.
- AB, C&V and Powys saw a reduction in Jan-24 when compared to the previous month.
- At an all Wales level, the number of over 14 week waits for specific therapies increased in Jan-24 when compared to the previous month by 390 to 12,968, a 3.1% increase.
- SB had the lowest number of over 14 week waits for specific therapies in Jan-24 at 88, BCU had the highest at 4,268 (32.9% of the total).

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



- In Jan-24, HDda and SB achieved their trajectory for the number of patients waiting over 52 weeks for a new outpatient appointment.
- All HBs, except CTM and HDda, saw an increase in Jan-24 compared to the previous month.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Jan-24 when compared to the previous month by 818 to 57,754, a 1.4% increase.
- SB have had no over 52 week new outpatient waits for the last 4 months, BCU had the highest number of waits at 14,664 (25.4% of the total).

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



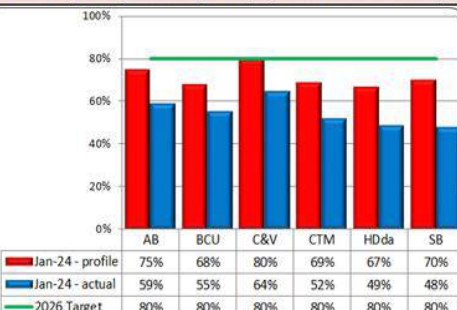
- In Jan-24, HDda, Powys and SB all achieved their trajectories for the number of patients waiting over 104 weeks for referral to treatment.
- All HBs, except AB and C&V, have seen a reduction in Jan-24 when compared to the previous month.
- At an all Wales level, the number of over 104 week referral to treatment waits has reduced in Jan-24 when compared to the previous month by 800 to 23,448, a 3.4% reduction.
- Powys have had no over 104 week referral to treatment waits since Feb-22, BCU had the highest number of waits at 8,093 (34.5% of the total).

- In Jan-24 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 8 weeks for a specified diagnostic.
- AB has not provided an 8 week diagnostic trajectory.
- Only BCU and HDda saw an increase in Jan-24 when compared to the previous month.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has reduced in Jan-24 when compared to the previous month by 1,102 to 49,431, a 2.2% reduction.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Jan-24 at 168, C&V had the highest at 14,329 (29.0% of the total).

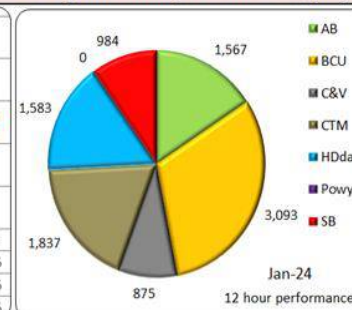
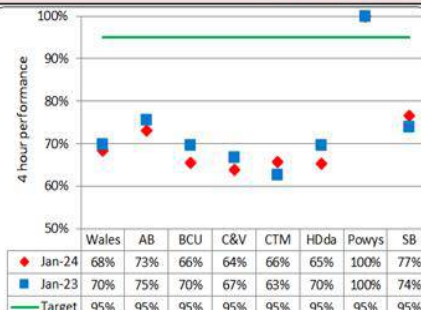
- In Jan-24 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 14 weeks for a specified therapy.
- CTM has not provided a 14 week therapy trajectory.
- AB, C&V and Powys saw a reduction in Jan-24 when compared to the previous month.
- At an all Wales level, the number of over 14 week waits for specific therapies increased in Jan-24 when compared to the previous month by 390 to 12,968, a 3.1% increase.
- SB had the lowest number of over 14 week waits for specific therapies in Jan-24 at 88, BCU had the highest at 4,268 (32.9% of the total).

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

- In Jan-24, none of the HBs achieved their trajectory for the percentage of patients starting 1st definitive cancer treatment within 62 days.
- All HBs saw a deterioration in performance in Jan-24 when compared to the previous month.
- At all Wales level, the percentage of patients starting 1st definitive treatment within 62 days has seen a deterioration in performance in Jan-24 when compared to the previous month of 3.3 percentage points to 54.7%.
- The best performing HB in Jan-24 was C&V with performance at 64.4%, SB had the lowest performance at 47.5%.



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

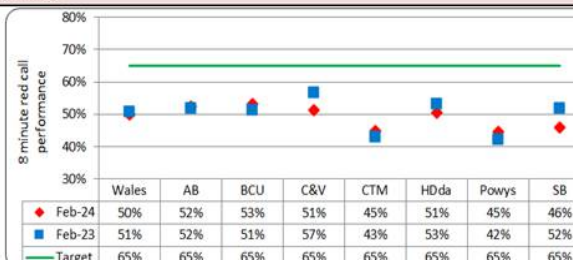
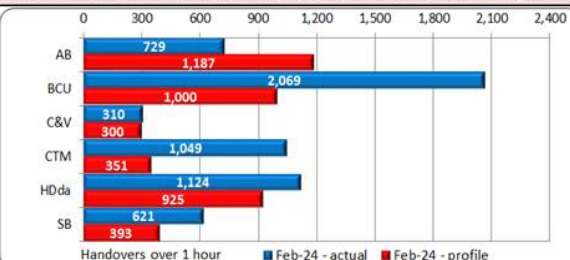


- In Jan-24 CTM, Powys and SB achieved the target of an improvement compared to the same month in 2022-23, towards the national target of 95%, for the percentage of patients who spent less than 4 hours in A&E.
- All HBs, except C&V and HDda, saw an improvement in performance in Jan-24 when compared to the previous month. Powys remained the same at 100%.
- At all Wales level, the percentage of patients who spent less than 4 hours in A&E has seen an improvement in performance in Jan-24 when compared to the previous month of 1.6 percentage points to 68.4%.
- The best performing HB in Jan-24 (exc. Powys) was SB at 76.6%, C&V had the lowest performance at 63.9%.
- In Jan-24 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 875, BCU had the highest at 3,093 (31.1% of the total).

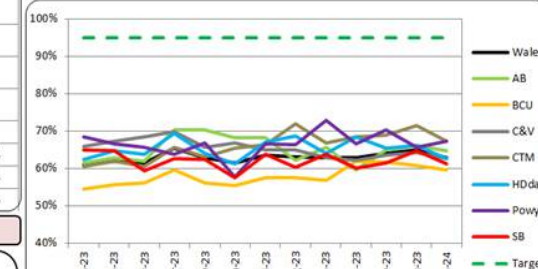
NHS Wales Performance Dashboard – part 2

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

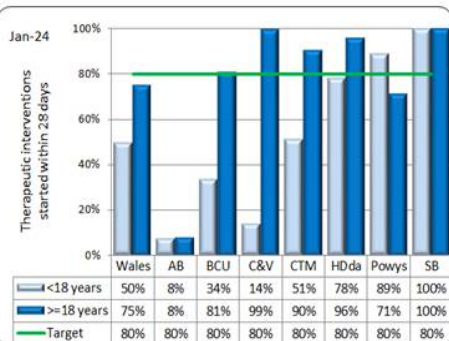
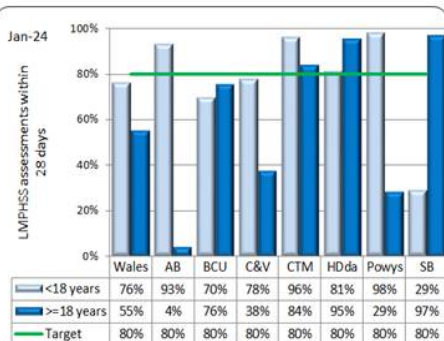
- In Feb-24, only AB achieved their trajectory for the number of ambulance patient handovers over 1 hour.
- C&V had the lowest number of over 1 hour handovers in Feb-24 with 310 over 1 hour handovers, BCU had the highest at 2,069 (35.1% of the total).
- Over the last 12 months, only AB and C&V saw an improvement trend in performance.
- In Feb-24, no HB achieved the 65% target for the percentage of emergency responses to red calls within 8 minutes.
- BCU were the best performing HB in Feb-24 with performance at 53.1%, Powys were the lowest with performance at 44.7%.
- Over the last 12 months only Powys saw an improvement trend in performance. All HBs, except SB, saw an improvement in performance in Feb-24 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 Jan-24 AB, CTM, HDda and Powys all achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 98.0%, SB had the lowest performance at 29.2%. Over the last 12 months, only C&V and Powys saw a deterioration trend in performance.
- In Jan-24 only Powys and SB achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was SB at 100%, AB had the lowest performance at 7.5%. Over the last 12 months, CTM, HDda, Powys and SB all saw an improvement trend in performance.

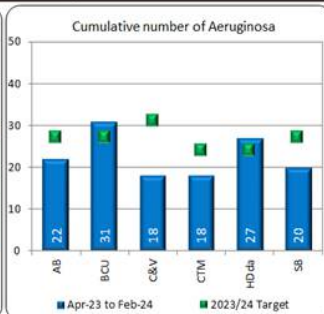
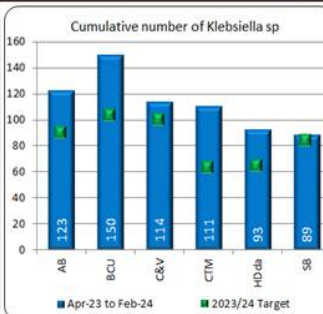
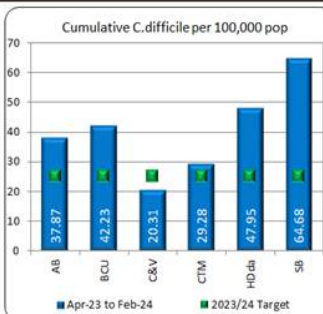
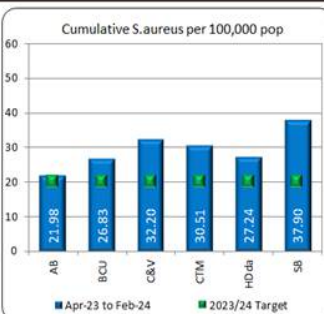
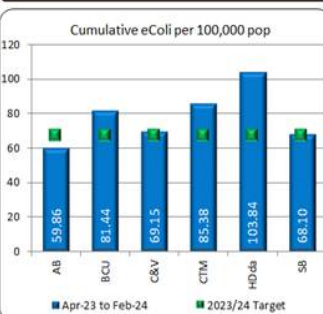
>=18 years

- In Jan-24, CTM, HDda and SB all achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was SB at 96.8%, AB had the lowest performance at 4.5%. Over the last 12 months, BCU, HDda and SB all saw an improvement trend in performance.
- In Jan-24, 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 SB at 100%, AB had the lowest performance at 7.9%. Over the last 12 months, BCU, C&V, CTM and SB all saw an improvement trend in performance.

- Note: AB are still validating their data from Apr-23 due to moving to a new IT system so data may be revised in future months.

- In Jan-24 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 Jan-24 was CTM with performance at 67.3%, BCU were the lowest performing HB with performance at 59.6%.
- In Jan-24, only Powys saw an improvement in performance compared to the previous month.
- Over the last 12 months, all HBs, except AB and C&V, saw an improvement trend in performance.

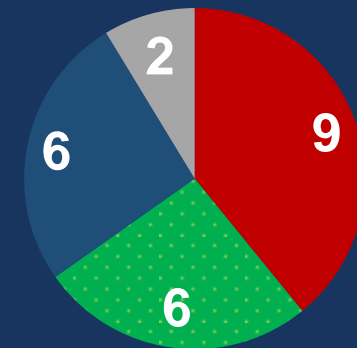
Health Care Acquired Infections - HCAIs (provisional data)



- For eColi, only AB are currently achieving the 2023/24 cumulative target. In the Apr-23 to Feb-24 period, HDda had the highest rate of eColi at 103.84 per 100,000 population compared to AB who had the lowest rate at 59.86 per 100,000 population.
- For S.aureus, no HB is currently achieving the 2023/24 cumulative target. In the Apr-23 to Feb-24 period, SB had the highest rate of S.aureus at 37.90 per 100,000 population compared to AB who had the lowest rate at 21.98 per 100,000 population.
- For C.difficile, only C&V are currently achieving the 2023/24 cumulative target. In the Apr-23 to Feb-24 period, SB had the highest rate of C.difficile at 64.68 per 100,000 population compared to C&V who had the lowest rate at 20.31 per 100,000 population.
- For Klebsiella, no HB is currently achieving the 2023/24 cumulative target. In the Apr-23 to Feb-24 period, BCU had the highest number of cases of Klebsiella at 150 compared to SB who had the lowest number at 89.
- For Aeruginosa, all HBs, except BCU and HDda, are currently achieving the 2023/24 cumulative target. In the Apr-23 to Feb-24 period, BCU had the highest number of cases of Aeruginosa at 31 compared to C&V and CTM who had the lowest number at 18.

Section 1

Our Quality, Safety, Effectiveness and Experience Performance

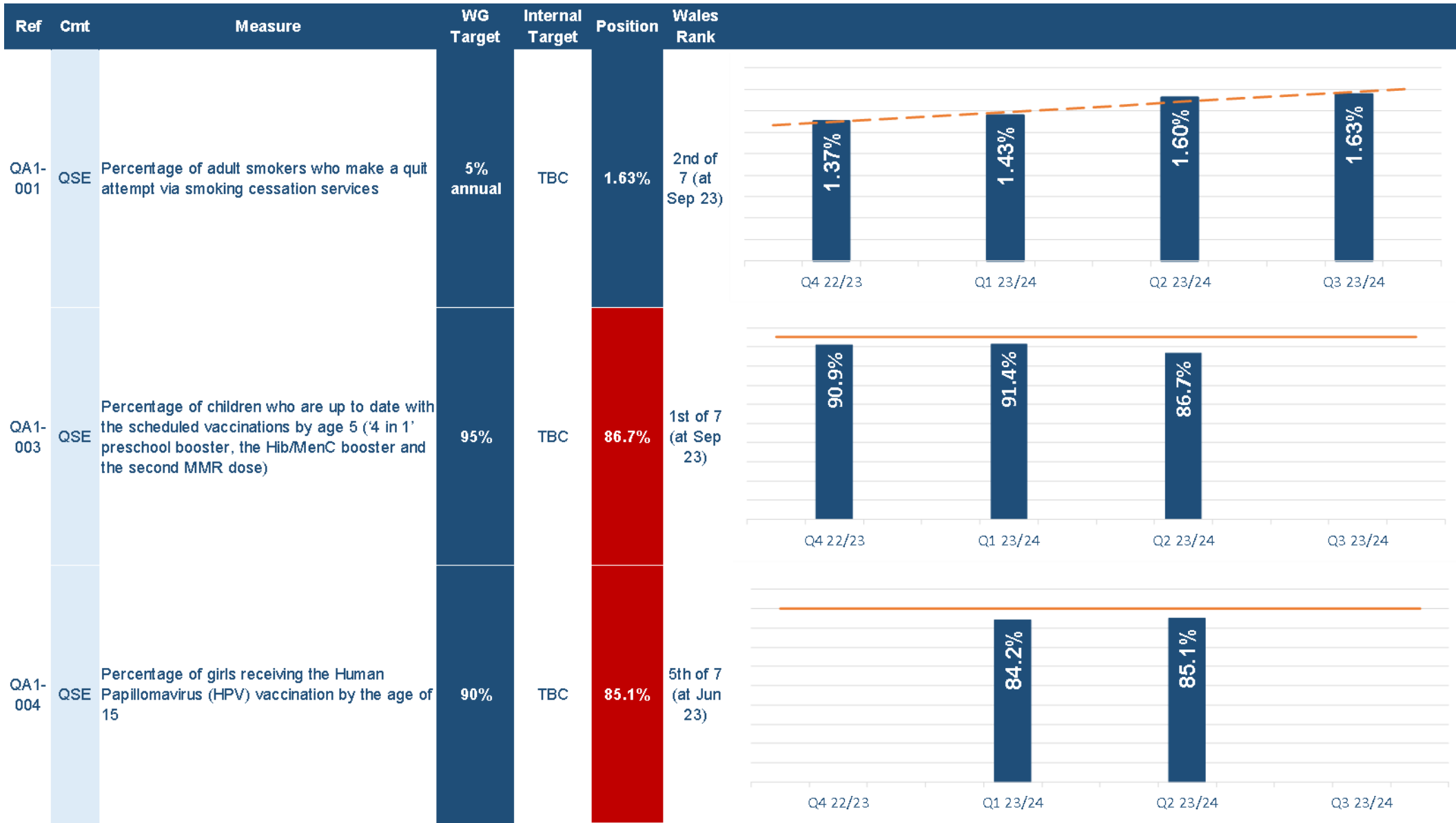


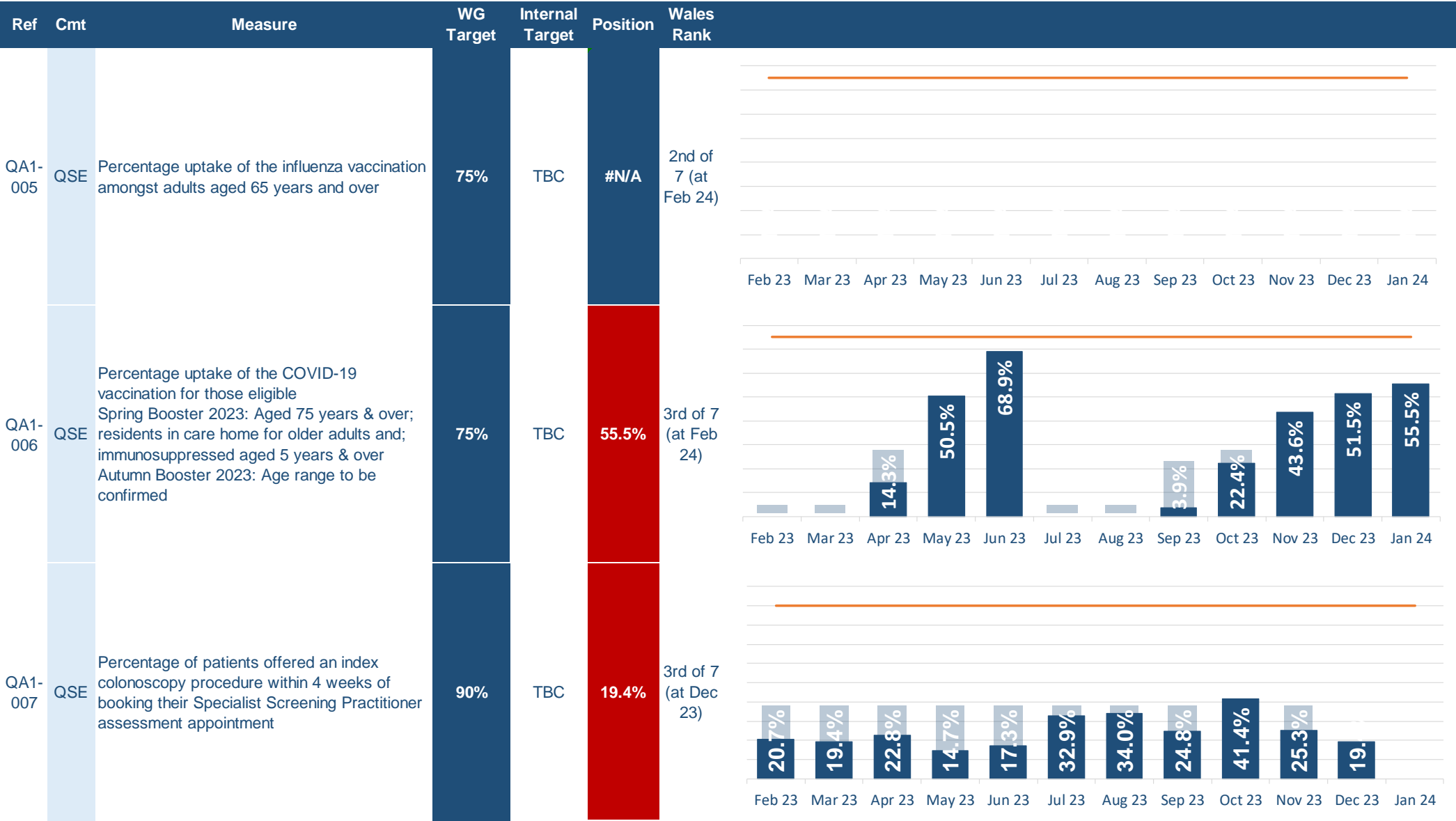
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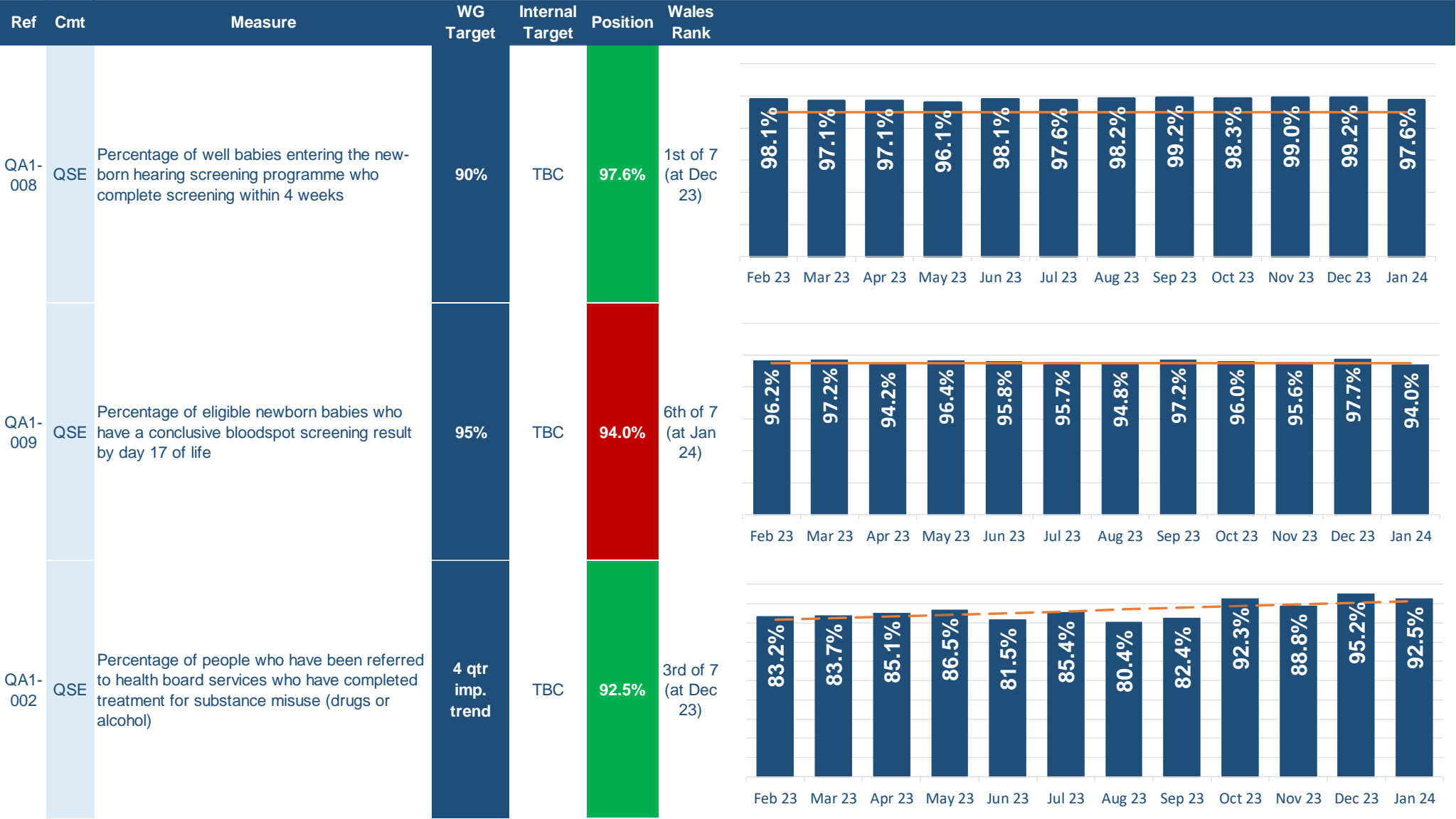
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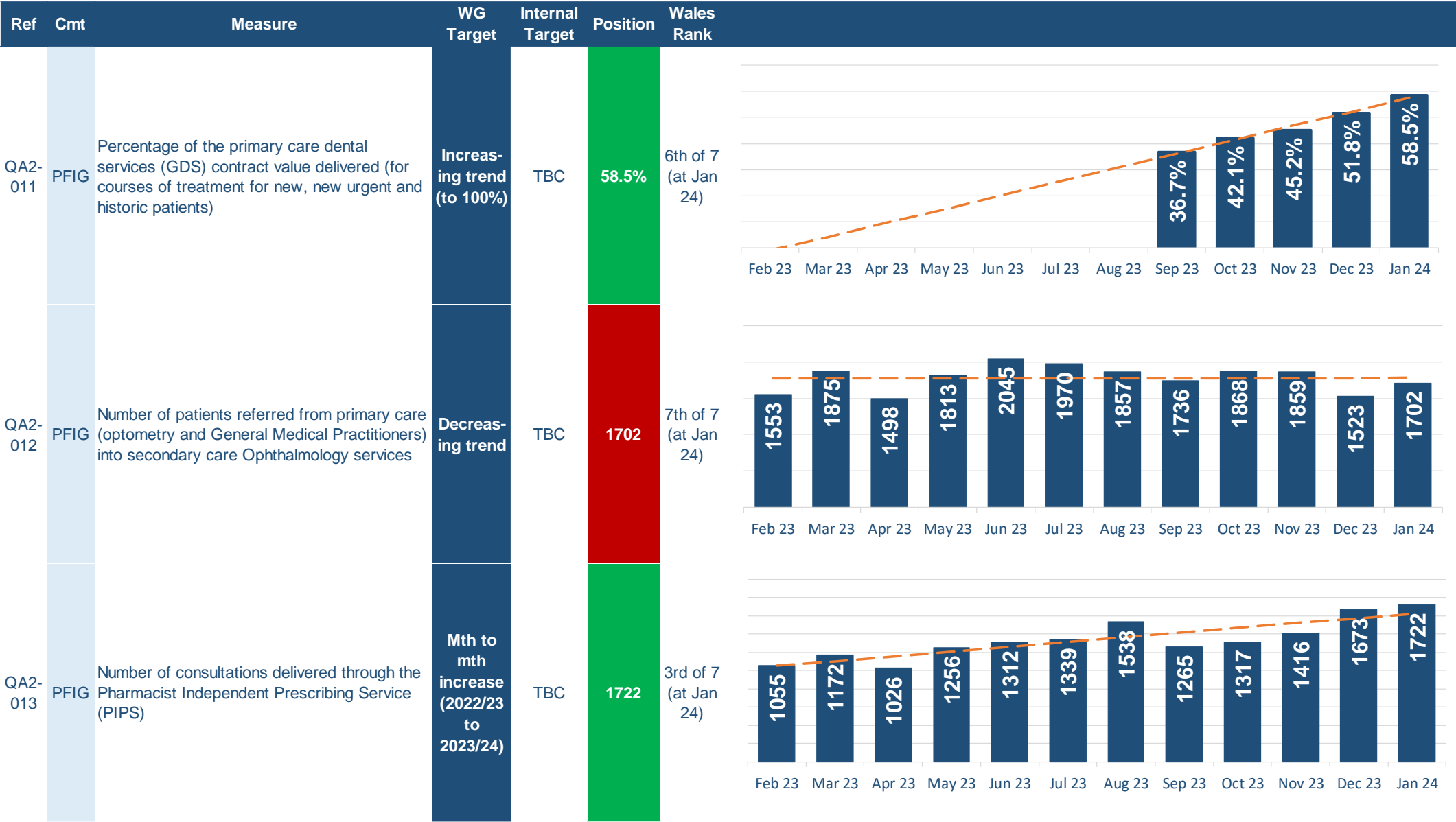
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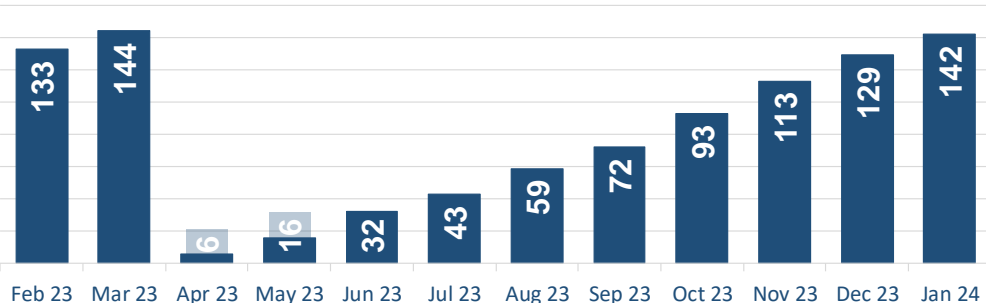






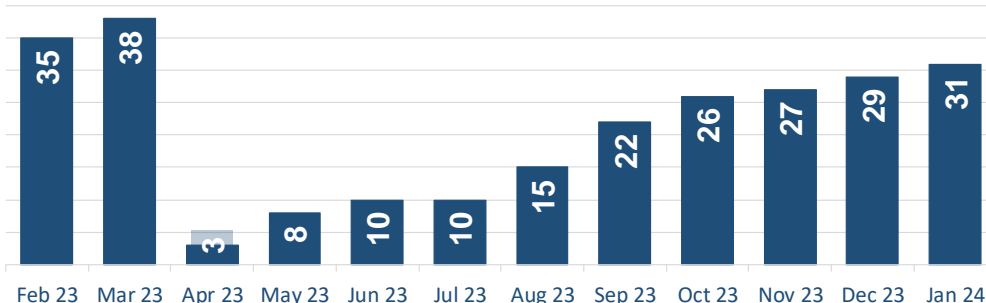
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-046	QSE	Number of patient experience surveys completed and recorded on CIVICA	Increasing trend	TBC	Data not currently available	N/A
QA4-047	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	Not available	TBC	142	6th of 6 (at Feb 24)
QA4-048	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	Not available	TBC	31	6th of 6 (at Feb 24)

Feb 23Mar 23Apr 23May 23Jun 23Jul 23Aug 23Sep 23Oct 23Nov 23Dec 23Jan 24



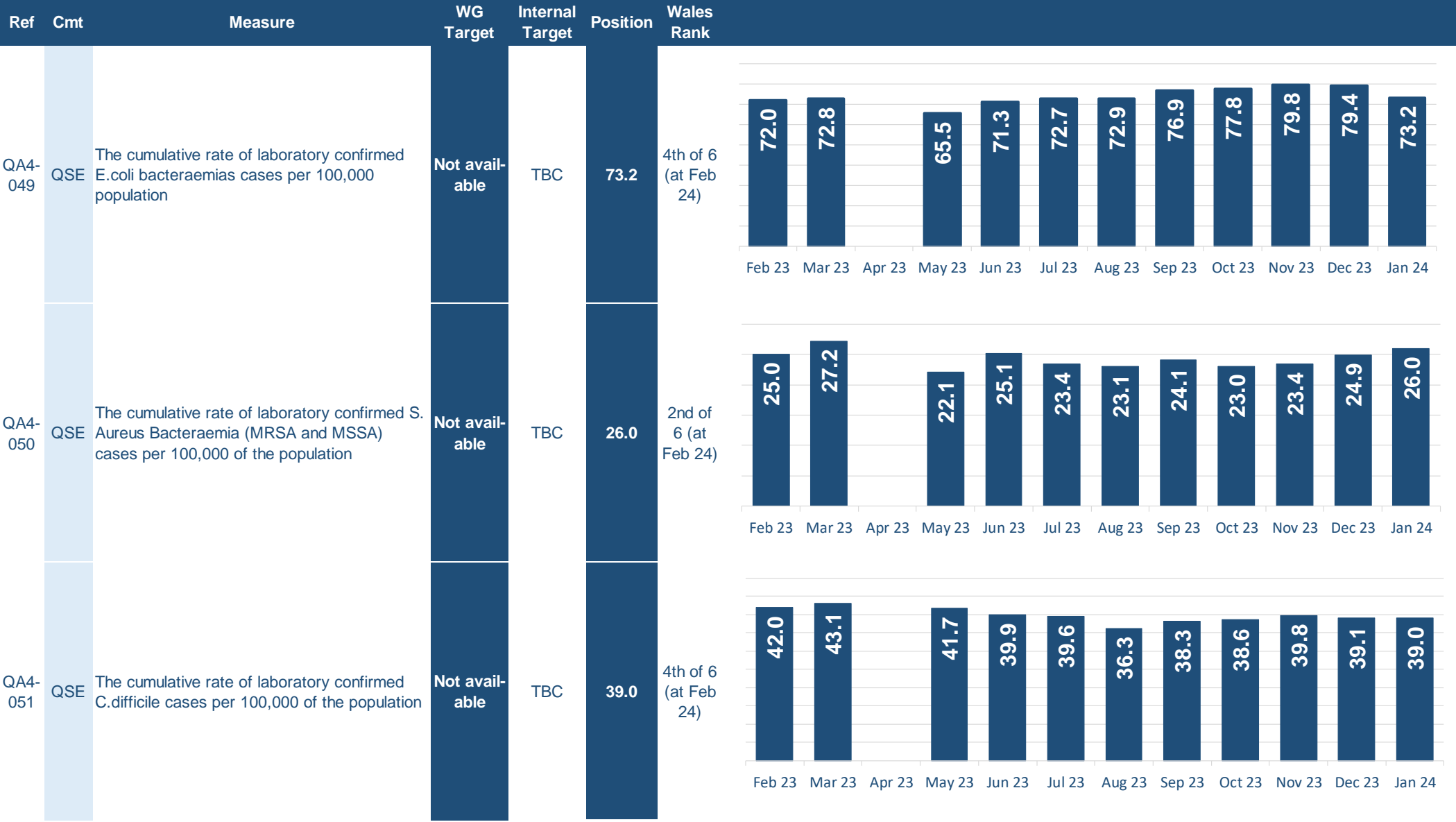
Month	Value
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Mar 23	144
Apr 23	6
May 23	16
Jun 23	32
Jul 23	43
Aug 23	59
Sep 23	72
Oct 23	93
Nov 23	113
Dec 23	129
Jan 24	142

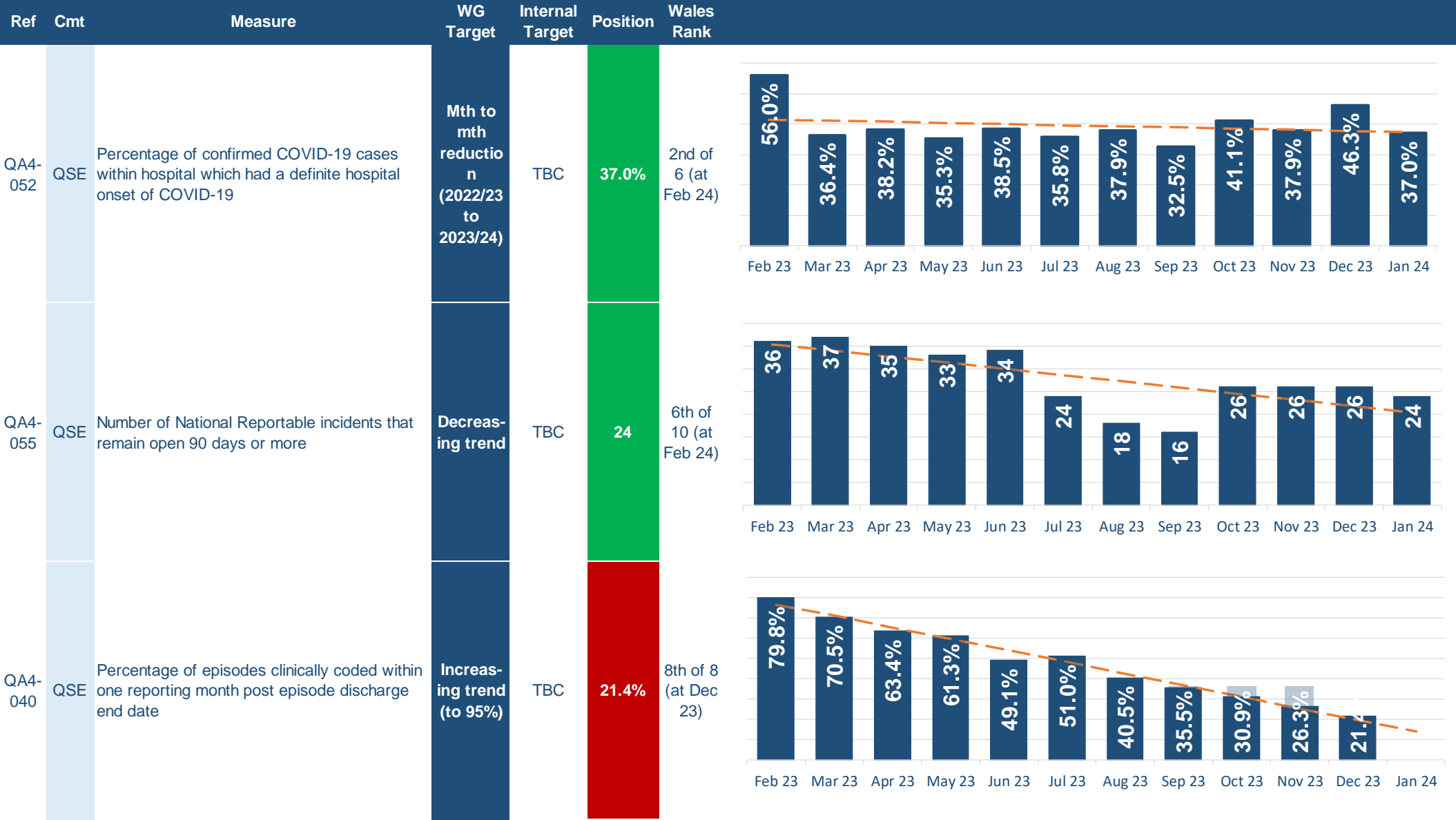
Feb 23Mar 23Apr 23May 23Jun 23Jul 23Aug 23Sep 23Oct 23Nov 23Dec 23Jan 24



Month	Value
Feb 23	35
Mar 23	38
Apr 23	3
May 23	8
Jun 23	10
Jul 23	10
Aug 23	15
Sep 23	22
Oct 23	26
Nov 23	27
Dec 23	29
Jan 24	31

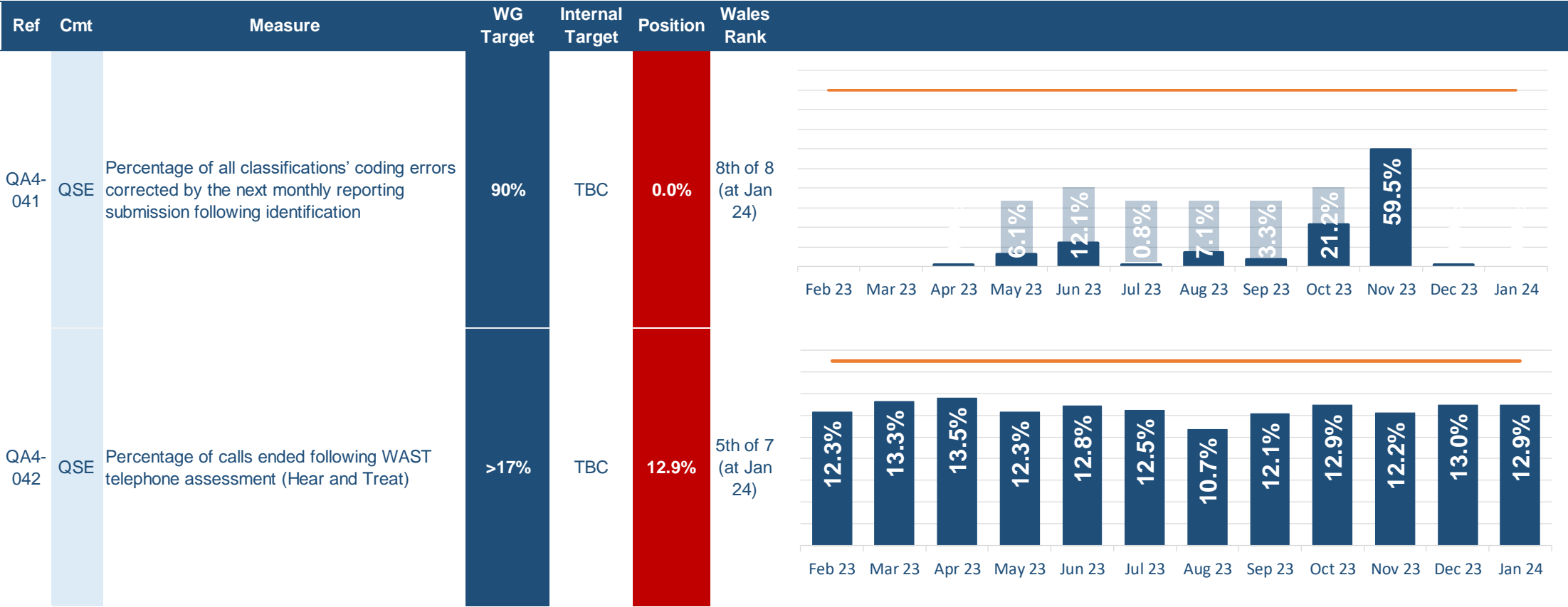
Our Quality: Performance





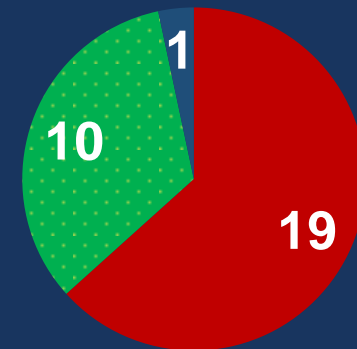


Our Quality: Performance



Section 2

Our Access & Activity Performance



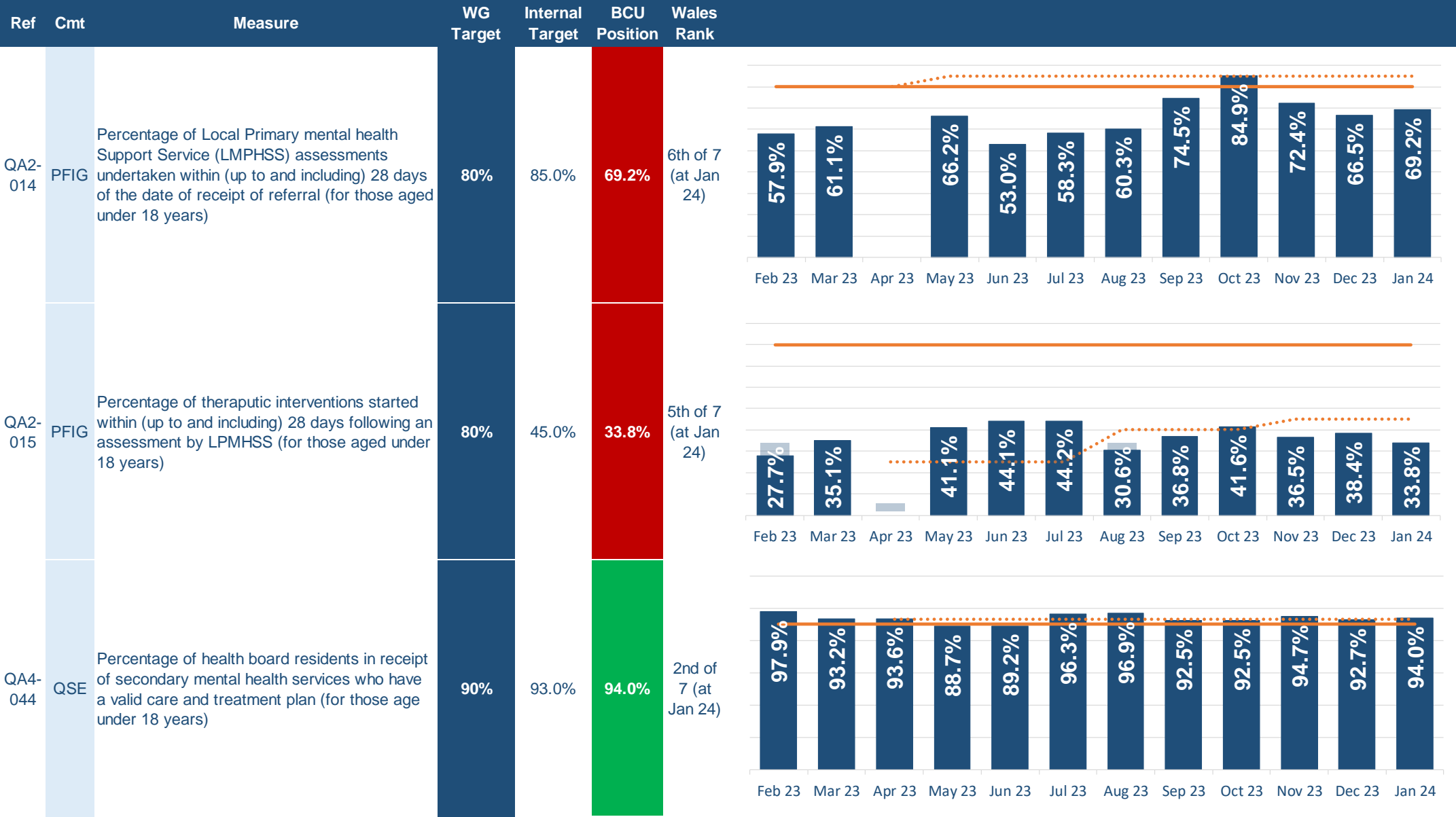
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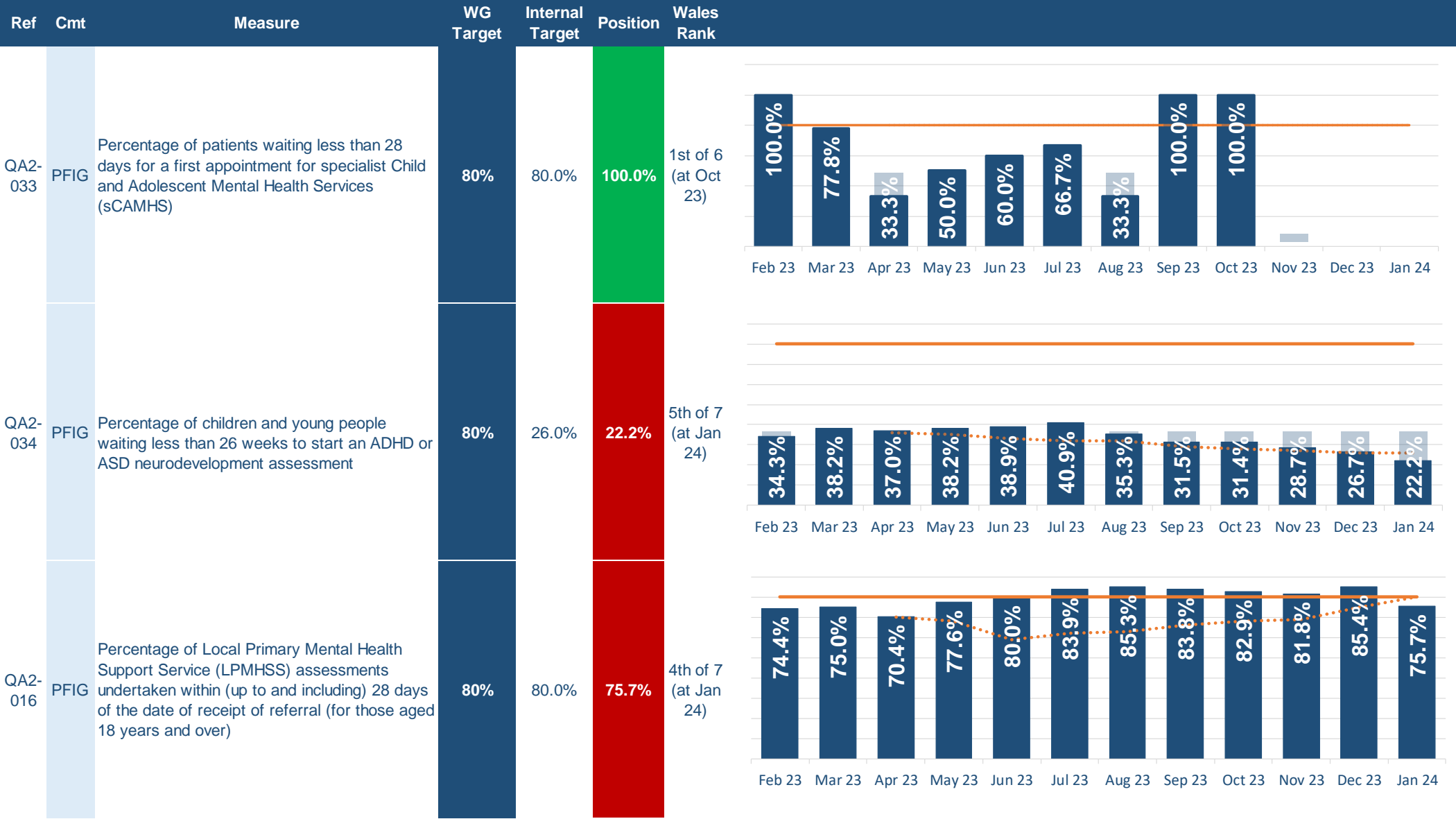
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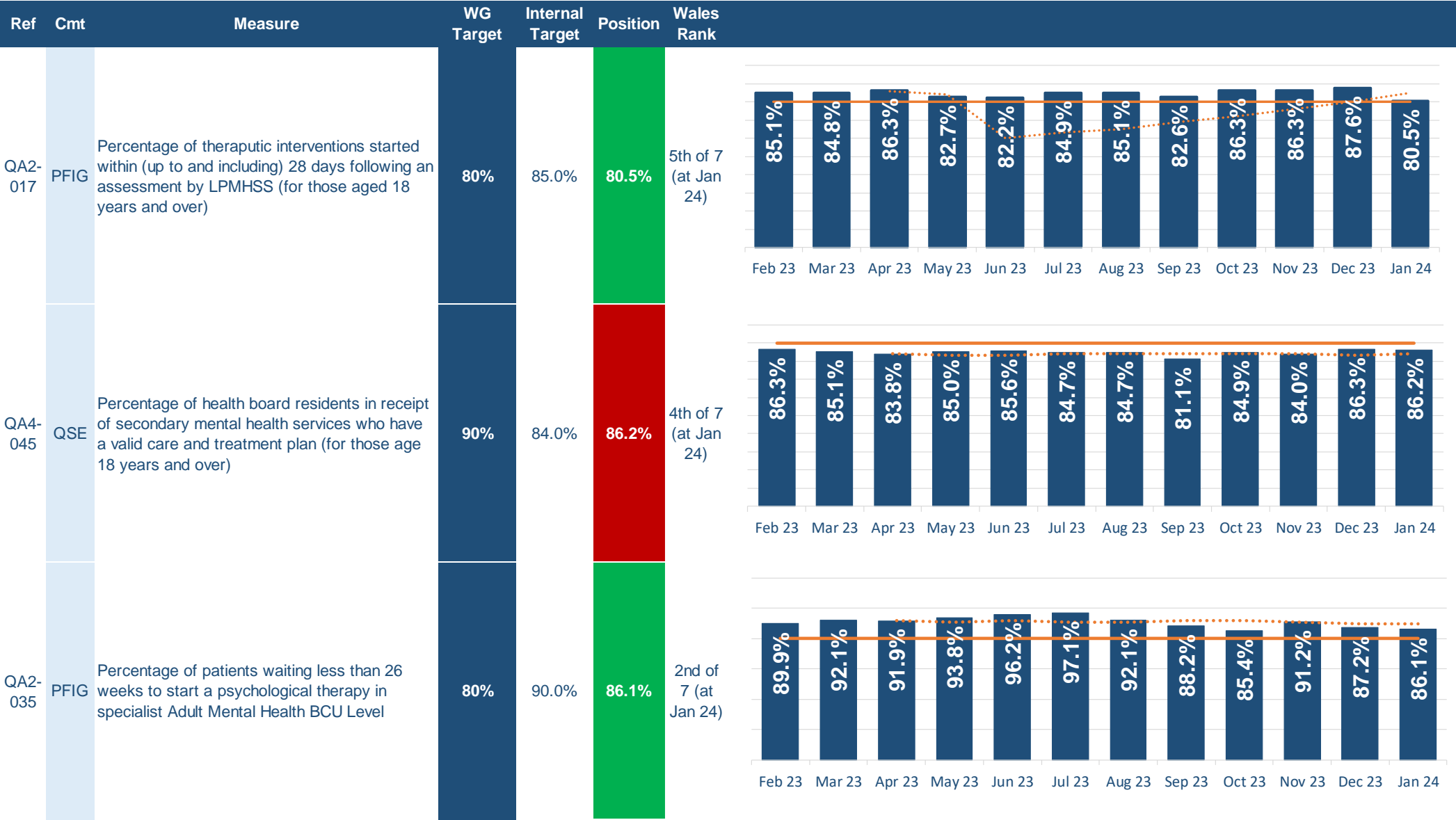
Our Access & Activity: Performance



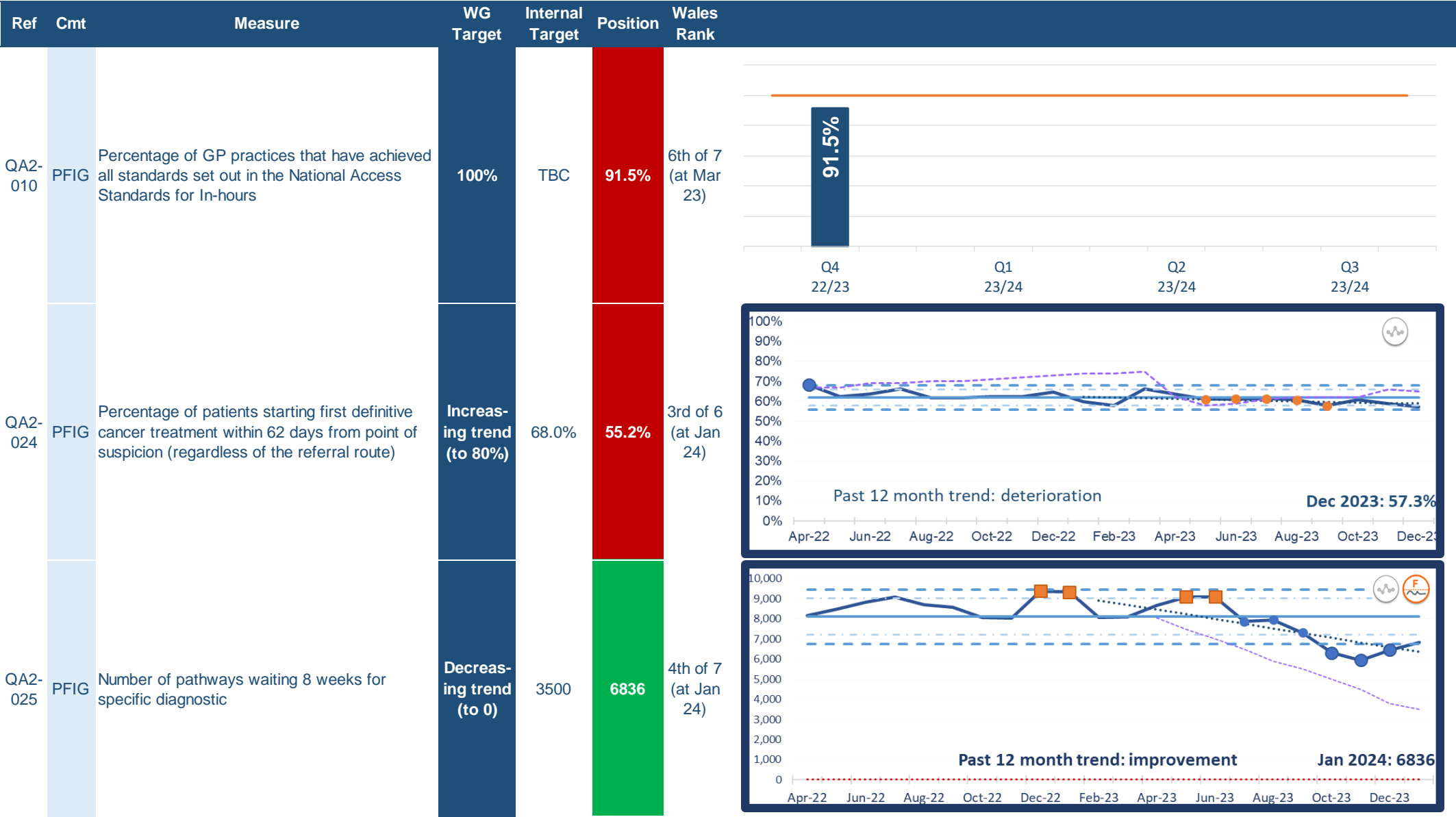
Our Access & Activity: Performance



Our Access & Activity: Performance



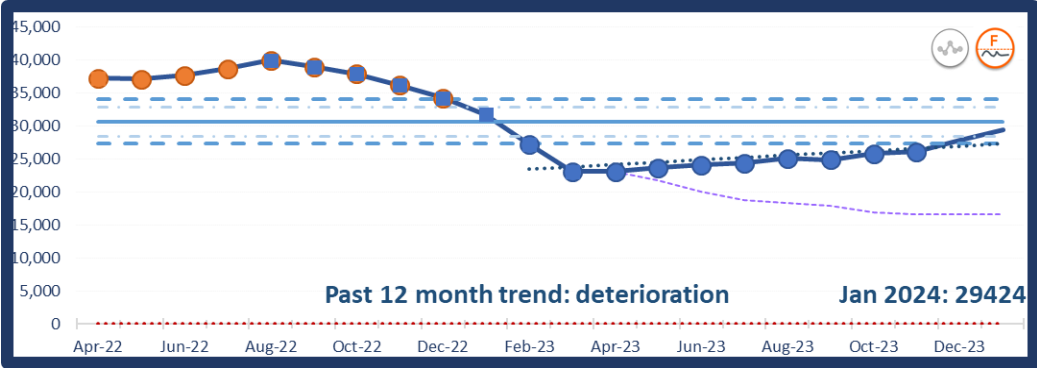
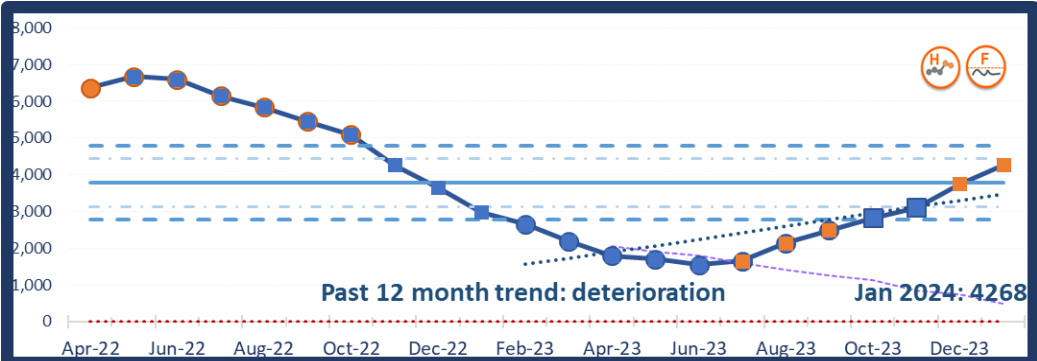
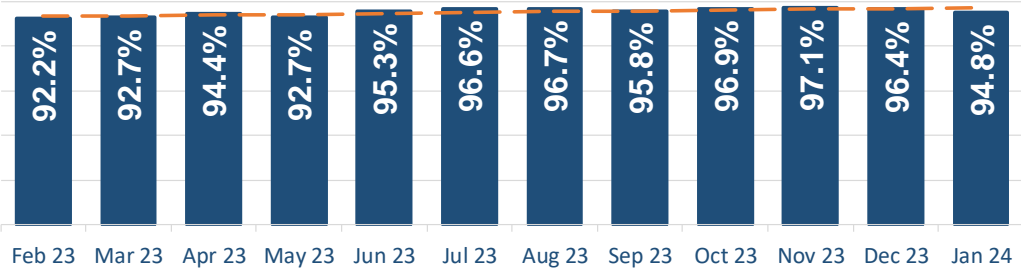
Our Access & Activity: Performance





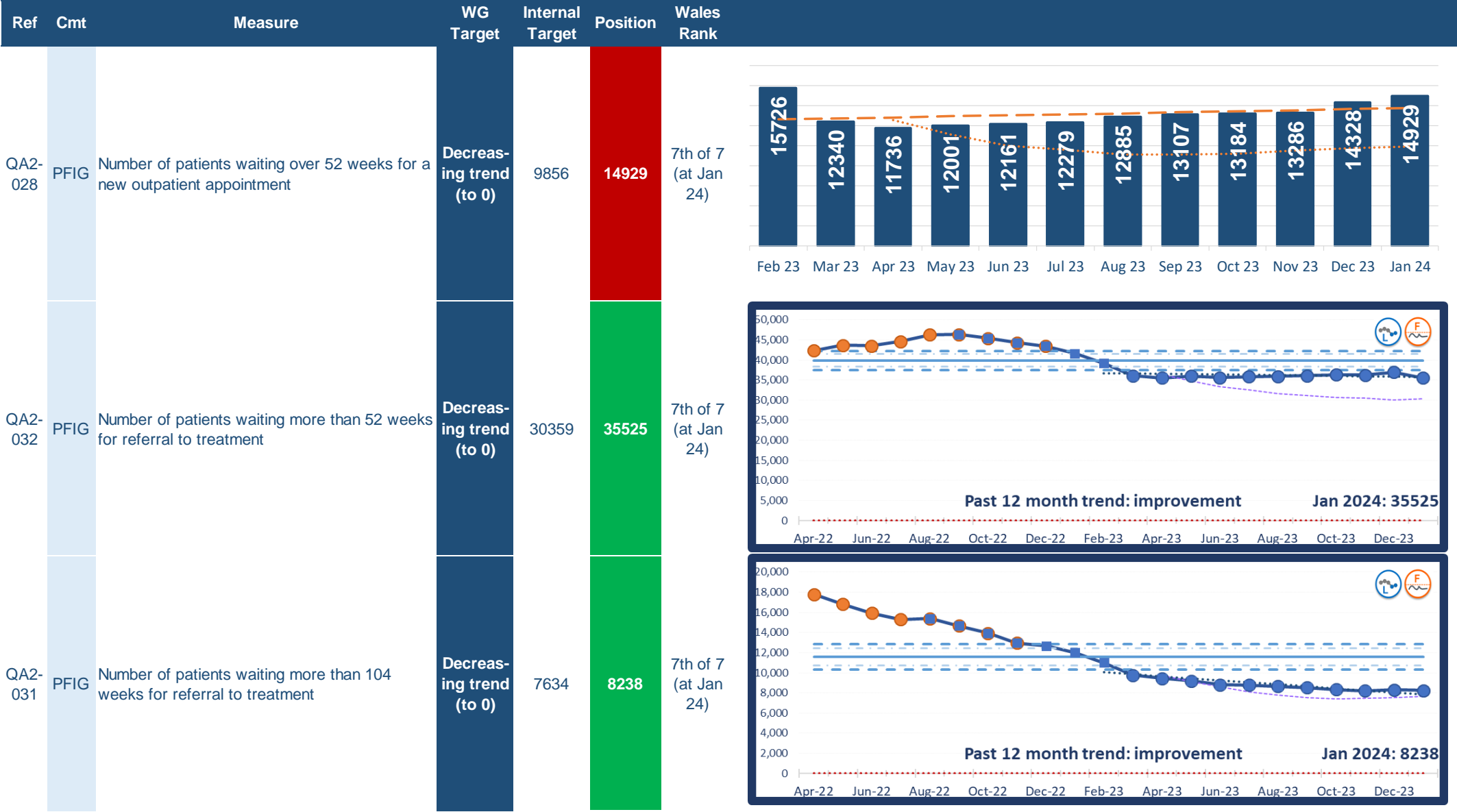
Our Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
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)	Increasing trend	TBC	94.8%	2nd of 7 (at Jan 24)
QA2-027	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)	Decreasing trend (to 0)	498	4268	7th of 7 (at Jan 24)
QA2-029	PFIG	Number of patients waiting more than 36 weeks for a new outpatient appointment	Decreasing trend (to 0)	16673	29424	7th of 7 (at Jan 24)

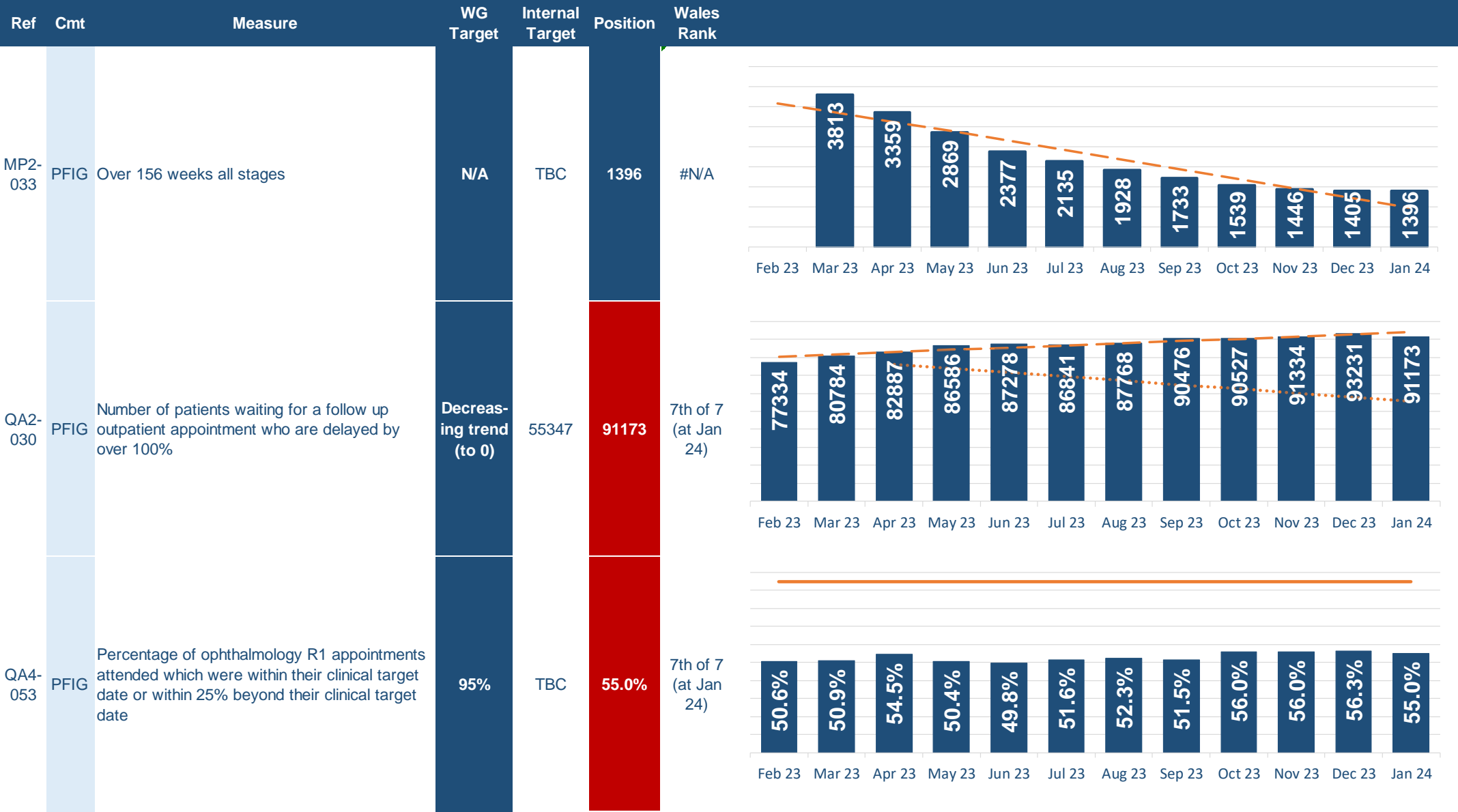


* Wales Ranking may differ as may refer to previous month

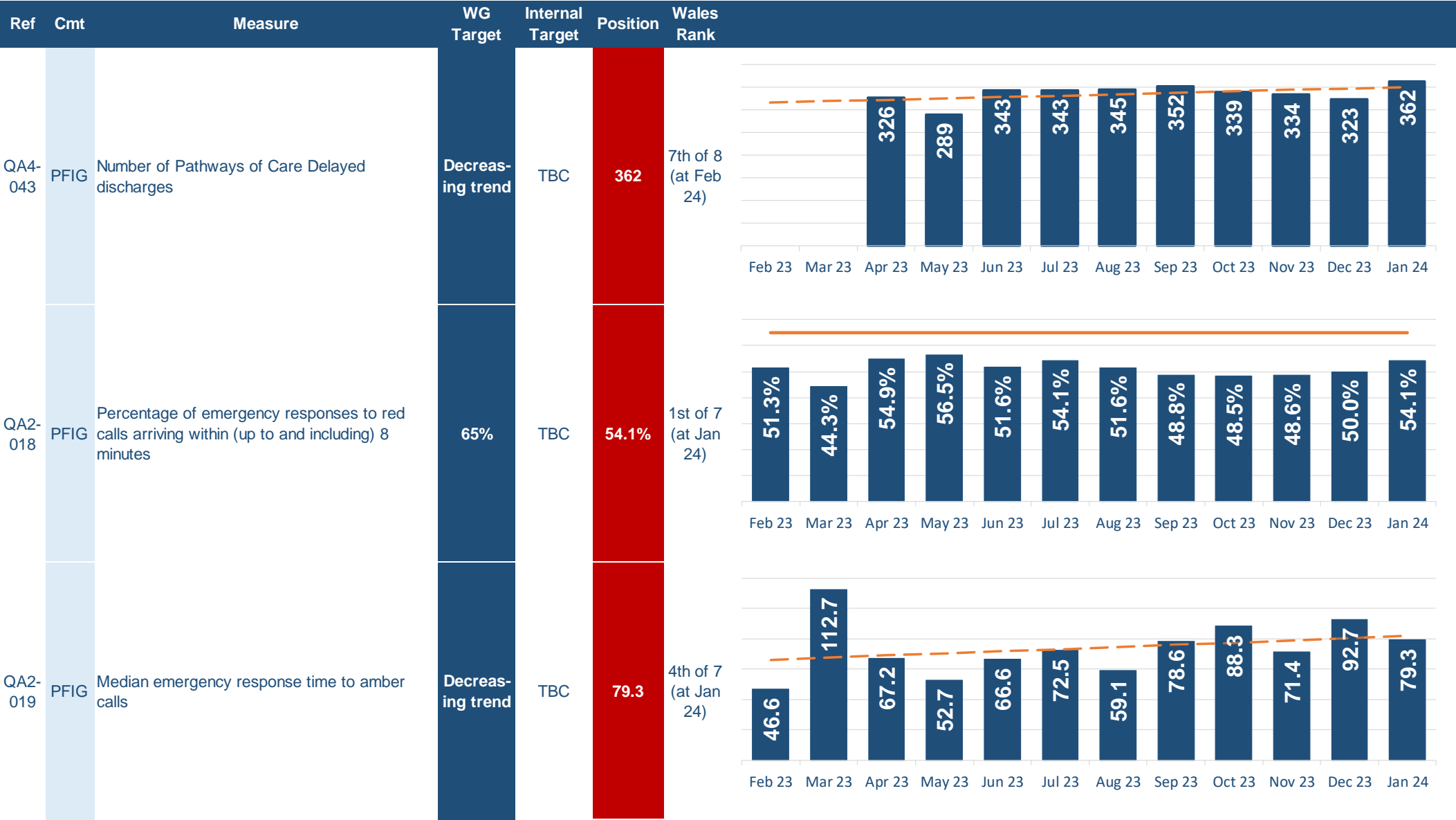
Our Access & Activity: Performance



Our Access & Activity: Performance



Our Access & Activity: Performance



Feb 23

Mar 23

Apr 23

May 23

Jun 23

Jul 23

Aug 23

Sep 23

Oct 23

Nov 23

Dec 23

Jan 24

46.6

112.7

67.2

52.7

66.6

72.5

59.1

78.6

88.3

71.4

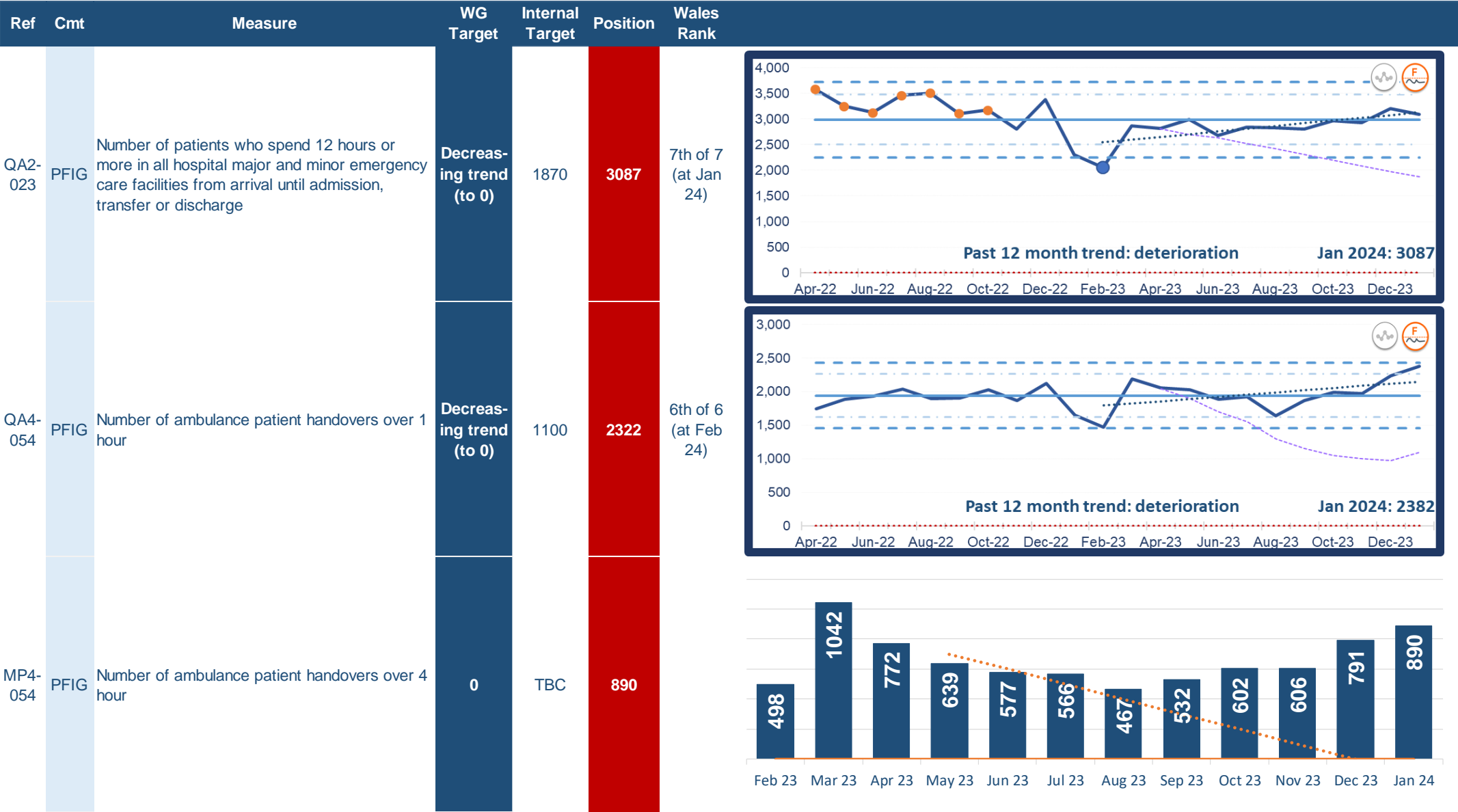
92.7

79.3

Our Access & Activity: Performance

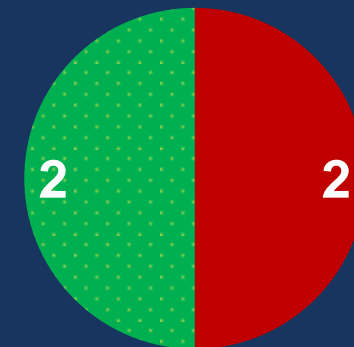


Our Access & Activity: Performance



Section 3

Our People & Organisational Development Performance



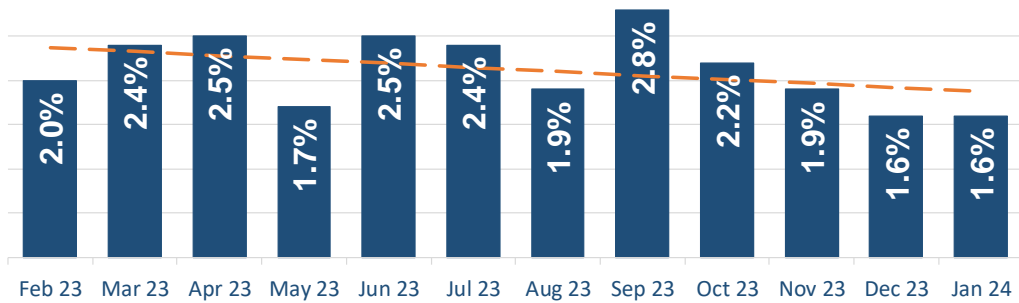
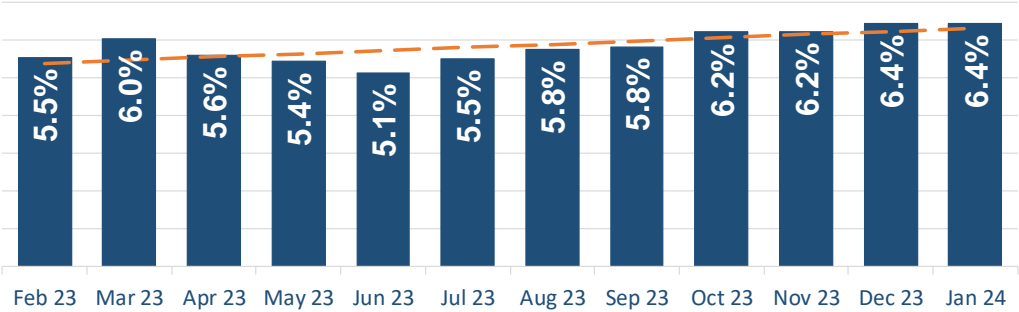
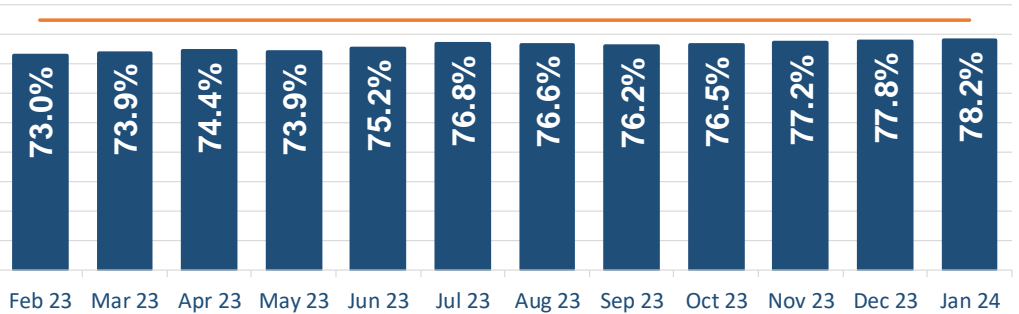
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
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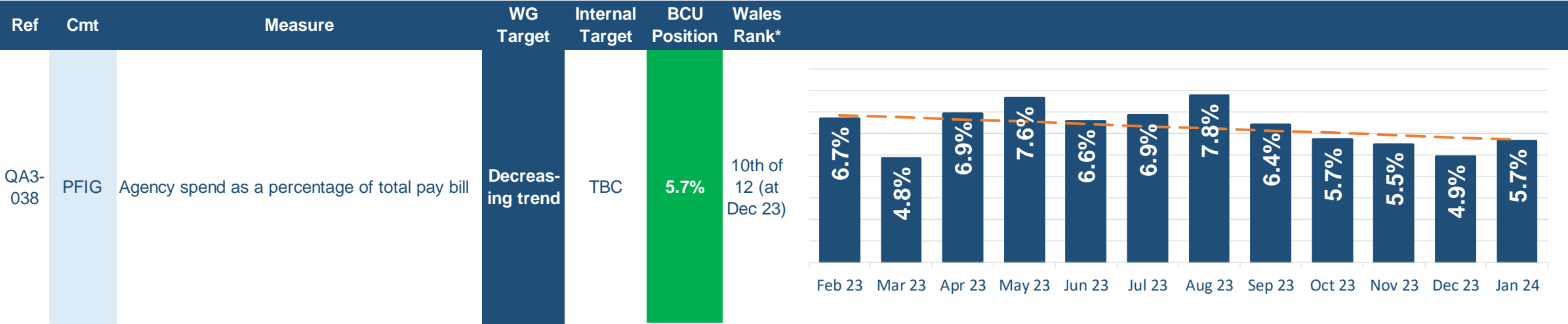


Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-039	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	78.2%	3rd of 13 (at Dec 23)
QA3-036	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	6.4%	6th of 12 (at Dec 23)
QA3-037	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreasing trend against 2019/20	TBC	1.6%	3rd of 11 (at Nov 23)



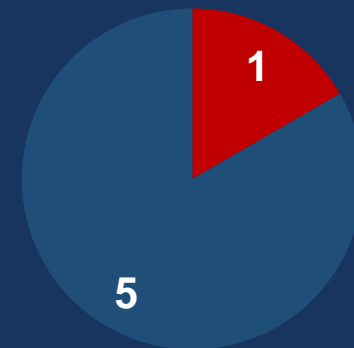


Our People: Performance



Section 4

Our Financial Performance

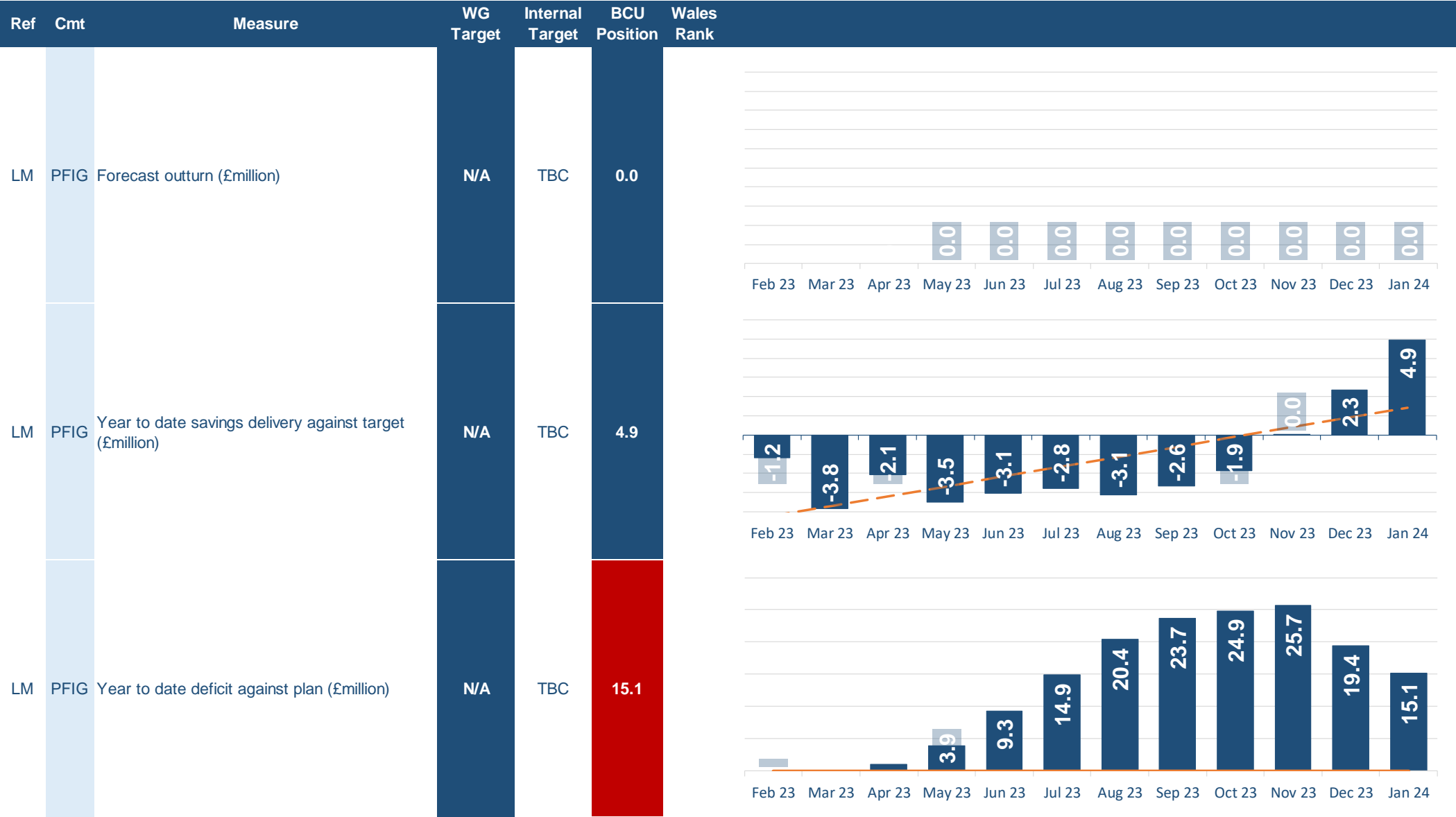


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BCU Wide and Divisional Positions (Red = overspend)					
	B/F in year £m	December £m	January £m	February £m	YTD £m
West IHC	(10.27)	(1.01)	(0.97)	(0.90)	(13.15)
Central IHC	(15.04)	(0.97)	(0.96)	(1.09)	(18.05)
East IHC	(8.99)	(0.68)	(1.11)	0.35	(10.43)
Womens	0.37	0.01	(0.05)	0.11	0.44
MH & LD	(4.60)	(0.93)	(0.88)	(1.37)	(7.77)
Commissioning Contracts	0.27	2.02	0.36	(1.31)	1.35
ICD Primary Care	(0.02)	1.21	1.25	0.15	2.59
ICD Regional Services	(2.13)	0.45	(0.02)	(0.31)	(2.02)
Support Functions & Other Budgets	14.73	6.15	6.63	14.09	41.60
BCU Wide	(25.67)	6.27	4.25	9.71	(5.44)

Savings Scheme Pipeline	Green		Green (Proc)		Green	Target	Variance Green to Target
	R	NR	R	NR	Total		
Centre	3,424	75	141	45	3,685	7,950	46%
East	4,393	420	154	50	5,017	8,070	62%
West	3,485	1,093	110	31	4,720	6,046	78%
MHLD	3,355	0	5	8	3,368	3,267	103%
Womens	915	10	5	4	935	915	102%
Cancer	1,537	6	4	7	1,554	755	206%
Diagnostics	108	37	341	25	511	1,015	50%
Corporate	374	2,692	83	2,648	5,798	2,495	232%
Primary Care	114		15	4	133	154	86%
Provider Income					0	267	0%
Procurement (VAT)					0	-5,734	
Budget Reducing Savings	17,705	4,335	858	2,823	25,722	25,200	102%



Our Finance: Agency

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
REF	TYPE														
1	Administrative, Clerical & Board Members	508	484	421	370	319	185	181	291	94	204	128	166	3,185	3,351
2	Medical & Dental	1,967	2,431	2,890	2,357	2,308	1,982	2,213	1,866	1,389	1,973	1,515	1,793	22,891	24,684
3	Nursing & Midwifery Registered	2,536	3,068	3,125	3,314	3,742	3,155	2,496	2,279	2,493	2,509	2,250	2,362	30,967	33,329
4	Prof Scientific & Technical	16	24	-11	27	-2	20	20	-15	11	10	11	14	111	125
5	Additional Clinical Services	54	80	43	-4	25	30	21	8	16	19	20	24	312	336
6	Allied Health Professionals	655	616	471	729	534	414	423	454	351	461	398	452	5,506	5,958
7	Healthcare Scientists	19	20	15	11	16	3	10	5	5	20	13	13	137	150
8	Estates & Ancillary	15	-2	18	6	73	-52	1	6	16	6	-4	3	83	86
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	5,771	6,721	6,972	6,810	7,015	5,737	5,365	4,894	4,375	5,202	4,331	4,827	63,193	68,020
11	Agency/Locum (premium) % of pay	6.90%	7.60%	6.60%	6.90%	7.80%	6.40%	5.70%	5.50%	4.90%	5.70%	5.00%	5.50%	6.30%	6.20%



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 28th September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

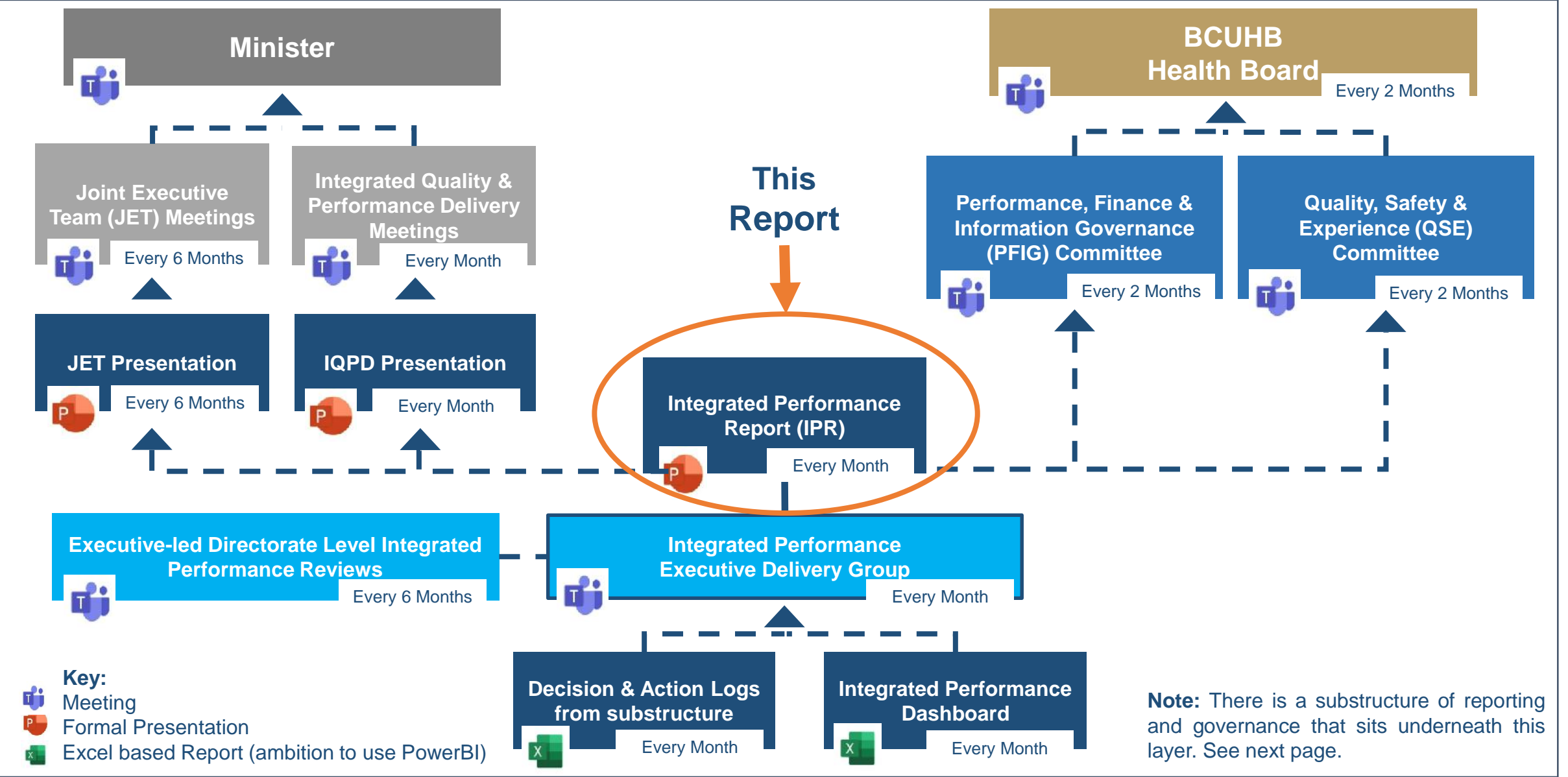
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the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

Where does the IPR feature within the Performance Governance Structure

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

The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally 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

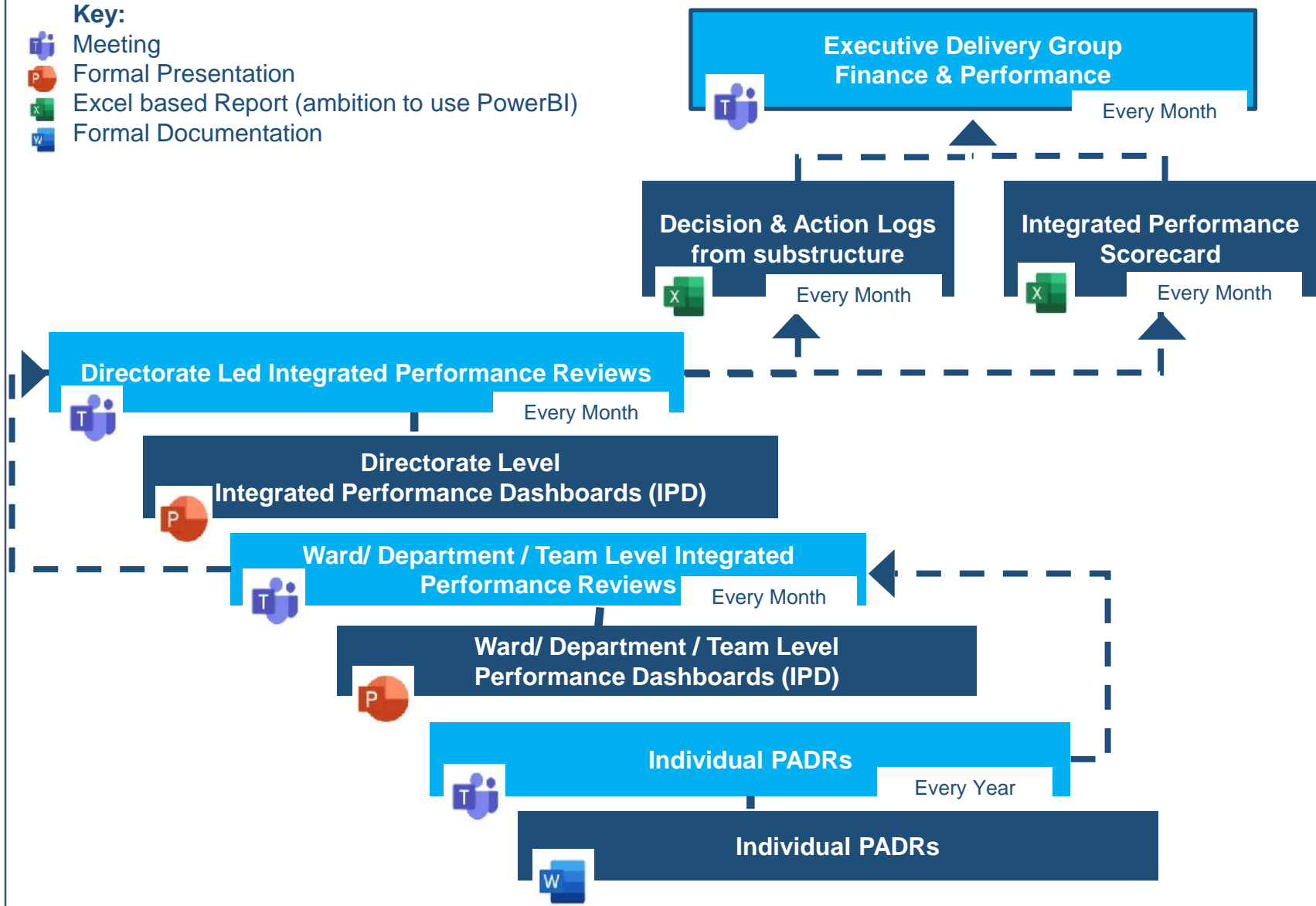


The Integrated Performance Reporting & Governance Substructure

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
- 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



Teitl adroddiad:	2023-24 Month 11 Finance, Capital and Savings Report																														
Report title:																															
Adrodd i:	Health Board																														
Report to:																															
Dyddiad y Cyfarfod:	Thursday, 28 March 2024																														
Date of Meeting:																															
Crynodeb Gweithredol:	This report provides a briefing on the financial performance of the Health Board as at the end of February 2024. The update includes the forecast outturn for the financial year to 31st March 2024, risks and opportunities and progress on savings. In addition, the report includes an update on delivery of the approved capital programme.																														
Executive Summary:	<p><u>Finance Report</u></p> <p>The Health Board's original financial plan has been revised down from £134.1m to £33.0m as a result of additional funding totalling £101.1m following the Welsh Government Budgetary Review.</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>Deficit Plan</td><td></td><td>134.10</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>Conditionally Recurrent Underlying deficit contribution</td><td>(33.30)</td><td>(74.60)</td></tr><tr><td>Inflationary uplift</td><td>(41.30)</td><td></td></tr><tr><td>Non-Recurrent Inflationary uplift</td><td>(16.70)</td><td>(26.09)</td></tr><tr><td>Energy</td><td>(9.80)</td><td></td></tr><tr><td>Other</td><td>0.41</td><td></td></tr><tr><td>REVISED CONTROL TOTAL</td><td></td><td>20.00</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% improvement on plan ask.</p> <p>The Health Board has received substantial resources non-recurrently, funding conditionally recurrent on moving towards the control total. As the</p>	DESCRIPTION	£m's	£m's	Deficit Plan		134.10	Health Board 10% improvement		(13.41)	Deficit Plan		120.69	Conditionally Recurrent Underlying deficit contribution	(33.30)	(74.60)	Inflationary uplift	(41.30)		Non-Recurrent Inflationary uplift	(16.70)	(26.09)	Energy	(9.80)		Other	0.41		REVISED CONTROL TOTAL		20.00
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Energy	(9.80)																														
Other	0.41																														
REVISED CONTROL TOTAL		20.00																													

forecast does not at this time achieve the control total or make progress towards it, 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).
- Additional allocations in year as articulated within the previous table (£101.1m)

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

In relation to in year financial performance, the year to date overspend compared to plan has decreased incrementally to a surplus reported from December to February, as demonstrated within the below table:

	Apr £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	YTD Total £m
Monthly Deficit (Surplus) above plan	1.0	2.9	5.4	5.6	5.5	3.3	1.2	0.8	-6.3	-4.3	-9.7	5.4

The year-to-date position is a deficit of £5.4m above plan (an improvement of £9.7m from the previous month of a £15.1m deficit) with key drivers of the deficit being temporary workforce costs (continued use of additional emergency capacity beds), drug costs (prescribing & secondary) and continuing healthcare.

The monthly improvement on variance to plan from August 2023 reflects the improved savings performance, additional focus on cost controls implemented within the Health Board and in the months of December 2023 through to February 2024, the release of balance sheet provisions and realisation of accountancy gains.

The continuation of additional controls such as the Establishment Control Group (ECG), Revenue Investments Group for Assurance (RIGA) and Medical & Nursing enhanced temporary workforce controls / escalations, and additional freeze on permanent non-clinical Band 8d and above posts, and additional 'check and challenge' on non-essential non-pay requisitions, are still critical to achievement of the financial plan.

It is of note that these initiatives continue to have clinical backing and continue to be assessed to ensure they do not impact upon patient safety.

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

- £5.4m year to date deficit above plan
- £13.4m Welsh Government additional ask

	<p>In addition, emergency care during the winter and industrial actions costs will need to be resourced from within existing baseline funding.</p> <p>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.</p> <p>An additional allocation of £5.7m has been received in March, for CHC inflation. The Welsh Government expects this to further improve the £33m forecast deficit and is expected to be reflected in the Month 12 Monitoring Return Day 5 submission. The Board is asked to endorse an improved forecast outturn deficit of £27m, pending confirmation on any other opportunities and risks in the final month of the financial year.</p> <p><u>Capital Programme</u></p> <p>The finance report articulates performance within the capital programme to enable appropriate monitoring and scrutiny. The dashboard provides an update on the status and progress of the major capital projects and the agreed capital programmes and highlights the key issues and mitigations, together with areas which need further escalation.</p> <p>The approved Capital Resource Limit (CRL) for 2023/24 is £33.958m (including IFRS16 funding of £4.377m). Year to date expenditure is £15.2m against a year-to-date plan of £17.8m (excluding Donated Assets).</p> <p>Capital expenditure is expected to be managed during the final months of the financial year, with the risk to managing delivery within allocated resources considered low (a tolerance of a £0.5m surplus is permissible).</p> <p><u>Savings Report</u></p> <p>In the Health Board's Financial Plan for 2023/24, recurring savings of £25.2m were required to be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m.</p> <p>The full year plan value of Green schemes totals £25.7m. The forecast delivery against Green Savings totals £31.4m. Of these forecast savings, £21.3m is identified as recurring, with a full year effect of £27.6m. Additional Accountancy Gains of £1.2m have been identified in-month bringing the year to date total to £9.4m at Month 11. Run rate (in year mitigating actions) savings total £3.5m.</p> <p>Red risk and Pipeline schemes have been reviewed and either converted to green schemes or will be considered as 2024/25 pipeline schemes.</p> <p>The Health Board is therefore forecasting to deliver £34.9m Savings (£31.4m plus £3.5m) plus £9.4m Accountancy Gains, totalling £44.3m and therefore exceeding the stretch target. Of these forecast savings £21.3m is identified as recurring, with a full year effect of £27.6m.</p>
Argymhellion:	<p>The Board is asked to</p> <ul style="list-style-type: none"> • receive and scrutinise this report

Recommendations:	<ul style="list-style-type: none"> • to note the additional capital allocations received to date • to approve an improved forecast outturn deficit of £27m as a minimum, pending confirmation on any other opportunities and risks that crystallise in the final month of the financial year. 			
Arweinydd Gweithredol: Executive Lead:	Russell Caldicott, Interim Executive Director of Finance.			
Awdur yr Adroddiad: Report Author:	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
The programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.		
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?		Naddo N		

<p><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p>	<p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>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>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Appendix A & B BAF risks BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.</p> <p>Corporate Risk Register: CRR23-49, Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget CRR23-51, Risk of failure to achieve the initial financial plan for 2023/24 This</p>

	<p>risk has being updated to reflect the revised financial plan. CRR23-52, WG cash funding for 2023/24</p> <p>Appendix C BAF risks BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets</p> <p>Corporate Risk Register: 20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security</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>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau:</p> <p><i>List of Appendices:</i> A - 2023/24 Finance Report (Revenue, Capital and Savings) - Month 11</p>	

Finance Report February 2024 – M11

Russell Caldicott
Interim Executive Finance Director



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Summary of Year to Date Key Numbers

<div>Month 11 Position</div> <div>In Month £179.9m against plan of £189.6m.</div> <div>£9.7m favourable position</div> <div>YTD: £1943.6m against plan of £1938.2m</div> <div>£5.4m adverse position (an improvement over month 10 being £15.1m adverse to plan)</div>	<div>Forecast</div> <div>Projection held at planned deficit</div> <div>£33.0m deficit</div> <div>This reflects the original £134m deficit plan less the £101m additional income allocation. It does not achieve the £20m deficit control target issued by Welsh Government</div>	<div>Divisional Performance Month 11</div> <table><tr><td>West IHC</td><td>£13.1m adverse</td></tr><tr><td>Central IHC</td><td>£18.1m adverse</td></tr><tr><td>East IHC</td><td>£10.4m adverse</td></tr><tr><td>Womens</td><td>£0.4m favourable</td></tr><tr><td>MH & LD</td><td>£7.8m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£1.4m favourable</td></tr><tr><td>ICD Primary Care</td><td>£2.6m favourable</td></tr><tr><td>ICD Regional Services</td><td>£2m adverse</td></tr><tr><td>Support Functions</td><td>£4.4m favourable</td></tr><tr><td>Other Budgets</td><td>£37.2m favourable</td></tr></table>	West IHC	£13.1m adverse	Central IHC	£18.1m adverse	East IHC	£10.4m adverse	Womens	£0.4m favourable	MH & LD	£7.8m adverse	Commissioning Contracts	£1.4m favourable	ICD Primary Care	£2.6m favourable	ICD Regional Services	£2m adverse	Support Functions	£4.4m favourable	Other Budgets	£37.2m favourable
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Other Budgets	£37.2m favourable																					
<div>Savings</div> <div>In-month: £3.1m against target of £2.4m</div> <div>£0.7m favourable</div> <div>YTD: £29.0m against target of £23.1m</div> <div>£5.9m favourable</div>	<div>Savings Forecast</div> <div>£31.4m (excluding non budget reducing run rate schemes of £3.5m and Accountancy Gains £9.4m) against target of £25.2m</div> <div>£5.8m favourable.</div>	<div>COVID-19 Impact</div> <div>£11.6m cost YTD</div> <div>£13.6m forecast cost.</div> <div>Fully funded by Welsh Government</div> <div>£0.6m favourable</div>																				
<div>Year to Date Income</div> <div>£141.9m against budget of £136.0m</div> <div>£6.0m favourable</div>	<div>Year to Date Pay</div> <div>£978.3m against budget of £960.4m</div> <div>£17.9m adverse</div>	<div>Year to Date Non-Pay</div> <div>£1,107.2m against budget of £1,113.8m</div> <div>£6.5m favourable</div>																				

Executive Summary

Objective

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

Positives & Key Assurances

- February in-month position is reporting a surplus of £7.0m, and the in-month surplus above planned deficit is £9.7m. This is an improvement of £5.4m from Month 10.
- An additional WG allocation of £5.7m has been received for CHC inflation, shortly after the M11 position was closed. The WG expects the impact of this funding to improve the forecast outturn to be reported in the Month 12 Monitoring Return Day 5 submission.
- Approved Capital Resource Limit (CRL) for 2023/24 is £33.958m, (including £4.377m IFRS 16 funding), and is forecast to be spent in full. Year to date expenditure is £15.2m against a year to date plan of £17.8m (excluding Donated Assets).
- As at end of Quarter 3 the Health Board achieved the PSPP target to pay 95% of valid Non-NHS invoices within 30 days of receipt (95.2%).

Issues & Actions

- Year to date position is a deficit of £35.7m, which is £5.4m over the year to date planned deficit of £30.3m. The £5.4m deficit over plan will need to be recovered in March to achieve the £33.0m deficit forecast as at 31st March 2024.
- 2023/24 forecast outturn position remains at £33.0m. This does not currently achieve the £20m control total. The Divisions have been allocated a control total and are requested to identify opportunities to reduce expenditure and thus reduce current run rate.
- As at end of Quarter 3 Payment of NHS invoices by number was below best practice aim at 85.9%.

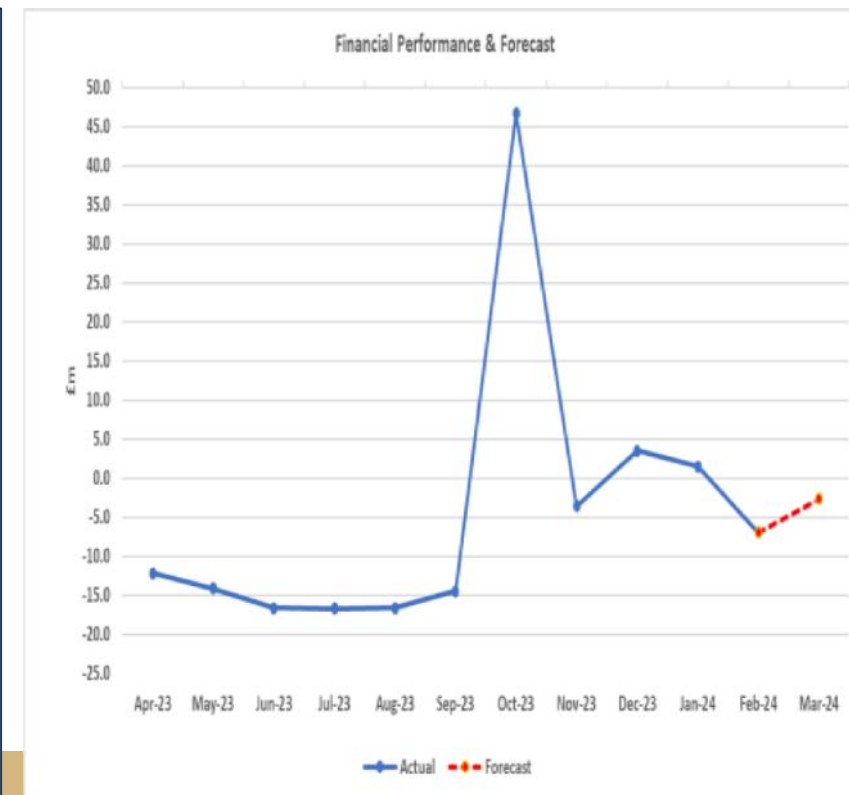
Key Messages

- The Health Board's 2023/24 forecast outturn position remains at £33.0m as at Month 11. This does not currently achieve the £20m control total. An additional allocation of £5.7m has been received for inflation (not included within outturn modelling). The Board asked to endorse an improved forecast outturn deficit of £27m as a consequence of receipt of this further allocation.
- The £5.4m year-to-date deficit position over the revised year to date planned deficit of £30.3m (11/12th's of the full year £33.0m deficit) will need to be recovered over the remainder of the financial year.
- The monthly improvement since August 2023 reflects the improved savings performance, additional focus on cost controls and the release of balance sheet provisions.
- The Health Board is forecast to deliver £34.3m savings, £9.4m accountancy gains and generate additional income of £0.6m, totalling £44.3m and therefore exceeding the stretch target. Of these forecast savings £21.3m is identified as recurring, with a full year effect of £27.6m.

Revenue Position

	Actual 2023-24											2023/24 Cumulative against Plan				Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	Expenditure
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(170.9)	(163.0)	(160.6)	(225.6)	(176.9)	(171.4)	(174.2)	(186.8)	(1,907.9)	(1,907.9)	0.0	0.0%	(2,085.1)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(12.3)	(12.2)	(12.3)	(13.3)	(13.4)	(13.0)	(13.6)	(14.4)	(136.0)	(141.9)	-6.0	4.4%	(155.5)
Health Board Pay Expenditure	81.1	85.3	102.7	96.2	88.0	86.8	91.3	86.9	86.2	89.3	84.5	960.4	978.3	17.9	1.9%	1,064.0
Non-Pay Expenditure	92.0	100.5	97.0	103.8	103.9	100.6	101.0	107.0	94.7	97.0	109.8	1,083.5	1,107.2	23.8	2.2%	1,209.7
Total Deficit / (Surplus)	12.2	14.1	16.6	16.7	16.7	14.5	(46.6)	3.6	(3.5)	(1.5)	(7.0)	0.0	35.7	35.7		33.0
Planned Deficit	11.2	11.2	11.2	11.2	11.2	11.2	(47.8)	2.8	2.8	2.8	2.8	30.3	0.0	30.3	100%	0.0
Total Deficit / (Surplus) above Plan	1.0	2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	(4.3)	(9.7)	30.3	35.7	5.4		33.0

- The 2023/24 financial plan allocated substantial investments for cost pressures (c£97m), included resourcing non-delivered savings from prior years and made further recurrent investments within establishment. The delivery of the plan is reliant upon full attainment of savings plans, expenditure remaining within budgets in year, and further underspends historically accruing within the Health Board will remain.
- As at Month 11 the in-month position reporting a £7.0m surplus with the year to date position reporting a deficit of £35.7m, which is £5.4m over the year to date planned deficit of £30.3m (11/12ths of the full year £33.0m deficit). The mitigating actions put in place will eliminate the remaining overspend position.
- The monthly improvement on variance to plan from August 2023 reflects the improved savings performance, additional focus on cost controls implemented within the Health Board and in the months of December 2023 through to February 2024 the release of balance sheet provisions and realisation of accountancy gains.
- Controls continue such as the Establishment Control Group (ECG), Revenue Investments Group for Assurance (RIGA) and Medical & Nursing enhanced temporary workforce controls / escalations, and additional freeze on non-clinical Band 8d and above posts contribute to the reduction in the adverse variance in other headings.
- An additional allocation of £5.7m has been received for CHC inflation. The WG expects the impact of this funding to improve the forecast outturn to be reported in the Month 12 Monitoring Return Day 5 submission. The risks and opportunities to delivery are highlighted on Slide 14.



Revenue Position

- 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 was revised down to a deficit of £33.0m (original deficit plan of £134.1m less the £101.1m additional allocation), which also remains the forecast outturn position as at Month 11. This does not achieve the £20m control total.
- The Health Board received substantial resources non-recurrently, funding conditionally recurrent on moving towards the control total. As the forecast does not at this time achieve the control total, additional allocations are reflected non-recurrently within the Health Board's position. These substantial non recurrent income allocations are sought 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)
 - Conditionally recurrent allocation of £74.6m (from the £101.1m received in month 7)

Ref	DESCRIPTION	£m's	£m's
1	Deficit Plan		134.10
2	Health Board 10% improvement		(13.41)
	Deficit Plan		120.69
3	<u>Conditionally Recurrent</u> 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 has 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 (Three sessions 2/10, 17/10 and 1/11). The outcome of Phase 1 has been presented to and endorsed by the Executive Team and has been communicated to divisions. Actions are now required by the IHCs to ensure where an investment has been withdrawn, the associated costs are also reduced. The Health Board has moved into Phase 2 and is reviewing and re-prioritising the developments funded from the £42m Performance and Transformation Fund. This is due to be completed by the end of March.
- Establishment Control Group (ECG) – The EC Group meets weekly and the decisions up until end of February are now reflected in the Savings Tables and forecast for future months. Prior months EC savings already from part of the year-to-date position and these total £150k.
- Auto-cascade parameters have now been adjusted with no off-contract from 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.
- The Board has also endorsed control measures c.70 non pay subjectives and additional freeze on permanent recruitment of Band 8d & above for non clinical posts.
- Expenditure Control Totals have been issued to Divisions since October requiring reductions in expenditure forecast for the remaining months of c.2%.

Divisional Positions

	In Month					Cumulative					Forecast Year End Variance against the Plan £000
	Budget £000	Actual £000	Variance to Plan £000	Variance to Plan %		Budget £000	Actual £000	Variance to Plan £000	Variance to Plan %		
WG RESOURCE ALLOCATION	(186,833)	(186,833)	0	0%		(1,907,880)	(1,907,880)	0	0%		0
WEST INTEGRATED HEALTH COMMUNITY											
Management	65	84	(19)	29%		(7)	993	(1,000)	-14345%		(1,048)
West Area	17,728	17,950	(222)	-1%		180,080	183,921	(3,841)	-2%		(4,193)
Ysbyty Gwynedd	11,016	11,598	(582)	-5%		119,371	126,936	(7,565)	-6%		(8,577)
Facilities	1,082	1,163	(82)	-8%		12,627	13,367	(740)	-6%		(799)
Total West	29,891	30,795	(904)	-3%		312,071	325,217	(13,146)	-4%		(14,617)
CENTRAL INTEGRATED HEALTH COMMUNITY											
Management	99	105	(7)	7%		1,086	1,033	53	-5%		56
Central Area	22,242	22,128	113	1%		236,587	240,897	(4,311)	-2%		(5,294)
Ysbyty Glan Clwyd	13,599	14,818	(1,219)	-9%		147,737	161,236	(13,499)	-9%		(13,650)
Facilities	1,331	1,307	25	2%		15,031	15,328	(296)	-2%		(301)
Total Central	37,271	38,359	(1,088)	-3%		400,441	418,494	(18,053)	-5%		(19,190)
EAST INTEGRATED HEALTH COMMUNITY											
Management	27	84	(56)	207%		304	965	(661)	217%		(718)
East Area	26,436	25,668	768	3%		265,897	268,987	(3,090)	-1%		(3,000)
Ysbyty Wrexham Maelor	11,547	11,966	(419)	-4%		126,050	131,827	(5,777)	-5%		(6,524)
Facilities	1,173	1,115	58	5%		13,302	14,207	(905)	-7%		(973)
Total East	39,184	38,833	351	1%		405,553	415,986	(10,432)	-3%		(11,215)
Total Midwifery and Women's Services	3,939	3,832	107	3%		43,376	42,936	440	1%		416
Total Mental Health and LDS	13,880	15,245	(1,365)	-10%		155,935	163,703	(7,768)	-5%		(8,677)
Total Commissioning Contracts	26,285	27,598	(1,313)	-5%		252,195	250,845	1,350	1%		1,715
INTEGRATED CLINICAL DELIVERY PRIMARY CARE											
Covid Programmes	741	743	(2)	0%		9,409	8,661	749	8%		749
Dental North Wales	2,795	2,557	238	9%		30,727	28,381	2,347	8%		2,450
Community Dental Services	442	536	(94)	-21%		5,123	5,842	(719)	-14%		(770)
Other Primary Care	123	117	6	5%		1,270	1,052	218	17%		235
Total Integrated Clinical Delivery Primary care	4,100	3,953	148	4%		46,529	43,935	2,594	6%		2,664
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES											
Provider Income	(1,852)	(1,893)	41	-2%		(20,372)	(21,245)	873	-4%		913
Diagnostic and Specialist Clinical Support	6,617	6,694	(76)	-1%		72,752	75,518	(2,766)	-4%		(3,017)
Cancer Services	5,440	5,719	(280)	-5%		58,488	58,615	(127)	0%		(270)
Total Integrated Clinical Delivery	10,205	10,520	(315)	-3%		110,868	112,888	(2,020)	-2%		(2,375)
Total Service Support Functions	13,557	12,827	729	5%		149,641	145,247	4,394	3%		3,100
Total Other Budgets	11,274	(2,087)	13,361	119%		61,551	24,337	37,214	60%		48,178
Total Service Support Functions and Other Bud	24,831	10,741	14,090			211,192	169,584	41,608			51,278
Total	2,753	(6,958)	9,711	353%		30,280	35,707	(5,427)	-18%		(0)



- Key reasons for the £5.4m year to date adverse variance above plan compared to 11/12^{ths} of the £33.0m planned deficit is due to the following year to date cost pressures:

	In-month Cost Pressures / (Surplus) £m	Year to Date Cost Pressure/ (Surplus) £m
Pay Pressures above planned assumptions	(5.1)	7.9
Commissioning Services incl NHS & Private Providers	1.1	10.0
CHC	0.9	7.4
Primary Care & Secondary Care Drugs	0.7	8.2
Other Non-Pay (incorporating Control Totals) / Energy / GDS / GMS	(4.0)	(9.6)
Savings incl Run Rate	(1.7)	(8.7)
Accountancy Gains	(1.2)	(9.4)
COVID Surplus	(0.4)	(0.4)
Total	(9.7)	5.4

Expenditure – Pay & Non-Pay

Pay Costs	Actual 2023-24											Cumulative			Full Year Forecast Expenditure £m
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.7	12.2	16.1	13.9	12.5	12.4	12.3	12.4	12.1	12.2	12.0	147.8	140.0	7.8	153.7
Medical & Dental	18.8	19.5	19.8	19.7	19.5	19.3	24.1	19.9	19.5	20.9	18.5	207.5	219.6	(12.1)	237.2
Nursing & Midwifery Registered	24.6	26.3	32.0	30.3	27.7	27.2	27.0	26.7	26.8	27.6	26.5	294.5	302.8	(8.3)	328.8
Additional Clinical Services	12.0	12.9	16.7	15.2	13.3	13.3	13.1	13.0	13.0	13.6	13.0	141.9	149.3	(7.4)	162.7
Add Prof Scientific & Technical	3.2	3.3	4.1	4.0	3.4	3.4	3.4	3.4	3.5	3.4	3.5	42.8	38.4	4.4	41.6
Allied Health Professionals	5.6	5.6	6.9	6.7	5.8	5.7	5.6	5.8	5.7	5.8	5.6	62.5	64.7	(2.2)	70.5
Healthcare Scientists	1.3	1.4	1.7	1.7	1.5	1.5	1.5	1.5	1.5	1.5	1.4	16.3	16.4	(0.0)	17.6
Estates & Ancillary	3.8	4.0	5.3	4.6	4.2	4.1	4.1	4.0	4.0	4.1	3.9	46.3	46.2	0.1	50.8
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.9	0.9	(0.0)	1.0
Health Board Total	81.1	85.3	102.7	96.2	88.0	87.0	91.1	86.9	86.2	89.3	84.5	960.4	978.3	(17.9)	1,064.0
Other Services (Incl. Primary Care)	2.1	2.8	3.2	3.0	2.5	2.5	2.8	2.9	2.7	2.7	2.7	24.2	30.0	(5.8)	32.7
Total Pay	83.2	88.1	105.9	99.2	90.5	89.5	94.0	89.8	88.9	92.0	87.2	984.6	1,008.3	(23.7)	1,096.7

Non-Pay Costs	Actual 2023-24											Cumulative			Full Year Forecast Expenditure £m
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor	18.7	18.3	18.9	19.1	18.2	19.0	18.4	19.0	20.3	19.3	23.5	214.5	212.6	1.9	232.4
Primary Care - Drugs & Appliances	9.3	10.4	11.4	11.0	12.2	10.8	10.4	10.9	9.8	10.9	11.2	113.2	118.2	(5.0)	128.4
Provider Services - Non Pay	16.0	18.4	18.4	17.1	18.8	18.7	18.9	19.8	17.2	16.7	17.9	221.0	198.2	22.8	219.8
Secondary Care - Drugs	6.5	7.6	7.9	8.1	8.4	7.7	8.1	8.3	7.4	7.6	8.2	81.2	85.8	(4.6)	93.9
Healthcare Services Provided by Other NHS Bodies	26.2	28.1	27.6	29.1	28.9	27.1	27.8	31.3	26.5	28.5	34.2	308.6	315.3	(6.7)	344.4
Continuing Care and Funded Nursing Care	10.1	10.2	10.0	12.3	11.3	10.8	10.9	11.6	10.9	8.2	9.5	109.8	115.9	(6.1)	126.2
Other Private & Voluntary Sector	2.1	2.1	2.2	2.4	1.6	2.1	1.5	1.6	1.4	1.4	1.7	20.0	20.1	(0.1)	21.4
Joint Financing and Other	0.2	0.1	0.3	0.3	0.3	0.2	0.2	0.3	0.3	0.2	0.2	2.4	2.9	(0.4)	3.1
Losses, Special Payments and Irrecoverable Debts	0.3	0.8	(3.6)	0.6	0.5	0.5	0.8	0.6	(2.9)	0.4	(0.3)	2.3	(2.4)	4.7	(2.1)
Non-pay costs	89.5	96.0	93.1	100.1	100.3	97.0	96.9	103.3	91.0	93.3	106.1	1,073.0	1,066.6	6.5	1,167.5
AME/DEL Depreciation	2.5	4.5	3.9	3.6	3.6	3.6	4.1	3.7	3.7	3.7	3.7	40.7	40.7	(0.0)	42.1
Total non-pay	92.0	100.5	97.0	103.8	103.9	100.6	101.0	107.0	94.7	97.0	109.8	1,113.7	997.6	6.5	1,209.7

- **Provided Services Pay:** Expenditure is £4.9m (5.8%) less than previous month, of which £3.5m is a release of the Annual Leave accrual. The ESP backdated Pay Award calculation is currently being worked through and has therefore been excluded from the pay forecast. This additional cost will be fully funded from WG and has also been excluded from anticipated allocations as at Month 11

- Variable Pay has also decreased by £0.9m in Month 11, of which Agency has decreased by £0.9m, Bank remains in line with previous month and overtime has increased by £0.1m.

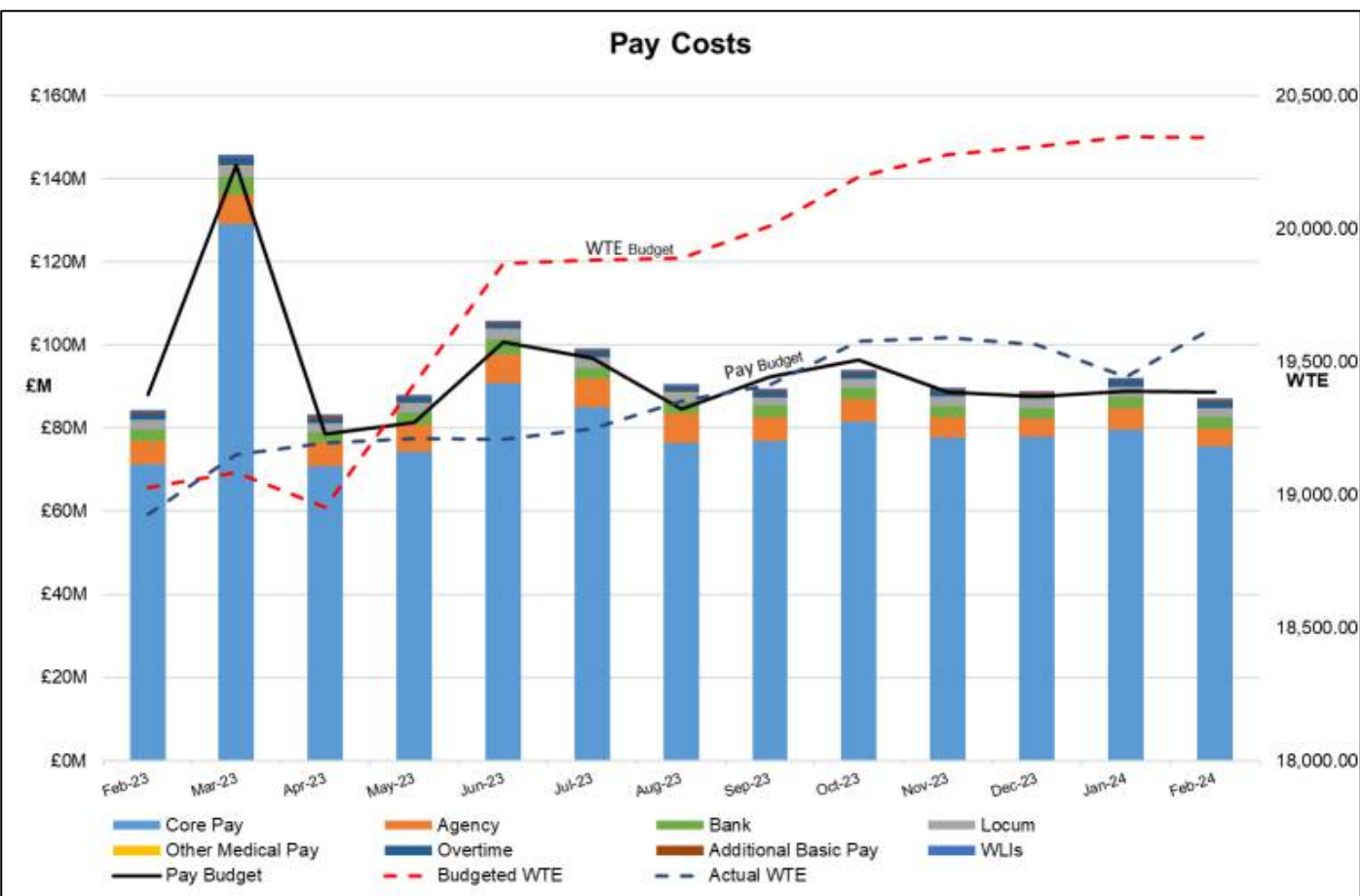
- **Non-Pay Expenditure (excluding Depreciation):** February total non-pay expenditure is £106.1m, an increase of £12.8m from January, of which WG RRL income (Revenue Resource Limit) has also increased by £12.7m from previous month..

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

Expenditure – Pay

	2023-24										
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Budgeted WTE	18,952	19,415	19,869	19,883	19,887	20,009	20,194	20,277	20,309	20,345	20,340
Actual WTE	19,193	19,211	19,206	19,248	19,350	19,413	19,575	19,589	19,563	19,442	19,630

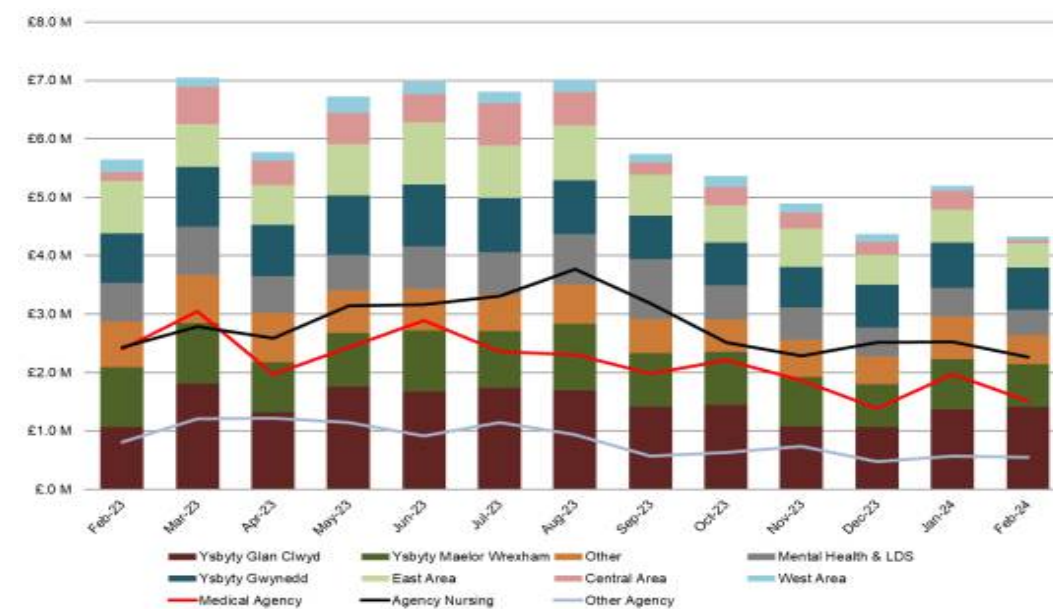
- Actual worked in February is 19,630 WTE, an increase of 188 WTE from previous month. Total Pay expenditure has decreased by £4.8m from previous month, but this is due to the £3.5m release of Annual Leave accrual and a £0.9m reduction in Variable Pay.
- Variable Pay has decreased by £0.9m in Month 11, of which Agency reduced by £0.9m. Bank remains in line with previous month and overtime has also increased by £0.1m.



Variable Pay	Actual 2023-24											Total
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Agency	5.8	6.7	7.0	6.8	7.0	5.7	5.4	4.9	4.4	5.2	4.3	63.2
Overtime	1.1	1.2	1.1	1.3	1.1	1.2	1.3	1.3	1.1	1.4	1.5	13.7
Locum	2.2	2.4	2.6	2.6	2.3	2.0	2.0	2.4	2.3	2.4	2.2	25.2
WLEs	0.4	0.4	0.5	0.6	0.5	0.5	0.4	0.4	0.4	0.4	0.4	5.0
Bank	2.3	2.7	3.6	2.6	2.8	2.8	2.9	2.6	2.6	2.8	2.8	30.4
Other Non Core	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.7
Additional Hours	0.4	0.4	0.3	0.4	0.3	0.3	0.3	0.4	0.4	0.3	0.4	3.8
Total	12.4	13.8	15.2	14.2	14.1	12.6	12.5	12.1	11.1	12.5	11.6	142.0

Pay Costs – Agency

	23-24 Actual											Total Year to Date	Total Forecast
	M01 £000	M02 £000	M03 £000	M04 £000	M05 £000	M06 £000	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000		
West Area	148	281	202	206	217	139	190	155	138	92	60	1,827	1,887
Central Area	416	527	483	718	568	208	314	270	225	318	59	4,107	4,481
East Area	676	879	1069	899	939	709	637	665	506	569	412	7,961	8,445
Ysbyty Gwynedd	884	1024	1057	934	921	742	734	692	735	770	720	9,213	9,883
Ysbyty Glan Clwyd	1323	1757	1677	1736	1,697	1,408	1,441	1,073	1,068	1,372	1,417	15,968	17,386
Ysbyty Maelor Wrexham	851	922	1038	973	1,140	926	909	849	729	851	724	9,911	10,605
Mental Health & LDS	629	602	729	722	851	1,026	583	549	489	492	446	7,118	7,575
Womens	226	130	126	111	133	127	126	112	128	165	41	1,425	1,626
Other incl pan BCU Cancer Servcies and Corporate	619	600	592	512	549	452	430	528	359	572	452	5,664	10,961
Total Agency	5,771	6,721	6,972	6,811	7,015	5,737	5,365	4,893	4,376	5,201	4,331	63,193	72,849

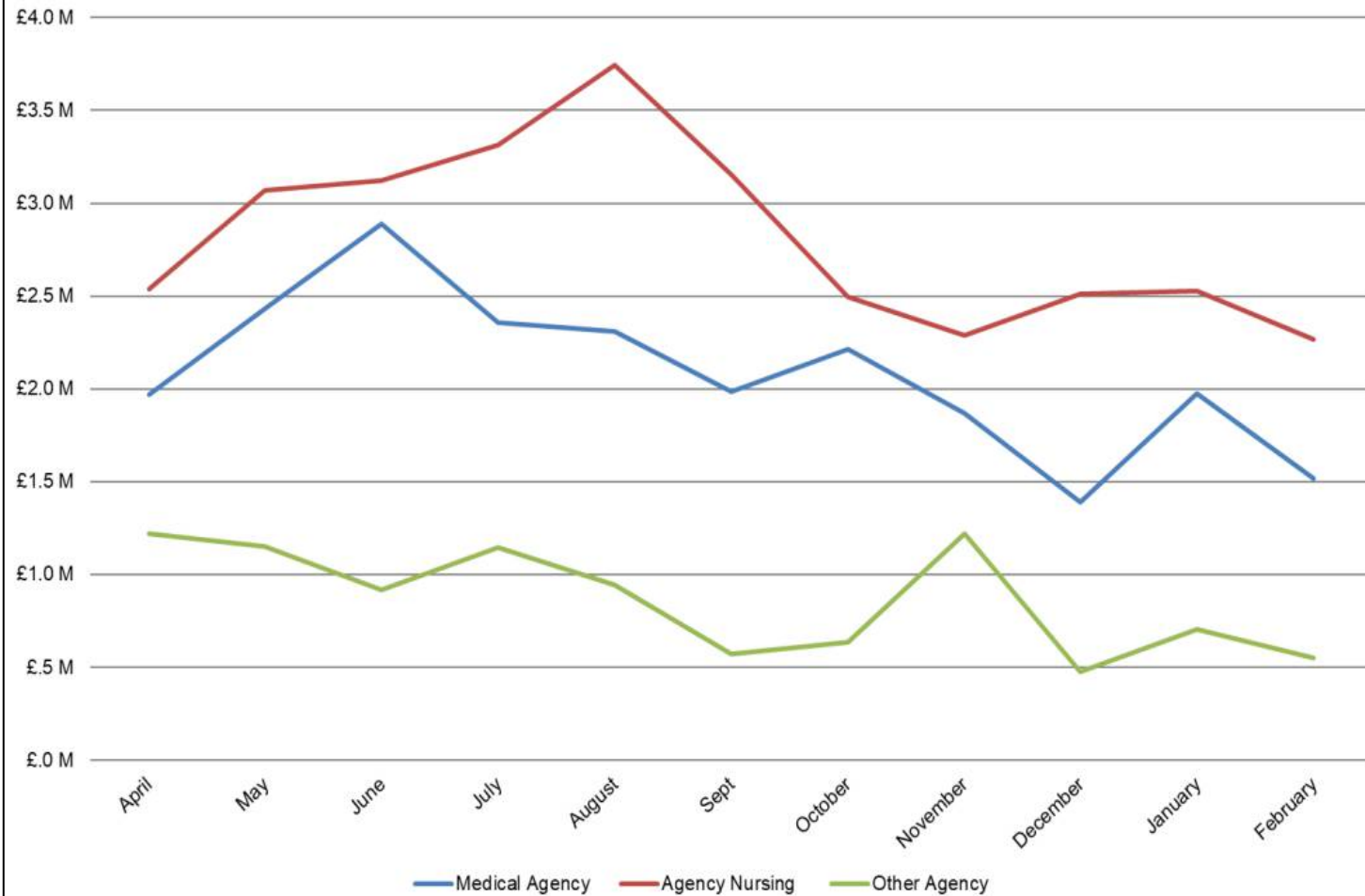


- Month 11 Agency expenditure is £4.3m, representing 5.0% of total pay, a decrease of £0.9m from previous month. Total Year to Date Agency expenditure is £63.2m. The 2022-23 monthly average Agency expenditure was £6.1m. Agency year end forecast outturn has decreased by £0.4m, from £68.4m in Month 10 to £68.0m in Month 11.
- Month 11 Medical Agency expenditure is £1.5m, a decrease of £0.5m from previous month. The decrease is mainly reported against East Area (£0.2m), Womens (£0.1m), Mental Health (£0.1m) and West Area (£0.1m). Medical Agency is primarily used to cover vacancies. The main areas of Month 11 Medical Agency spend are Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.3m), Corporate (£0.3m), Mental Health (£0.1m), Ysbyty Maelor Wrexham (£0.1m), East Area (£0.1m) and Central Area (£0.1m).
- Nurse agency costs totalled £2.3m for the month which is a decrease of £0.2m from previous month. Month 11 expenditure is £0.1m higher than the 2022/23 monthly average costs of £2.2m. Agency Nursing continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care to ensure the Nurse Staffing Act Ward staffing levels are maintained. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£0.9m in month), Ysbyty Maelor Wrexham (£0.6m), Ysbyty Gwynedd (£0.4m), East Area (£0.2m) and Mental Health (£0.2m).
- Other agency costs totalled £0.5m in Month 11, a decrease of £0.2m from Month 10. Other Agency costs mainly consists of Allied Health Professionals (£0.4m) and Admin and Clerical (£0.1m).

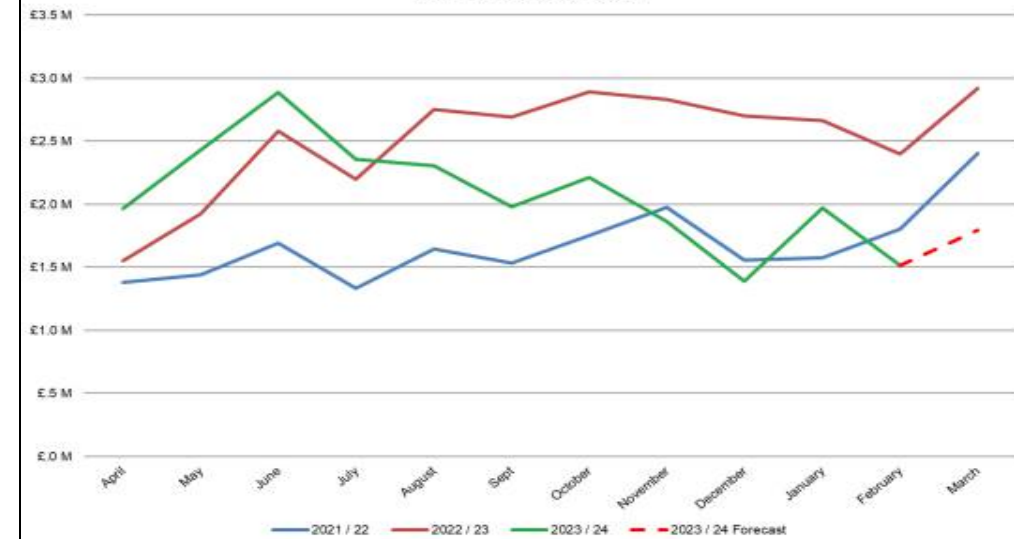
Pay Costs – Agency

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

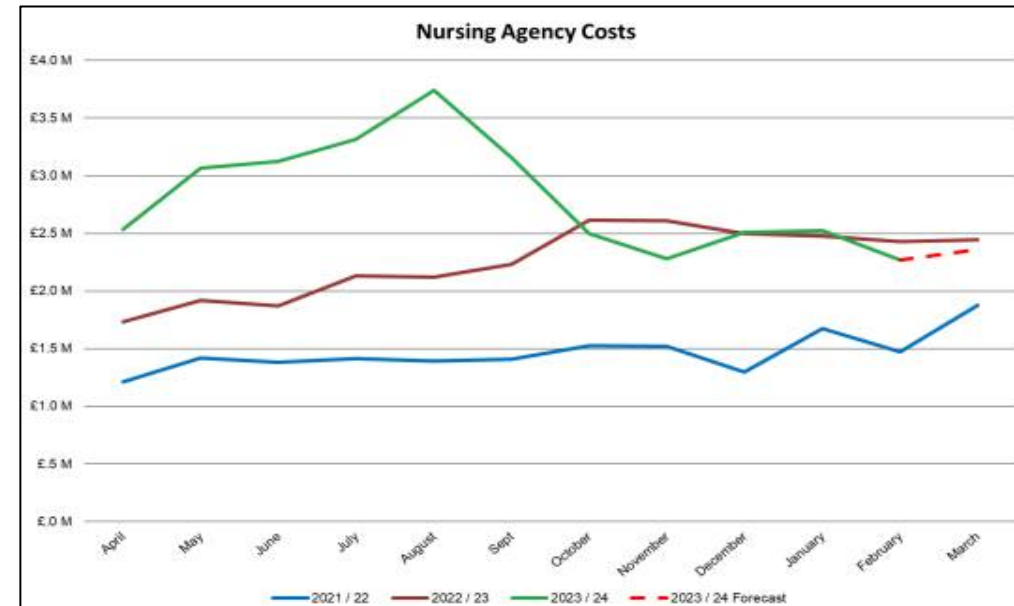
Agency Costs 2023-24



Medical Agency Costs

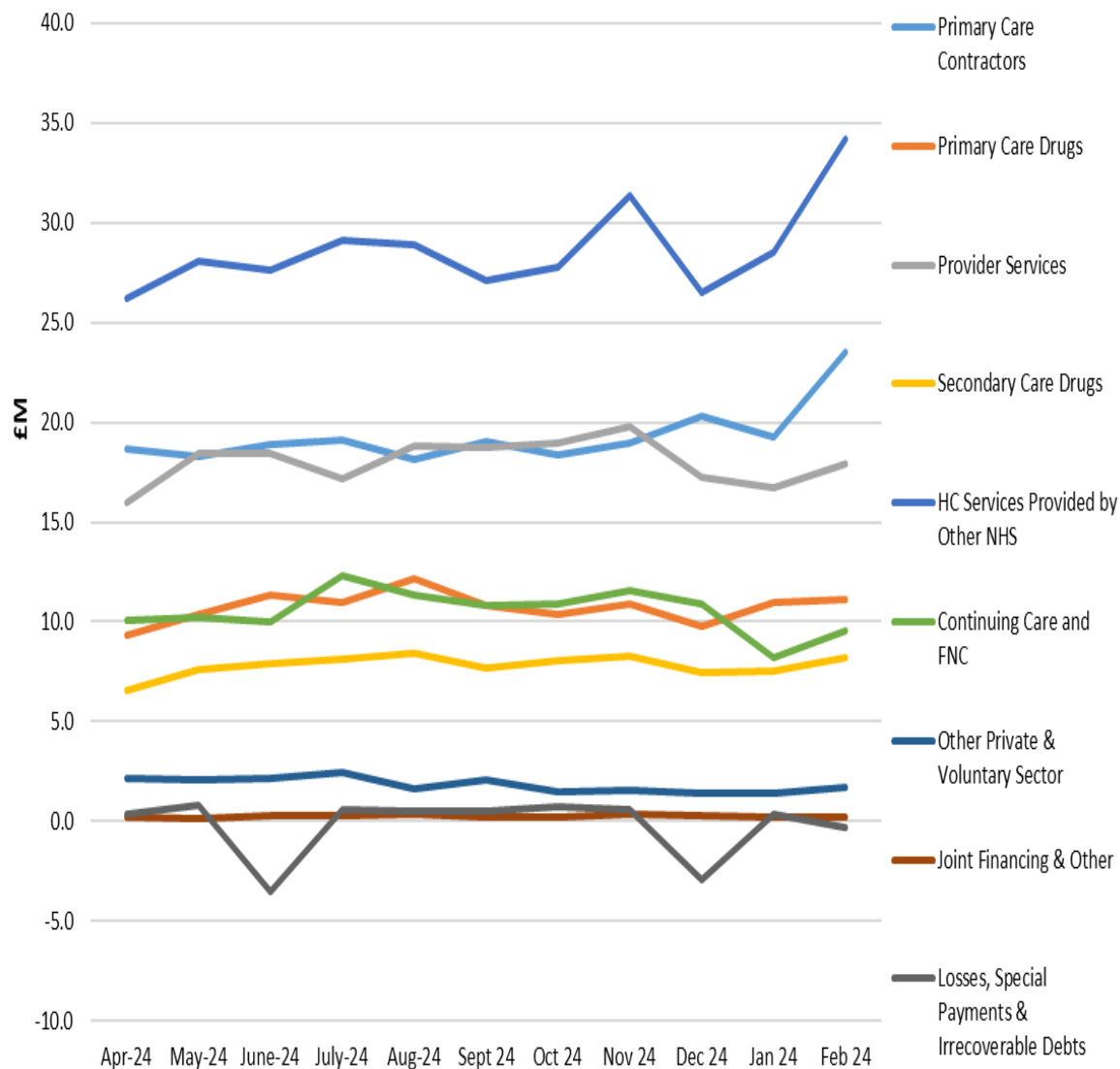


Nursing Agency Costs



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** In-month expenditure is £4.2m (18.0%) higher than previous month and £4.3m higher than forecast for the month due to the £4.4m 23/24 Global Sum Uplift allocation received in Month 11.
- Primary Care Drugs:** Expenditure is £0.2m (1.9%) higher than previous month. February estimate is based on the 3 month average cost per prescribing day x 21 prescribing days (January estimate included 23 prescribing days). Whilst there has been a reduction in the number of prescribing days for the February estimate, Month 11 also includes an under accrual of £0.8m in relation to previous month. The 3-month Average Cost per Prescribing Day has increased by +0.1% and the 3-month Average Items Prescribed per Prescribing Day has also increased from 71,620 to 72,568 (+1.3%).
- Secondary Care Drugs:** Expenditure is £0.6m (7.4%) higher than previous month, of which £0.5m is an increase in Cancer Services Drugs expenditure, where costs are particularly volatile due to NICE guidelines, changing protocols and case mix start dates.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £5.7m (16.6%) higher than previous month, of which £4.7m is Vertex, ATMP, ARRP for which additional funding allocation has been received in Month 11. Also, £1.1m additional expenditure is reported against the English Contracts in particular LH&CH, and an increase further to the reassessment of NCA's and movement in the Welsh Contracts.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £1.3m (13.6%) higher than previous month. Month 10 expenditure included a £2.8m accountancy gain, therefore excluding previous month's accountancy gain the actual in-month movement would be reporting a reduction of £1.5m. This is due to a further £1.2m CHC Accountancy Gain reported in Month 11 following review and resolution of individual care package costs.
- Losses, Special Payments and Irrecoverable Debts:** Expenditure is £0.7m less than previous month. This is due to the review and reduction in the provision for defence fees, clinical negligence and personal injury claims.

Allocations

Description	£m
Allocations Received	2,076.9
Total Allocations Received	2,076.9

Description	£m
Allocations anticipated	
Capital Depreciation - Impairment	1.0
Removal of IFRS-16 Leases (Revenue)	- 5.0
Real Living Wage (Care Homes)	3.0
Repayment of the AME Provision Funding	- 4.1
Balance of Payawards (10%)	5.8
Energy	6.5
Other	1.0
Total Allocations Anticipated	8.2

	£m
Total Allocations Received	2,076.9
Total Allocations Anticipated	8.2
Total Welsh Government Income	2,085.1

- Total Revenue Resource Limit (RRL) for the year is £2,085.1m. £1,907.9m of the RRL has been phased within the year to date position, which is £3.4m less than 11/12^{ths} of the RRL (£1,911.3m).
- Confirmed allocations to date is £2,076.9m, with further anticipated allocations in year of £8.2m.
- Total COVID-19 funding allocation has reduced by £0.3m from Month 10, down to £14.2m at Month 11 for which £14.2m income has been received. Total COVID-19 income profiled into the cumulative position to date is £11.6m. It is forecast that a surplus of £0.6m will be reported against the COVID funding allocation. The forecast assumes that slippage will be retained, as per the latest guidance from WG.
- The balance of anticipated income for Energy is £6.5m.
- No value has been included for the ESP Pay Award as the calculation is currently being worked through, but will be funded in full by Welsh Government.

COVID -19 Funding	£m
Total 23/24 COVID-19 Forecast Expenditure	14.2
Received	14.2
Anticipated	0

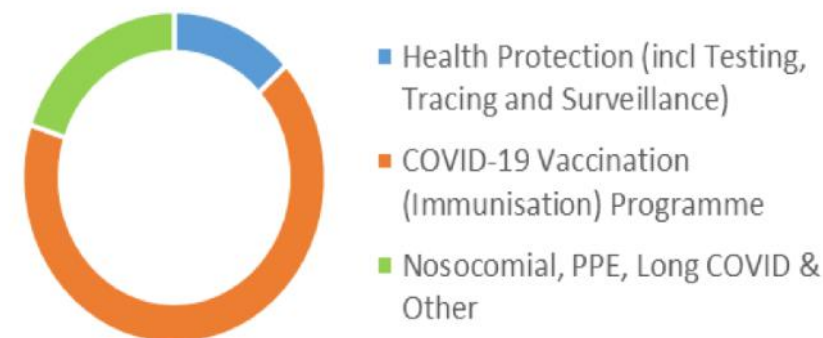


Impact of COVID-19

- Month 11 COVID-19 expenditure for WG funded programmes is £0.9m, which is a decrease of £0.2m from previous month expenditure. 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 £11.6m. COVID-19 annual forecast outturn has been reviewed and refined at Month 11, which has reduced by £0.9m from £14.5m reported at Month 10 down to £13.6m reported at Month 11. It is forecast that there will be a projected surplus of £0.6m against the COVID funding allocation. The forecast assumes that the surplus can be retained as per recent WG guidance.
- Health Protection COVID annual forecast is £1.8m, which is £0.1m less than the funding allocation received.
- Mass Vaccination forecast expenditure is £9.1m, which is £0.3m less than the £9.4m funding allocation received. This is due to less staffing costs in Mass Vaccination due to both delays in recruitment, and the impact of reduced levels of Mass Vaccination funding for 2024-25.
- PPE, Nosocomial and Long COVID forecast costs is £2.7m, which is £0.2m less than the funding allocation received.
- See below Table for Summary of COVID-19 year to date expenditure and forecast:

	Month 11 £m	Year to Date Expenditure £m	Forecast at Month 11 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.1	1.5	1.8
COVID-19 Vaccination (Immunisation) Programme	0.6	7.9	9.1
Nosocomial, PPE, Long COVID & Other	0.1	2.2	2.7
Total COVID-19 Expenditure	0.9	11.6	13.6
Welsh Gov COVID-19 Income	0.9	11.6	14.2
Impact of COVID-19 on Position	0.0	0.0	(0.6)

COVID-19 Cost Distribution Forecast 2023/24



Total COVID-19 Expenditure Per Month



Risks and Opportunities (not included in position)

- Following further assessment of Risks and Opportunities, elements are in the position or have not crystallised. The below are current risks and opportunities to the Health Board's financial position for 2023/24 as at Month 11.

	Risks	£m	Level
1	Out of Area Placements	£0.5m	Medium
2	Potential of reduced A/L release due to exceptional carry over as a result of industrial action	£0.7m	Medium
	Total Quantifiable Risks	£1.2m	

	Opportunities / mitigations for the identified risks	£m	Level
1	Potential additional NWSSP All Wales Savings share	£0.5m	Medium
2	CHC inflation allocation	£5.7m	High
3	Possible national over estimate of Energy as provided by NWSSP	£1.5m	Medium
	Total Opportunities	£7.7m	



Balance Sheet

	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Feb-24 £'m	Forecast Closing Balance End of Mar-24 £'m
Non-Current Assets			
Property, plant and equipment	707.9	683.3	722.4
Intangible assets	1.5	1.1	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	788.3	763.3	802.9
Current Assets			
Inventories	20.3	20.6	20.3
Trade and other receivables	77.4	101.9	105.3
Cash and cash equivalents	2.9	10.7	2.9
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	100.6	133.2	128.5
TOTAL ASSETS	888.9	896.5	931.4
Current Liabilities			
Trade and other payables	237.8	195.5	191.3
Provisions	34.3	64.4	64.1
Current Liabilities sub total	272.1	259.9	255.5
NET ASSETS LESS CURRENT LIABILITIES	616.8	636.5	675.9
Non-Current Liabilities			
Trade and other payables	28.0	28.0	32.4
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	104.7	104.6	109.1
TOTAL ASSETS EMPLOYED	512.1	531.9	566.8
FINANCED BY:			
Taxpayers' Equity			
General Fund	304.4	324.3	337.0
Revaluation Reserve	207.7	207.7	229.9
Total Taxpayers' Equity	512.1	531.9	566.8

Cash Flow Forecast

- The closing cash balance as at 29th February 2024 was £10.672m, which included £6.253m cash held for revenue expenditure and £4.419m for capital projects. This balance was higher than originally forecast due to large credits being received from other NHS Wales organisations in the last few days of the month.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of £2.913m made up of £1.513m revenue cash and £1.400m capital cash.
- This forecast balance is after working balances support of £41.472m for revenue payments, £5.024m for capital payments relating to Right of Use Assets and £27.0m strategic cash support.



Capital Expenditure for 2023/24

BUDGET 23/24					
1) Capital Resource Limit 2023/24	£m	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
WG Discretionary Capital	11.899				
All Wales Scheme	17.682				
Total CRL	29.581				
CAPITAL PROGRAMME 23/24	Initial Programme taking into account 25% reduction (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	5.187	5.659	6.921	-1.734	Programme adjusted to support key priorities and ensure delivery with in planned funding and includes expenditure that relates to brokerage
Operational Estates	1.765	0.845	1.709	0.056	Under commitment to be managed within programme
Medical Devices	2.306	2.051	2.125	0.181	Under commitment to be managed within programme
Informatics	2.262	1.097	1.326	0.936	Under commitment to be managed within programme
All wales funding brokerage to be re-provided from discretionary	0.379	0.000	0.000	0.379	Brokerage managed within the programme
WG Discretionary Capital	11.899	9.652	12.081	-0.182	Over commitment

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
AOPMH YGC	1.688	1.714	1.973	-0.285	The scheme is currently in design and fees will be due this financial year. Over commitment is brokerage from prior year.
Efab	4.324	1.915	4.324	0.000	Programme to deliver by 31st March 2024
Nuclear Medicine	0.373	0.339	0.440	-0.067	The scheme is currently in design and fees will be due this financial year. Over commitment is brokerage from prior year.
Conwy West - Health & Well Being Hub	0.100	0.000	0.015	0.085	The scheme is in its initial stages and will continue into 2024/25.
Orthopaedic Hub at Llandudno	2.466	0.812	2.442	0.024	The works is due to commence in quarter 4. The programme spend profile will be closely monitored.
Ambulance Shoreline	0.071	0.059	0.071	0.000	Works complete.
RISP	0.317	0.000	0.317	0.000	The CRL is fully committed and will deliver by the 31st March 24.
Substance Misuse Building, Llandudno	0.154	0.051	0.154	0.000	The scheme is in its initial stages and will continue into 2024/25.
Teledermoscopy Project	0.094	0.037	0.094	0.000	The CRL is fully committed and will deliver by the 31st March 24.
5 Glidescopes - Transfer NWSSP	0.056	0.056	0.056	0.000	Transfer completed and invoice paid.
Cyber Security	1.219	0.000	1.219	0.000	Tender exercise commenced, delivery expected by year end.
Emergency Department and Minor Injury Unit Improvements	0.523	0.005	0.448	0.075	The estates works have commenced across different sites. Underspend will be managed within the overall programme.
Diagnostic Equipment	2.528	0.253	2.447	0.081	Purchase order has been raised with delivery by 31st March 2024. Underspend will be managed within the overall programme.
Increased Electrical Infrastructure Capacity Fees, Ysbyty Glan Clwyd	0.321	0.000	0.221	0.100	The project is commencing in 2024/25, current design in progress.
DPIF - WNCR Paediatrics	0.034	0.000	0.034	0.000	Fully committed with purchase order progressing
Digital Year End Funding - January 2024	0.427	0.000	0.427	0.000	Fully committed with purchase orders progressing
Digital Year End Funding - February 2024	1.387	0.000	1.387	0.000	Fully committed with purchase orders progressing
Year End Funding - February 2024	0.395	0.181	0.395	0.000	Fully committed with purchase orders progressing
Diagnostic Equipment - February 2024	1.205	0.130	1.036	0.169	Purchase order has been raised with delivery by 31st March 2024. Underspend will be managed within the overall programme.
All Wales Capital	17.682	5.552	17.500	0.182	Under commitment

Total Capital Funding Available	29.581	15.204	29.581	0.000	
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Savings Executive Summary

Savings Plans compared to Target

		Full Year Plan				
	Target £000	Green £000	Red £000	Pipeline £000	Total £000	Variance Green v Target £000
Recurring	25,200	18,564	-	-	18,564	(6,636)
Non Recurring		7,158	-	-	7,158	7,158
Total	25,200	25,722	-	-	25,722	522

Year to date delivery performance against target

	Target	Plan	Actual	Var to Target	Var to Plan
Recurring	23,100	16,696	18,929	(4,171)	2,233
Non Recurring		5,782	10,080	10,080	4,298
Budget Reducing Savings	23,100	22,479	29,010	5,910	6,531

Forecast delivery performance against target

£'000's	Target	Plan	Actual	Var to Target	Var to Plan
Recurring	25,200	18,564	20,681	(4,519)	2,117
Non Recurring		7,158	10,720	10,720	3,562
Budget Reducing Savings	25,200	25,722	31,401	6,201	5,679

Additional run rate savings

£3.5m run rate savings

£34.9m total budget adjusting and run rate savings

Slide – 'Run Rate Savings Summary' provides detail

- The Health Board's Financial Plan for 2023-24, requires delivery of recurring, budget adjusting savings of **£25.2m**. An additional £5.7m 'stretch' is included in the full year cash savings target of £30.9m.
- The full year plan value of Green schemes totals **£25.7m**. The forecast delivery against Green Savings totals **£31.4m**. Of these forecast savings £21.3m is identified as recurring, with a full year effect of £27.6m. Run Rate (in year mitigation) Schemes total **£3.5m**, bringing the total savings to **£34.9m**
- Red risk and Pipeline schemes have been reviewed and either converted to green schemes or form part of the 24/25 opportunities pipeline.



Savings Plans against Targets

Savings Scheme Pipeline	Green		Green (Proc)		Green	Target	Variance Green to Target
	R	NR	R	NR	Total		
Centre	3,424	75	141	45	3,685	7,950	46%
East	4,393	420	154	50	5,017	8,070	62%
West	3,485	1,093	110	31	4,720	6,046	78%
MHLD	3,355	0	5	8	3,368	3,267	103%
Womens	915	10	5	4	935	915	102%
Cancer	1,537	6	4	7	1,554	755	206%
Diagnostics	108	37	341	25	511	1,015	50%
Corporate	374	2,692	83	2,648	5,798	2,495	232%
Primary Care	114		15	4	133	154	86%
Provider Income					0	267	0%
Procurement (VAT)					0	-5,734	
Budget Reducing Savings	17,705	4,335	858	2,823	25,722	25,200	102%

- At Month 11, the full year Plan value of Green schemes totals £25.7m, no change from the previous month.
- The recurring green scheme plans are £18.6m, which leaves a material gap of £6.6m on the requirement of recurring plans to total £25.2m.
- The cancer schemes have a £60K investment necessary to enable the savings to be delivered, which is not reflected in the table above.



Savings Delivery Against Target

Target

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

	YTD M11				Full Year		
IHC / Service Plans	Target £000	Plan* £000	Actual £000	Variance to Plan	Target £000	Plan* £000	Forecast £000
Recurring	23,100	16,696	18,929	2,233	25,200	18,564	20,681
Non Recurring		5,782	10,080	4,298		7,158	10,720
Budget Reducing Savings	23,100	22,479	29,010	6,531	25,200	25,722	31,401

Year To Date

- Year to Date actual savings total £29.0m, of which £18.9m is recurring, against a £22.5m plan and £23.1m Target.
- The favourable variance of actual savings to Plan totals £6.5m. This includes:
 - Procurement £3.26m - mainly relating to non recurring contract savings
 - Apixaban Off Patent savings in Primary Care Prescribing £0.64m
 - Energy Sell Back £0.53m
 - IHC Central CHC Programme £0.44m
 - IHC Central Primary Care Reviews (Polypharmacy & switches) £0.42m
 - IHC Central IHC Bio-similar (AMD) £0.42m
 - IHC West CHC Programme £0.31m
 - IHC West Primary Care Reviews (Polypharmacy & switches) £0.26m
 - IHC Central Dressings £0.18m
 - Cancer Patent/Price Drugs £0.17m
 - IHC West – Pay Grip And Control (£0.15m)
 - Womens Birth Choices scheme delayed as previously reported (£0.23m)
 - MHLD Out of Area Placements (£0.25m)

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

In Month

- Savings delivered in Month totalled **£3.1m**, of which £1.9m recurring, against a £2.4m Plan and £2.1m Target



Summary by Category

Full Year Plan (Green Schemes)

Full Year Plan by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Agency - Reduced usage of Agency/Locums paid at a premium	630	509	1,618	147	488					3,392
CHC and Funded Nursing Care	1,546	855	880	1,924						5,205
Commissioned Services	79			300	255					634
Medicines Management (Primary & Secondary Care)	1,237	1,678	1,702	322			1,537			6,476
Non Pay - Procurement	141	186	204	13	9	366	11	19	2,732	3,681
Non Pay - Other	282	190	401	20	183	145	6	5	3,020	4,252
Pay	804	267	213	642				109	46	2,081
Grand Total	4,720	3,685	5,017	3,368	935	511	1,554	133	5,798	25,722

Full Year Forecast (Green Schemes)

Full Year Forecast by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Agency - Reduced usage of Agency/Locums paid at a premium	374	509	1,811	147	488					3,329
CHC and Funded Nursing Care	1,836	1,249	994	1,924						6,003
Commissioned Services	84			0	0					84
Medicines Management (Primary & Secondary Care)	1,780	3,122	2,097	322			1,903			9,223
Non Pay - Procurement	56	84	72	8	12	305	4	2	6,064	6,607
Non Pay - Other	228	190	362	0	183	147	6	5	3,020	4,141
Pay	736	267	213	642				109	46	2,014
Grand Total	5,094	5,420	5,550	3,043	683	453	1,912	116	9,130	31,401

Run Rate Savings Summary

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

At Month 11 the total full year forecast value is £3.5m, and includes a value of £2.7m for the impact of Establishment control decisions.

Run Rate Savings	Year to Date				Forecast			Savings Plans Plus Run Rate Savings Plus Income	Savings Plans Plus Run Rate Savings Plus Accountancy Gains
£'000	Recurring	Non recurring	Total		Recurring	Non recurring	Total		
ECR related 'Run Rate' Savings		2,089	2,089			2,733	2,733		
Other Local 'Run Rate' Savings	583	10	593		741	20	761		
Cost Avoidance		43	43			43	43		
Total	583	2,142	2,725		741	2,796	3,537	34,938	44,319

In addition, Accountancy Gains totalling £1.2m were also reported at Month 11, bringing the accountancy gains year to date to **£9.4m**.

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.



Green Schemes Details (1/2)

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Variance			Variance		
			Plan	Forecast	Forecast vs Plan	Plan	Achieved	Achieved vs Plan
HC - Centre	Accommodation Rental Increase	R	14,833	14,833	-0	12,361	12,361	0
HC - Centre	Apixaban Off Patent savings in Primary Care Prescribing	R	701,436	986,267	284,831	584,530	814,335	229,805
HC - Centre	B Braun Giving Sets Credit	NR	75,224	75,224	0	75,224	75,224	0
HC - Centre	CHC	R	855,000	1,248,720	393,720	808,333	1,248,720	440,387
HC - Centre	Dressings	R	90,000	334,504	244,504	82,500	260,167	177,667
HC - Centre	Medical Agency	R	508,950	508,950	0	452,400	452,400	0
HC - Centre	NWSSP Drug Contract implementation	R	180,208	170,941	-9,267	155,228	150,219	-5,009
HC - Centre	Polypharmacy Reviews	R	406,850	844,222	437,372	373,100	789,797	416,697
HC - Centre	Primary & Community Non Pay Efficiencies	R	99,743	99,743	0	91,431	91,431	0
HC - Centre	Primary & Community Pay Efficiencies	R	107,907	107,907	0	98,914	98,914	0
HC - Centre	Secondary Care Drugs (AMD Biosimilars)	R	300,000	785,568	485,568	285,000	709,863	424,863
HC - Centre	Therapies Pay Efficiencies	R	158,916	158,916	0	145,673	145,673	0
HC - East	Accommodation Rental Increase	R	18,900	18,900	0	16,300	16,300	0
HC - East	Agency Medical reduction ED	R	480,000	401,879	-78,121	440,000	376,879	-63,121
HC - East	Agency Medical Reduction Medicine YMW	R	150,000	126,257	-23,743	137,500	126,257	-11,243
HC - East	Agency Medical Reduction Surgery	NR	166,000	262,475	96,475	152,167	238,475	86,308
HC - East	Apixaban Off Patent savings in Primary Care Prescribing	R	853,224	1,173,294	320,070	711,020	969,813	258,793
HC - East	B Braun Giving Sets Credit	NR	74,362	74,362	0	74,362	74,362	0
HC - East	CHC Cost containment	R	600,000	600,000	0	580,000	592,878	12,878
HC - East	CHC Management & Trigger Tool	NR	180,000	225,000	45,000	150,000	217,955	67,955
HC - East	Childrens	R	100,000	169,001	69,001	90,625	168,107	77,482
HC - East	Dietetics non pay efficiencies	R	21,553	21,553	0	19,757	19,757	0
HC - East	ENT Disposable Scopes	R	200,000	161,003	-38,997	175,000	136,003	-38,997
HC - East	Medical Agency Reduction - Community Services	R	383,486	398,563	15,077	341,542	361,990	20,448
HC - East	Medical Agency Reduction - Primary Care - Managed Practices	R	300,000	437,000	137,000	255,833	382,413	126,579
HC - East	Medical Staffing - Agency reduction Childrens Services	R	138,039	185,243	47,204	126,536	175,243	48,707
HC - East	NWSSP Drug Contract implementation	R	83,434	107,285	23,851	73,185	103,285	30,100
HC - East	OT Non Pay efficiencies	R	4,013	4,013	0	3,679	3,679	0
HC - East	OT Pay 0.5wte Band 6	R	26,468	26,468	0	24,262	24,262	0
HC - East	Physio non pay efficiencies	R	64,484	64,484	0	59,110	59,110	0
HC - East	Podiatry Pay 1 wte Band 3	R	24,379	24,379	0	22,347	22,347	0
HC - East	Polypharmacy Review (previously GP Prescribing)	R	489,850	610,920	121,070	449,183	549,315	100,132
HC - East	Reduced costs at managed practices	R	162,573	162,573	0	149,025	149,025	0
HC - East	Secondary Care Drugs (AMD Biosimilars)	R	275,000	205,667	-69,333	241,000	180,432	-60,568
HC - East	Speech and Language non pay efficiencies	R	17,391	17,391	0	15,942	15,942	0
HC - West	Accommodation Rental Increase	R	17,418	20,277	2,859	14,515	17,374	2,859
HC - West	Apixaban Off Patent savings in Primary Care Prescribing	R	466,782	655,721	188,939	388,985	540,848	151,863
HC - West	B Braun Giving Sets Credit	NR	71,077	71,077	0	71,077	71,077	0
HC - West	BAU: Grip and control measures - pay	R	607,500	426,567	-180,933	525,000	372,037	-152,963
HC - West	Children Special Cases Review	R	150,000	94,799	-55,201	137,500	94,799	-42,701
HC - West	Continence Products - usage review within community	R	50,000	0	-50,000	45,829	0	-45,829
HC - West	Continuing Healthcare	R	996,320	1,248,117	251,797	903,951	1,210,748	306,797
HC - West	Continuing Healthcare - Phase 2	NR	400,000	493,452	93,452	320,000	390,299	70,299
HC - West	Enteral feeding - therapies	NR	40,000	32,607	-7,393	35,552	32,607	-2,945
HC - West	Grip and control measures - pay	NR	250000	162000	-88000	229166	148502	-80664



Green Schemes Details (2/2)

			Full Year			Year to Date		
		Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Service	Scheme / Opportunity Title							
HC - West	IHCW 10 GCC ED Social Worker	NR	46,992	46,992	0	43,049	43,049	0
HC - West	IHCW 19 - Pay Grip and Control - SACC Nursing	R	360,000	245,500	-114,500	330,000	245,500	-84,500
HC - West	IHCW 3 - Benefit Realisation of SICAT	R	90,000	150,000	60,000	82,500	137,500	55,000
HC - West	IHCW 5 - Grip and control measures NEPTS	R	32,400	37,200	4,800	29,700	35,073	5,373
HC - West	IHCW20 - BAU: Grip and control measures - non pay	NR	28,950	28,950	0	26,538	26,538	0
HC - West	Medicines Management - Primary Care	R	400,000	676,946	276,946	366,989	627,454	260,465
HC - West	Medicines Management - Supply Chain Projects	R	180,000	123,089	-56,911	160,828	123,089	-37,739
HC - West	NWSSP Drug Contract implementation	R	59,813	89,809	29,996	52,036	70,401	18,365
HC - West	Primary Care Rebate Schemes	NR	130,000	234,000	104,000	116,000	220,000	104,000
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	68,750	68,750	0
HC - West	Urology Robot - VAT Recovery	NR	75,000	75,000	0	68,750	68,750	0
Cancer	B Braun Giving Sets Credit	NR	6,102	6,102	0	6,102	6,102	0
Cancer	I2S - Increasing Cancer Homecare Activity - East	R	177,196	263,027	85,831	157,996	220,813	62,817
Cancer	Increasing Cancer Homecare Activity - Centre	R	101,280	96,902	-4,378	90,300	80,917	-9,383
Cancer	Increasing Cancer Homecare Activity - West	R	20,871	105,997	85,126	19,131	91,707	72,576
Cancer	Patent/Price Reduction Drugs scheme - New 23-24	R	251,468	443,218	191,750	228,345	393,458	165,113
Cancer	Patent/Price Reduction Drugs scheme -Existing	R	986,402	993,368	6,966	986,402	989,521	3,119
DSCS	B Braun Giving Sets Credit	NR	3,272	3,272	0	3,272	3,272	0
DSCS	EBME covid equipment maintenance	R	60,017	61,644	1,627	55,016	56,439	1,423
DSCS	EBME covid equipment maintenance	NR	8,076	8,657	581	7,403	7,935	532
DSCS	Linac Warranty Maintenance -Non Rec	NR	26,064	26,064	0	20,851	20,851	0
DSCS	Pathology Contracts & Batch Efficiencies	R	47,531	47,531	0	43,570	43,570	0
MH&LDS	Bank, Agency & Overtime Reductions	R	642,000	642,000	1	558,830	582,485	23,655
MH&LDS	Drug Costs	R	322,236	322,236	0	295,088	305,827	10,738
MH&LDS	Patient Transport	R	20,400	0	-20,400	18,133	0	-18,133
MH&LDS	Reductions in OOA Placements	R	300,000	0	-300,000	254,648	0	-254,648
MH&LDS	RIGA Savings - MHL D	R	147,000	147,000	0	134,750	134,750	0
MH&LDS	Right Care Programme	R	1,923,809	1,923,809	-1	1,763,492	1,812,068	48,576
Midw & Womens	B Braun Giving Sets Credit	NR	10,358	10,358	0	10,358	10,358	0
Midw & Womens	Birth Choices Scheme 23/24	R	254,670	0	-254,670	233,448	0	-233,448
Midw & Womens	I2S - Medical Agency: Recruitment over-establishment (Invest to Save)	R	100,797	100,797	0	92,397	92,397	0
Midw & Womens	Medical Agency: Local increase in Medical Bank rates for fixed period -	R	80,193	80,193	0	73,510	73,510	0
Midw & Womens	Medical Agency: Recruitment to substantive posts	R	307,116	307,116	-0	265,177	265,176	-0
Midw & Womens	Non Pay: Dressing (Leukomed Sorbact)	R	23,047	23,047	0	21,126	21,126	0
Midw & Womens	Non Pay: Local enhanced governance re ad-hoc expenditure	R	149,469	149,469	0	137,013	137,013	0
Corporate and Estates	B Braun Giving Sets Credit	NR	121	121	0	121	121	0
Corporate and Estates	DDaT-004 McAfee Subscription	R	41,744	41,744	0	41,744	41,744	0
Corporate and Estates	Energy Sell Back	NR	534,709	534,709	0	0	534,709	534,709
Corporate and Estates	LINC	NR	1,079,000	1,079,000	0	989,083	989,083	0
Corporate and Estates	Office of CEO	R	14,026	14,026	0	12,023	12,023	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	18,333	18,333	0
Corporate and Estates	Plas Gororau utilities	NR	451,490	451,490	0	451,490	451,490	0
Corporate and Estates	Review of Non Pay	R	132,000	132,000	0	132,000	132,000	0
Corporate and Estates	Review of pay vacancies	NR	9,909	9,909	0	9,083	9,083	0
Corporate and Estates	RIGA Savings - Finance	R	37,000	37,000	0	33,916	33,916	0
Corporate and Estates	RIGA Savings - Medical Director	R	62,500	62,500	0	57,292	57,292	0
Corporate and Estates	WICIS Project	NR	595,000	595,000	0	446,250	446,250	0
Primary Care	CDS Redesign and modernisation (non pay)	R	5,000	5,000	0	3,333	3,333	0
Primary Care	CDS Redesign and modernisation (pay)	R	109,080	109,080	0	99,990	99,990	0
Grand Total			22,040,221	24,793,786	2,753,565	19,400,594	22,675,785	3,275,191
Procurement			3,681,311	6,606,958	2,925,647	3,078,042	6,333,947	3,255,905
Total			25,721,533	31,400,744	5,679,212	22,478,636	29,009,732	6,531,096



Next Steps

	Update	Actions Required
Improve Savings Plans 23/24	Plans remain less than target for the IHC's, Diagnostics and Primary Care. Divisions continue to report that transformation is required to unlock significant benefits.	Divisions to review the outcomes from the RIGA phase 1 and to build exit strategies on the investments that are not supported.
Convert all schemes to Green	The Full Year Plan value of Green schemes totals £25.7m, against a target of £25.2m. The forecast delivery against Green Savings totals £31.4m. Of these forecast savings £21.3m is identified as recurring, with a full year effect of £27.6m.	Divisions to ensure all negative savings budgets are eliminated by the end of March 24.
Monthly Reviews	Progress is reported to the monthly Integrated performance group, with Divisions being held to account for both identification of plans and delivery of identified savings.	Divisions to take action to further improve savings delivery and achieve control total.
24-25 Plan	Draft plans have been received, which incorporate an estimated £5m of opportunities.	Divisions to formulate robust Savings Delivery Documentation and continue to identify pipeline schemes for the new financial year. Implement clear governance, accountability and monitoring to deliver the cross-cutting theme savings and the development of a Transformational Plan. Focus on KPI's, articulating opportunities including from the Value & Sustainability approach and completion of HFMA key grip and control checklist.





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Reporting Committee:	Audit Committee
Committee Chair:	Karen Balmer
Date of last meeting:	15.03.2024
Paper prepared by:	Nesta Collingridge, Head of Risk Management

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the meeting held on 15.03.24 at Carlton Court Boardroom :

The Committee received the following updates and reports;

- **Special Measures Progress Update** received on relevant Areas.
The Committee received assurance on the progress to date, acknowledging the challenges highlighted and risks to delivery.
- **Risk Management update** - *The Committee* noted and received assurance for:
 - Chair's Assurance Report from the Risk Management Group (full assurance).
 - Board Assurance Framework (BAF) full assurance. Feedback was provided by the Committee in terms of the second lines of defence.
 - Quality of the population of the board assurance framework, which will be improved in line with board effectiveness and special measures.
 - Corporate Risk Register (partial assurance).
 - The discussions, which derived from the BAF & Clinical Risk Register.
- **Corporate Governance update** - *The Committee*:
 - Noted the report on breaches to Board and Committee agenda and papers.
 - Noted and Approved in principle the "Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents." subject to minor updates to Job Titles.
 - Noted the progress being made on updating policies.
 - Noted the update on Declarations of Interest and Gifts and Hospitality.
- A verbal update was provided on the following items from the Executive Director of Finance in relation to the **Breaches of SFI's, Scheme of Delegation and SO's**, along with the **SFI Conformance Report**: period ending December 24.
- Key Judgements and Annual Timetable 23-24 Draft Final Accounts - *The Committee*:
 - Noted the engagement that has occurred with Audit Wales post submission of the 2022/23 Annual Accounts, the work undertaken throughout the year and further the timeframe, key dates for review, Audit and submission of the 2023/24 Annual Accounts.
 - Noted the initial key areas where the values recorded in the 2023/24 Annual Accounts will be based on a judgement (estimation). Further details will be shared at the planned Audit Committee Development Session on the 21st May 2024.

- **Counter Fraud Report (Matters for Public) –**
 - The update was provided by the Local Counter Fraud Specialist and it was highlighted of the requirement to update the [Local Counter Fraud, Bribery and Corruption Policy](#) by August 2024. It was agreed to initially review and consider the Policy at the Audit Committee Development Session in May. The committee noted the new draft guidance of failure to prevent fraud and the need to review the investigation process following an employees departure from the Health Board.
 - Excellent progress noted concerning the Counter Fraud Awareness training going live.
- **Internal Audit Reports – *The Committee:***
 - Approved the six-month Internal Audit Plan for April to September 2024.
 - Noted the Audit Universe/Rolling plan and the risks identified for consideration for October to March 2024/25.
 - Approved the Internal Audit Charter with the addition of the CEO as an escalation point (except where CEO is an auditee) for delayed management responses to audit reporting and title change of Board Secretary to Director of Corporate Governance.
 - Noted the associated Internal Audit Key Performance Indicators.
 - Received the progress report.
- **Audit Recommendations Tracker – *The Committee:***
 - Noted the current position (February 2024) of overdue audit recommendations
 - Took assurance that the Health Board has an appropriate tracking and reporting system in response to audit recommendations.
 - Considered the proposed recommendations for closure.
 - Representatives were in attendance to represent the Executive Director of Nursing and Executive Director of Operations, in order to provide the relevant updates to updates pertaining to their areas.
 - A concern was noted on the overdue recommendation and associate risk in relation to “on call” (Gold, Silver and Bronze) out of hours relating to compensatory rest periods.
- **Audit & Risk Committee Update**
 - The Audit Wales Leads provided the Committee with an update in relation to External Audit and Risks pertaining to the Committee.
- **Board Effectiveness Follow up**
 - The report provided the Audit Committee with detail into the follow-up review of the board effectiveness report along with the Health Board's response to the report's findings and recommendations
- **Items for referral to other Committees as follows:**
 - On call arrangements to be raised with the People and Culture Committee regarding recommendations in relation to compensation / rest periods



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- **Review of Risks emerged in the meeting for referral to Risk Management Group**
 - Risks in relation to subcontracting, quality and controls.
 - Concern raised around the risk to the Health Board around overdue Health & Safety Policy further assurances being sought on effective review of the policy and Internal Audit recommendations.
- **In private session** the Committee were provided with a Progress Report update in relation to the Local Counter Fraud Service, on the progress of the Local Counter Fraud Service Operational Work.

Approved minutes and papers are available on our BCUHB website : [Audit Committee - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)

ITEMS TO BE ESCALATED TO THE BOARD

- The risks associated with the progression of the Health and Safety policy and On Call compensatory arrangements.

NEXT MEETING

The next meeting of the Audit Committee will be held on 07.05.2024



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Reporting Committee:	Mental Health Legislation Committee
Committee Chair:	Gareth Williams
Date of last meeting:	11 th January 2024
Paper prepared by:	Gareth Williams, Vice Chair
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>This was the first meeting of this committee since December 2023 and the main matters discussed were:</p> <ul style="list-style-type: none">• The name of the Committee: it was agreed that 'Mental Health Legislation Committee' was the most appropriate title.• The importance of clarity as to the focus of the Committee on overseeing the compliance of all parts of the Health Board with the Mental Health Act 1983 and the Mental Capacity Act 2005: the Committee was not charged with general oversight of the Mental Health and Learning Disability Division and it was important that other committees included the work of the division in their scrutiny• Reviewing and agreeing the Terms of Reference of the Committee• Approving a Cycle of Business for the Committee for the next 12 months• Agreeing that a development day to include briefing on the key duties imposed on the Health Board by Mental Health legislation.• Receiving and noting the draft minutes of, and papers produced for, the Mental Health Legislation Compliance and Capacity Executive Group meeting of 13.12.23	
ITEMS TO BE ESCALATED TO THE BOARD	
None	
NEXT MEETING	
Thursday 2 nd May 2024	

Reporting Committee:	Quality, Safety & Experience Committee
Committee Chair:	Rhian Watcyn Jones, Independent Member
Date of last meeting:	20.02.24
Paper prepared by:	Philippa Peake-Jones, Head of Corporate Affairs
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters were discussed at the meeting held on 20.02.24 at Carlton Court Boardroom:</p> <ul style="list-style-type: none"> • Development of Patient Stories The Committee asked for Patient Stories to be linked into the cycle of business of the committee as far as possible and that learning from the stories would be received in an annual report. • Committee Terms of Reference and Cycle of Business 2024/ The Committee noted the Terms of Reference and Cycle of Business • Patient Safety, Effectiveness and Experience Report The Committee noted what was being done to address the urology administrative backlog. • Quality Delivery Group Chair's Report Governance The Committee received the report noting that a positive peer review had taken place at the Maternity Unit on the Ysbyty Gwynedd sites to assist with identifying any learning and improvement required to support preparations for a future Health Inspectorate Wales (HIW) Inspection, expected in the near future. • Special Measures Report The Committee were updated on special measures and noted that seven milestones had been achieved, 14 were on track and seven were unlikely to be delivered. • Regulatory and Legal Report including HSE update/Ombudsman The Committee noted the recent reviews and it was agreed that the Annual Ombudsman Letter would be given more time on the next agenda • Deep Dive report Integrated Health Community Director presented on the Central Area focussing on things going well and also things which needed improvement • Healthcare Acquired Pressure Ulcers (HAPU) deep dive report The report on Healthcare Acquired Pressure Ulcers was received. It was agreed that the Improvement Plan would be monitored and fed back to QSE as appropriate to include the points raised. • Corporate Risk Register & Board Assurance Framework The Committee agreed to undertake a deep dive into one QSE risk at each meeting 	



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- Strategic Operational Health and Safety Group Chairs Report
The Committee received the report noting that Health and Safety would be reviewed in the People and Culture Committee
- The Committee noted that the deferred Urology paper would be presented to QSE in April once the internal governance process was complete.
- The contribution from IHC central was acknowledged. Both Independent Members and the Executive were encouraged by the increasing involvement of IHCs and pan-north Wales services in QSE and felt that this was a valuable development.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to the Board

NEXT MEETING

The next meeting of the Quality, Safety & Experience Committee will be held on ?? 18..24



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Reporting Committee:	Remuneration Committee
Committee Chair:	Dyfed Edwards, BCUHB Chair
Date of last meeting:	23.01.24
Paper prepared by:	Llinos Roberts
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters were discussed at the Committee meeting held in private session on 23.01.24:</p> <ul style="list-style-type: none">• Noted a report from the Chief Executive on the review of Executive portfolios and supported the Chief Executive to progress• Noted Executive and Senior Management updates, and approved actions to progress where required• Noted an update on Senior Agency Interim Appointments and Extensions• Endorsed the revised Terms of Reference and Cycle of Business for the Remuneration Committee• Noted the Case Management Report• Noted the Medical and Dental Pay Award 2023/24	
ITEMS TO BE ESCALATED TO THE BOARD	
None	
NEXT MEETING	
The next meeting of the Committee will be held on 19.03.24	

Reporting Committee:	Charitable Funds Committee
Committee Chair:	Dyfed Jones
Date of last meeting:	23/01/24
Paper prepared by:	Kirsty Thomson, Head of Charitable Support

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

A scheduled Charitable Funds Committee meeting took place on 11/01/24. The Charitable Funds Committee (CFC) was asked to note the Charitable Funds Finance Report for Quarter 2 2023/24. The report highlighted that for the quarter ending 30th September 2023:

- Total income is £291,000, a reduction of £86,000 from the same period reported last year.
- Available unrestricted fund balances total £5,391,000.
- Excluding the unrealised unrestricted investment gain fund balance of £1,337,000, the unrestricted funds balances is £4,054,000.
- The General Funds Balance, which includes the Unrealised Investments Gain/Losses Fund, totals £211,000.

The CFC was reminded of the Charity Costs Policy which was approved at the October Charitable Funds Committee and the need for the apportionment of the Charity Operational Budget, net of Interest and Dividends, across all Restricted and Unrestricted Designated Funds at the end of the financial year.

The CFC received a Charitable Support Team Update Report. It was noted that the current structure of the team is being reviewed as there is now a vacancy within the structure which was presented to the CFC in October.

The Director of Finance gave a verbal update on the Health Board's Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation of Powers (SORD), which had been endorsed through Audit Committee.

The CFC accepted the 27/11/23 Charitable Funds Committee Grants Decision (CFCGD) meeting minutes as a true record of the meeting. That the following charitable expenditure decisions were taken during the CFCGD meeting:

Approved / Approved in principle subject to agreed caveats

Over £50,000

- Dementia Support Programme Older Persons Mental Health Team
- iCAN Farming Programme MH&LD

£25,000 to £50,000

- Colonoscopy, Cancer Services
- Arts in Health music therapy for non-verbal children and their families

Arts in Health Outreach Arts Therapy Programme, MH&LD

Under £25,000 (NB, CFC approval is required for all applications over £5,000 and all amendments to approved £5,000+ applications irrespective of amount)

- Vigo Pump for Pharmacy
- Additional Bedside Lockers, West Community
- Lucas Chest Compression System Cardiology, YGC
- Additional Blood Testing Analyser, Cancer Services
- Glideaway Beds Paediatrics, East
- International Health Partnership (Ethiopia Link) equipment, associated costs

- Public Health Wales campaign, accessible resources

Decision postponed with additional information requested

Over £50,000

- Ophthalmic Equipment
- Fixed term additional senior nurse, Cancer Services

£25,000 to £50,000

- Vascular App YGC Surgical Team

Under £25,000

- PhD - Cancer Testis Antigens Cancer Services
- Public Health Wales Five Ways to Wellbeing programme
- Public Health Wales Suicide Prevention programme
- Angel Bereavement Room, YG Maternity approved funding increase
- Ty Croeso, Children's Services YGC approved funding increase
- Arts in Health programme approved funding increase

Additional decisions taken

- Approval to receive funds from, and establish a designated MH&LD charitable fund with aligned objects to, the North Wales Psychiatric Fund (Registered Charity Number 235783)
- Approval to review the potential use, and delay the sale of, freehold land in Porthmadog donated to the charity in 2017/18 (reported as a tangible fixed asset in the charity's accounts)

An Extraordinary Charitable Funds Committee took place on 23/01/24 for the CFC to receive an Audit Progress & Current Findings Report and the Charity's Annual Report and Accounts for 2022/23 and recommend them for endorsement by the Trustee Board. The Executive Director of Finance explained that the charity ordinarily submits its annual report and accounts to the Charity Commission at the end of January. This year, along with three other Health Boards, the submission has been delayed as we await receipt of an external assurance report relating to the Charity's investment advisor for sharing with Audit Wales. It was explained that we are expecting an unqualified audit position on the Charity's accounts when that report is received. It is expected that the report will be received in April 2024.

ITEMS TO BE ESCALATED TO THE BOARD

The current financial position, Charitable Support Team plans and the position on the external audit and submission of the annual report and accounts to the Charity Commission were shared and discussed with the Corporate Trustee Board at the Charity's AGM on 25/01/24. There are no items that require escalation to the Board.

NEXT MEETING

The next Charitable Funds Committee will take place on Tuesday 19/03/24.

Reporting Committee:	Performance, Finance and Information Governance Committee
Committee Chair:	Gareth Williams, Independent Member
Date of last meeting:	22.02.24
Paper prepared by:	Phil Meakin, Acting Board Secretary
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters were discussed at the meeting (which had been postponed from January due to industrial action) held on 22.02.24 at Carlton Court Boardroom:</p> <ul style="list-style-type: none"> • The Special Measures report was received from the Assistant Director of Transformation and Improvement as they related to the remit of this Committee. Some concerns were expressed at the “green status” for the Annual Plan. A Financial Improvement action plan update was also received that related to the Special Measures milestones with regard to Financial Improvement. The Committee discussed the likelihood of arriving at the required savings for 2024/5 by end of February given the amounts of savings that were identified so far, while noting that significant progress had been made • A report on the Integrated Medium Term Plan (2024/27) was presented. It was noted that the 2024/25 Planning Framework had only been provided late in the day by Welsh Government which had hampered timely completion of this work. Nevertheless, members of the Committee were disappointed that the draft which had originally been promised for the meeting when scheduled for January was not yet available and expressed concern that this would limit the opportunity for meaningful input from the Board. To address, this, it was agreed that a development session, open to all Board members, would be scheduled for 7 March 2024 to enable a discussion of a draft. The Committee noted the progress to date and acknowledged areas of challenge. • Annual Financial Plan – The Interim Executive Director of Finance gave an update on progress against the plan. • The East Integrated Healthcare Community (IHC) Finance, Performance and Workforce Report was received and presented by Michele Greene, IHC Director and Chief Financial Officers (Paul Carter and Andy Whitfield). The report was reviewed and additional assurance work was discussed with recommendations for IHC colleagues to undertake. The Committee identified areas for focus such as Managed Practices operated by the Health Board, use of agency and bank, urology and therapies backlog. • The Month 10 Finance, Capital and Savings Report was received and scrutinised by the Committee. The Committee welcomed the evidence of improved managing down of the deficit, while acknowledging further progress was needed to meet or get closer to the control target set by the Welsh Government. The additional capital allocations received to date were noted but Committee members noted the imperative of developing a much clearer strategy for managing our assets to free up greater capital for reinvestment. • NHS Workforce Data Comparison Management Response Report was presented by the Associate Workforce Director and was welcomed by the Committee. There was a focussed discussion on the evolution of overall workforce levels - which was seen as worrying given the evidence of falling productivity - and of the breakdown between 	

staff groups. Feedback was received on improvements on the content of this report for future reporting.

- The People Performance report was also received by the Committee from the Associate Workforce Director. The Committee sought clarity on vacancy rates during the meeting.
- The Integrated Performance Report was received by the Committee. The contents of the report were reviewed and additional assurance was sought in key areas, including a focus on 208 week waits that would be reflected in future Performance reports.
- The Shared Service Partnership performance assurance report was received and noted by the Committee: arrangements are now in hand for a colleague from Shared Services to attend future meetings which would provide an opportunity to understand better the basis for the savings which were identified as having been made as a result of the Shared Services Partnership procurement activities. .
- The Information Governance report for Quarter 2 was received. The Committee received assurance on the compliance with the Data Protection and Freedom of Information Legislation. The Committee received an update on the management of Freedom of Information and Subject Access Requests.
- An External Review of Information Governance and Corporate Records Management was received. The recommendations from Executive Team were noted that will result in “housing the Corporate Records Management Service within the Digital Data and Technology corporate function”
- Board Assurance Framework and Corporate Risk Register was received – and the Committee commended what was seen as an improved report with clearer focus. As outlined in previous meetings the BAF requires strategic objectives to be developed and agreed by the Board in order to demonstrate effective monitoring and improvements. The Committee sought to emphasise the importance of Executive and risk owner “buy in” to managing the completion of all BAF/CRR work.
- A presentation was received by a team of BCUHB colleagues on the Electronic Prescribing and Medicines Management Business Case: the Committee supported progression of this to the Board for consideration.

ITEMS TO BE ESCALATED TO THE BOARD

- Electronic Prescribing and Medicines Management Business Case

NEXT MEETING

- The next meeting of the Performance, Finance and Information Governance Committee will be held on 21 March 2024 for consideration of the Annual Plan of the Health Board.

Reporting Advisory Group :	Stakeholder Reference Group
Advisory Group Chair	Mike Parry
Date of last meeting:	4 th March 2024
Paper prepared by:	Llinos Roberts, Executive Business Manager (Chair's Office)
KEY DECISIONS / MATTERS CONSIDERED BY THE GROUP	
<p>The last meeting of the Stakeholder Reference Group (SRG) took place on 4th March 2024.</p> <p>The Board is asked to note that the following matters were discussed at the meeting:</p> <ul style="list-style-type: none"> • Three Year Integrated Plan – presentation and discussion – The SRG welcomed the discussion and their input into the planning process, which had taken the form of a Workshop on 29.01.24, and presentation and discussion at the SRG meeting on 04.03.24. • Governance arrangements update – The Terms of Reference and Cycle of Business for SRG were approved by the Board at its meeting on 25.01.24. The Terms of Reference now reflect the Health Board's Standing Orders. Members of the SRG welcomed the proactive approach being taken with the group and that going forward the SRG would be actively involved in the planning and shaping of health services. • Special Measures update – A progress report on updates against the 10 key areas of work was provided. Going forward Special Measures work would be set within the Integrated Three Year Plan. The third Special Measures Cycle had now been completed and was being reported back to WG. Members welcomed progress made. • Membership and potential opportunities and meetings for members – Following discussion at the SRG Workshop on 29.01.24 interest had been expressed from groups in becoming members of SRG. The Chair of SRG expressed a wish for all members to have the opportunity to have a platform at each meeting to discuss their organisation and how membership of the SRG enabled them to have a voice in planning services. Members welcomed this opportunity for early engagement. 	

Group Action Log

The Group received and discussed the Committee Action Log.

ITEMS TO BE ESCALATED TO THE BOARD

Request for consideration to expanding membership of the Stakeholder Reference Group in line with its Terms of Reference. Further detail to be provided in the Acting Board Secretary's Corporate Governance report.

NEXT MEETING

The next meeting of the Stakeholder Reference Group will be held on 3rd June 2024.

Reporting Committee:	Healthcare Professionals Forum (HPF)
Committee Chair:	Jane Wild, Scientific Advisory
Date of last meetings:	1 March 2024
Paper prepared by:	Rona Newton, Secretariat HPF

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Healthcare Professionals Forum on 1 March 2024:

The BCUHB 3 year plan

The Forum welcomed Paolo Tardivel, Director of Transformation and Improvement to the meeting to discuss the Health Board's 3 year plan.

Members were supportive of the Board's plan to take a longer term view, and consider annual and 3-year planning in that longer term context.

The forum understood the challenges facing the Health Board related to increased demand and financial pressures and were reassured to hear about the plans to take a value based approach to planning, a focus on delivering sustainable change and on moving activity towards prevention and supporting people to stay well.

It was noted by the Forum that financial 'savings' often have an impact on front line services and that changes in governance processes have an impact on capacity. The HPF would urge the Board to continue to ensure these impacts are considered and mitigated when possible, when implementing change.

The members agreed that communication and engagement with staff across the organisation was critical to successful delivery of any plan and look forward to hearing more about how the plan will be brought to life for people working within the organisation.

There was an appetite from the HPF to stay engaged with and support the HB planning processes. Much of the future work, including identifying and supporting fragile services, prioritisation, value based healthcare and workforce planning to deliver the IMTP, is highly relevant and important to the HPF members.

Special Measures

The Forum found it useful to hear about the lessons learnt and to see the impact and achievements to date.

The discussion focussed on the Health Board's 'challenged services' approach. Members suggested that a supportive approach was required to enable teams/services to identify, understand and safely share their own challenges. Members also raised the value of the patient reported experience and that these measures are key to understanding what is and is not going well.

Clinical Engagement

The Forum welcomed Sue Brierley-Hobson who shared the report on the rapid review of the mechanisms for clinical engagement. The content of the review resonated with Forum members and the recommendations were supported. Members support the concept of leadership development throughout the workforce and the recently launched integrated leadership programme to help deliver that.

The forum were pleased to see a particular focus on *clinical* engagement and would be keen to see this continue.

Members and deputies

The Forum will follow procedure to recruit new Forum members where terms are ending before the next meeting and will begin the process for recruiting deputy forum members.

ITEMS TO BE ESCALATED TO THE BOARD

None

NEXT MEETING

The next meeting of the Healthcare Professionals Forum will be held on 7 June 2024.