Bundle Health Board 26 September 2024

0 09:30 - PRELIMINARY MATTERS

1 24/181 Welcome, introductions and apologies for absence
Jason Brannan - George Roberts to deputise

2 24/182 Declarations of interest relating to agenda - Chair

3 24/183 Unconfirmed minutes of the Health Board meeting held on 25 July 2024 for approval
24.183 Health Board minutes 25.7.24 v0.3 draft Public session

4 24/184 Matters arising and action log - Chair
24.184 Action log HB_Public session_updated

5 09:40 - 24/185 Citizens Experience report - Chair / Director Partnerships, Engagement and Communication
24.185 Citizens Experience Report September 2024 v1.0

6 09:55 - 24/186 Chair's report - Chair
24.186 Chair report

7 10:05 - 24/187 Chief Executive's report - Chief Executive
24.187 Chief Executive report September 2024 v1.0 final

8 10:15 - 24/188 Vice Chair's report - Vice Chair
24.188 ViceChair Report September 2024

9 STRATEGIC PRIORITIES

10 10:25 - 24/189 Children's Charter - Acting Executive Director Public Health
24.189a Childrens Charter
24.189b Children's Charter_Final Sept 2024

11 10:55 - 24/190 Urgent and Emergency Care - Chief Executive / Interim Chief Operating Officer
24.190 UEC Deep Dive reviewed v1.0

13 11:15 - 24/191 Well North Wales report - Interim Executive Director Public Health
Appendix 1 available within the support pack available on the Health Board meeting page : Health Board Meetings - Betsi Cadwaladr University Health Board (nhs.wales)
24.191a Well North Wales Update
24.191b Well North Wales Sept 2024
24.191d App2 AHWB strategic framework final 18.07.24
24.191e App3 AHWB strategic framework appendicies final 18.07.24 English

13 11:30 - Comfort break

14 11:40 - 24/192 Health and Safety policy and annual report 2023/24 - Chief Executive
24.192a Health and Safety Cover Report
24.192b Health and Safety Annual Report v4
24.192c Appendix 1 HS01 - Occupational Health and Safety Policy 2024 V6.1 (Unedited Final Draft V6.1 11.09.2024)_App8 Added

15 11:55 - 24/193 Chair's assurance report People and Culture Committee - Independent Member Dyfed Jones
24.193 Chair assurance report People Culture Committee 08.08.24 V2.00

16 11:57 - 24/194 Culture, Leadership and Engagement - Chief Executive
24.194 Organisational Development- Culture Leadership and Engagement Paper Sept 2024 final
24.194b Appendix _ 01 Culture Leadership, Engagement Plan 23_24 v0.2
24.194c Appendix_02 Development of Values and Behaviours Storyboard v0.3
24.194d Appendix_03_BCUHB Compassionate Leadership Pledge v0.3 P_CC Feedback
24.194d Appendix 4_ILDF Implementation Plan_Final_JBApproved
24.194e Appendix_05_staff engagement measurements

18 12:12 - 24/195 Chair's assurance report - Quality, Safety and Experience Committee 15.8.24 & 6.6.24 - Independent Member Caroline Turner
24.195a Chair assurance report QSE Committee 15.8.24 v1.0
24.195b Chair assurance report QSE Committee 6.6.24 V2.0 final

19 IMPROVING QUALITY

20 12:14 - 24/196 Annual Quality report - Executive Director Nursing & Midwifery

24.196a Annual Quality Report – Sept 2024
24.196b Annual Quality Report 2023-24 V0.6 PW

21 ITEMS FOR DISCUSSION

22 12:34 – 24/197 Improving Quality report – Executive Director Nursing & Midwifery
24.197 Improving Quality Report – September 2024 v1.0

22 12:44 – Lunch break

24 13:04 – 24/198 Chair's assurance report – Performance, Finance and Information Governance Committee 27.8.24 – Vice Chair
24.198 Chair assurance report PFIG Committee 27.8.24 v1.0

25 13:06 – 24/199 Integrated Performance report – Interim Executive Director Finance
24.199a Integrated Performance Report Sept 24 v1.0
24.199b IPR_report Sept 24

26 13:16 – 24/200 Finance report – Interim Executive Director Finance
24.200a Finance Report Month 5 v1.0
24.200b BCU 2024-25 M05 Finance Report v2.0_pdf

27 13:26 – 24/201 Holyhead Integrated Health & Wellbeing Centre Development – Strategic Outline Case –Executive Director Tranformation and Planning
24.201 Holyhead Health and Well Being Centre SOC – Public – 26.9.24

28 13:36 – 24/202 Update on Continuing NHS Health Care Annual Fee Rates 2024/2025 – Interim Executive Director Finance
24.202 CHC 2024.25 Fee setting update Sept 2024 v2.0

29 GOVERNANCE AND ASSURANCE

30 13:46 – 24/203 Welsh Language annual report 2023/24 – Executive Director Allied Health Professionals and Health Sciences
24.203a Welsh Language Services Annual Monitoring Report 2023-2024
24.203b App 1 Welsh Language Services Annual Monitoring Report 2023-2024
24.203c App 2 More than just words Annual Report 2023-2024 – BCUHB

31 14:01 – 24/204 Nurse Staffing Level annual report – Executive Director Nursing & Midwifery
Appendices are available within the support pack available on the Health Board meeting page : Health Board Meetings – Betsi Cadwaladr University Health Board (nhs.wales)
24.204a Nurse Staffing Levels Three Year Assurance Report September 2024
24.204b Nurse Staffing Levels – Three Year Assurance Report September 2024

32 14:11 – 24/205 Covid Inquiry report – Interim Executive Director Public Health and Director Corporate Governance
24.205 Covid Inquiry update Sept 2024 v2.00

33 14:25 – 24/206 Emergency Preparedness, Resilience and Response (EPRR) – annual report 2023/24 and strategic update – Acting ExecutiveDirector Public Health
24.206a EPRR Annual Report and Strategic Update DRAFT V3

34 14:40 – 24/207 Corporate Governance report – Director Corporate Governance
Appendices are available within the support pack available on the Health Board meeting page : Health Board Meetings – Betsi Cadwaladr University Health Board (nhs.wales)
24.207a Corporate Governance report September 2024 v1.0
24.207b Appendix A Cycle of Business Board 2024_25_September 2024

35 14:50 – FOR INFORMATION

36 24/208 Committee and Advisory Chairs' reports
24/208.1 Audit Committee 12.9.24 & 18.7.24
24/208.2 Planning, Public Health and Partnerships Committee 20.8.24
24/208.3 Mental Health Legislation Committee 1.8.24
24/208.4 Remuneration Committee August – September 2024 meetings
24/208.5 Charitable Funds Committee 13.9.24
24/208.5 Local Partnership Forum 10.9.24
24.208.1a Chair assurance report Audit Committee 18.07.2024 v1.0
24.208.2 Chair assurance report PPHP Committee 20.08.24 V1.00
24.208.3 Chair assurance report MHLC 01.08.24 V1.0
24.208.4 Chair assurance report Rem Com 19.08.24_v2.0
24.208.5 Chair assurance report CFC 13.8.24 v1.0
24.208.6 Chair assurance report LPF 10.09.24 V1.0

37 14:55 – CLOSING BUSINESS

38 24/209 Review of meeting effectiveness - Chair (verbal)
Chair

39 24/210 Date of next meeting 28 November 2024
Chair

40 15:00 - 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."

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

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Health Board meeting held in public
on 25th July 2024 at the Optic Centre, St Asaph and livestreamed via Zoom

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Karen Balmer	Independent Member
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
Urtha Felda	Independent Member
Chris Field	Independent Member
Dr Jane Moore	Acting Executive Director of Public Health
Fôn Roberts	Associate Member – representing Directors of Social Services
Carol Shillabeer	Chief Executive
Dr Chris Stockport	Executive Director Transformation and Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Jane Wild	Associate Member – Chair Healthcare Professionals Forum (HPF)
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Jason Brannan	Deputy Director of People
Teresa Owen	Executive Mental Health and Learning Disabilities (MHLD) Lead and Welsh Language Lead (part meeting)
Philippa Peake Jones	Head of Corporate Affairs
Dr Anita Pierce	Deputy Medical Director MHLD (part meeting)
Dr James Risley	Deputy Executive Medical Director
Dylan Roberts	Chief Digital and Information Officer
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance
Iain Wilkie	Interim Director MHLD
Diane Davies	Corporate Governance Manager - for minutes
Geoff Ryall-Harvey	Chief Officer Llais North Wales
Carol Williams	Deputy Chief Officer Llais North Wales
David Graves	Member of the public by invitation
Observers	
Carwyn Wycherley	Senior Private Secretary to the Cabinet Secretary for Health, Social Care and Welsh Language

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Agenda Item	Action
24/139 Welcome and apologies for absence Apologies were received from Independent Members Dyfed Jones, Prof Mike Larvin, Dr Nick Lyons for whom Dr James Risley deputised and Mike Parry, Associate Member.	
24/140 Declarations of Interest relating to the agenda None were received	
24/141 Unconfirmed minutes of Health Board meetings held on 10.7.24 (ExtraOrdinary), 30.06.24 and 11.04.24 (ExtraOrdinary) **It was resolved that** the Board • **Agreed** the minutes were a true and correct record of the meetings held on 10th July 2024, 30th June 2024 and 11th April 2024..	
24/142 Matters arising and action log **It was resolved that** the Board • **Agreed** the updated log. • **Noted** that improvement work was being undertaken to ensure consistency across the Board and Committee governance documentation.	
24/143 Staff Story - Dementia Support Activities Co-ordinator Story **24/143.1** The Executive Director of Nursing and Midwifery introduced the video which provided an insight into the role of a Dementia Support Activities Co-ordinator and how they support BCUHB patients with dementia. An important role whose numbers it is hoped will be increased from the current 35 across BCUHB. **24/143.2** A discussion ensued on how the third sector was being involved in developments as well as plans to further develop nursing and support workers within this area with appropriate training across the Integrated Healthcare Communities (IHCs). In response to Independent Member (IM) Urtha Felda, assurance was provided that patents were encouraged to take part in household activities, where appropriately supported, to help with memory and provide opportunities for physical exercise. **24/143.3** Many examples were provided of Board Members positive experiences within community hospitals of similar roles and initiatives such as joining in with local schools along with potential developments with other partner and third sector organisations. **24/143.4** The Executive Director of Nursing and Midwifery said that she was very proud of the enthusiastic individuals and their new role. The Board welcomed the presentation, thanking them for their valuable contribution and looked forward to further service developments. **It was resolved that** the Board	

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• **Noted** the report.	
24/144 Report of the Chair The Chair welcomed the opportunities he had to witness many positive cross community developments which supported the Health & Wellbeing of people in the community since the previous Board meeting such as the Bwyd Da initiative in Anglesey. He shared an example of the privilege of being a partner organisation with Project Search which provided local young people with physical or learning disabilities opportunities to train, have a variety of work experiences and potentially achieve employment. As the largest employer in North Wales he welcomed the opportunity for BCUHB to support these groups of young people and develop further opportunities along with other partner organisations across North Wales. **It was resolved that** the Board • **Noted** the report.	
24/145 Report of the Chief Executive **24/145.1** The Chief Executive drew attention to celebrations, especially Diabetes and nationally recognised work with children, and also challenges. She advised that the Board would regularly be sighted on progress reporting with the Covid enquiry. In regard to strengthening substantive senior level appointments at the Board and those supporting it, she advised that recruitment work was ongoing to attain a full complement of executive board members and she was pleased to report that Steven Powell would join BCUHB as Director of Performance and Commissioning in September, whilst Gareth Evans would shortly be undertaking the role of IHC Director Centre. The Chair thanked Gareth Evans for his last Board meeting and the commitment he had made as Acting Executive Director of Therapies and Health Sciences. **24/145.2** The Chief Executive concurred that the development of the MPharm course at Bangor University was very welcomed in moving towards pharmacist prescribing which would be very important to clinical strategy. **It was resolved that** the Board • **Noted** the report.	
24/146 Report of the Vice Chair The Vice Chair appreciated the opportunities to see work at the coal face and thanked colleagues for their time in accommodating the many visits undertaken in various areas of the Health Board. The Chair also thanked him for his commitment to learning the Welsh language through a recent intensive Welsh language course. **It was resolved that** the Board • **Noted** the report.	
STRATEGIC	
24/147 Health Board response to the Royal College of Psychiatrists' Invited Review Services Report	

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24/147.1 The Chief Officer of Llais provided context, he stated that the families felt more hopeful however, whilst the approach felt different, some scepticism remained. They sought the new Board to deliver change at pace. The establishment of the new Expert Advisory Panel would be welcomed to ensure that actions were fulfilled.

24/147.2 Llais would continue to work with the Vice Chair and Interim Director Mental Health and Learning Disabilities (MHLD) and welcome regular updates at BCUHB's Board meetings to ensure visibility and that a constructive look could be taken at all the recommendations to ensure they remained relevant and identify new actions if necessary going forward. It would be important to see MHLD services in the round and advised of recent prevalence of people experiencing suicidal thoughts emerging which needed to be addressed.

24/147.3 The Chief Executive emphasised the importance of the report and the commitment of the Board to demonstrate moving forward and provide confidence to the scepticism expressed. The Board had sought good practice and advice from far and wide.

24/147.4 The Executive Director Nursing and Midwifery advised of the work being progressed to ensure that the services of the Health Board were looked at in the round, not only in MHLD, to ensure the issues were not replicated elsewhere. The quality management system being introduced would strengthen this. She emphasised the importance of learning and listening from people with lived experiences, and acknowledged with gratitude recent meetings that she, the Chair and Chief Executive had joined in with families.

24/147.5 The Executive MHLD Lead stated the importance of ensuring that the previous experiences were never forgotten and that going forward stronger and safer services would care for BCUHB's patients. She highlighted areas within the response plan which would be receiving particular attention e.g. strengthening psychology and therapists. Electronic health records would be an important part of the solution, improving governance processes and providing greater confidence for families and the public. She emphasised the need to work together with Llais and the families whom had been affected to ensure that the changes moved forward in an integrated way with confidence and trust.

24/147.6 The Vice Chair, as Mental Health Independent Member lead, thanked everyone for their contribution and the balanced, thoughtful approach being taken. He welcomed the oversight of the Quality, Safety and Experience Committee and suggested that it would be important to ensure that current patient experience was also reflected in monitoring going forward. Improvement in complaint management was very important to progress. The importance of communication (reflected in action 1) required real leadership to address across the Health Board, not only MHLD. The provision of a physical health suite was to be welcomed whilst recognising estate pressures at acute sites. Supporting staff was imperative to enable them to carry out their challenging roles, and the substantive Executive Director role. Movement away from interim appointments was necessary. Psychological therapies and talking therapies needed to be

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focussed on. Scepticism needed to be met with proof of improvements and listening would be critical.

24/147.7 In response to a comment by IM Urtha Felda, the Chief Executive concurred that there were research investment opportunities to be explored. The Chief Executive also advised that the Deputy Director of People would provide an update on progress with culture, leadership and engagement to the September Board meeting. Six monthly MHLD progress reports would be provided to the Board as previously agreed. She welcomed the establishment of a new Expert Advisory Panel reporting via the QSE Committee. The Chief Executive reaffirmed the commitment to moving forward improvements with honesty and openness.

24/147.8 The Llais Chief Officer welcomed the commitment advised and sought assurance that the vacant chair position of the Expert Advisory Panel would be 'independent'.

It was resolved that the Board

- **Approved** the Health Board response to the Royal College of Psychiatrists Invited Review Services Report entitled 'Moving Forward Together'; and
- **Endorsed** the outlined approach and proposed governance arrangements.

24/148 All Ages Mental Health Digital Solution Outline Business Case (OBC)

24/148.1 The Chief Digital and Information Officer introduced the outline business case. He cited the evidence moving forward was to work differently and ensure the evidence of patient record keeping was easy, effective and accurate whilst providing great care every time. This could be supported by electronic healthcare records (EHR) at BCUHB.

24/148.2 The MHLD Medical Director joined the meeting to explain her role as Senior Responsible Officer and emphasise the springboard opportunity that the EHR would bring to clinical transformation and hugely improved MHLD services for the people of North Wales. She stated that staff were ready to embrace the EHR solution which would also meet Regulation 28 needs. She stressed the improvements and the benefits that contemporaneous information and the avoidance of clinical variation would bring in utilising the solution.

24/148.3 The Chief Digital and Information Officer stated the costs of £10m over 4 years also incorporated implementation costs and highlighted the fact that implementation would take 3 years to complete across all ages within MHLD services. The Digital Investment Panel (DIP) was considering the investment that day, it was noted that the Director General NHS Wales had indicated via letter, that the OBC would be provided to the Cabinet Secretary, subject to the DIP's decision, in due course.

24/148.4 The Board members presented a number of questions. In relation to potential savings, the Interim Executive Director of Finance and others advised

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there was much potential due to filing, clinic transfers and release of storage space of paper records, less duplication in recording data which released time for patient care, and decreased waiting times. Measurable benefits realisation would be quantified in the final business case stage. He also advised that this and other business cases would need to articulate savings, efficiencies and alignment with strategic objectives in reports albeit these discussions were difficult.

24/148.5 Members also questioned integration with future internal or partnership digital systems.

24/148.6 The solution would be an important part of the changes BCUHB needed to move forward with its plans, the Chair was keen to support the need for an effective electronic health record for patients and welcomed the staff enthusiasm articulated by those present.

It was resolved that the Board

- **Approved** the All Ages Mental Health Digital Solution Outline Business Case.

The Executive Lead for Mental Health left the meeting

24/149 North Wales Vascular Network – update report

24/149.1 The Chief Executive presented the item which was a key area for service delivery and part of special measures. The quality management system, approved by the Board, would continue to be utilised in the focus on vascular services. The Executive Director of Transformation and Planning advised there had been a reshaping of services following concerns raised 10 years ago and, whilst the journey had not been straightforward, there had been many improvements, especially in the last year. The team had been able to adapt and adopt to continuous improvement and contribute to network data which demonstrated a maturity in the service. Whilst many areas were operating well, there remained some which were being closely monitored through an integrated improvement plan. The Executive Director of Transformation and Planning reflected on the improvements medical personnel engagement had contributed during the period including the provision of certain vascular surgery that would not have been possible without the singular hub and spoke service provided.

24/149.2 The Deputy Executive Medical Director directed the Board's attention to the improvements outlined within the report, especially in regard to cultural changes, constructive clinical engagement and strengthened governance processes.

24/149.3 The Quality and Safety Committee (QSE) Committee Chair shared recent scrutiny of vascular reporting to the Committee which had provided assurances on improvement, both internally and through external data. It was important to maintain this monitoring at the Committee and recognise the need for the improvements identified to continue to be implemented.

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24/149.4 In response to the Chair, the Executive Director of Transformation and Planning provided background to the reasons for changes and the practical and cultural improvements made. He remarked that there had been useful learning on working with neighbouring services which would be borne in mind in future improvement work. The Deputy Executive Medical Director also shared the positive wider national discussion that were being held. The Chair was pleased to note that improvements had been made through working together, as BCUHB's ambition was to provide the best of service provision for the people of North Wales. He voiced his gratitude for the work undertaken. **It was resolved that** the Board • **Noted** the Vascular Service Progress Report, specifically the level of progress made and the current status of the service following external assessment; and • **Endorsed** the proposal for a further peer review in 12 months to ensure continued improvement, reporting regularly through to the Quality, Safety and Experience Committee	
24/150 Digital Augmentation Contract **24/150.1** The Chief Digital and Information Officer presented the item clarifying the need to introduce external digital expertise into BCUHB not only to develop software applications but to also ensure that BCUHB employees were also upskilled to grow organisational capability in order to effectively meet digital support to the organisation's strategic objectives e.g. MHLD Electronic Health Record. He set out the funding arrangements and sought delegation for the Executive Team to approve augmentation contracts within the parameters outlined i.e. to a maximum of £2m total spend which was included within existing budgets. **24/150.2** IM Rhian Watcyn Jones questioned the risk of investing in a third party resource which might consequently employ trained BCUHB employees. The Chief Digital and Information Officer acknowledged the point however, on balance, there were wider market factors to be considered and there remained potential for local talent to be developed and retained. **24/150.3** A discussion ensued reflecting on the importance of developing local young people, and the Chief Digital and Information Officer was encouraged to provide opportunities to support the development of local people, where possible, in the augmentation services engaged. **It was resolved that** the Board • **Noted** the conclusions of the report and recognised the immediate need to strengthen and grow its limited internal software application development, business change capability and capacity with the assistance of expert third-party partners; • **Agreed** with the award of augmentation contracts up to the maximum value of £2m, subject to approved business cases, whilst recognising that the contract value spend limit is to be £1,160,000 based on available budgets and approvals to date;.	

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• **Agreed** to delegate future approvals above the £1,160,000 to the Executive Team; and • **Agreed** that the Planning, Population Health and Partnerships Committee would receive regular updates on the contracts, to ensure appropriate governance and oversight	PW
24/151 Integrated Concerns Policy **24/151.1** The Executive Director of Nursing and Midwifery presented the item explaining the background and development of the policy emphasising the integrated element and functionality across all the organisation which had undergone appropriate consultation that also included feedback provided by Llais, Welsh Governance (WG)and NHS Wales Executive. She highlighted that complaints, incidents and mortality would be dealt with through an integrated concerns hub. An implementation plan was in place to ensure the policy would be functional by September 2024 and supported appropriately by staff with the provision of a standard toolkit for consistency. **24/151.2** The Executive Director of Transformation and Planning acknowledged the volume of work undertaken and drew attention to the important provision of business intelligence which the outputs provided could also feed into organisational planning. **24/151.3** IM Rhian Watcyn Jones questioned whether BCU's primary ambition to embed robust, timely services was sufficiently articulated within the policy – as successful services rarely had complaints to report on and was a measure of improvement. The Vice Chair also sought to ensure the actions required to address Duty of Candour and the early disclosure of potential adverse incidents with patients were explicitly referenced in the documentation. He also sought to ensure that process development considered the pinch points of authorisation e.g. corporate permission that could significantly delay progress for patients and families awaiting answers. **24/151.4** The Chair questioned how a cultural shift could be made from the automatic response of instigating the complaint process to addressing the issues through learning and improving quality within services. In response to IM Clare Budden, the Director of Corporate Governance undertook to examine the Policy further to consider her comments regarding procedural content and also took onboard the general feedback which would be explored with the Executive Director of Nursing and Midwifery. **24/151.5** The Chief Executive emphasised that the organisation needed to improve the manner in which concerns were dealt with and the policy provided the opportunity to address this along with improving the quality of investigations and standards. Capturing thematic issues and ensuring consistency and effectiveness was key to the rapid improvement approach needed, noting that monitoring effective concerns performance measures, especially reasonable response times, would demonstrate that BCUHB *does* care greatly about these issues. **24/151.6** The Executive Director of Nursing and Midwifery expanded on improvements introduced, including more effective but appropriate authorisation	AW/PW

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processes to ensure timeliness, strengthened executive oversight and the provision of forums for staff to actively contribute to, and participate in, learning. She also suggested safe methods that could be introduced for staff to have better confidence in the appropriate escalation of issues raised, for example at the bedside. Whilst it was important to work towards achieving few complaints it was equally important to ensure that an effective complaints reporting process was in place that was clearly understood by patients and families. In response to IM Karen Balmer, the Executive Director of Nursing and Midwifery agreed to cross check against BCUHB's Information Governance Policy on storage timelines and incorporate within the documentation. **24/151.7** The Chair reflected that the need for cultural change was a common theme that had emerged during the day's discussions. **It was resolved that** the Board • **Approved** the policy subject to the inclusion of amendments put forward	AW
24/152 2024/25 Annual Delivery Plan - Quarter 1 **24/152.1** The Executive Director Transformation and Planning presented the report, outlining the attainments reached at the end of quarter one. Of note were 66% achieved, 7 due for completion by 31st July and 6 were overdue deliverables that did not have mitigation plans that would bring them back on track within a short timescale. Attention was also drawn the change control summary within the document. **24/152.2** The Chief Executive commented that it was essential that the organisation had clarity on the 5 strategic objectives and milestones necessary to deliver against and this was much better understood than 2 years ago. It would be testing and challenging to ensure delivery against the performance targets set in Planned Care but it had clear organisational focus. **24/152.3** The Chair stated that the organisation had demonstrated financial and governance improvements and it was now very necessary to achieve improvements in the delivery of performance. **24/152.4** In response to members' questions, the Executive Director of Transformation and Planning advised that there had been a balance of ambition set across the reporting quarters, in which there was a more realistic baseline at quarter 2 which was progressing well. In regard to the Treat in Turn initiative questioned by the Vice Chair, he advised that a huge step change had taken place however, it was not yet sufficient to align with the target set. **It was resolved that** the Board • **Received assurance** on the progress made during Q1 along with the challenges highlighted; and • **Approved** the change controls outlined within the paper.	

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24/153 2023/24 Annual plan closure report The Executive Director Transformation and Planning provided assurance that the actions not completed in the previous year's Annual Delivery and Special Measures plans had been subsumed into the 2024/25 Annual Delivery plan which replaced the need for 2 separate plans. **It was resolved that** the Board • **Noted** the report and approved the change controls outlined within the paper	
24/154 Integrated Performance report **24/154.1** The Interim Executive Director of Finance invited individual executives responsible for sections of the report to provide updates in these areas, noting that finance would be dealt with at item 24/156. **24/154.2** The Executive Director of Nursing and Midwifery drew attention to the Quality, Safety and Experience (QSE) measures reported, including 2 new never events, 22 new reportable incidents and 6 trainee clinical coders had been appointed. In regard to workforce, there had been significant reduction in nursing vacancies through retention and significant recruitment, which was also a significant good quality indicator. **24/154.3** The Deputy Director of People Services stated that focussed attention by workforce teams was ensuring that only appropriate agency nursing staff were being utilised where necessary. He drew the Board's attention to new measures included within the report to provide People visibility and the intention to shortly introduce a culture dashboard to measure BCUHB as a compassionate organisation. Sickness absence was constant and consistent with the previous year. Turnover of nursing staff was now the third best in Wales. He highlighted that understanding the reasons for staff leaving was also being followed up which would provide greater clarity for the organisation. **24/154.4** The Acting Executive Director of Therapies and Health Sciences highlighted the challenging performance in patient waits within Emergency Departments (ED) and in ambulances which needed to show improvement for patients and staff through the various activities that were being invested in these areas. He drew attention to these eg pathways developments, meetings with Ambulance services, optimal flow, community rapid access and managing people whilst in ED, all of which were part of BCU's major change programme for the year ahead. He expanded on this in response to IM Urtha Felda's query. **24/154.5** The Interim Executive Director of Finance drew attention to progress in respect of the ringfenced Planned Care Funding of £44m provided by WG to enable the Health Board to make improvements in these areaes. It was a major priority to change Outpatient appointment waiting times from growing (c24,000) to significantly reduction. Consideration of various initiatives to address this would be decided upon within the private session to follow, including focus on patients experiencing extreme waits. Booking systems, diagnostic availability, cancer performance and dermatology were all receiving particular focus on	

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improvements. Whilst Mental Health and Learning Disabilities (MHLD) services were generally performing well, Child and Adolescent Mental Health Services (CAMHS) performance was significantly challenged. Integrated Healthcare Communities (IHC) were focussing on ways to book in long waiting patients across the Health Board. **24/154.6** The Chair was pleased to note refinements in the formatting of the report however, he asked the Chief Executive to enable additional information to be provided across the report that clearly articulated the actions being undertaken to address the performance issues and provide services for the patients whom BCUHB serves. **24/154.7** In response to IM Chris Field, the Executive Director of Nursing and Midwifery shared that the trajectories for concerns improvement were on track given the improved processes and focus that her teams were moving forward, although mindful of delays that could sometimes arise waiting for information from external partners. The Chief Executive suggested that introducing a local measure might provide a better indicator of performance. **24/154.8** IM Caroline Turner pointed out concerns with vaccination rates and sought improvements. She also questioned why patients waiting the longest could not be immediately be moved the 'front of the queue'. **24/154.9** IM Clare Budden expressed concern with the lack of contemporaneous performance data, and requested that this be followed up, given that Financial reporting was made available to the Board in a timely manner. She also questioned why there was strong variation between East, West and Centre and whether successful progress within one area was sufficiently shared to learn lessons elsewhere. **24/154.10** The Chair observed a common theme was arising in regard to ensuring the Board operated as one, rather than seperately. **24/154.11** The Vice Chair called impassionately to move forward and adequately resource the appointment booking service in order to improve long waiting times for patients with BCU clinicians. He and the Chair stressed the need for the issue to be addressed. The Chief Executive outlined the incentive, support and serious consequences approach which the performance framework provided to improve the position. She acknowledged the serious time pressure upon the Health Board and the command and control approach being undertaken to improve traction which was constantly being monitored. The Interim Executive Director of Finance stated that weekly senior leadership team meetings were taking place to target providing the necessary services to long waiting patients as a priority. Positive clinical engagement was taking place and there was an expectation that those patients whom had waited the longest would be booked in by the end of August 2024. **24/154.12** The Chair emphasised that the Board was focussed and committed to addressing this area in order that patients within the Health Board could be seen appropriately and within a reasonable time.	RC

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It was resolved that the Board • **Reviewed** and **noted** the contents of the report	
24/155 Quality Report **24/155.1** The Executive Director of Nursing and Midwifery presented the report. She highlighted that a recent Healthcare Inspectorate Wales (HIW) inspection of Ysbyty Glan Clwyd Emergency Department had provided initial positive feedback on improvements observed, there was potential that de-escalation might follow. IRMER had also been undertaken. Ombudsman's reports and Investigation reports were noted as published. She also drew attention to work being done to address Falls and Hospital Acquired Pressure Ulcers (HAPU). **24/155.2** The QSE Chair questioned whether further depth could be provided in future reports to reflect the actions being undertaken to address issues and the consequences. She was particularly concerned with how pressure ulcers were reported and the distinction of those which were hospital acquired. The introduction of quality dashboards were to be welcomed, not only for internal purposes but also for patients and families. In response to IM Clare Budden, the governance route of monitoring HIW report actions was outlined by the Executive Director Nursing and Midwifery, which included her chair assurance report to the QSE Committee. **24/155.3** Discussion also ensued on leadership and cultural issues which had become a regular theme of concerns. IM Urtha Felda asked that future reports provided detail on completed audits. **It was resolved that** the Board • **Noted** the report	AW AW
24/156 Finance Update Q1 **24/156.1** The Interim Executive Director of Finance presented his report to the Board reflecting the continued challenging financial position. Members noted the year to date £12.8m deficit, which represented a £7.9m adverse variance for the first quarter against a planned deficit of £4.9m, and the work that would progress to bring this back into profile. The deficit to date was predominantly driven by the £5.9m shortfall in undelivered savings against profile and pressures in Commissioned Services, Continuing Healthcare (CHC), and in particular mental health placements. Additional capacity was available to treat patients, and identify discharge arrangements from BCUHB's urgent emergency care service. **24/156.2** With regard to the savings target of £48m, £26.5m savings had been identified, of which £4.3m would be non-recurring, and £22.2m recurring with a full year effect of £32.1m. This was a significant improvement from the beginning of the financial year. Of the £26m savings these would have a full year effect which would roll into future years. **24/156.3** Members noted the £82m available from WG as one-off funding for this year. Discussions were progressing with WG around where this resource would be targeted next year and delivery of our plan would be linked to our case for	

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retention for the funding. As the Health Board had improved on its plan for 2023/24, it had received £74.6m from WG into the baseline funding for every future year. The challenge remained for the Health Board to achieve the £20m target to develop a strong case for retaining the additional £82m in the baseline for the next year and future years.

24/156.4 With regard to £44m capital funding programme, it was noted that there was currently a spend of £1.7m against this. Planned works were in the system to occur later in 2024/25, and work was on-going with the estates team to ensure that the money would be allocated and spent in-year.

24/156.5 In response to a question from IM Urtha Felda regarding transformational work, the Interim Executive Director of Finance advised that a value and sustainability model approach had been adopted which would be embedded throughout WG and Wales. The work of the Non-Pay National Forum, of which the Interim Executive Director of Finance was a member, was important and was an opportunity to share good practice. One of the many elements of this work was clinical practice and this would free up resources that were currently committed based on premium working, and there was further work to be undertaken in this area.

24/156.6 The Health Board had implemented a Value and Sustainability programme approach which would act as enablers on transformation to deliver some of the savings against the £48m ask. It was noted that the value and sustainability work would deliver both savings, along with wider improvement and engagement. This would lead to patient benefits and savings within five core domains: Workforce, Clinical Variation, Non-pay, Continuing Health Care (CHC), and Medicines Management. Each of the domains were performance managed by the Integrated Performance Executive Delivery Group.

24/156.7 The Vice Chair welcomed the progress being made against the challenging savings target.

24/156.8 With regard to staffing, work was being undertaken on modelling the workforce, and the operational infrastructure of the organisation, and how it currently operated. This provided the Health Board with an opportunity for some transformational change. The Executive Director of Nursing and Midwifery advised that, whilst it remained a challenge to recruit to the West area, Bangor University had the largest output of students and that streamlining to posts in the West area was higher than other areas. It was noted that there had also been a large uptake in terms on international recruitment, with support provided to integrate and support staff into their work streams. Work was progressing on converting agency staff who lived locally to substantive staff contracts.

24/156.9 The Chair thanked the team for their excellent work on the annual accounts which had been approved by Wales Audit.

It was resolved that the Board

- **Received** the report

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24/157 Corporate Governance Report The Director of Corporate Governance advised work was ongoing to improve Committee Terms of Reference and business cycles which would be reported at the next Committee Advisory Group meeting. The Board Development programme and meetings were progressing. **It was resolved that** the Board • **Noted** the contents of the report; • **Noted** the affixing of the common seal; • **Noted** the matters considered in the Private Board meeting on 30 May 2024; • **Approved** the proposed Board Cycle of Business 2024/25 aligned to the Annual Plan; • **Approved** the revised Terms of Reference for the Remuneration Committee; and • **Ratified** previous Chair's Action Letters which contain recommendations to grant approval or re-approval for Approved Clinicians and Section 12(2) Doctors across Wales.	
24/158 Corporate Risk Register Quarter 1 **24/158.1** The Director of Corporate Governance reported that, as part of the Board's responsibility to review the risk framework and risk appetite on an annual basis, discussion had been held at the Board Development meeting in June 2024, the outcome of which was the report presented to the Board. Members were advised that a paper had been submitted to the Audit Committee regarding the limited assurance report which had been received in terms of risk management, although it had been recognised that significant work had been undertaken over the previous year. **24/158.2** The Director of Corporate Governance advised that a Risk Scrutiny Group had been established which would be chaired by the Executive Director of Nursing and Midwifery, and supported by other executive colleagues to ensure further scrutiny in terms of some of the risk. Members noted that the Audit Committee was supportive of the changes to the Risk Management Framework. Further changes which had been discussed at the Board Development session would be included within the next iteration of the report to the Board around the removal of the levels of assurance which would feed into the Board Assurance Framework. **24/158.3** Work would continue on a number of principle risks in terms of the Board Assurance Framework, and would focus on the management of risk within the tolerance set by the Board, with Committees focussing on the risks outside tolerance to ensure that plans remained appropriate. The Board Assurance Framework would be presented to the next Board meeting. **24/158.4** Members welcomed the report and progress being made. **It was resolved that** the Board • **Noted** the report;	

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• **Approved** changes to the Risk Management Framework; • **Approved** the risk appetite for 2024/25; • **Received** the Corporate Risk Register as at end June 2024, noting that further work on the refinement of risks and actions is required.	
24/159 Committee and Advisory Group Chair Reports **It was resolved that** the Board • **Noted** the Chair assurance reports of : 1. Audit Committee 9.7.24 2. Finance, Performance and Information Governance Committee 25.6.24 3. Planning, Population Health and Partnership Committee 18.6.24 4. People and Culture Committee 13.6.24 5. Remuneration Committee June/July 2024 6. Charitable Funds Committee 14.5.24 7. Stakeholder Reference Group 3.6.24 8. Health Professional Forum 7.6.24 • **Ratified** the 2024-27 Charity Strategy, which was approved by the Charitable Funds Committee on 15/04/24, subject to the approval of the Health Board.	
CLOSING BUSINESS	
24/160 Review of meeting effectiveness Some members questioned the suitability of the room for hybrid meetings as they found it difficult to hear effectively.	
24/161 Any other business None was received	
24/162 Date of next meeting 26th September 2024 Health Board, Venue Cymru 25th September 2024 Annual General Meeting - Venue – post meeting note : Venue Cymru	

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

Health Board Action Log

arising from meetings held in public - updated 19.9.24

Actions Remaining Open						
Action No	**Minute Reference**	**Meeting date**	**Agreed action**	**Lead**	**Timescale**	**Status**
1	24/104.3	30.5.24	Arrange a demonstration of the developing Quality Management System for Board members	Executive Medical Director / Director of Corporate Governance	31.12.24	Due to the absence of the Executive Medical Director this has not been completed. Discussions to take place with the Executive Director of Nursing and Midwifery (EDON) and the Chair of the Quality, Safety and Experience Committee. 19.9.24 EDON suggests a session at a board development session later in the year once pilot has produced toolkits and gap analysis to inform roll out.
2	24/115	30.5.24	Explore improving clarity of sound issues within the room at hybrid meetings	Director of Corporate Governance	31.12.24	**19.09.24** Ongoing discussion taking place to factor in audio solution for hybrid meetings that take place in person with live streaming and provision of simultaneous translation. Further options to be explored by Director of Corporate and discussed at

						the Chairs Advisory Group by end of December 2024.
3	24/154.9	25.7.24	Follow up on the lack of contemporaneous performance data within the Performance report given that Financial reporting was made available to the Board in a timely manner. Explore strong variation between East, West and Centre and whether successful progress within one area was sufficiently shared to learn lessons elsewhere.	Interim Executive Director Finance	18.9.24	Director of Performance and Commissioning takes up post in October, and this will be part of his remit to build upon improving performance reports. Suggest the Performance, Finance and Information Governance Committee take oversight of this on behalf of the Board.
Actions Proposed for Closure						
4	24/96.3	30.5.24	Arrange for Head of Patient Experience to improve publicity on learning from all lessons	Executive Director Nursing & Midwifery (Head of Patient Experience)	12.9.24	The Head of Patient Experience is working with the Comms Teams to identify the best way to share learning. The target date will be September 2024. 18.9.24 A Comms plan is in draft. The Patient Experience Team are working with Comms to ensure that there is an understanding of PALs and the difference between a concern and a complaint. Work is continuing to identify the impact of patient stories and share the lessons learnt at local and pan BCU level.

						The Quality Dashboard is fully functioning and data is updated on a daily basis allowing colleagues to drill down beyond themes and access the detail. Teams are being encouraged to share an identify good practice.
5	24/102.4	30.5.24	Consider how the Financial Control action plan monitored by the Audit Committee might be shared more widely.	Chief Executive / Director of Corporate Governance	18.7.24	1.8.24 Circulated to members via email through the office of the Director of Corporate Governance
6	24/112.5	30.5.24	Provide a report on Urgent Care to the next meeting	Chief Executive / Director of Corporate Governance	18.7.24 18.9.24	To be considered at the Board in September as agreed with the Chair. Agenda item September Board.
7	**24/150.4**	25.7.24	Arrange for Planning, Population Health and Partnerships Committee to receive regular updates on the digital contracts, to ensure appropriate governance and oversight	Director of Corporate Governance	18.9.24	Included on the forward work plan for inclusion as part of the Digital update reports
8	**24/151.4**	25.7.24	Examine the Integrated Concerns Policy further to consider IM comments regarding procedural content and general feedback	Director of Corporate Governance / Executive Director Nursing & Midwifery	18.9.24	18.9.24 The Policy has incorporated feedback and will be reviewed following operationalisation.
9	**24/154.6**	25.7.24	Cross check against BCUHB's Information Governance Policy on storage timelines and incorporate within Integrated Concerns Policy	Executive Director of Nursing and Midwifery	18.9.24	18.9.24 All information is covered by Governance Policy and Health Board adheres as identified. Storage timelines are adhered to across the

						Health Board. This will be reinforced during implementation of the policy.
10	**24/155.2/3**	25.7.24	In future Quality reports reflect the actions being undertaken to address issues and consequences in greater depth (including how pressure ulcers were reported and the distinction of those which were hospital acquired) Include information on completed audits	Executive Director of Nursing and Midwifery	18.9.24	18.9.24 Work in progress to identify the detail required and this will be included in reports going forwards.
11	24/104.2	30.5.24	Consider how items previously discussed at a Committee could state this explicity within the reporting template to Board and facilitate the opportunity for the appropriate Committee Chair to comment at Board.	Director of Corporate Governance	18.10.24	In progress, a revised set of templates are being developed which will included the governance route. It is anticipated that these will be in place in the next quarter following consideration by the Chair and Committee Chairs. 19.9.24 The agenda for the Board meeting has been re-ordered to focus on committee reports before the item which provides the linkage between the Committee and Board. These processes will continue to be refined.

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

,Teitl adroddiad: ***Report title:***	Citizen Experience Report
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This is the third report to Board summarising the themes from our involvement with citizens. It covers the last three months from a range of sources. It draws on the day-to-day interactions we have with patients, their carers and families, the conversations we have with the public and partners in their communities and at events, correspondence from Members of the Senedd and Parliament and activities and engagement with citizens undertaken by Llais. It reports on the key themes from those interactions and conversations. It does not go into the detail of how the Health Board is responding to the issues but signposts to those papers in the Board meeting where they are being taken forward. All questions to the Chair and other Board members will continue to be answered and people can expect direct replies to their queries.
Argymhellion: ***Recommendations:***	The Board is asked to note the report.
Report presented by:	Dyfed Edwards, Chair
Awdur yr Adroddiad: ***Report Author:***	Helen Stevens Jones, Director Partnerships, Engagement and Communications

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Involving and understanding the experience of our citizens runs through all the Health Board's strategic objectives and plans
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the NHS (Wales) Act 2006
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?***	Not applicable for this report.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	There are no specific risks associated with this paper.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no specific financial implications associated with this report
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no specific workforce implications associated with this paper.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF:	Not applicable

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

HEALTH BOARD MEETING IN PUBLIC
26th SEPTEMBER 2024
CITIZEN EXPERIENCE REPORT

1. Introduction

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

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

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

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

2.2 Between 1st May 2024 to 31st July 2024 PALS logged 2125 cases. 1682 of those were enquiries, 344 were compliments and 99 were suggestions. In July 2024, the Health Board received 198 compliments from patients/relatives sharing positive experiences of accessing Health Board Services; this is the highest number of compliments the Health Board has received in one month. The key themes identified from PALS enquiries within this reporting period, which are consistent with the top three areas of concerns, include:

- Delay in appointments/waiting times
- Delay/lack of clinical treatment or assessment
- Communication with patient/family

The Patient and Carer Experience Team's new telephony system went live on Monday 22nd July 2024. The new telephone system gives customers an improved caller experience, with options for callers to select that include; Patient Booking Centres (pan BCUHB), the Waiting Well Team, Patient Advice and Liaison Service, and the Concerns Team. The telephone line also signposts customers to BCUHB's website for further information. The new telephony system was launched to staff on SharePoint and access to the services is promoted to customers on social media via BCUHB Facebook page on an ongoing basis.

2.3 From 1st May 2024 to 31st July 2024, 14,044 All Wales Real Time Feedback survey responses were received.

Key findings from the real-time survey feedback include:

- 81.54% were satisfied with their overall experience

- 81.58% were always given all of the information needed
- 85.17 % always felt listened to
- 81.68% 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
- 82.20% were always involved in decisions about their care.

What people have said:

'Just wanted to say a heartfelt thank you for all you have done for my Granma the last couple of months. Not just the medical and health care, but you really took notice of how to calm her and chatted with her, even when you as a team are busy and stretched. I truly can't thank you enough' (Morfa Ward).

'Would like to say a huge thank you to the staff on Acton ward, who cared for my father in law for a very brief but very important part of his life. They allowed him to have a dignified and peaceful death surrounded by those most important to him. Thank you for making this experience a little easier to bear' (Acton Ward).

'Parking in the Minor Injury Unit was easy and I was seen promptly. Everyone had a smile on their faces and were kind and helpful to me' (Penrhos Stanley Minor Injury Unit).

2.4 Between 1st May 2024 – 31st July 2024, 316 All Wales Real Time Emergency Department (ED) Feedback survey responses were received, an increase of 210 surveys from the last reporting period. The response rates are currently low and the Patient and Carer Experience Team is working with Heads of Nursing and Emergency teams to improve the feedback response rate, so that patterns and trends and associated learning can be identified, and improvement plans put in place.

Below are examples of work being undertaken to improve feedback responses within ED:

1. A Task & Finish Group has been set up with Heads of Nursing for ED to agree an improvement trajectory to increase CIVICA feedback survey responses. The initial focus is to capture the experience of 3% of patients who attend ED.
2. Each ED is testing different ways change of how they can capture feedback with a view to making improvements.
3. ED feedback data to be monitored monthly at local Integrated Health Community Patient and Carer Experience Meetings.
4. ED performance data to be reported monthly into Patient & Carer Experience Group.
5. PALS are working with the Communications Team to promote ED feedback through a social media campaign.

2.5 There has been a significant increase in patient satisfaction levels reported in the All Wales Emergency Department real-time feedback survey:

- 41.85% felt from the time they needed to use this service they waited much too long (49.68% improvement in length of time they waited)
- 58.31% were always well cared for (increase of 12.08%)
- 59.29 % always felt listened to (increase of 37.39%)
- 48.05% always received assistance when needed (increase of 32.96%)

- 61.41% always felt things were explained in a way that they could understand (increase of 40.66%).

What people have said:

'Every member of staff was welcoming, smiled and was helpful. Tea from the Red Cross staff and Wi-Fi made the wait a lot easier. A decent and caring experience'.

'We were informed roughly the time we would have to wait in A&E, which is good information'.

'Staff were very polite and friendly. I was informed about my care and my doctor consulted with colleagues in other departments to ensure my treatment was right for me. Also a follow up appointment was made for the following week at outpatients'.

2.6 Below are examples of improvements based on patient/relative feedback:

- Vending machine installed in Ysbyty Gwynedd ED following feedback relating to lack of access to food out of hours.
- Wrexham Maelor Hospital have implemented streaming on the front door of ED, to support in streaming patients to the right area to help reduce waiting times.
- Ysbyty Glan Clwyd have improved patient information/signposting in the waiting area.

2.7 The Small Business Research Initiative pilot funded by Welsh Government with the aim to improve communication between staff and relatives when their loved one is an inpatient has now ended. In total 1121 messages were sent to relatives through a digital portal within this period. The benefits realisation of the project is currently being analysed including an independent staff evaluation. The project has been shortlisted as a finalist for the Patient Experience National Network UK Awards ceremony on 3 October 2024 at Birmingham University for the award category 'Communicating effectively with patients and families'.

What relatives have said:

'It was a brilliant idea especially when it's difficult to get through to a ward. It gave me reassurance all was ok'.

'We couldn't check on my relative every day, but we got updates to help us understand my relative's needs'.

2.8 The Patient and Carer Experience Team facilitated a session in partnership with the Centre of Sign Sight and Sound (COS) and the deaf and BSL using community in North Wales to understand how the Health Board can best meet the needs of the deaf and BSL using community. This was in direct response to feedback received at one of the Health Board engagement events.

What people have said:

'We received a letter to ask us to phone the hospital to arrange an appointment. This is not good for deaf people who can't communicate on the phone'.

'Deaf person went to the Emergency Department at night and staff were not able to access a BSL interpreter'.

'I find it difficult to raise a formal complaint or give feedback'.

Below are examples of work being undertaken to meet the needs of the deaf and BSL using community:

- Introduction of Sign Live – 24/7 access to BSL video interpretation and the ability to telephone the Health Board through a video relay service.
- Quarterly feedback reports from Centre of Sign Sight and Sound reported to the Patient and Carer Experience meeting.
- In partnership with Centre of Sign Sight and Sound, working with the deaf and BSL using community to capture a series of patient stories to raise awareness and learn from experiences.
- Deaf awareness and Welsh Interpretation Translation Service training for staff.

2.9 PALS Officers have visited wards/service areas to capture real time feedback from patients through Care2share discovery interviews. Below are the findings from the interviews with 'you said, we did' learning formulated by the service.

Erddig Ward, Wrexham Maelor Hospital

You said: *'The food isn't very good, the temperature, choice and quality are all poor.'*
We did: We will ensure that our patient's nutritional needs are monitored and we will pass your feedback on to our catering department.

You said: *'The doctors are all very different, I am getting mixed communication.'*
We did: We will remind all medical staff to treat every patient with respect and dignity and ensure communication is clear and concise.

You said: *'The nursing staff are wonderful and always introduce themselves.'*
We did: We will continue to ensure that ALL our patients received the same high standard of care… and share this with our team.

You said: *'The ward is clean and the cleaners are very nice!'*
We did: We will share your comments with the team.

Emergency Department, Ysbyty Gwynedd

You said: '*I was given a sandwich last night as I had not eaten, it was not a great choice. Also I was given a single Weetabix this morning. May be the option to have an extra Weetabix or something else would be nice as for me, the portion size is a little small.'*
We did: This feedback has been shared with Matron and the Catering Department contacted to see if an "out of hours" box could be provided to the department to increase food choices and portion sizes.

You said: *'Dad's first language is Welsh so the doctor asked me if I could translate for dad so that he could speak his first language.'*

We did: Ensuring patients can communicate in their first language is very important to us. We also have "Translators on Wheels" in the Emergency Department to facilitate communication with patients, carers and relatives with staff in their language of choice. We are also have a Language Choice Scheme which ensures that we are actively offering patients services in Welsh by identifying their language choice.

Enfys Ward, Ysbyty Glan Clwyd

You said: *'The staff have been very attentive and kind, a credit to the Hospital.'*
We did: We will share your feedback with the staff.

You said: *'The staff treat me with respect and dignity.'*
We did: We will endeavour to maintain our standards.

3. Community conversations

3.1 Board Listening Events

Since the last report a further Board listening event took place in Llandudno Junction, in July. This provided an opportunity for residents to hear about local developments and wider health services that are delivered within the Integrated Health Community (IHC) area. It also provides a two way conversation between the public and the Health Board to discuss what is working well and what could be better.

In terms of the Llandudno Junction engagement event a number of themes emerged. These included:

- Lack of NHS dentists in the area. Many people are struggling financially and can't afford private dental care and so this is causing a lot of concern and impacts on health.
- There was a feeling that the Health Board needs to focus on preventative measures. This includes working with children and schools. Examples given included healthy eating and working in partnership to support initiatives such as community allotments
- Communication was highlighted as an area for improvement. Examples included poor explanations about diagnostic results " *i wasn't sure what the xray results were saying*", On a more general communications theme it was suggested wider promotion of local health services was needed and how different services could help, e.g. pharmacies, Minor Injuries Units (MIU) etc.
- A common theme of access to health services was also raised. This included creating "one stop shops" or walk in centres which offered a wider range of services to provide a more holistic offer. Other suggestions included extending the times services are available to seven days a week and later appointment times.
- There were a number of positive comments about services in the area including the Stanley Eye Unit in Abergele and the Llandudno Hospital Minor Injuries Unit. More general comments however centred around the developing community engagement and collaboration betwen the Health Board and the community. This included being more involved in planning developments and strategic planning for the area such as the Local Development Plan.

3.2 County Shows

During August, the Health Board has been at a number of high footfall events including the Anglesey Show and Denbigh and Flint Show. These provide a great opportunity to not only promote services, offer advice and support but also listen and receive further feedback.

General themes from the Anglesey show included, lack of dentists on the Island, and many people not knowing where to go for diet and exercise advice.

The stroke prevention team were present throughout the two days and during this time made a number of referrals to GP practices regarding patients' blood pressures.

At the Denbigh and Flint show a “wellbeing village” was created involving 30 health services and third sector and community organisations. This enabled a broad range of feedback including concerns about waiting times for referrals to the Neurodevelopment services and accessing support whilst waiting. Waiting times also came up frequently in relation to GP services and diagnostic testing.

General feedback from the public was that they were pleased to see so many services both from the Health Board and Third Sector located in one place. This made it easier to help sign post people to relevant services or organisations so they could get the right information or advice.

3.3 Orthopaedics

We have undertaken some focused conversations with people who have recently undergone or are waiting for elective orthopaedic surgery, specifically hip and knee replacement. Feedback received focused on issues of waiting, travel/access and improving planned care.

3.31 Single Hip Replacement. Additional Complications

A patient had their right hip replaced in June 2023 after waiting approximately three years. Due to complications from a previous major surgery, their operation had to be performed at Glan Clwyd Hospital instead of the local orthopaedic hospital in Abergele.

“The pain I suffered was terrible and I've always had mobility problems after having a brain tumour operation, but this really affected my mobility with all the pain…

They described the surgery as successful and praised the medical staff at both Glan Clwyd and Abergele hospitals for their care. The only negative aspect was the stressful and painful transfer from Glan Clwyd to Abergele.

The waiting period, especially the last six months before surgery, was extremely painful and significantly affected their mobility and quality of life.

“The last six months was absolute hell, to be honest.”

3.32 Knee Replacement and On Waiting List

The patient started seeking orthopaedic treatment in 2014. Initially went privately for a '*new knee'* due to long waiting lists but couldn't afford to have the operation. Placed on the NHS waiting list for knee replacement but was '*lost track of'* in the waiting list system. During the 2019-2020 lockdown, they were offered a knee replacement but refused due to COVID-19 concerns. Eventually they had their right knee replaced two years ago.

Their total waiting time was eight years, exacerbated by their concerns over surgery during the lockdown.

"…it will be 4 years, but that's not taking into account the struggle I had getting to the point of seeing someone in the first place."

Overall, among those both waiting and having had an operation, the routes that led to people who took part in the discussions to need either hip or knee replacement surgery were varied from osteoarthritis, falls, and related conditions.

Largely people reported finding out the need for surgery by accident:

"I was surprised and in shock by the diagnosis, as it was unexpected despite my history of pain (unrelated cervical spondylosis)."

A common theme across all participants was that of disappointment with the information provided to them:

"I felt let down by the lack of information and support following his diagnosis. I expected guidance, pamphlets, or a group for support and was disappointed not to receive any."

They emphasised the need for a structured support system, including meetings with dietitians and nurses to help manage lifestyle changes and preparations for surgery. There were also comments on a lack of advice on weight loss despite being told it was necessary.

Other issues included the importance of preventative measures and timely diagnosis to improve patient outcomes was stressed.

"Well, like I said, I have the next step for you meeting dietician, a nurse, you know, so you guide it through what's likely to happen. And even if it's just a regular appointment, there's a bit of a catch up. Keep an eye on your weight and stuff like that, encourage you to lose the weight and keep it off. It's not rocket science at all it."

The discussions highlighted there was broad support for the concept of a centralised planned care centre for hip and knee operations with the potential to expand to include other non-emergency services. The most commonly occurring sentiment was frustration with the system and specifically the lack of information on the length of wait for planned orthopaedic operations.

The provision of an indicative position in the queue with all the attendant caveats around emergencies and other demands on staff time would in the view of participants, provide reassurance to those waiting.

Some positive feedback from these discussions was that participants who had had an operation spoke highly of the care they received at Abergele for those with routine needs and Glan Clwyd for those with complex needs. The key factor was the care and support they received from staff pre and post operation.

3.4 General Feedback

General themes from all our ongoing conversations remain broadly the same, e.g. waiting times, access to services, and communication. Many of these issues have already been covered in the update.

An example of communication related to accessing the NHS App. An elderly gentleman could not register as he is over 90 and has no current ID. His wife was unable to get his prescriptions online.

Other communication issues have included the need to consider the needs of the digitally excluded, in particular within rural Wales. The increasing reliance on virtual appointments via internet or telephone can be difficult for some people.

One theme that emerged through informal conversations is the anxiety by some people to undertake early intervention or health promotion interventions such as blood pressure tests, screening procedures or general check-ups. Some people are worried about what the results may be "*I'd rather not know*" or are worried about the procedure. This may need some further engagement to identify barriers to participation in routine health checks and procedures?

Another ongoing theme is access to services for people who are not Welsh or English speakers. An example recently highlighted was the emergency dentist service and difficulties accessing an interpreter.

4. Digital conversations

4.1 Over the last two months the digital communications team responded to 318 direct messages. Where possible we look to resolve the issues for messages relating to contact information for certain services or assistance in finding information on our website. Where this isn't possible and this relates to a negative experience we will sign post them to the Patient Advice and Liaison team. Some key themes of the messages were:

- Recruitment questions or information on job roles
- Experiences of visiting hospitals and signposting to PALS for support and advice
- Social messages of compliments for wards across all sites

4.2 In partnership with the Patient Experience Team, we have published information on all of the Health Board's online channels, encouraging the public to participate in a survey providing them with the opportunity to share their experience of visiting an Emergency

Department in North Wales. We also published the Health Board's statement on the Health Board's social media channels in response to the de-escalation of the Emergency Department at Glan Clwyd Hospital.

This is a snapshot of what people had to say:

“All very well praising improvements, but what have u done about the basic reason so many of us have attend A/e. It's because it's almost impossible to see a doctor. Liven them up and things will improve.”

"It's not the staff on the ground, it's the fact that there are far too many so called managers sitting in offices making ridiculous decisions. If you got rid of half of them, you would be better off"

"Elderly sat for hours on end on a hard chair whilst waiting to be admitted is not adequate care sorry"

"This is a massive improvement, the staff work tirelessly in a very demanding department.. well done to you all"

"The staff are amazing but sadly the service provision poor. I spent 8 hours with my elderly neighbour who was expected due to a suspected bleed. She sat on a hard chair the whole time which wasn't acceptable...."

"Well done everyone..."

"From personal experience many, if not all, of the medical staff are amazing! It's just a shame that there's so many faults with admin and senior staff..."

"Excellent news, well done to the whole team..."

"Fantastic, this is all down to the hard work and determination of all those involved, in ensuring our patients receive the best care possible. Well done team YGC ED, a time to be proud"

4.3 In mid-August we published the Integrated Three Year Plan on the Health Board's website and promoted this on the Health Board's social media channels. The levels of online engagement and interest in our future plans were high and we captured and responded to the following comments, queries and suggestions from the public

"We could do with spending billions less on agency staff, some don't care and put the money into permanent staff?”

"I think GP surgeries went back to the way they did before COVID and actually saw patients face to face instead of just there answer machine saying go to AE or even a telephone call to see what the problem is..."

"You need to start from the bottom and get more carers in the community"

"Having a plan is the easy part! The challenge is to see it through to full implementation including all of the associated agencies that have an impact. Seen this so many times before"

"Patients need to be moved on once well enough, not taking beds from those who need medical care"

"Car parking in Wrexham"

"You really need to address the condition of the Eryri Hospital in Caernarfon"

5. Correspondence from Members of the Senedd and Parliament

5.1 There has been a significant change in the political climate of North Wales following the General Election, with Labour and Plaid Cymru politicians replacing all Conservative MPs. Six of the eight MPs serving the Health Board's area are new. As a result, we have initiated a series of meetings to provide them with information and guidance about the processes they need to follow to raise health-related issues with us. These meetings have proven to be constructive, and we are starting to see some of the new MPs raising issues with us for the first time.

At the time of writing this report, we have received 653 enquiries from Members of the Senedd and MPs between January and 31 August 2024. This compares with 569 for the same period in 2023. The key issues raised by politicians since this period remain the same as the last report. These are:

- Waiting times, in particular orthopaedics, ophthalmology, general surgery and neuro diversity assessments.
- Access to mental health support services.
- Access to NHS dentistry.
- Poor experience in Emergency Departments.

There are a variety of other issues, from access to health records to discharge and ongoing care arrangements, but these are in the low single figures. Urology waiting times is a new addition to the list, with nine cases in the last quarter. There had only been nine in total over the preceding nine months.

The following statements have been gathered from some of the serious issues raised by politicians on behalf of their constituents. They provide a snapshot of the problems experienced by patients across our services, and are either in the patient's own words or in correspondence received from politicians.

What people have said:

Waiting time – Urology

From a politician: *"I understand Mr J has a PSA level of 48 and following an examination at the surgery of Alyn Family Doctors in Rosset on 12 April 2024, his GP made an urgent referral to Wrexham Maelor Hospital*

"Due to their misgivings around Mr J's' elevated PSA level and other symptoms he has which may mean his prostate cancer has spread, Alyn Family Doctors made a further urgent referral last week. Unfortunately, as of today Mr J has still not received an appointment.

"Mr J's' sister contacted Appointments at the Maelor Hospital on his behalf two weeks ago, when she was informed the "fast track" waiting list for prostate cancer is 19 weeks. "I believe Mr J's father, who also lives in Rossett, has an advanced form of an aggressive prostate cancer. However, he is a patient at The Village Surgeries Group in Farndon and his first appointment with a Consultant at the Countess of Chester Hospital, where the "fast track" waiting list is two weeks, was five days after his referral."

Patient: *"I heard today that Ysbyty Glan Clwyd can't give a date for my prostate operation. The secretary advises they have re-organised and she has asked for a management decision. I had a pre-op at hospital in April 2024 but operation appointments of 2 and 9 May 2024 have been cancelled. I had a second pre-op in mid July 2024 and a verbal date of 1 August but this is now not going to happen. I had a benign prostate biopsy some years ago and was due to be monitored but in July 2023 and in distress I decided to go to A&E on three occasions; I had a consultation in November 2023 where my condition was listed as urgent.*

Access to Mental Health services

"It would appear that she was referred to Nant-y-Glyn around 12 months ago by her GP but is yet to be seen face to face by a member of the team, having only been subject to a few short telephone assessments before being offered an anxiety course. She then claims to have been discharged inappropriately by the service. My constituent says that she has been experiencing suicidal thoughts and her GP has made a further referral to the Community Mental Health Team but there appear to be communication failings with the team with letters and telephone call backs not being fulfilled."

"His whole life is suffering due to lack of intervention. His relationship is under strain and he believes his wife will leave him if he can't improve his mental health. His two children depend on him, but he is having arguments at work because of his issues and is worried he won't be well enough to work if things continue like this. Can you please confirm why he cannot see a psychiatrist, or even psychologist? Can you please explain why he has not been referred for any therapies in seven years? I would be grateful if you would also explain what you are doing to reduce the waiting list for ADHD assessment, as it is well known that untreated ADHD can cause anxiety and depression."

"My constituent is currently renting accommodation and is being supported by her landlords who today accompanied her to Ysbyty Gwynedd as a matter of urgency. She was turned away from this hospital earlier today despite her double incontinence and frequent vomiting. She is a vulnerable patient in need of urgent mental health support. I understand she is experiencing substance withdrawal symptoms with very bad side effects. She has been prescribed medication and takes 19 tablets daily."

Ophthalmology waits

"My constituent is partially deaf and depends on lipreading to be able to understand and communicate with those around her. Unfortunately, she has developed cataracts which have severely diminished her ability to see and consequently her ability to communicate as she is no longer able to lipread."

"He is a type 1 diabetic, diagnosed 51 years ago and was first diagnosed with retinopathy in 1990. He says that his last appointment was in January 2022 with a follow up due in a further six months. He is yet to receive an appointment which, given his eye condition and the possible impacts of this, is a cause for some concern."

"A constituent has been in touch regarding cataract surgery. He has been told that he may have to wait up to 18 months for surgery. He can no longer read or drive, and has explained that his quality of life has massively deteriorated."

Access to NHS dentistry

"I am almost 70 and recently been diagnosed with Polymyalgia. I have been told that I have to keep an eye on my dental health regularly, which I do but when I tried to book with my dentist I was told that he has gone private. I am now faced with the dilemma of possibly losing my teeth and having no way of finding out if I have any dental issues such as oral cancer. Or pay well over £300 per annum with an insurance plan to get a basic check every six months, X-rays and teeth cleaned. If I have any fillings, I have to find the minimum of £145, which includes a discount of ten per cent. I am on a pension and trying to live an independent life in my own home, I get no benefits because I put everything I have into living independently. I live alone and really ask myself and you too, is this the way things should be?"

"A mother contacted my office to express concern at her inability to find an NHS dentist for her two daughters, one of whom is aged 13 and in urgent need of extensive dental work; she had 10 teeth extracted when she was aged nine and has severe decay in several of those which are remaining. She is in considerable pain, and this is also a cause of considerable anxiety to her mother and sibling."

General and Gastro-intestinal surgery waits

"Concerns have been raised by my constituent on behalf of his wife, who will turn 81 next week and has been on a waiting list for four years to have her gall bladder removed. He advises that in December 2023 she was in so much pain they had to attend A&E twice and the pain was so severe that she was administered oral doses of morphine."

"He has a hernia which is causing him a lot of pain, he keeps trying to book an appointment at Ysbyty Gwynedd however is unable to do so, this has been ongoing for 2 years"

Neurodevelopmental assessment waits

"She states that she has struggled with her son's behaviour and emotions since a young age and self-referred him for diagnosis on 20th December 2018, 11th November 2019 and 30th November 2021. She is now extremely concerned that he will not be assessed before his GCSEs and will therefore not have the reasonable adjustments made for him at school that he needs, neither during lessons nor exams."

"He has been on the waiting list for an assessment with the Neurodevelopmental team for two years, and was recently informed that the wait could extend to another 24-36 months. This effectively means a potential wait of five years or more for a crucial diagnosis."

"For several years now, when we call the Wrexham Maelor Neurodevelopmental Team, we get told that we can't be given a date but we're high on the list. This has been ongoing for years; surely something more can be done to support our daughter, a private referral for assessment, or a referral for assessment at an NHS board with capacity? She faces many challenges on a daily basis, educationally, physically and emotionally. She suffers with anxiety, sensory overload, becomes closed down, has coordination difficulties, and whilst her family, friends and teachers support her as best they can, how do we know if we're doing the right thing or providing and accessing the right support, without a neurodevelopmental assessment?"

5. Activities and engagement with citizens undertaken by Llais

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

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

- Clinical practice (diagnosis, treatment)
- Delays in treatment/waiting times
- Long waits and poor treatment in Emergency Departments
- Communication (conduct and attitude, consent, information, insensitive)
- Access

The following areas were raised as concerns from primary care:

- Clinical practice (misdiagnosis)
- Delays in diagnosis
- Communication (conduct and attitude, consent, information, insensitive)

The following areas were raised as concerns from community care:

- Access

What people have said/reported:

"I contacted 111 NHS dentist on Sunday 26 May for emergency dental treatment and was told they could do nothing as it was out of their hands, they just pass my call through to the health board. My only option was to go outside the UK, so I flew to Turkey and a Dentist saw me immediately diagnosing a very serious chronic jaw infection. I had 2 teeth extractions, 2 crowns and they gave me a 10 day course of strong antibiotics."

Patient requires two hips and a knee replacement and is on a waiting list. They have tried the GP, hospital secretary, waiting list support services and can't seem to find out anything.

Patient passed away from cancer. No palliative or end of life care was provided. Client wishes to complain about the GP surgery as feels they could have done more to support the patient.

No provision for severely disabled patient with autism in a very busy A&E department having to wait hours for an x-ray.

The daughter was not informed about her father's urosepsis diagnosis before his death, prompting her to seek a full explanation and access to his medical notes. The daughter expressed concerns about the lack of staff on the ward and the lack of information provided to her after her father's passing.

Patient had ultrasound which showed bladder wasn't emptying properly. Did not receive timely treatment, just a Urology OPD appointment for the following month. In the meantime, he developed kidney failure. He's received a Duty of Candour letter.

6. Acting on what we are hearing

6.1 At this month's Health Board meeting we will be discussing in detail our plans to improve the organisation's culture, leadership and engagement with a programme on values and behaviours. This work is involving staff and our partners in shaping the culture of the organisation we want to be, underpinning the importance of leading with compassion. The Board will also discuss a concerted focus on urgent and emergency care to improve the experience for patients, their families and carers, as well as our own staff.

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

Teitl yr adroddiad: ***Report title:***	Chair's Report
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	September 26, 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report provides information on key issues within the organisation and external work with Government and other partners • Meetings with Elected Representatives • Appointments • Details of visits and meetings
Argymhellion: ***Recommendations:***	That the Board discusses and notes the content of the report
Arweinydd Gweithredol: ***Executive Lead:***	Chair
Awdur yr Adroddiad: ***Report Author:***	Chair

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Ar gyfer sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in Delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Meetings cover a range of strategic priorities.

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

Report of Chair to Betsi Cadwaladr University Health Board
September 26, 2024

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

Board and Committees

We recently held the first session of our Board Development programme led by Chris Martin of Silver Maple. It was a successful step forward in progressing the Board as a team and further sessions are planned. I continue to attend Board Committees when I am able and am positive about the progress made. It is important to emphasise the work undertaken by committees on behalf of the Board, with detailed scrutiny and examination of significant areas of the work of the Health Board. The format of our agenda today is an attempt to underline the link between committees and the Board and provides a further opportunity for the Board to be sighted on the significant issues discussed.

Developing the Organisation

Our recent Special Measures Forum was an opportunity for us to discuss Performance as a theme with the Cabinet Secretary, Mark Drakeford MS. Together with other NHS Wales Chairs I recently met with the newly appointed Cabinet Secretary for Health and Social Services Jeremy Miles MS. He has made it clear that his emphasis, as with previous Ministers, will continue to be around planned care.

The next period will see important work to develop our culture and values as an organisation. This underpins everything we seek to achieve as a Health Board and it is important that everyone has an opportunity to support the progress of the work.

Engaging with others

Carol and I met with newly elected MPs in our region following the July UK General Election as an opportunity to introduce ourselves and establish working relationships. We continue to meet with other elected politicians on a regular basis whilst the correspondence team ensure timely responses to enquiries. It is our intention to engage further with North Wales Senedd Members in order to share our progress around Special Measures.

Below is a summary of some of my meetings and visits for the period up to 6 September, 2024

Date	Meeting / Visit
22 July 2024	Helen Howson, Director, Bevan Commission
22 July 2024	Independent Members Meeting
23 July 2024	Interviewing for Director post
24 July 2024	Board Development and Briefing Sessions
24 July 2024	Extraordinary Remuneration Committee
25 July 2024	Health Board
30 July 2024	Meeting with newly elected Members of Parliament
30 July 2024	Strategic Partnership Flintshire County Council
30 July 2024	Independent Members Planned Care Oversight
31 July 2024	Meeting with Rhun ap Iorwerth MS, Llangefni
1 August 2024	Executive Director Interviews
5 August 2024	Chris Martin, Silver Maple re Board Development
6 August 2024	Chair Peer Group Meeting
6 August 2024	Extraordinary Remuneration Committee
13 August 2024	NHS Wales Chairs
13 August 2024	Chair and CEO Joint Commissioning Committee
15 August 2024	Quality, Safety and Experience Committee
19 August 2024	Independent Members appraisals
19 August 2024	Remuneration Committee
20 August 2024	Planning Population Health and Partnerships Committee
20 August 2024	Olivia Shorrocks, Welsh Government
21 August 2024	All Wales Chairs with Cabinet Secretary
22 August 2024	Retirement function for long service staff member, Ruthin
27 August 2024	Performance, Finance and Information Governance Committee
28 August 2024	Claire Hughes MP, Bangor
28 August 2024	Committee Chairs
28 August 2024	Independent Members appraisal
29 August 2024	Board Development
30 August 2024	Siân Gwenllian, MS
3 September 2024	Neil Desmond, Public Health Wales
4 September 2024	Values and Behaviours programme of work
5 September 2024	Monthly meeting with Cabinet Secretary for Health and Social Services
5 September 2024	Special Measures Forum - Perfomance

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

Teitl adroddiad: ***Report title:***	Chief Executive Report
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of July to 13th September 2024. Some of the content is further expanded in other reports on the Board agenda. The report outlines some of the key engagement activities undertaken both within the health board and more broadly with partners and the public.
Argymhellion: ***Recommendations:***	The Board is asked to **DISCUSS** and **NOTE** the report.
Arweinydd Gweithredol: ***Executive Lead:***	Chief Executive
Awdur yr Adroddiad: ***Report Author:***	Chief Executive

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Relates to all objectives
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A

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

CHIEF EXECUTIVE REPORT

1.0 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 July to 13th September 2024. Some of the content is further expanded in other reports on the Board agenda.

There are a number of key items on the main agenda of the Board, noting that the format of this report has been modified to reflect Strategic Objectives of the Health Board Annual Plan. Whilst the detailed reports will be presented, specific emphasis is given to the following:

2.0 OBJECTIVE 1 - BUILDING AN EFFECTIVE ORGANISATION

Special Measures (Level 5 Escalation and Intervention) Update

The 3 Year Plan 2024 - 2027/Annual Plan 2024/25 draws in the areas of escalation within Special measures as well as addresses other, wider priorities. Each quarter the Welsh Government publishes a progress report relating to the specific areas of work aligned to those special measures escalations, the latest report was published on 6th September 2024.

This report sets out the progress made over the last quarter (April to June 2024) against the agreed special measures priorities. In summary, the report indicates that during this time there has been some encouraging progress in a number of areas including:

Governance:

- *The board has strengthened its governance, with a full complement of independent members and a new Director of Corporate Governance.*
- *A new quality report and citizen experience report is now regularly presented at board meetings.*
- *Recommendations from a previous review of the Office of the Board Secretary are being implemented, with expected completion by January 2025.*

Quality of Care:

- *The health board has introduced a Quality Management System (QMS) to address legacy quality issues, starting with vascular and urology services.*
- *There are improvements in investigating complaints and incidents, with better learning from past cases.*
- *Nationally reportable incidents (NRIs) are being handled with a focus on rapid reviews and learning dissemination.*

Performance and Outcomes:

- *Waiting times have improved: 48% reduction in 104-week wait times for orthopaedics, and a 19.9% reduction in diagnostic test wait times.*
- *Mental health services for under-18s have improved but still fall just short of the 80% target for timely assessments and interventions.*

- *For adult mental health, performance for interventions completed within 28 days remains above target at 82.4% in June 2024, and there has been an improvement for assessments completed within 28 days at 74.7% in June 2024.*
- *Despite some progress, urgent and emergency care performance remains a "significant challenge".*

Leadership and Culture:

- *Compassionate leadership is being promoted, with senior recruitment in key roles ongoing.*
- *Organisational learning has been improved, especially in areas like medication errors and patient safety.*

Financial Governance:

- *The health board ended the 2023-24 fiscal year with a £24.3m deficit, exceeding its target £20m deficit by £4.3m.*
- *A plan is in place to reduce the deficit to £19.8m for 2024-25 – "This is based on assumed delivery of an annual savings target of £48m"*
- *The Auditor General raised concerns about financial irregularities, leading to strengthened controls and governance. The Auditor General has noted that the health board is now strengthening its controls and governance arrangements accordingly.*

Service Transformation

- *A clinical services strategy is being developed during 2024-25, with a focus on sustainability.*
- *Fragile services, mental health and vascular services are under review, with improvement plans in place.*

Executive Team Appointments

A number of appointments into the Executive Team are being progressed. Stephen Powell has been appointed as the new Director of Performance and Commissioning. Stephen is originally from Powys and has worked for the NHS since 1988. He has been the Executive Director for Planning, Performance and Commissioning at Powys Teaching Health Board for the last two years and will officially start in his new role on 21 October 2024.

As part of the ongoing recruitment to the senior leadership team, Imran Devji has been appointed as Interim Chief Operating Officer. Imran has a wealth of experience in Chief Operating Officer roles across the NHS in acute and community services and has previously worked as the Managing Director of Wrexham Maelor Hospital.

The Executive Director of Public Health recruitment process has concluded, and the Health Board will be in a position to formally announce the appointment imminently.

Recruitment processes are underway for the Executive Director of Workforce and Organisational Development, the substantive Chief Operating Officer and the Director of Estates and Environment.

Appointment of Special Adviser – Mental Health

Ros Alstead is joining the Health Board as a Special Adviser for 12 months. The focus of Ros's role will be to offer additional independent expertise, specialist knowledge in supporting the Health Board's response to the Royal College of Psychiatrists Invited Services Review. The approach and aim will be to support the Health Board to continuously improve and develop sustainable mental health services across north Wales.

Update on Thirlwall Inquiry

The Health Board has received a number of requests for information relating to the Inquiry in the form of contact details requests for staff potentially employed by the Health Board, and a Rule 9 request. The Health Board has responded to all requests.

The Inquiry began hearing oral evidence from witnesses relating to Parts A, B and C of the Terms of Reference on 10th September 2024, with opening statements from Counsel to the Inquiry and from legal representatives on behalf of Core Participants. The proceedings take place at the Inquiry's venue at Liverpool Town Hall and will continue until December 2024.

Meeting with the Health and Safety Executive

As part of strengthening the organisation, the Chief Executive and Executive Director of Nursing and Midwifery met with a senior representative of the Health and Safety Executive (HSE). The Board has prioritised work on health and safety and there is a separate report included on the Board's agenda. Encouraging feedback was given by the HSE in relation to the commitment of the health board and the clear changes that are being put in place, recognising however there is still much to do.

3.0 STRATEGIC OBJECTIVE 2 - DEVELOPING STRATEGY AND LONG-LASTING CHANGE

Annual Plan – Accountability letter

The Welsh Government has confirmed a review of the Annual Plan submission in an Accountability Letter. The letter acknowledges that the health board has been unable to submit a balanced 3-year Integrated Medium Term Plan, thus not meeting its duty. In commenting on the Annual Plan that was submitted Welsh Government have drawn out the following areas:

- *Establish demand and capacity planning and secure more sustainable forms of capacity;*
- *Strengthen leadership and management capacity to secure and support change;*
- *Develop a clinical services plan to support staff in new ways of working;*
- *Continue to adopt Value and Sustainability programme to maximise efficiency and productivity; and*
- *Identify clear trajectories and plan to achieve or improve upon stated deficit in year.*

Mid-year Joint Executive Team (JET) meeting will take place during quarter 3 between the health board Executive and Welsh Government officials to discuss progress in implementing the annual plan.

Digital Developments

Mental Health Electronic Patient Record: Preparatory work continues, following the submission of the Business case to Welsh Government earlier this year. The health board has yet to receive a formal response to the business case, although it is anticipated to be shared imminently.

Prescribing and Medicines Administration: The Health Board is making good progress in the digital transformation of the electronic prescribing system. The new electronic Prescribing and Medicines Administration system, known as ePMA, will be rolled out to more than 40 hospitals across North Wales. It will replace paper-driven processes with a complete digitised system that will streamline prescribing in every ward and improve patient care. The system will reduce the risk of medication errors by ensuring prescriptions are clear, legible, and complete, with built-in safety checks for allergies, drug interactions, and dosage accuracy. The health board has recently entered the implementation phase of the project and is working at pace to deploy the new system across the health board during 2025-March 26. The project is supported by a £6.7m investment across NHS Wales from Welsh Government.

4.0 STRATEGIC OBJECTIVE 3 - CREATING COMPASSIONATE CULTURE, LEADERSHIP AND ENGAGEMENT

Citizen engagement

An engagement session held recently in Mold drew one of the largest attendances so far in the Programme. Supported by the East Integrated Heath Community and by departments and voluntary/support groups, the event enabled discussion about what's working well for people in terms of their health services and the areas that the health board could improve.

Apart from the Annual General Meeting taking place on 25th September, planning for a further Citizen Engagement event is taking place for an event in Pwllheli in November.

Culture, leadership and engagement

There is a separate paper presented to the Board in relation to the progress against the strategic intent statement of September 2023. A range of discussion continues to take place to support the development of leadership within the organisation including a meeting with the CLIMB Alumni (CLIMB being a development programme run across health boards in Wales), engaging on an individual basis with colleagues undertaking the Aspiring Executive Director programme, and discussing with Health Education Improvement Wales the potential to further support clinical leadership development, particularly for doctors, in the health board.

An event focusing on the 'Challenges and Opportunities for Healthcare Fit for 2040' was held with the Bevan Commission (a Welsh Government sponsored think-tank) which included a group of colleagues undertaking the Advanced Clinical Leadership Programme as well as a range of colleagues within the health board who are Bevan Exemplars. The

event took place a few days after the publication of Lord Darzi's review of the NHS in England, providing some thought-provoking discussions amongst the group.

Staff Recognition

The Staff Awards are taking place on 27th September 2024. This is a crucial date on the health board calendar as an opportunity to celebrate and recognise colleagues across the health board for their efforts.

Wider recognition for staff in external awards continues with a number of events and ceremonies scheduled for the coming months. Further updates will be provided in the report to the November Health Board.

5.0 STRATEGIC OBJECTIVE 4 - IMPROVING QUALITY, OUTCOMES AND EXPERIENCE

Public Interest Report

The Public Service Ombudsman for Wales published a Public Interest Report in August 2024. The report and action plan will be shared at the next Quality, Safety and Experience (QSE) Committee as it was not published at the time of the last meeting.

In summary, the report considered a complaint to the Ombudsman regarding the care and treatment a patient received from the health board between January 2021 and the patient's death in January 2022 from biliary sepsis.

The Ombudsman concluded that if the patient had been treated appropriately at the outset, their pancreatitis would have been treated successfully and the deterioration and death may have been prevented.

The Ombudsman made a number of recommendations, which the Health Board accepted. These included an apology letter, a financial redress payment of £4,000, a review of the complaint investigation, and for the Clinical Director responsible for the staff involved to ensure the findings are reflected upon and discussed to improve practice.

Visit to North Wales Cardiac Centre – Ysbyty Glan Clwyd Hospital

A visit was undertaken to the North Wales Cardiac Centre, coinciding with a visit of the National Clinical Lead for Cardiovascular in Wales, Dr Jonathon Goodfellow. The visit coincided with the need for a patient from the region to have a cardiac catheter procedure as an emergency following a heart attack. It was highly impressive to see the Air Ambulance arrive, the patient prepped and the whole team work swiftly and diligently to ensure the time sensitive procedure could take place quickly and carefully.

Discussions took place regarding the way in which the cardiology service across North Wales works, with clinicians from different parts of the health board coming together to share practice, undertake specific procedures and generate learning opportunities as a wider multi-professional team. There has been a significant rise in the need for cardiac services, partly as a result of the pandemic but also as a result of deteriorating general health in the population. This area will be key to address in terms of planning services for the future, broadening access to clinical support from a wider multi-professional workforce.

Meetings with Families

A series of meetings has now been held with families who have been part of the Coronial system and where a Prevention of Future Death notice has been issued by HM Coroners. The health board is determined to learn from events and improve care, and discussions were held with each family as to their views on how improvements could be made. Each family will have follow-up from the health board and the Board will be presented with the action and learning that has taken place. Importantly, the process of investigation was discussed in many cases and hence the new Integrated Concerns Policy will seek to address those issues.

One family, Mr and Mrs Munslow, is dedicated to raising awareness of meningitis in children following the death of their son Lucas, aged 8 months. Most people can immediately connect meningitis with a red rash that does not disappear when rolling a glass across it, however some types of meningitis do not have those symptoms. This was the case for Lucas and his parents. Meningitis awareness efforts are being supported by colleagues in the health board, promoting the signs and symptoms to look out for, even in the most unusual of cases.

Ysbyty Glan Clwyd Emergency Department

Healthcare Inspectorate Wales (HIW) published its report on Ysbyty Glan Clwyd Emergency Department in August 2024, and as a result of the improvements made, de-escalated the service from a Service Requiring Significant Improvement. This represents the focus and hard work of colleagues across leadership and management and frontline services. Whilst there is further work to do, HIW acknowledged the improvements that had been made.

A report on the Board agenda focusing on urgent and Emergency care outlines the further work to be undertaken as part of the organisation's new major Change Programme on Urgent and Emergency care.

6 STRATEGIC OBJECTIVE 5 - ESTABLISHING AN EFFECTIVE ENVIRONMENT FOR LEARNING

Robotic Training Centre

Ysbyty Gwynedd has now officially become the first NHS robotic training centre in Wales to train other surgeons in robotic knee surgery. The hospital became the first in Wales to perform robotic knee replacements in 2021 using the ROSA system. Surgeons are able to personalise the knee replacement, which provides operations that are more precise, potentially shorter hospital stays and quicker recovery.

Five Orthopaedic surgeons at the hospital now use the technology, and visiting surgeons from across the UK and Europe can now visit to gain insight into the machine and receive training.

Public Service Ombudsman for Wales - Annual Letter

The Ombudsman has provided their Annual Letter to the Health Board. This will be considered at the next QSE Committee in October 2024 to inform the Health Board response letter, both of which will then be shared at the Board meeting in November 2024.

Maelor Academic Unit

A further visit, following on from last year's, took place to update on developments in the research and academic developments in the organisation in partnership with both Wrexham and Bangor Universities in North Wales, and universities further afield. Discussion took place regarding the potential expansion of the facilities and the need for relocation in order to continue to grow the opportunities that have been built over the last decade. The People and Culture Committee as well as the Planning, Population Health and Partnerships Committee may have interest in exploring this area of work in more detail.

7. 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 welcomed.

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

Teitl yr adroddiad: ***Report title:***	Vice Chair's Report
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report provides information on key areas of engagement undertaken since being appointed as Vice Chair.
Argymhellion: ***Recommendations:***	That the Board discusses and notes the content of the report
Arweinydd Gweithredol: ***Executive Lead:***	Gareth Williams, Vice Chair
Awdur yr Adroddiad: ***Report Author:***	Gareth Williams, Vice Chair

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Ar gyfer sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in Delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Meetings cover a range of strategic priorities.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no specific implications arising from this report.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.

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

Report of the Vice-Chair to the Betsi Cadwaladr University Health Board, 26 September 2024

Even though I have now been in post for nearly a year, I continue to find myself on a steep learning curve. I summarise below the main engagements I have had and my principal concerns.

Mental Health

In terms of **Mental Health and Learning Disabilities (MHLD),** having quickly established a rapport with Jayne Bryant MS, Minister for Mental Health and Early Years appointed by the then First Minister Vaughan Gething, she was subsequently promoted, with Sarah Murphy MS taking up the post (now appointed as Minister for Mental Health and Well Being). The Minister visited North Wales on 12 September and had a full day programme of visits, which included a meeting with myself and senior staff. The Minister showed a genuine interest and an appreciation of the progress we are making.

I am pleased to report that the **Mental Health Legislation Committee** has now settled into a regular rhythm. At the last meeting, we had valuable input from the representatives from the Associate Hospital Managers who will now be regular attenders at the meeting (despite the title, these are independent individuals appointed by the Health Board to hear appeals in respect of individuals detained under the Mental Health Act). It is important to stress that the Committee is exclusively focused on the compliance of the Health Board with mental health legislation and I am grateful for colleagues who Chair from the Quality, Safety & Experience, Partnerships, Population Health & Planning and People & Culture Committees for ensuring that mental health is given due attention in their work.

In general I believe that – despite the problems created by a lack of electronic records – we are doing well in ensuring compliance and protecting the rights of those who are detained. However, at the last Committee, we had an illuminating discussion about the problems inherent in the Mental Capacity Act which requires a new assessment each time an individual moves setting (e.g. is admitted to an acute ward from a care home; moves from an acute ward to a community hospital and moves from a community hospital back to a care home). Any reform of this system appears unlikely in the medium term. However, in the King's Speech, the incoming Westminster Government has announced the intention (finally) to update the Mental Health Act: this is likely to raise the bar in terms of the requirements for 'sectioning' individuals.

I remain concerned about the relationship between our Community Mental Health Teams (CMHT) and Local Authority Social Services colleagues. We now have the responses from the qualitative survey commissioned by the Together for Mental Health Partnership (which I chair), which highlights a range of concerns and issues on both 'sides'. The Partnership will consider next steps at its meeting on 4 October.

I have now visited most but not all of the adult Mental Health Teams and had a very interesting and useful visit to the CMHT in Dyffryn Clwyd (Denbigh) in August which again highlighted the excellent work done by front-line staff despite issues of the poor quality of our estate.

I also had a useful meeting with Chief Inspector Luke Hughes from North Wales Police about the introduction of 'Right Care, Right Person' which sees the police reduce the range of health related incidents which they will attend, and about the use of our Section 135 and 136 suites (where police bring individuals they believe need a 'place of safety' for mental health assessment). While Luke stressed the generally positive relationships with the Health Board, he raised a number of issues which I will be discussing with colleagues in MHLD.

Internally, I continued my regular meetings with Teresa Owen, Ros Alstead, our external advisor and Jane Moore, as well as discussing Mental Health legislation issues with Matt Joyes.

In terms of **Children and Adolescents' Mental Health Services (CAMHS)** I now have regular meetings with Louise Bell, Assistant Director for CAMHS.

I visited the IHC East CAMHS team and had an excellent discussion with Terry Whinnett and other colleagues from the team and the broader Childrens' Services division. This brought home to me the difficulties with recruitment which have arisen because of the relatively narrow professional requirements for care co-ordinators set out in the Mental Health Measure and the impossible dynamics created by the explosion of demand for Neuro-Diversity. I have raised the former at the meeting of HB Vice-Chairs and with Welsh Government officials – who have confirmed they intend to amend the statutory guidance when time allows – and discussed the latter with the Chief Executive who is making the argument for a different approach.

I also attended an interesting an all day conference arranged by Barnardos as part of their 'Mind our Future' Lottery project, supported by the Health Board.

Primary and Community Care

In terms of Primary and Community Care, I have continued to build my knowledge of the large range of services which we deliver. In particular:

- I visited two pharmacies in Prestatyn with Ellen Lanham: Pritchards Pharmacy, an independent pharmacy which is strongly committed to delivering additional services and an early adopter of the use of a pharmacy robot and to the branch of Boots the Chemist where I spoke with the regional management team.
- I had a meeting with Sara Bodey, Chair of the Local Medical Committee and subsequently attended a Committee meeting. I was able to follow up one of the concerns they raised about our approach to delivering vaccinations in the community with Dr Jane Moore.
- I met Paul Casey, Head of Primary Care at Welsh Government (who I know from previous roles) to discuss performance indicators for primary care.
- I visited Ysbyty Eryri community hospital and saw the fantastic work done by the Stroke Unit there.

I also now have regular meetings with Ffion Johnstone who is taking a co-ordinating role on primary care.

Vice-Chairs Peer Network

I continue to attend these monthly meetings and in early September we had a face-to face meeting at the Welsh Ambulance Services Trust (WAST) offices in Cwmbran. A useful session on the Strategic Programme for Primary Care suggested that there was a new interest in the Welsh Government and the NHS Executive in having a more focused discussion on models of primary care, which would be particularly helpful here in North Wales given the relatively significant presence of managed practices.

The meeting was combined with a briefing on WAST's strategic move towards providing health support on the spot (both in person and remotely) rather than defaulting to taking patients to Emergency Departments (EDs) and a visit to the WAST control centre which was illuminating. This highlighted both the relatively limited resources available (around 150 ambulances available

across the whole of Wales during the day we visited) and the extent to which North Wales is an outlier in terms of long delays for patient handovers at Emergency Departments. The meetings also highlighted that a significant issue in a number of Health Boards (including Betsi) is the lack of clearly flagged alternatives to EDs available to ambulance crews, which presents an opportunity to make a more consistent offer from our Same Day Emergency Care and our Minor Injuries Units available.

Finally, as well as business connected to my role as Chair of the Performance, Finance and Information Governance Committee and along I am sure with other colleagues, I have been fairly heavily involved in the recruitment processes for various Executive posts, having joined the interview panel for the Interim Chief Operating Officer (COO) and having chaired Stakeholder Panels for the Executive Director for Public Health, the Interim Medical Director (Central Integrated Healthcare Community (IHC), and substantive COO post.

Gareth S. Williams *September 2024*
Vice-Chair

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

Teitl adroddiad: ***Report title:***	Children's Charter: A Plan for Implementing Children's Rights into Everything We Do
Adrodd i: ***Report to:***	BCUHB Board Meeting
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	At the beginning of 2021, the ambition to develop our organisational Children's Charter commenced and as a Health Board. The Charter has been developed by the children and young people of North Wales and is our promise to ensure children are listened to, treated fairly and equality, involved in decisions and always know what is happening when accessing our services. The Board is invited to consider and endorse the Children's Charter and to support the commitment to implement the standards and values across our organisation.
Argymhellion: ***Recommendations:***	*The Board is asked to:* • **Endorse** the BCUHB Children's Charter; and • **Agree** to commit to implement across all service areas in BCUHB.
Arweinydd Gweithredol: ***Executive Lead:***	Jane Moore, Acting Executive Director Public Health
Awdur yr Adroddiad: ***Report Author:***	Jane Berry, Alexander Pengelly, Scarlett Williams, Liz Fletcher

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒	Derbyniol *Acceptable* ☒	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This supports deliver of the WFGA Wellbeing Objectives and all five of the Health Board strategic objectives: • Building an Effective Organisation • Developing Strategy and long lasting change • Creating compassionate culture, leadership and engagement • Improving quality, outcomes and experience • Establish and effective environment for learning
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Board has a statutory duty to comply with all equality related legislation. This includes the following as relevant duties to this: • Equality Act 2010 • Public Sector Equality Duty • Socio-economic Duty • Human Rights Act 1998 • Duty of Quality and Health and Care Quality Standards 2023 • Wellbeing of Future Generations Act 2015 • Welsh Language Standards All decisions relating to healthcare provision must take account of potential impacts for people and group who share protected characteristics. Other groups of interest may need to be involved to highlight how decisions may impact them. This also supports NYTH/NEST Framework implementation.
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 paper is for information to allow the Board to consider endorsing the proposed approach. If agreement is reached, impact assessments will be undertaken to inform implementation. As this is targeted at increasing representation of Children and Young People (as a protected characteristic) in everything we do, it is anticipated that this will have an extremely positive impact on how the Health Board delivers its services to meet the needs of this Group and protects their rights.
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 paper is for information to allow the Board to consider endorsing a proposed approach. If agreement is reached, impact assessments will be undertaken to inform implementation. As part of this, Socio Economic duties will be considered.

	It is recognised through this work that Children and Young People have different needs to other parts of the population and we anticipate positive impact through implementation of the Charter. Self-assessment against the BCUHB Children's Charter standards will be reviewed to ensure that children's protected characteristics are acknowledged, and other service users are not disadvantaged.
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)***	**CRR24-08** There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention. **BAF SP01** There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities. This may be caused by a lack of sustainable services, financial and resource constraints within the Health Board, dependency on grant funding to support prevention activity and demand for delivering the urgent and immediate healthcare needs of the population. Population health improvement and protection may also be impacted by population behaviours and beliefs, modifiable risk factors, wider determinants of health (eg Housing, Education, Employment), the local demographics, the living environment, food production and consumption, local planning, socio-economic factors or the accesibility of health care services. This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to to increasing rates of infectious disease. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales. The risks of not embedding a Children's Rights Approach within the organisation relate to our reputation and our ability to meet our statutory

	obligations. They also relate to children's wellbeing and the right of every child and young person to have an equal chance to be the best they can be.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	There are no budgetary implications associated with endorsing the Children's Charter. However, as the next stage of this work we will be looking at how to effectively involve Children and Young People in the implementation of the charter and ensuring they can effectively engage with the Health Board and this is likely to have Resource implications.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There will be a requirement for staff training and protected time for a designated children's Champion. Each IHC area will be accountable for the delivery of standards in the Charter in a phased approach.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Extensive work has already taken place to including wide scale engagement, evaluations and analysis as outlined in the paper. During February 2024 the approach was approved by the Population Health Executive Delivery Group and during May 2024 the Executive Team approved with recommendation to present to Board.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	CRR24-08 BAF SP01
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:*** Endorsement of the approach will enable implementation plans to progress.	
Rhestr o Atodiadau: Dim ***List of Appendices:*** *Appendix 1 : Children's Charter: A Plan for Implementing Children's Rights into Everything We Do*	

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

Betsi Cadwaladr University Health Board

Children's Charter: Children's Rights into Everything We Do

1. Introduction

The United Nations Convention on the Rights of the Child 1989, was one of the most swiftly ratified global treaties in history. It set out the civil, political, economic, social and cultural rights of the child. In 2011, Wales was the first Nation in the UK to ensure children's rights are respected by placing them into law. The appendix to this document outlines further legislative and strategic context.

Establishing a Health Board Charter for Children and Young People, enabling a children's rights-based approach is a priority for the Health Board in its 3 Year Plan 2024 – 2027/Annual Plan, within Strategic Objective 4: Improving quality, outcomes and experience. Children and young people make up around 27% of the total population in the North of Wales and will be crucial in helping to shape services fit for the future. It is essential that they are able to influence, engage with and communicate their hopes and needs of health services both in the here and now and into the future.

Work commenced back in 2021, to develop an organisational Charter, recognising the wider work across Wales. The health board operates in a significantly wider system that supports and protects the rights of children and young people in North Wales. The health board Charter, developed by the children and young people in North Wales, is the health boards promise to children of what they can expect from their health services.

2. Key to the Children's Charter

For the purposes of this document a child is described as any person under the age of 18 years and a young person is aged between 18 years and 25 years. The UNCRC only covers a child's rights up to the age of 18 years however this plan recognises the importance of protecting the rights of both children and young people in health board services up to the age of 25 years. Parents and Carers are described as those with legal parental responsibility for a child. Services are described as all health provision in Betsi Cadwaladr University Health Board. Staff are described as people working in the health board.

3. Developing the Charter

To date, developing the Health Board Children's Charter has been extensive, inspiring and rewarding. The process has engaged over 2400 children and young people in North Wales through events and school-based sessions, the significance of the participation being acknowledged across Wales through the Together 4 Children and Young People Strategy, the NYTH/NEST Implementation and the Regional Partnership Board.

This extensive work has included wide scale engagement, evaluations and analysis, developing a Children's Rights Based Recipe,

designing and animating the new BCUHB Children's Charter. The following timeline gives an overview of steps already taken:

4. The Vision: A Children's Charter for all of the health board

It is essential that when considering the Children's Charter, this is applied to all areas of the health board. It is clear that specific children's services (CAMHS, Paediatrics etc) have focused on the Rights of the Child, however children access wider services including for example Radiology, Emergency Departments etc. This is therefore a Charter for the whole health board, including for those who works strategically and those 'on the front line'. This is therefore a significant undertaking.

Currently there are three leads in BCUHB specifically responsible for leading on patient experience for CAMHS, Children's Learning Disability Services and Children's Neurodevelopmental Services, however there are many hundreds, if not thousands of staff who can influence the experience of children when accessing health care services. Each services area, whether corporate or operational service would need to consider how to promote the Childrens Charter and to assess itself against the standards set. The words and works of children and young people captured in the BCUHB Children's Rights Charter can inspire all services to consider children's rights

and be a continual reminder of the important role to provide children and young people with opportunities to influence health and health services.

5. The Children's Charter

The Children's Charter has six key commitments, or standards, including the promise that

1. Your voice is important to us

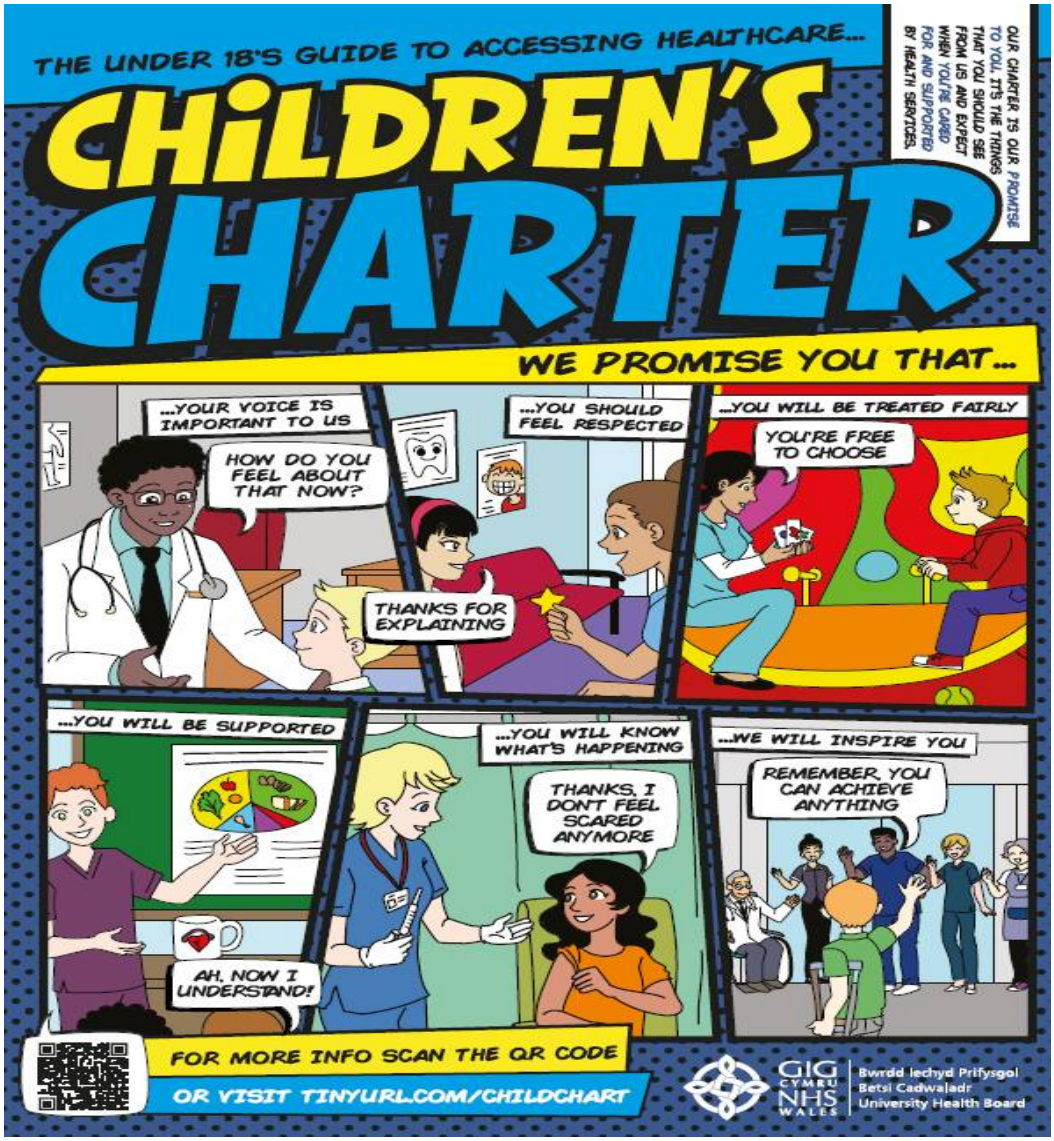
2. You should feel respected

3. You will be treated fairly

4. You will be supported

5. You will know what's happening

6. We will inspire you



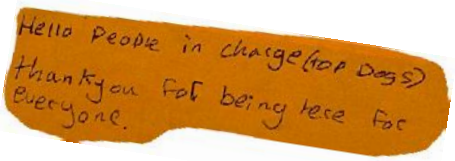
5. What is the impact: key opportunities, risks and challenges

Children and young people in Wales are taught about Children's rights through the Curriculum for Wales and as a health board there is an imperative to provide opportunities for young people to participate in decision making both for themselves in the here and now and for the future of health and health services.

The key opportunities are:

Political	Economic	Social	Technology	Legal	Environmental
•Increased focus on children and young people's voices •Decreasing waiting lists for services due to better public knowledge and engagement	•Investment will increase confidence in health service delivery •Communities feel supported with needs led services	•Demographic influence- reaching beyond for opportunity •Inspiring future generations and improving lifestyles	•Improved information and public knowledge •Opportunities to engage through social media- supporting services to capture, analyse and feeback to consumers	•Duties on public bodies that contribute towards the realisation of children's rights achieved: •The Rights of Children and Young Persons (Wales) measure 2011; •Well-being of Future Generations (Wales) Act 2015 •The NHS (Wales) Act 2006	•Builds trusting enviroments for children and young people •Provides safe spaces

The risks of not embedding a Children's Rights Approach within the health board relate to the ability to meet statutory obligations, and missing the potential to maximise children's wellbeing and the right of every child and young person to have an equal chance to be the best they can be.



Prioritising children's rights should have a positive impact for all children and young people.

Self-assessment against the BCUHB Children's Charter standards will be reviewed to ensure that children's protected characteristics are acknowledged, and other service users are not disadvantaged.

6. Implementing the Charter

A detailed implementation plan will be established which will enable the delivery the standards in the Charter in a phased approach, involving both corporate directorates and services across the health board.

Alongside the BCUHB Children's Charter is a Self-Assessment Tool, which is designed for service areas to identify any good practice currently in place as well as highlighting areas for improvement. The self-assessment tool is divided into sections based on the individual standards within the BCUHB Children's Charter. Each section provides a series of statements that guide services in achieving the charter standards.

The statements have been developed from children and young people's views of what matters most to them.

As part of the implementation action plan consideration will be given as to how to involve young people in the review of the self-assessments. This could include reviewing the evidence provided by the service area and providing feedback, with potential to include visiting the service area and asking questions about the evidence. The aim would be to grade the service against the level of Children Charter it is achieving. These levels will support the service to either maintain or develop its standards.

8. Next Steps and Recommendations

Children and young people have been at the heart of developing this Children's Charter. It is in essence their 'ask' of the health board. In supporting the six Charter statements or standards, the health board in effect makes a promise to work across all areas to strive to achieve them, from the Board itself to the 'front line'.

The ask of children and young people is for the Board to consider, with the inspiration and innovation in which it has been developed, to endorse and support the implementation of the BCUHB Children's Charter as a key next step in involving children and young people in all aspects of the health board.

Appendix 1:

1. Strategic Alignment

The **Wellbeing of Future Generations (Wales) Act 2015** requires public bodies to do things in pursuit of the economic, social, environmental and cultural wellbeing of Wales in accordance with the sustainable development principles:

"act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs"

It is required that BCUHB with remain compliant with:

- Wellbeing Objectives
- Wellbeing Plans
- Public Engagement
- Reporting & Monitoring
- Partnerships & Collaboration
- Continuous Improvement

This includes alignment of any strategy against the National Wellbeing Goals for sustainable development and the 5 Ways of Working sustainable development principles.

A health service that promotes, protects and supports the rights for children to have freedom of expression through enabling communication and

A More Equal Wales

An enabling health service protecting the rights of the child through the inclusion of young people in decision making

A Wales of Vibrant Culture & Welsh Language

A Globally Responsible Wales

A health service that supports and enables children and young people in building healthy behaviours and choices to maximise their current and future

A Healthier Wales

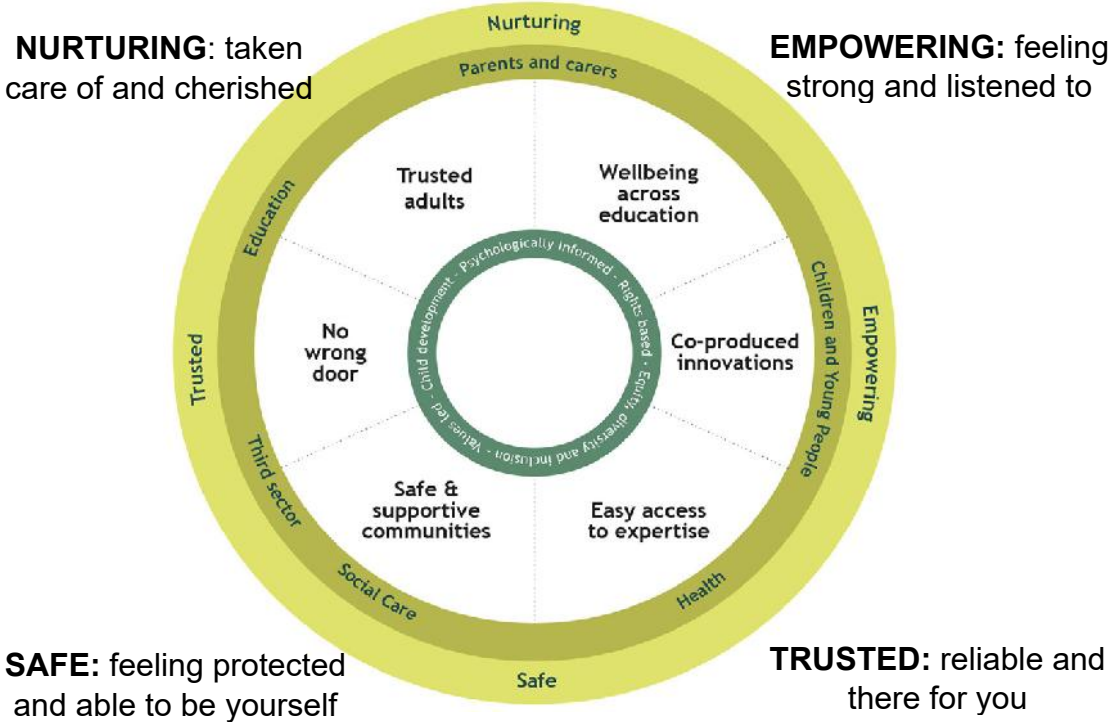
A health service commitment to upholding the UNCRC and Rights of Children and Young Persons (Wales) Measure

	The BCUHB Children's Charter is a whole system approach to seeing 'children first' in line with the 'No Wrong Door' approach.
	The implementation of the BCUHB Children's Charter aligns to the BCUHB values and wellbeing objectives.

Integration	
Involvement	**The UNCRC provides us the guidance for the involvement and empowerment of children's rights. In particular, we focus on Article 12, the right to have a voice and be listened to, Article 13, the right to have freedom of expression and Article 2, that all children should be enabled and supported to access their rights.**
Long-term	**The implementation of the BCUHB Children's Charter will improve the experiences of health services for children and young people.**
Prevention	**Ensuring the NYTH/NEST framework is embedded by providing a 'Nothing About Us Without Us' approach and the prevention of unnecessary services and a reduction in complaints.**

The Welsh Government introduced the **NYTH/NEST framework** and self-assessment tools to ensure that every baby, child and young person should be supported to help them feel mentally and emotionally strong. The NYTH NEST framework ensures that everyone works together to support mental health and wellbeing.

As part of the development of the Children's Charter, within our early planning and development we turned to NYTH/NEST to strategically design our programme of engagement, working to the foundation of evidence and to nurture our understanding of what 'NYTH/NEST' looks and feels like in real terms to children and young people.



Duty of Quality and Health and Care Quality Standards 2023

The Duty of Quality means NHS organisations and Welsh Ministers have a duty to:

- create a culture of quality within organisations
- focus on improving the quality of health services and outcomes for the population on an ongoing basis
- actively monitor progress of improvement and routinely share this information with their population

The BCUHB Children's Charter supports decisions made that deliver care that is safe, timely, effective, efficient, equitable and person-centred. There is a requirement for health boards to assess against the 6 quality dimensions (STEEP) and embed this through governance, leadership and accountability.

Safe: The BCUHB Children's Charter ensures children and young people have their voices heard at all levels of service to ensure quality, reliability and safety are maximised.	**Timely:** The BCUHB Children's Charter ensures children and young people have accessible information and advice regarding their care and treatment. This also includes embedding the principles and values of 'The Right Door' approach.
Effective: The BCUHB Children's Charter ensures children and young people are offered the opportunity to be involved in decisions about their care and treatment.	**Efficient:** The BCUHB Children's Charter encourages the values based approach to improved outcomes for children and young people in North Wales.

Equitable: The BCUHB Children's Charter ensures children and young people's experiences are equitable and embeds a right's based approach to care. This includes placing a duty on adults to ensure the child has opportunity to be fully informed and involved in decisions about their own lives where possible.	**Person-centred:** The BCUHB Children's Charter and Youth Board will ensure our care systems are meeting the needs of our population and their voices are listened to in partnership. The Charter ensures that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights.

BCUHB Equalities Strategic Plan

This plan is closely aligned to the BCUHB Strategic Equality Plan 2024-2028 which has identified children and young people's rights as a priority area. The identified action is to 'Embed the Children's Rights Charter across the Health Board'. Commitment is required across the Health Board to deliver all aspects of the Strategic Equality Plan. Implementation of this priority area will closely align to the Integrated Health Communities across East, Central and West areas, supported by the Equality Team. All priority areas within the Strategic Equality Plan will be reported to the Equality and Human Rights Strategic Forum and subject to annual reporting to Welsh Government, Equality and Human Rights Commission and The Board.

Equality statement

This plan has been developed with alignment to current Equality and Human Rights Legislation. An Integrated Equality Assessment has been undertaken to demonstrate how due regard has been taken.

This includes (1) giving ''due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunity and foster good relations when carrying out all functions and day-to-day activities, and (2) ensuring 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.

The plan will place Human Rights at the core of its strategic direction and implementation. This will adopt a health care human rights based approach which includes the FREDA principles:

1. putting human rights principles and standards at the heart of policy and planning;
2. empowering staff and patients with knowledge, skills and organisational leadership and commitment to achieve human rights-based approach;
3. enabling meaningful involvement and participation of all key stakeholders;
4. ensuring clear accountability throughout the organisation;

non-discrimination and attention to underrepresented groups.

2. BCUHB Self Assessments

Link to MS Forms:
https://forms.office.com/e/YizwSWwZgh

Link to MS Forms:
https://forms.office.com/e/2qPMkFaEhq

Teitl adroddiad: *Report title:*	Urgent and Emergency Care Deep Dive report
Adrodd i: *Report to:*	BCUHB Health Board
Dyddiad y Cyfarfod: *Date of Meeting:*	26th September 2024
Crynodeb Gweithredol: *Executive Summary:*	The paper provides an overview of the work to improve the Urgent and Emergency Care system, covering: 1) The progress made within the last six months 2) The areas of focus to make further improvements over the remainder of 2024/25 and beyond 3) An update on the improved approach to Winter Planning
Argymhellion: *Recommendations:*	The Health Board is asked to: • **RECEIVE ASSURANCE** from the update provided and the actions being taken within the Urgent and Emergency Care programme and initial approach towards finalising the resilience plan for winter 2024/25. • To Note the position on Urgent and Emergency Care system and the progress against the Programme; • To Agree that the Performance, Finance and Information Governance Committee receives regular reports on progress against the plans and escalate to the Board as necessary; • To Agree the Winter Plan will be considered by the Board in November 2024
Arweinydd Gweithredol: *Executive Lead:*	Imran Devji – Interim Chief Operating Officer
Awdur yr Adroddiad: *Report Author:*	Geraint Farr – Associate Director For Urgent and Emergency Care

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	▪ To support the Annual Plan and Special Measures ▪ Six Goals for Urgent and Emergency care 2021-2026 ▪ A Healthier Wales 2018
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	▪ Health and Safety Executive ▪ Quality and Safety Executive
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	Not applicable
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 following risks are associated with UEC: ▪ Risk 3873 - Access to timely care in Emergency departments. ▪ Risk 2896 – Crowding in the Emergency Department. ▪ Risk 4486 – WAST Ambulance delays and access to time critical transfers. The BAF also includes risks relating to safe provision and standards of care and effectively managing demand within Urgent and Emergency Care Services.
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)*	▪ 1.2 - Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users

	▪ 1.3 - Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience
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:* Not applicable	

HEALTH BOARD 26 September 2024

Urgent and Emergency Care Deep Dive

▪ Introduction

This report provides an overview of the work to improve the Urgent and Emergency Care system, covering:

1) The background and context to making improvements in Urgent and Emergency Care
2) A deep dive into the pressures and interdependent challenges across the 'whole system'
3) The approach being taken with an overview of the areas of focus to make improvements over the remainder of 2024/25 and sustaining this beyond towards excellence in care
4) An update on the improved approach to Winter Resilience

▪ Background

Urgent and Emergency Care (UEC) services perform a critical role in keeping the population of North Wales healthy. Mounting pressures in UEC are making it increasingly difficult to manage demand in a timely, effective and safe way, leading to poor patient experience, as well as having an adverse impact on planned care services across Betsi Cadwaladr University Health Board (BCUHB) with elective and day case areas used to accommodate emergency care admissions especially out of hours.

There are significant and long-standing performance challenges in the UEC space which are reflected in the key national targets. The 1-hour ambulance handover target is not on trajectory and the 12-hour Emergency Department (ED) wait time breaches are not improving. More details on these measures, along with other key indicators, are provided later in the paper.

It is clear from all the local and national analysis that the main issues are predominantly not within the Emergency Department itself but are whole system issues across the whole of the patient journey including support in the community to stay well at home. The whole system approach demands a strong partnership collaboration across health (including the Welsh Ambulance Service Trust – WAST), local authority and the voluntary sector. The citizen support needs to address pathways from primary care, community, acute and tertiary services underpinned by support offers through partners. Whilst the system needs to look at prevention focused care pathways for out of hospital provision to manage emergency demand better, the 2 high impact areas remain lack of hospital flow hospital and timely discharges to the community. Whilst there is a need to gain pace with the whole system solutions, there are interventions that also need to gain pace within the Health Board's control to improve the situation for our citizens accessing UEC services. A big drive for system working support will be through the Care Action Committee with the Interim Chief Operating Officer taking on the regional representative role for North Wales. These aspects will be explored in more detail later in the paper.

UEC continues to be a challenge nationally, across Wales and in North Wales resulting in a number of change programmes and interventions over the years at both national and local level within BCUHB. Whilst there have been some modest improvements, the scale of improvement needed has still to be realised. In order to get this focus right going forward, the main learning from past change programmes have outlined the following:

- Improved clinical and operational engagement ensuring ownership of the programme from Board to front line with clear lines of accountability.
- To focus on just high impact interventions (fewer; more focused), implement them well and ensure they are embedded and sustained.
- To engage partners across the end-to-end patient journey early in the process, so that they can help shape the solutions and ultimately own the change in the long-term.
- Pay real attention to the front-line pressures and ensure that the required change is facilitated through mitigating the front line challenges allowing colleagues the space to create the required changes.
- Take a data driven approach across the whole system, making sure that all parts of the organisation and its partners have access to and understand a 'one version of the truth' view of the system, enabling fact-based discussions and proper tracking of impacts (both intended and unintended) across the whole system.

The most recent national intervention has been the Six Goals Programme, which commenced in 2021 and focussed on care closer to home. BCUHB is still working with the national team on this, but has gone through a period of review and reset to truly understand why it has not gained the traction necessary. Whilst it encountered some of the issues listed above, the implementation of the BCUHB Operating Model at the time caused a disaggregated approach with limited central resource to coordinate and support the required delivery.

The UEC progress review and reflection has coincided with the Health Board's new 'Taking a managed approach to change', which has brought the UEC programme in to its 'Major Change Programmes' structure, alongside Planned Care, the Operating Model and the development of our Strategy. This is supported at a wider level working with colleagues from the Welsh Government, NHS Wales Executive, Health Inspectorate Wales (HIW), Health Education and Improvement Wales (HEIW), West Midlands Trauma Network and the Getting It Right First Time (GIRFT) team. This diverse and strong support as a collective effort for the citizens of North Wales has enabled the UEC work to apply the learning outlined above through the prioritisation and design of the four highest impact areas of change. The UEC Major Change Programme is the Health Board's response to the national Six Goals Programme. This will be detailed later in the paper.

The improvement programme for UEC performance is vital towards patient safety and experience requiring urgent and emergency treatment. The synergistic impact once effective will be towards protecting planned care capacity. Compromised UEC patient flow leads to longer ambulance handover times, increased hospital length of stay, patients deconditioning, increased escalation capacity cost and de-establishing other access pathways such as planned care. The UEC Major Change Programme and Winter Resilience Planning are critical to mitigate the adverse impact of poor patient flow across the Health Board.

▪ Whole system data and insight

This section aims to lay out an end-to-end overview of the data and insight currently available across the Urgent and Emergency Care (UEC) system. Starting with ambulance arrivals, Emergency Department (ED) and Minor Injury Unit (MIU) demand patterns, through to hospital flow and ultimately discharge from hospital. Whilst there is an abundance of raw data available in this space, being able to 'tell the full story' as well as 'showing the picture', is a continual area of focus. This is also critical when measuring the impact of

improvement actions. The health board will develop an evolving UEC dashboard that will reflect the system position by March 2025.

Ambulances

The WAST delays in handover over an hour is an unacceptable position and remains a top priority to improve with urgency. Handover delays in ED causes further safety concerns for citizens waiting in the community for an ambulance. Similarly, patients waiting to be handed over for prolonged periods in the ED do not have a differential diagnosis and can deteriorate rapidly. However, all waits in ED are clinically prioritised to mitigate safety concerns.

The data below (Figure 1) shows the position across Wales for the percentage of red calls (immediately life-threatening, someone is in imminent danger of death, such as a cardiac arrest) which received an emergency response at the scene within 8 minutes in July 2024. It shows that all areas across Wales are struggling to meet the 65% target, with BCUHB being 5th out of 7 Health Boards. The health board is looking at the practice in Cardiff and Vale with the intention of adopting any best practice and learning to improve our position.

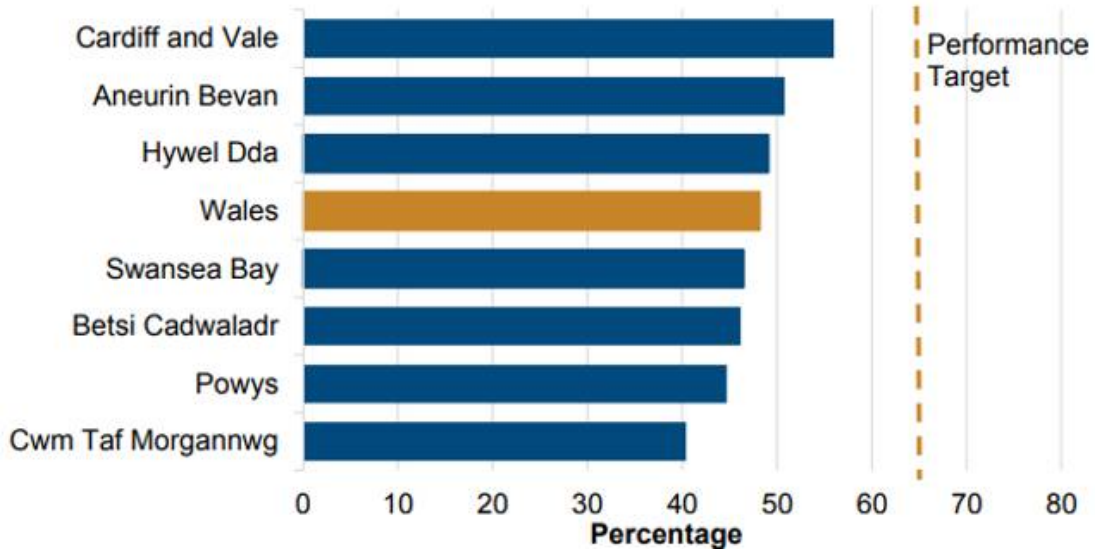


Figure 1: Percentage of red ambulance calls [Source – Welsh Government NHS Activity and Performance Summary June and July 2024]

In terms of the proportion of ED arrivals by ambulance, this varies across BCUHB's three acute sites, ranging from 16% in Wrexham Maelor (WM), to 24% in Ysbyty Glan Clwyd (YGC), with Ysbyty Gwynedd (YG) in between at 19% (Summary ED Indicatory Table (SEDIT) data from June 2024). Part of this difference can be explained by the proximity of WM and YG to residential areas and public transport routes which make self-presentation easier, but also due to the lack of Minor Injury Unit in nearby Rhyl for YGC. This final point is particularly relevant with higher areas of deprivation such as Rhyl having higher ED attendances (Kings Fund – The Relationship Between Poverty and NHS Services). This can be further illustrated by between 41 and 49% of all minor presentations (Manchester triage scores 4 and 5 – see next section for definitions) at YGC ED over the last 12 months were from Rhyl postcodes. For comparison at YG this ranged from 18 to 27% of all minor presentations from Bangor postcodes.

The top three incidents leading to ambulance conveyances into ED is consistent across all three sites:

1) Breathing problems
2) Falls / Frailty
3) Chest Pain

The graph (Figure 2) below shows the arrival patterns through the day associated with these conveyances. The table below (figure 3) shows the volumes for the top 3 presentations to ED over the last 12 months (split into the different severity of incidents). The map in Figure 4 shows the main incident locations and hospitals attended.

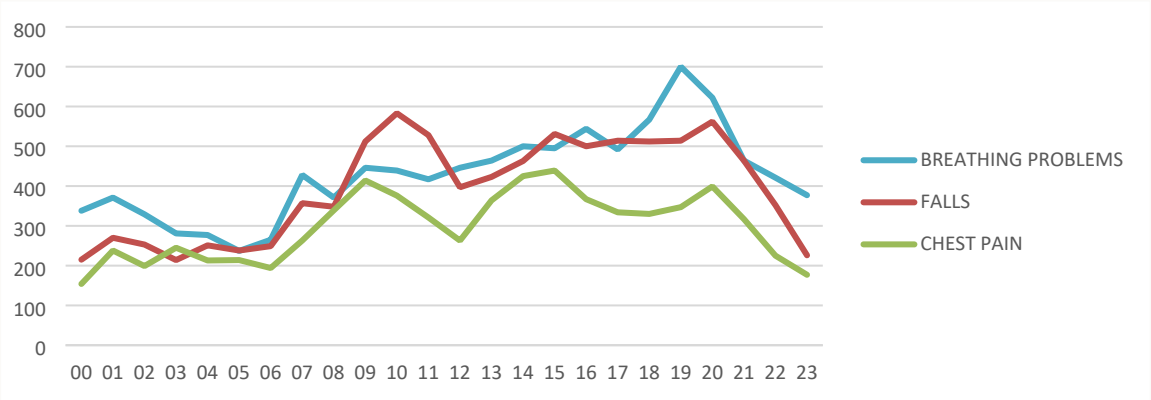


Figure 2: Ambulance Conveyances – Top 3 Incidents and ED Arrival Time (Apr-23 to Aug-24)

Incident Type / Severity	Red	Amber 1	Amber 2	Green 2	Green 3	Total
Breathing Problems	4,703	5,327	206	27		**10,263**
Falls	485	4,339	3,997	492	156	**9,469**
Chest Pain		6,828	325		3	**7,156**

Figure 3: Ambulance Conveyances – Top 3 Incidents split by severity (Apr-23 to Aug-24)

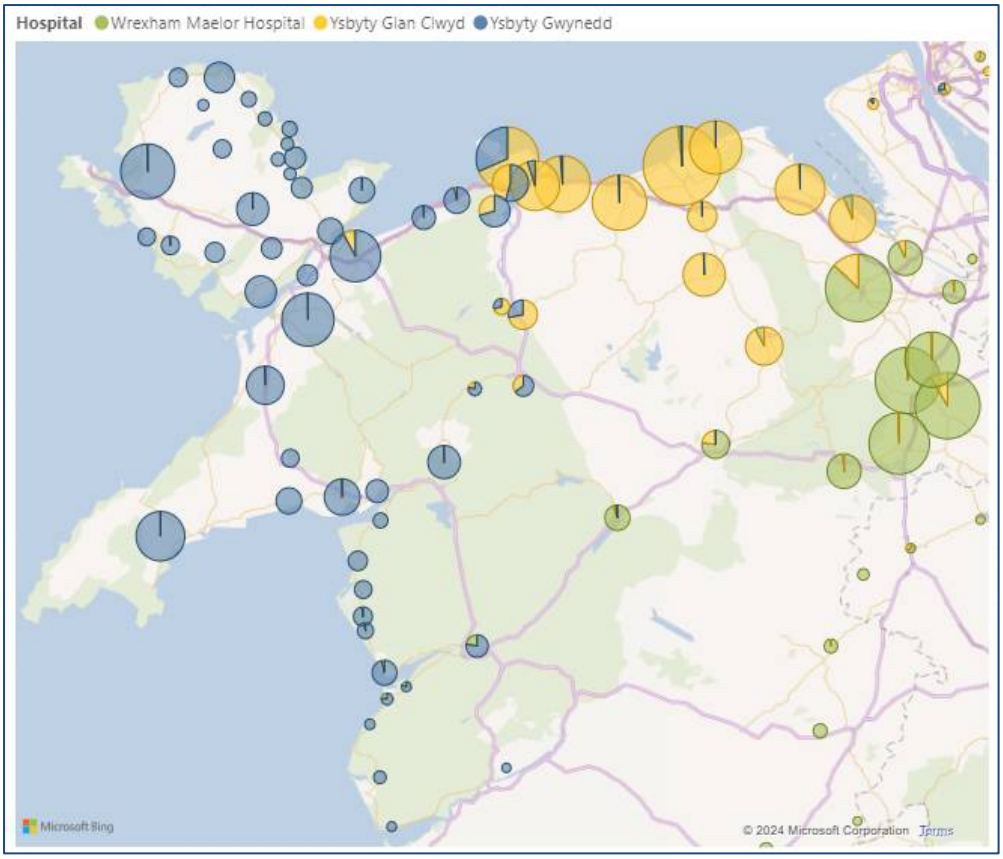


Figure 4: Ambulance Conveyances locations and hospitals attended (Apr-23 to Aug-24)

One of the key measures of impact of congestion of the system is the number of ambulances that have taken longer than 1 hour to handover to ED. This is one of the main areas of focus of the Welsh Government who have set a national target of a 30% reduction by December 2024. The graph below (Figure 5) demonstrates some improvement since January 2024 in the volume of handovers over 1 hour, reflected in the percentage of hand overs from 59% in January reducing to 47% in August 2024. However further work is required to meet this expectation.

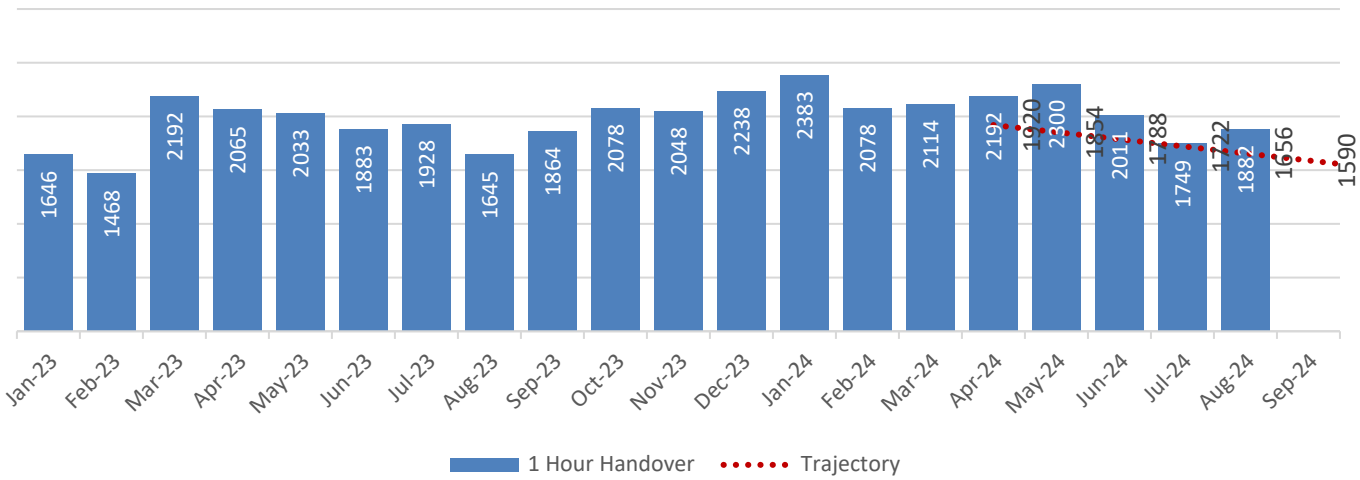


Figure 5: Over 1 hour ambulance handovers across North Wales (Jan-23 to Aug-24)

Overall Emergency Department (ED) and Minor Injury Unit (MIU) Demand

The June 2024 SEDIT data shows that there were 178,329 ED attendances across North Wales over the previous 12-month period. The average run rate is at 167 per day in WM, 171 per day in YGC and 149 per day in YG. The table below (Figure 6) gives a full breakdown, including resultant admission volumes. WM and YGC both show an average admission via ED at 34% with YG being lower at 27% in part due to the higher proportion of out of area attendances e.g. tourists.

	Attendances		Admissions via ED	
Site	**Last 12 Months**	**Per Day**	**Last 12 Months**	**Per Day**
Wrexham Maelor	60,929	167	21,013 (34%)	57
Ysbyty Glan Clwyd	62,758	171	21,253 (34%)	58
Ysbyty Gwynedd	54,642	149	14,533 (27%)	40
BCUHB	**178,329**	**487**	**56,799**	**155**

Figure 6: Source – June Getting It Right First Time (GIRFT) Summary Emergency Department Indicator Table (SEDIT) data

Further analysis shows that demand arriving at the ED front door has grown by c. 3% over the last 12 months, with a noticeable increase of those attending that falling into triage category 3 or 4 of the Manchester triage score (definition below). This is at the lower end of acuity, but still requires treatment. The graph below shows the monthly attendances across the three main sites and for BCUHB as a whole, which highlights the steady increase in demand.

Manchester triage scores:

- Level 1 – Immediate: life threatening.
- Level 2 – Emergency: could become life threatening.
- Level 3 – Urgent: not life threatening.
- Level 4 – Semi-urgent: not life threatening.
- Level 5 – Non-urgent: needs treatment when time permits.

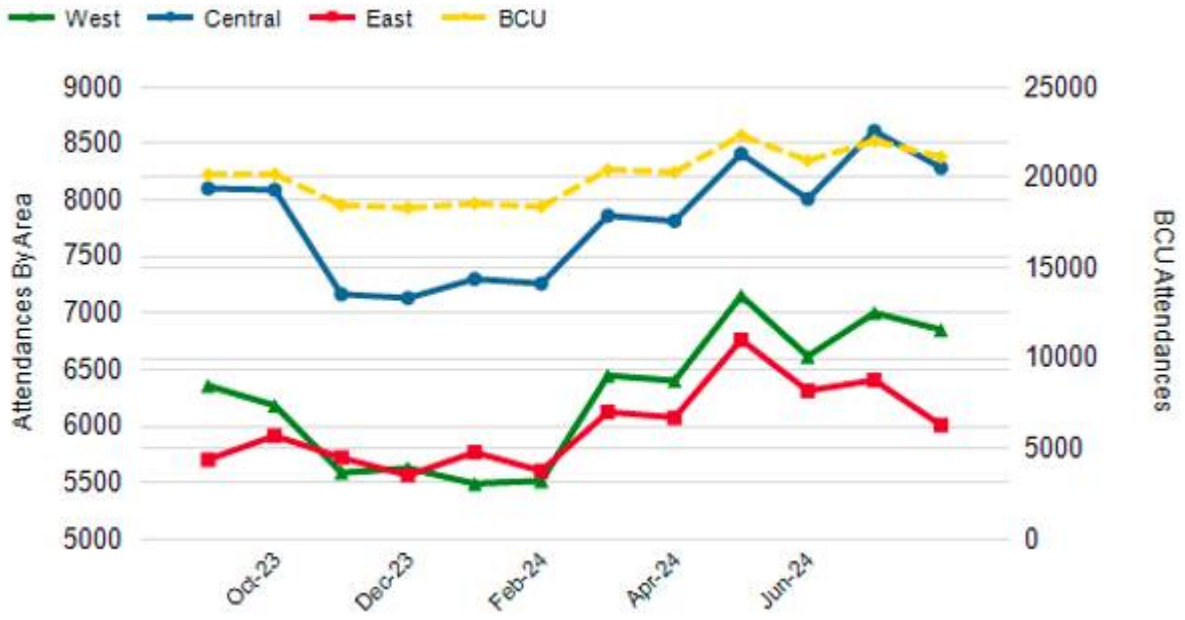


Figure 7: Monthly ED attendances – BCUHB and 3 main sites

The top 5 ED presentations across North Wales over the last 12 months were:

1) Minor head injury
2) Lower respiratory tract infection
3) Urinary tract infection
4) Sprain / ligament injury ankle joint
5) Other orthopaedic disorders

The graph below shows Minor head injuries being the largest of the 5 complaints at 7,627 over the last 12 months, with Lower respiratory tract infections at 4,121, Urinary tract infections at 4,092, ankle injuries at 3,411 and other orthopaedic disorders at 3,322.

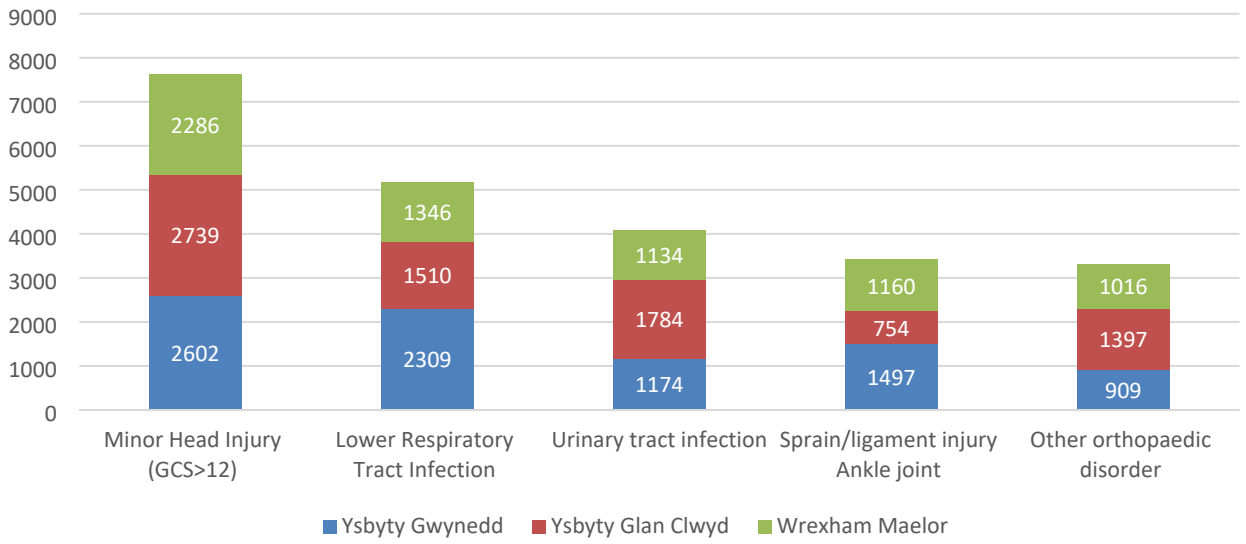


Figure 8: Top 5 ED presentations (April-23 to Aug-24)

The top 5 MIU presentations across North Wales over the last 15 months were:

1) Hand injury
2) Wounds
3) Foot injury
4) Ankle injury
5) Bites

The graph below (figure 9) shows Hand injuries being the largest of the 5 complaints at 12,635 over the last 15 months, with Wounds at 11,247, Foot injuries at 8,484, ankle injuries at 6,681 and bites at 4,860. This demonstrates an opportunity to divert some of the ankle injury demand from EDs to MIUs.

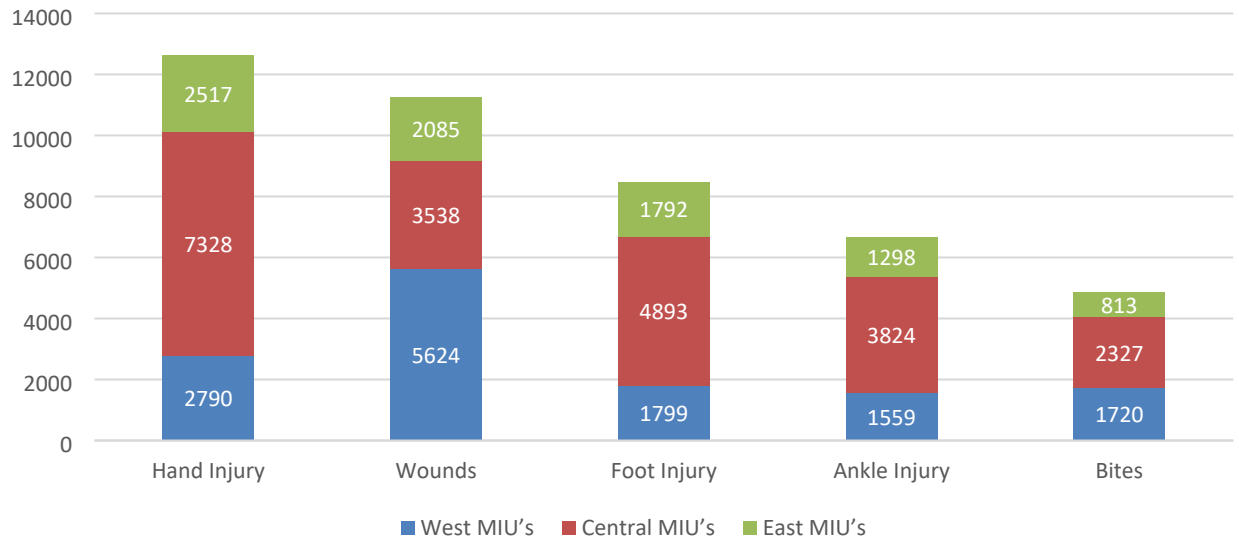


Figure 9: Top 5 MIU presentations (April-23 to Aug-24)

Emergency Department (ED) Performance

There are several measures in this space that seek to capture a patients journey through the different stages of the ED. The first is the time taken to be triaged, which is an important step in assessing the severity and therefore urgency of the patient's condition and onward pathway of care. The graphs (figures 10 and 11) below show the median time to triage across the three main EDs consistently within a 15 to 25 minute window and the median time to see an ED Clinician ranging from 105 minutes in WM to 166 minutes in YG. The pathway requires a review of processes with the aim of reducing non-value added steps to support the delivery of clinical assessment within 60 minutes.

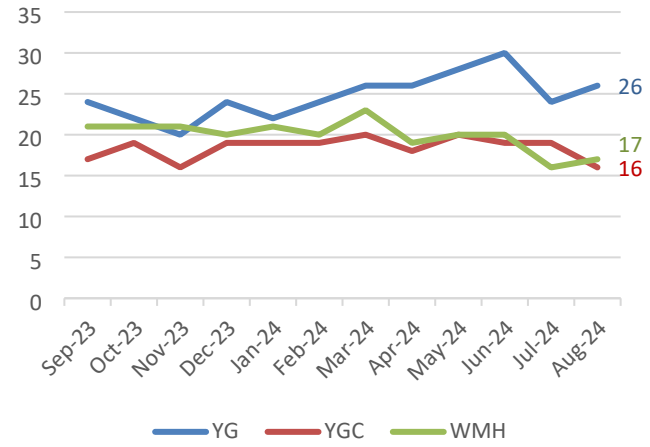


Figure 10: Median time (minutes) to triage (Sep-23 to Aug-24)

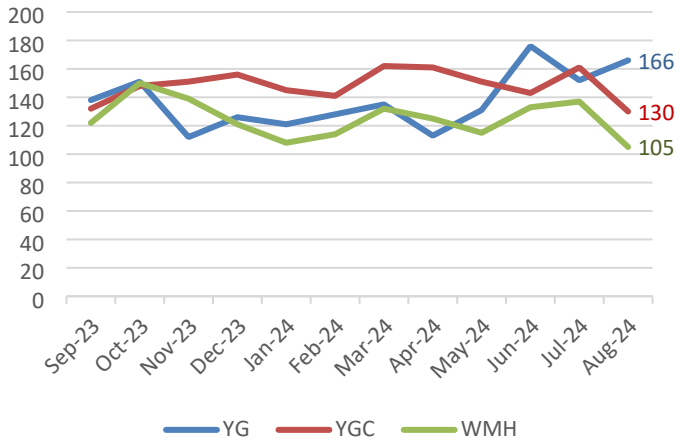


Figure 11: Median time (minutes) to ED Clinician (Sep-23 to Aug-24)

Another of the main metrics of focus in relation to ED performance is the percentage of patients who spend less than 4 hours from arrival until admission, transfer or discharge. The graph below (figure 12) shows the comparative performance across all Health Boards in Wales, with BCUHB at 4th out of 7 Health Boards as at July 2024. All Health Boards falling some way short of the 95% target. The second graph below shows the performance across the three main sites along with the overall BCUHB performance which ranges from 62% to 69%. The individual site performance (figure 13) can be quite volatile reflecting variable processes underneath driving the standard. Further work and focus on pathways and processes is needed to stabilise the performance.

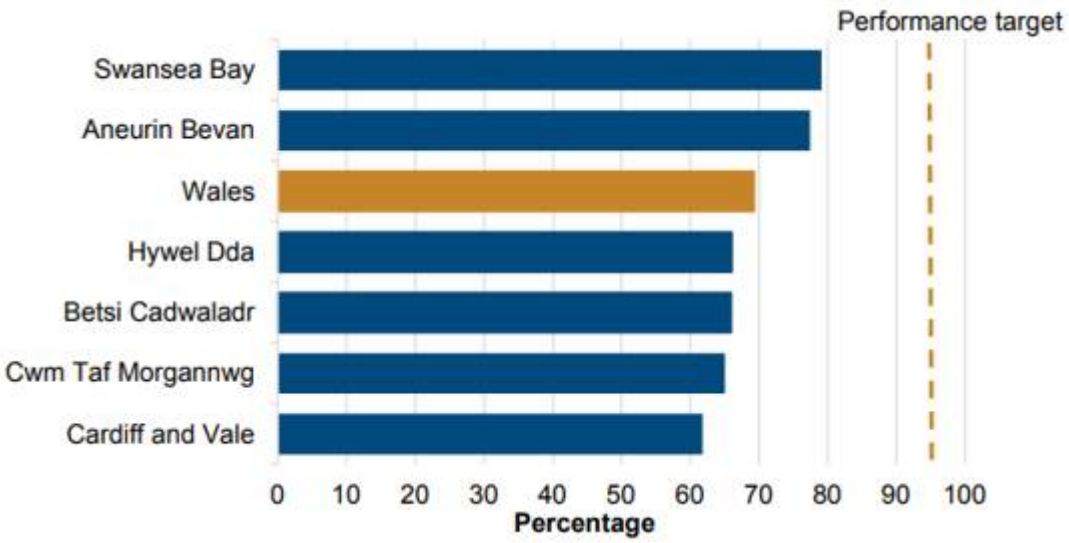


Figure 12: Percentage of patients who spend less than 4 hours from arrival until admission, transfer or discharge [Source – Welsh Government NHS Activity and Performance Summary June and July 2024]

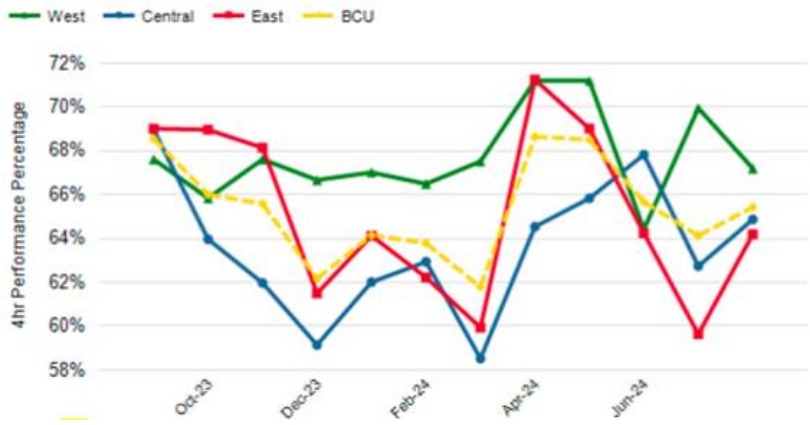


Figure 13: Percentage of patients who spend less than 4 hours from arrival until admission, transfer or discharge – BCUHB and 3 main sites (ED and MIU combined)

One of the key quality measures for ED performance is the percentage of patients waiting more than 12 hours to be admitted, transferred or discharged. This cohort represents patients who have the poorest experience, including those with lower levels of acuity with more urgent cases prioritised over them. The graph below (figure 14) demonstrates BCUHB's comparative performance, noting that due to BCUHB's size (c.22% of the Wales population) the 'per 10,000 attendances' metric is a fairer comparison. This is a key area of concern and a core metric to deliver as part of the major change programme.

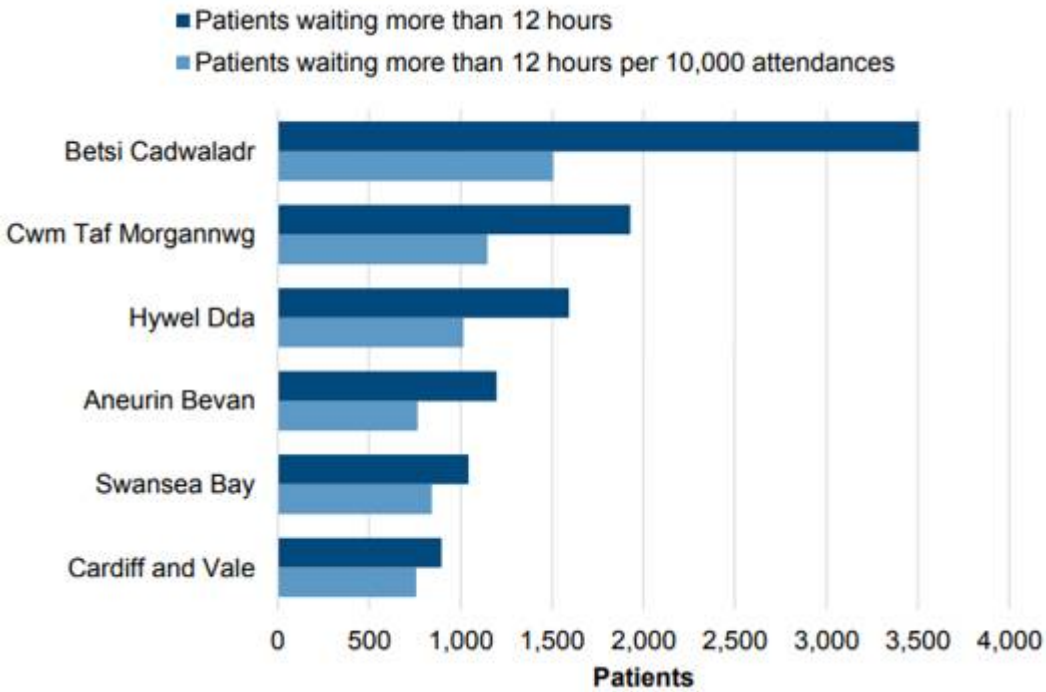


Figure 14: Percentage of patients waiting more than 12 hours to be admitted, transferred or discharged [Source – Welsh Government NHS Activity and Performance Summary June and July 2024]

Hospital Flow and Discharges

Getting flow through the hospital working well, whether that be through the Senior Triage Assessment and Rapid Treatment (START), Minor Injuries, Same Day Emergency Care (SDEC), Acute Medical Unit (AMU), Surgical Assessment Unit (SAU) areas of the Emergency Quadrant or via Speciality Reviews and on to ward

admission, is vital to prevent the ED becoming congested. This flow is highly dependent on discharges from the hospital to make space for patients to move 'up stream' on their journey from ED for admission to the inpatient areas.

The introduction of SDECs has been facilitated and funded by the national Six Goals Programme and is a key intervention in safely preventing admissions and long waits in ED through streaming. It enables patients presenting with conditions that can be assessed and treated quickly to be sent home within the same day of arrival via the SDEC mainly referred from the GP or ED directly. The standard for discharges from SDEC (as opposed to a patient being admitted to another ward) is 75%. This is not being achieved at the moment, with August 24 performance at 66%. The first graph below (Figure 15) shows the admission methods across the 3 main sites, with the second graph (Figure 16) showing the volume of attendances and balance between new and returning patients for review in SDEC. These demonstrate some differences in practice in both the balance of ED vs GP pathways, and also in the new vs returning patients. This along with better strategies to avoid SDEC becoming 'bedded down' and therefore not being able to act in its intended capacity are key areas of focus in the immediate period.

Figure 15: SDEC Admission Method (ED, GP, Other) (Apr-23 to Aug-24)

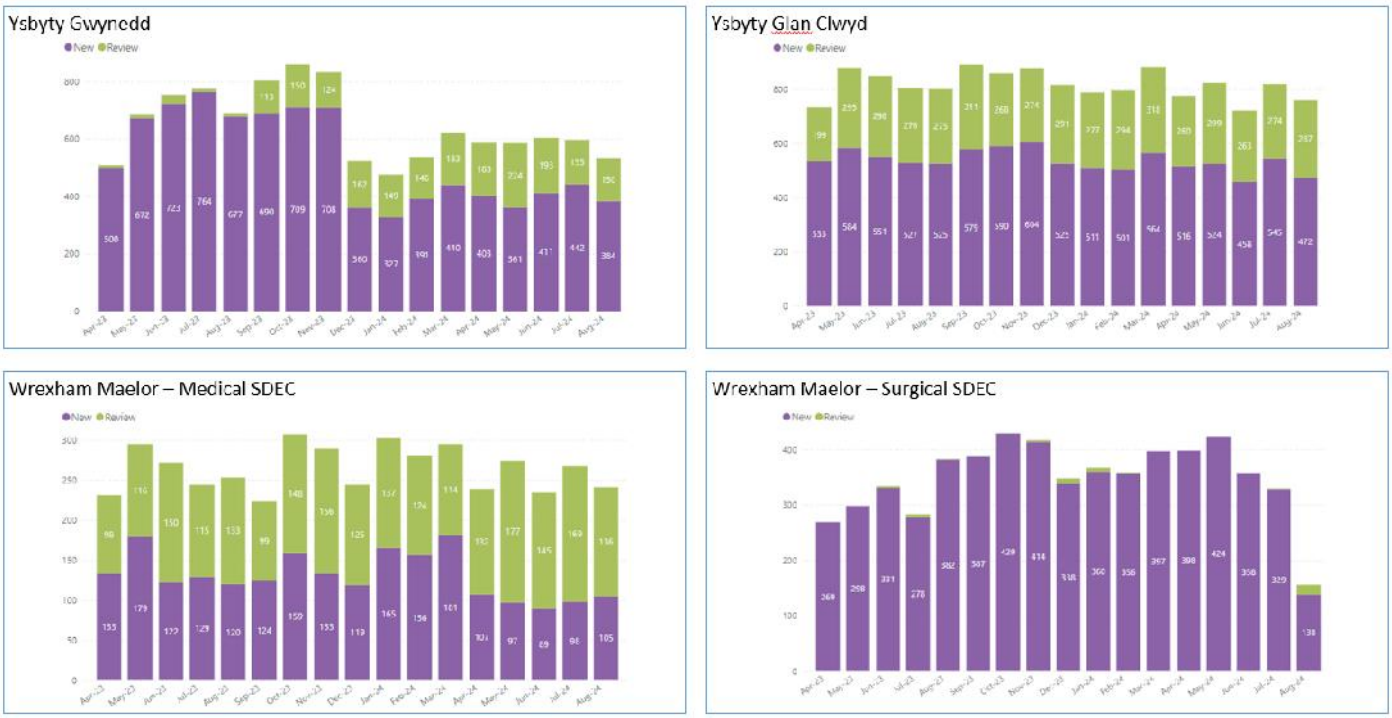


Figure 16: SDEC Attendances (New, Review/Return) (Apr-23 to Aug-24)

The Discharge to Recover and Assess (D2RA) pathways categorise patients into four main pathways:

- Pathway 0 – No additional support required for discharge
- Pathway 1 – Supported home first i.e. patient returns to usual place of residency with short term support
- Pathway 2 – Short term supported facility i.e. patient is transferred to a non-acute bed and receives rehab / reablement and assessment until able to return safely to normal place of residency
- Pathway 3 – Complex support i.e. patient is transferred to a new long-term bed, assessment bed or usual residence and receives the complex support and or assessment for their needs

One of the critical drivers to success in hospital flow is ensuring no avoidable delays in Pathways 0 and 1 patients being assessed, treated and discharged from the hospital. The graph below (figure 17) demonstrates the difference in median length of stay (LoS) per pathway. This higher the LoS, the longer the delay – this shows the scope to reduce at least 4 days from pathway 0. The Integrated Health Community (IHC) teams use the 'Right patient, Right Place' dashboard that was developed under the Six Goals Programme to monitor their patient flow position and identify opportunities for the Site Management Team to intervene and expedite discharges, in particular those that have been clinically optimised. This will be used as part of the 12 week UEC rapid improvement programme as a precursor to the major change programme.

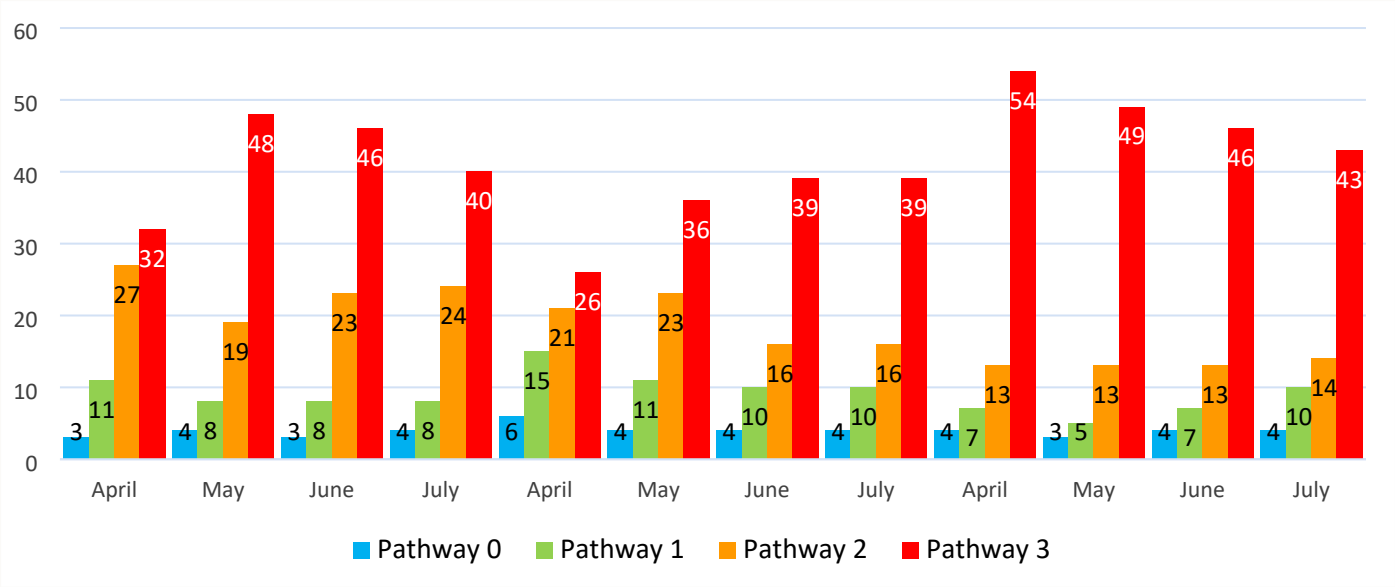


Figure 17: Median Length of Stay (LoS) per D2RA pathway (Apr-23 to Jul-24)

Delayed transfers of care (DTOCs) represent those patients who are clinically ready for discharge but still in an acute bed waiting for onward discharge support. There can be many factors impacting these delays such as awaiting care home packages, but there are also those things within the health board's control like awaiting assessments or medication. Unfortunately, at present one third of the health board's beds (equivalent to one whole acute site) are occupied by this cohort of patients awaiting their next step of discharge support pathway, an increase of 20% compared to pre-pandemic levels. The graph below (figure 18) shows the total assessment waits against the total delays, ranging from 45% to 50% in recent months. This element requires a whole system solution and partnership working with local authorities, social care providers and the third sector. This is an area of focus for the UEC Major Change Programme.

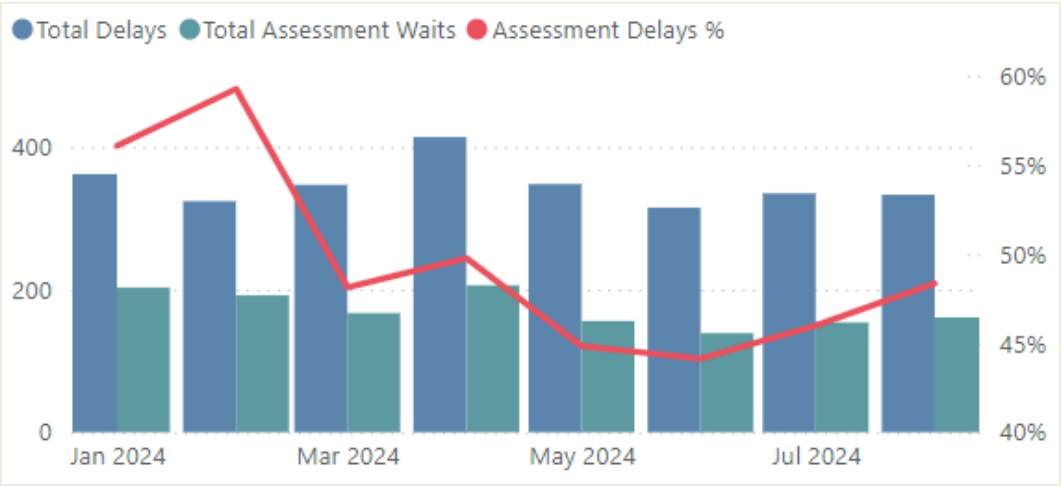


Figure 18: Total assessment waits vs total delayed discharges from hospital (Jan-24 to Aug-24)

In addition, there is a need to bring forward the discharges to earlier in the day (33% by 12pm) and 95% by 17:00. Figure 19 demonstrates the peak discharge time of 18:00. This needs a left shift to at least 15:00. The community sites show 2 peaks reflecting possibly *batching* of clinical processes – this requires further analysis to "smooth" out the peaks to a more stable pattern.

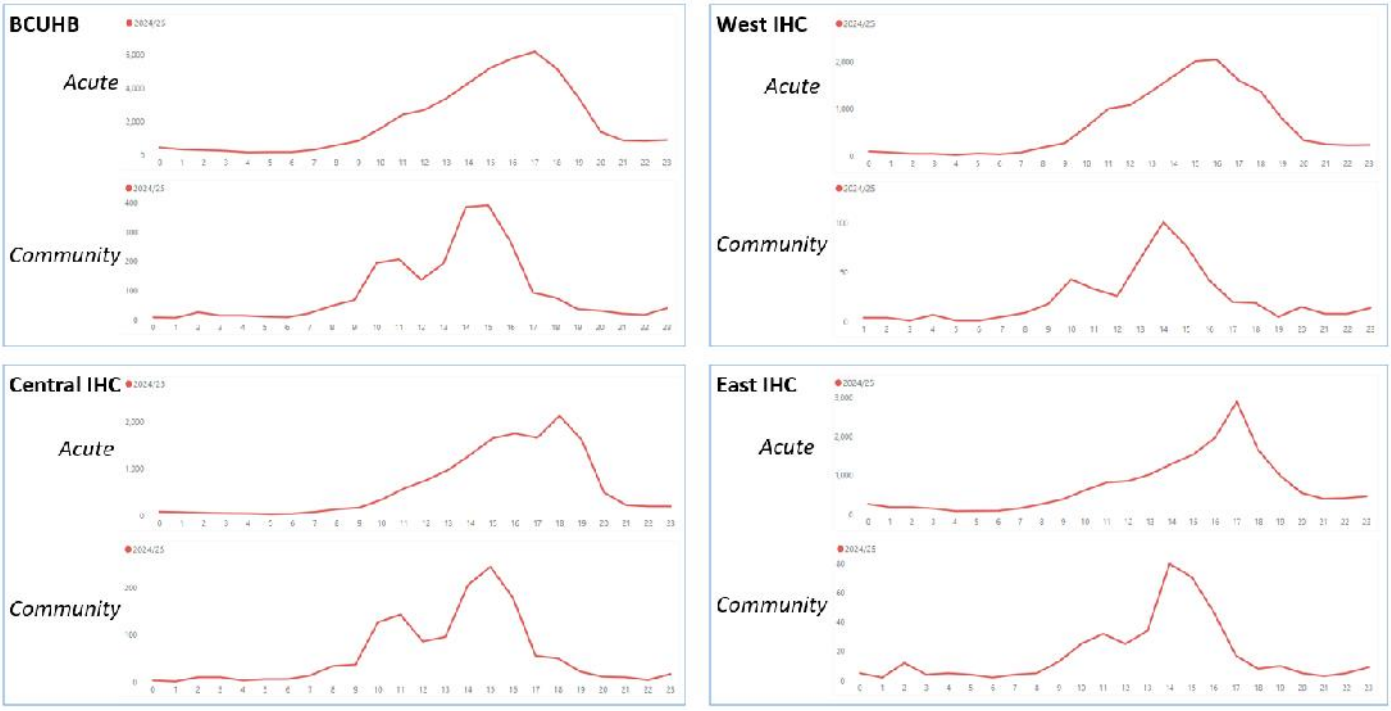


Figure 19: BCUHB and site level 24 hour discharge profile 2024/25 (up to 9th Sept 2024)

▪ Programme approach

The strategic importance of UEC as re-enforced by the board assurance framework and the associated risks warrants a high intensity improvement programme to deliver the immediate, short and medium term trajectories especially as we approach the winter period. Therefore, UEC has been identified as one of the four 'Major Change Programmes' across the health board. The data presented so far in this paper will inform the key areas of the improvement focus in order of priority with a robust programme management approach, sufficient funding and resource to drive the required change at pace. The programme will be delivered through regular reporting and oversight by the Executive Team steered by a full multi-professional team from across the health board to take a 'once for North Wales' approach.

In order to drive the above focus and pace, the programme will trial a 12-week rapid improvement cycle including a 4-week period of sustainability checks and planning for the next cycle. Each week there will be a specific focus area across the health board to accelerate learning, spreading of best practice and delivery. The 4-week period will provide time to enable embedding of the changes so that they are sustained for the long term. It will also provide an opportunity to take any learning and feed that into the planning for the next 8-week cycle to be repeated every quarter.

Taking into account the data presented so far in this paper, the areas below will form the programme workstreams (figure 20) and the national 6 UEC goals. The integrated delivery model as depicted in figure 21 below will form the 12 week rapid improvement event and the major change programme.

Future updates to the board will be based on the 4 workstreams aligned to the 6 national UEC goals for completeness.

1) **Moving to the 'front door'** (Safe@Home[1]) - Reduction in demand by focusing on the highest volume, high impact pathways:
    a. Falls in the community
    b. Breathing problems

2) **Emergency Department / Emergency Quadrant** (rapid response & right patient right place[1]) – Informed by the Getting It Right First Time (GIRFT) and Summary ED Indicatory Table (SEDIT) identifying individual ED/EQ positions and areas of focus around:
    a. Increased utilisation and 'ring fencing' of Same Day Emergency Care (SDEC) units
    b. Improved urgent speciality consultations, reviews and job planning
    c. Ensuring a consistent approach to streaming, deflection and navigation across all sites

3) **Hospital Flow** (optimal flow[1]) – Improved patient flow through the hospitals, focussing on:
    a. Simple discharge processes including pharmacy
    b. Shared risk models across the system (e.g. Continuous Flow model)

4) **Discharged into the community** (optimal flow[1]) - Reducing the number of clinically optimised patients within acute hospital beds by:
    a. Considering different models of community care
    b. Taking a risk balanced discharge approach
    c. Looking at opportunities to better utilise 'community ward' / green ward approaches

Figure 20: 4 UEC programme workstreams

The table below shows a mapping of this work to the national Six Goals programme

National 6 Goals Programme	**Goal 1** Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	**Goal 2** Signposting people with urgent care needs to the right place, first time	**Goal 3** Clinically safe alternatives to admission to hospital	**Goal 4** Rapid response in physical or mental health crisis	**Goal 5** Optimal hospital care and discharge practice from the point of admission	**Goal 6** Home first approach and reduce the risk of readmission
BCU UEC Major Change Programme Workstreams	**Moving to the 'front door'** (Safe@Home[1])		**Emergency Department / Emergency Quadrant** (rapid response & right patient right place[1])		**Hospital Flow** (optimal flow[1])	**Discharged into the community** (optimal flow[1])

Figure 21: The national UEC 6 goals aligned to the BCUHB 4 programme workstreams

▪ Winter resilience

The 2023-2024 BCUHB Winter Plan was compiled with an Integrated Health Community (IHC) focus and a clear emphasis on this being a developing plan year on year through learning events.

A request to each IHC and associated services was to create an IHC specific plan with local variances and ensuring key stakeholder engagement (social care, third sector and voluntary organisations) to ensure a wider health and social care plan.

All three plans were assessed using a scenario-based event (e.g. adverse weather) with the intention to check resilience. Once confirmed and amended all IHC plans were merged into a single plan with an overarching summary to support signposting. The plan was shared with all stakeholders across North Wales and North Powys. It was agreed to amend the terminology from "Winter plan" to "Resilience – Winter", with an updated and refreshed resilience planning approach based on the lessons learnt.

In April 2024, each IHC completed a review of what worked well and what didn't work so well with the intention of making local amendments to their resilience plans. Each IHC is currently completing the amendments with a focus on managing demand and capacity within their current baseline. The 12 week rapid improvement programme and the lessons learnt will inform the resilience plan for 2024/25. The format will also be based on the 4 workstreams (figure 20) to ensure consistency across the health board.

Timeline for updating of plan for Winter 2024-2025:

- September 2024 – IHCs to complete local updates.
- October 2024 – Tabletop exercise of planning and feedback to IHCs and services,
- November 2024 – Written updated plan to be presented through governance for sign off.

▪ Progress to date

As outlined n the paper, there has been learning around improving Urgent and Emergency Care (UEC) performance. The work to date has been focussed on creating and integrating live data intelligence systems and dashboards with our partners to support whole system working. There needs to be improved grip and control over hospital flow, discharges into the community and the emergency care processes including SDEC function. Moving the front door outside of the hospital to ensure effective sign posting and alternative provision in the community will be critical for 2024/25 winter resilience exploring different models for handling urgent rather than emergency care (e.g. Urgent Primary Care Centres).

Over recent months, whilst mobilising the UEC Major Change Programme, there have been a number of areas of progress:

- Regular meetings with Welsh Government and NHS Wales Executive to identify and agree the priority areas of focus and the support they can provide in addressing these.
- A key workshop with WAST looking at different ways of working to address falls and breathing problems in the community and avoid conveyances into ED (UEC Major Change Programme focus area one above).
- Recent HIW report for Ysbyty Glan Clwyd which articulated improvements across the department resulting in the ED being de-escalated.

- Ysbyty Gwynedd ED being named as the UK's best for Emergency Medicine Training posts by the Royal College of Emergency Medicine, resulting in a surge in job applications (learning shared with the other two EDs).
- Getting It Right First Time (GIRFT) visits across North Wales resulting in the production of a Summary ED Indicator Table (SEDIT) report for BCUHB drawing on comparisons across Wales and the UK for ED performance, demand and capacity and staffing (currently undergoing the final validation).
- Workshop being held on 16th September with a focus on reviewing different models of urgent care provision across Urgent Primary Care Centres, Urgent Treatment Centres, Minor Injury Units (MIUs), GP Out of Hours etc. This will also take input from the recent Darzi report September 2024.
- The 12 week rapid improvement cycle from the 30th September 2024 initiated with a health board wide reset following the learning from YG site

Next Steps and recommendation

Some of the key next steps in to drive focus and pace in Urgent and Emergency Care improvements:

- Complete mobilisation of the UEC Major Change Programme approach, utilising the full multi-professional virtual team to drive the 12-week rapid improvement cycle approach, pan BCUHB. Starting 30th September 2024.
- Develop individual initiative benefits realisation forecasts and tracking to ensure there is clear line of sight between changes being made and key performance outcomes.
- Winter resilience reset meeting from October 24 with an updated plan to Board for November 24.
- Further UEC deep dive in Performance and Finance Information Governance (PFIG) Committee in October 24 to share the latest progress and insights.

The Health Board is asked to:

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

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

Teitl adroddiad: ***Report title:***	**Well North Wales:** progress and planning update of a regional partnership approach to scoping and delivery of the 'Well North Wales' programme
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: **Executive Summary:**	As a continuation of discussions from the Health Board development session (27.06.24) the Public Health team has been working with internal BCUHB stakeholders and regional partners to shape the Discovery Phase of this regional programme of work. This report outlines the case for change for whole systems shifting from traditional medicalised models of healthcare, towards adoption of more holistic bio-psychosocial behavioral frameworks across the wider system infrastructures. This includes opportunities for improving regional partnership working with communities, third sector and our local statutory public services to reduce avoidable health inequalities and improving longer-term population health & wellbeing outcomes. As part of the BCUHB 3 year plan 2024-2027 the Well North Wales Programme contributes towards delivery of priority '4b Prevention' and reduction of avoidable ill-health. A scoping review and strategic planning exercise is currently being undertaken along with regional stakeholders through the Regional Partnership Board to form the vision, scope and longer-term delivery plan for this programme of work in a collaborative approach with regional stakeholders. This is based around a whole systems shift towards preventative models, and using both regional and local approaches to developing partnerships built around wellness & improving wider determinants of health & wellbeing. The Office of the Future Generations Commissioner for Wales notes that we should make it our mission to facilitate a transformation in the way we keep people healthy, with a greater focus on prevention and the long-term. As a result, public bodies are working together to tackle the root causes of ill health and addressing health inequalities. In north Wales this is through our 'Well North Wales' programme, which is not intended to be a programme of work in and of itself, but rather provide an over-arching portfolio umbrella for all the various programmes of work which are being delivered across

the regional partnership space, aligned to one shared purpose & vision of maximising good health and wellbeing. We are working with our regional and national partners to align plans to contribute towards Well North Wales outcomes as organisations transition to integrated regional partnership planning cycles.

Given that a complex whole systems approach to tackling the 'wicked' socio-economic challenges associated with the wider determinants of health has been widely discussed & hypothesised, but never really tackled head-on and effectively delivered in any one place; it is key that Well North Wales should adopt an 'action learning' iterative improvement & development approach, and should seek to ensure research and shared learning opportunities are embedded into the DNA of the programme from the outset.

As part of this Discovery Phase we are building upon learning and experience from our ongoing place-based approaches and whole systems work being delivered with local partners through our Public Health team, and are also embarking on research projects to help inform and shape the regional multi-sector programme of work required to shift whole systems towards a wellness economy in north Wales.

The scope of this report is to:

- Provide a high-level overview of progress to date
- Provide a snapshot of the intelligence and insight which is informing the case for change
- Provide the basis for a regional programme of work which would enable an effective implementation of the whole system transformation across north Wales and supports the Health Board strategic direction and plans.

The recommendations outlined in this report enable partners to work together more effectively, ensuring that investment of public funds are maximised through sustainable system-wide health and care services being delivered across the north Wales region.

Furthermore, by adopting the recommendations and working together in a strategic partnership approach across the whole system, there are real opportunities for north Wales to lead the way by further building and developing the research, evidence and evaluation of the impacts of whole systems shifts towards prevention, and developing partnerships built around wellness.

Well North Wales will act as the vehicle to build momentum and drive forward true whole systems approaches to improving population health & wellbeing across organisational boundaries. It is not intended to be a Health Board programme; it will be delivered through working together with communities and our regional partners to define and agree a longer-term multi-agency

	approach to shift from treating illness to providing the building blocks of wellness.
Argymhellion: ***Recommendations:***	Through compiling this detailed report, the Well North Wales programme team make the following recommendations: The Board is asked to 1. **note** the progress to date of the Well North Wales Programme, and to recognise the role and importance of this work in shaping and developing the longer-term shift towards prevention of health and care services, and wider cultural shift towards a wellness economy model. 2. **approve** the Arts, Health and Wellbeing Strategic Framework, and to recognise the role and importance of this work in shaping and developing the longer-term shift towards prevention of health and care services, and wider cultural shift towards a wellness economy model. 3. **approve** the regional partnership approach being undertaken to scope and adopt a whole systems model to addressing the socio-economic root causes affecting the wider determinants of health & wellbeing. **Noting** that a Business Case will be required for longer-term resources to lead on sustainable delivery of a 3-5 year programme (and beyond). 4. **support** a shift to a prevention-focussed approach both within the Health Board and how we work with partners across the whole system
Arweinydd Gweithredol: ***Executive Lead:***	Dr Jane Moore – Acting Executive Director Public Health
Awdur yr Adroddiad: ***Report Author:***	Brian Laing – Strategic Partnerships Development Manager Dr Teri Howson-Griffiths – Arts in Health Strategic Lead

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	As part of the BCUHB 3 year plan 2024-2027 the Well North Wales Programme contributes towards delivery of priority '4b Prevention' and reduction of avoidable ill-health. A Healthier Wales: our Plan for Health and Social Care (2021) called for a '"revolution from within" to drive the changes we need to see in our health and social care system, so that is it able to meet the needs of current and future generations in Wales'. The Health Board response to this aligns with supporting delivery of Welsh Government policy and legislation including: • The Well-being of Future Generations (Wales) Act 2015 • The Health and Social Care (Quality and Engagement) (Wales) Act (2020) • The Social Services and Wellbeing (Wales) Act 2014 • The NHS (Wales) Act 2006 • The Equality Act 2010 (Wales) • Social Partnership & Public Procurement Act (2023) In addition to statutory duties noted above, this programme of work aligns to various other national and regional strategies and plans, including but not limited to: Strategic Programme for Primary Care, Building a Healthier Wales, Shaping Places for a Healthier Wales The Arts in Health framework supports strategic objectives within the Health Board linked to improving physical, emotional and mental health and wellbeing. It supports the targeting of resources through focusing on people, place and need.

	The framework promotes collaboration and partnership through our ways of working, as well as improving quality of services through the delivery of arts in health initiatives. It supports care close to home and transforming health in offering innovative and transformative approaches to health and wellbeing, supported by evidence. The focus supports both the mental health strategy and current Welsh Government Mental Health and Suicide Consultations.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no known regulatory implications for this work. We work with a range of services and teams to ensure financial governance and compliance with health board policies and procedures. We undertake risk assessments on a project-by-project basis, follow guidance and policies by funders, and stay up to date with sector best practice.
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 The strategic framework is designed to focus on the particular vulnerable groups identified. We will conduct Health Impact Assessments where appropriate for projects as part of planning and evaluation to determine both population and individual impacts for projects. This is due to become a statutory requirement and will cover funded projects but will also inform best practice.
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?***	No As above. It is recognised that an SEIA will need to be conducted by BCUHB and partners as the scope and delivery plans of the wider Well North Wales programme are developed.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	**BAF SP1** – Population Health There is a risk that the Health Board fails to adequately support the improvement of

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	population health and reduce health inequalities. Mitigation: The Executive Director of Public Health provides consistency to the regional strategic approach and prioritisation. Inherent risk **20** target risk **12** **CRR2408** - Delivering a population health approach to health and wellbeing Additional actions required: There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale Inherent risk **20** target risk **12** It is noted that the population health of North Wales is worsening and has significant impact on demand for services and potentially on the wider community due to the loss of people from the workforce, and through the subsequent economic impacts on our communities through loss of involvement. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board ability to deliver excellent healthcare services meaning the Health Board purpose must retain clear focus on improving the health and wellbeing of the population.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Whilst there are no immediate financial implications associated with the recommendations to commit to a regional partnership approach to scoping and programme planning for Well North Wales, it should be noted that core budgets and annual grant funding availability is currently stretched. Consideration will need to be given to longer-term resources required to lead on sustainable delivery of a 3-5 year programme (and beyond). A business case to be developed asap.

	The Arts in Health framework will support further applications for project funding by demonstrating a clear focus and direction for the team; this is an increasing request from funders for arts in health activities to be guided and led from a strategic standpoint and way of working. It has been designed to create a range of objectives that avoid leaving the team vulnerable to financial commitments, through a range of activities that do not rely on acquiring funding. At the same time, it maintains the commitment to apply for and secure external funds through charitable organisations such as Arts Council Wales, but also working in partnership to boost the operations of the team through collaborating with local authorities, higher and further education partners, arts and cultural organisations, charitable sector, as well as Health Board services and teams.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Resources currently committed to Well North Wales are limited, and many key strategic posts are on short-term contracts. As noted above, consideration will need to be given to longer-term resources required to lead on sustainable delivery of a 3-5 year programme (and beyond). A business case to be developed asap. This will bring a clear structure and direction to team activities and support effective working for the team.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This paper was presented to Executive Team 11.09.24 with the attached full report making the recommended updates to reflect the progress and direction of this regional programme of work. The scoping and development of longer-term programme planning for Well North Wales is being carried out through the Regional Partnership Board, in consultation and partnership with regional stakeholders across the 6 Local

	Authorities and 6 Voluntary Service Councils of north Wales. Initial scoping & approach discussions have been conducted with the RPB Leadership Group 26.07 (see attached appendix) who were supportive of this proposal. Outputs of a Discovery Phase workshop with RPB 13.09 resulted in formation of a task & finish group including a wider cohort of stakeholders to develop shared ownership & accountability. The Strategic Arts in Health framework has been developed through sector research including connecting to regional and national policies and strategies, and engaging with the evidence base within the sector. It has also involved partner and public engagement, and support from key collaborators such as the Wales Arts Health and Wellbeing Network, and Arts Council Wales, including the Arts and Health coordinators across each Health Board in Wales. It has also been developed with input from regional partners on the Arts, Health and Wellbeing Partner Steering Group including higher education, local authority, arts organisations and grassroots Community arts groups, as well as Public Health and NHS colleagues and teams. It has been presented in a range of settings for feedback including the Population Health EDG, Engage Cymru Network meeting, Together4MH Partnership Board, as well as the National Eisteddfod 2023, and with local and regional organisations (e.g., Creu Conwy Partnership group, the Women's Institute Anglesey Federation), as well as an online sharing event across NHS and partner sectors, as examples.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF SP1 / CRR2408
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Not applicable

Reason for submission of report to confidential board (where relevant)	
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations*** Securing regional partnership buy-in to scope and adopt a whole systems model to addressing the socio-economic root causes affecting the wider determinants of health & wellbeing. Business case to be developed for longer-term resources to lead on sustainable delivery of a 3-5 year programme (and beyond).	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1 Inverse Care Law Evaluation Report Appendix 2 Arts, Health and Wellbeing Strategic framework document Appendix 3 Arts, Health and Wellbeing Strategic framework appendices document	

WELL NORTH WALES

Working together to build a healthier north Wales

Abstract

As a continuation of discussions from the Health Board development session 27.06.24 the Public Health team has been working with internal BCUHB stakeholders and regional partners to shape the Discovery Phase of this regional programme of work.

This report outlines the case for change for whole systems shifting from traditional medicalised models of healthcare, towards adoption of more holistic bio-psychosocial behavioural frameworks across the wider system infrastructures. This includes opportunities for improving regional partnership working with communities, third sector and our local statutory public services to reduce avoidable health inequalities and improving longer-term population health & wellbeing outcomes.

Brian Laing (BCUHB - Public Health)

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

Executive Summary

As part of the BCUHB 3 year plan 2024-2027 the Well North Wales Programme contributes towards delivery of priority '4b Prevention' and reduction of avoidable ill-health. A scoping review and strategic planning exercise is currently being undertaken along with regional stakeholders through the Regional Partnership Board to form the vision, scope and longer-term delivery plan for this programme of work in a collaborative approach with regional stakeholders. This is based around a whole systems shift towards preventative models, and using both regional and local approaches to developing partnerships built around wellness & improving wider determinants of health & wellbeing.

The Office of the Future Generations Commissioner for Wales notes that we should make it our mission to facilitate a transformation in the way we keep people healthy, with a greater focus on prevention and the long-term. As a result, public bodies are working together to tackle the root causes of ill health and addressing health inequalities.

"Health is central to our well-being and the NHS is one of the country's most valued institutions. Over half of the Welsh Government's budget is spent on health, yet levels of preventable illness and health inequalities remain high. Those living in deprived areas still have a lower life expectancy on average, and we often hear of the frustrations that people experience due to waiting lists and a need for joined-up services"

– Future Generation Commission, Wales (2024)

In north Wales this is through our 'Well North Wales' programme, which is not intended to be a programme of work in and of itself, but rather provide an over-arching portfolio umbrella for all the various programmes of work which are being delivered across the regional partnership space, aligned to one shared purpose & vision of maximising good health and wellbeing. We are working with our regional and national partners to align plans to contribute towards Well North Wales outcomes as organisations transition to integrated regional partnership planning cycles.

Given that a complex whole systems approach to tackling the 'wicked' socio-economic challenges associated with the wider determinants of health has been widely discussed & hypothesised, but never really tackled head-on and effectively delivered in any one place; it is key that Well North Wales should adopt an 'action learning' iterative improvement & development approach, and should seek to ensure research and shared learning opportunities are embedded into the DNA of the programme from the outset.

As part of this Discovery Phase we are building upon learning and experience from our ongoing place-based approaches and whole systems work being delivered with local partners through our Public Health team, and are also embarking on research

projects to help inform and shape the regional multi-sector programme of work required to shift whole systems towards a wellness economy in north Wales.

The recommendations outlined in this report enable partners to work together more effectively, ensuring that investment of public funds are maximised through sustainable system-wide health and care services being delivered across the north Wales region.

Furthermore, by adopting the recommendations and working together in a strategic partnership approach across the whole system, there are real opportunities for north Wales to lead the way by further building and developing the research, evidence and evaluation of the impacts of whole systems shifts towards prevention, and developing partnerships built around wellness.

Well North Wales will act as the vehicle to build momentum and drive forward true whole systems approaches to improving population health & wellbeing across organisational boundaries. It is not intended to be a Health Board programme; it will be delivered through working together with communities and our regional partners to define and agree a longer-term multi-agency approach to shift from treating illness to providing the building blocks of wellness.

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1. Introduction

1.1 Background & Context

The 'Well North Wales' Programme was first established in 2018 and has been operational with Health Board partners for the past five years. The concept of a 'Well North Wales' programme was originally formed as an alliance of partners co-ordinating action across north Wales to reduce health inequalities and to provide a forum for partners to collaborate on related programmes of work.

Governance and accountability for this alliance was never formalised, but the programme reported to the North Wales Advisory Group and through the local Public Health team.

Since October 2022, local Public Health Teams are employed by Health Boards instead of Public Health Wales. Our BCUHB Public Health team continues to develop a strong, more integrated public health system to protect and transform the health and wellbeing of the people of north Wales.

Embedding specialist Public Health resources and skills at the local level, will further enable BCUHB and our local partners to increase the focus on improving the health and wellbeing of the local population. The Executive Director of Public Health has overall responsibility for public and population health in north Wales, and leads on driving initiatives to address public health challenges, reduce health inequalities, and enhance the overall health of the population.

The programme delivery elements seek to improve regional partnership approaches shifting from traditional medicalised models of healthcare towards adoption of more holistic bio-psychosocial behavioural frameworks across the wider system infrastructures – this includes working with communities, third sector and our local statutory public service partners to reduce avoidable health inequalities and improving longer-term population health & wellbeing outcomes through the following objectives:

- Addressing the 'Inverse Care Law' in Primary & Community care settings
- Improving co-design, contracting and co-commissioning of social prescribing and social interventions
- Ensuring our most vulnerable groups are and communities are considered in planning and provision of immunisations and screening
- Exploring and providing opportunities across the region to improve health and wellbeing through arts in health.

A scoping review and strategic planning exercise is being undertaken 2024/25 with a view to forming the vision, scope and longer-term delivery plan for this programme of work in a truly collaborative approach with regional stakeholders. This scoping review will seek to establish the governance framework required to embed mechanisms for strategic oversight and operational delivery of a whole system

approach to addressing the wider determinants of health which influence population health outcomes, and are the key enablers to shifting to preventative models of health and wellbeing.

OUR VISION: Maximising health & wellbeing for a thriving North Wales – so *everyone* enjoys good health

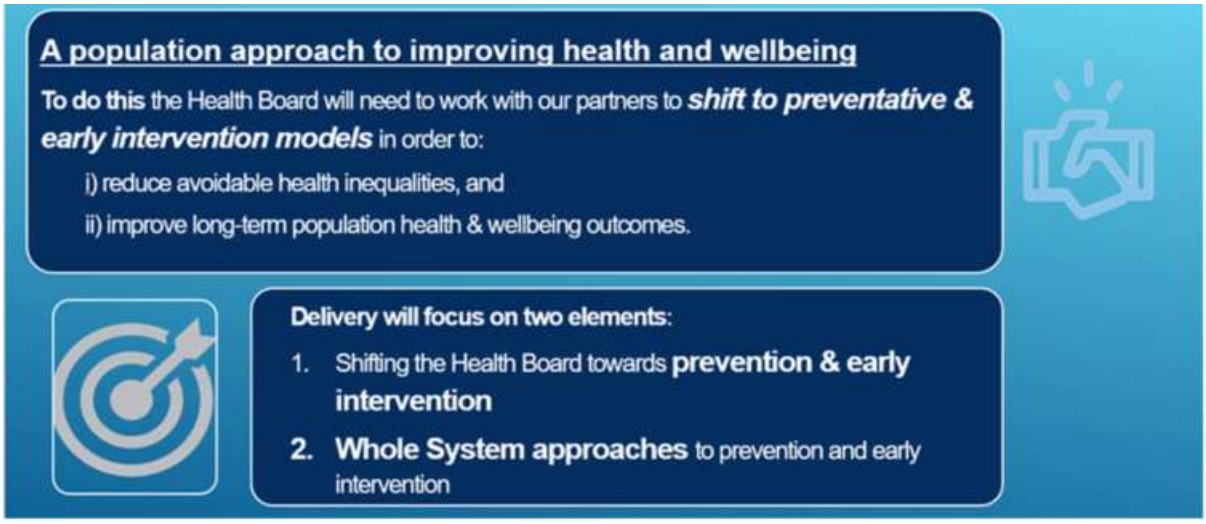

Fig. 1 BCUHB Public Health Vision Statement

Well North Wales and the wider local Public Health team will be working with internal Health Board stakeholders and regional partners as part of the business and financial planning cycles to strengthen resilience and effectiveness of Primary, Community and Social Care services. Through creating effective frameworks which enable an environment to work more collaboratively with third sector and community groups, Well North Wales will consider and implement opportunities to co-design, co-produce and co-evaluate services. It will seek to create sustainable offers delivered through partnerships with voluntary sector and community groups, to actively lead on initiatives which will reduce health inequalities and improve health and wellbeing outcomes.

1.3 Scope & Aims

Recognising that health and wellbeing is determined mostly by a range of social, economic and environmental factors; Well North Wales seeks to address people's needs in a more holistic way. It also aims to support individuals to take greater control of their own health and wellbeing.

This report outlines the case for change for whole systems shifting from traditional medicalised models of healthcare, towards adoption of more holistic bio-psychosocial behavioural frameworks across the wider system infrastructures. Identifying opportunities for improving regional partnership working with

communities, third sector and our local statutory public services to reduce avoidable health inequalities and improving longer-term population health & wellbeing outcomes.

The scope of this report is to:

- Provide a high-level overview of progress to date
- Provide a snapshot of the intelligence and insight which is informing the case for change
- Provide the basis for a regional programme of work which would enable an effective implementation of the whole system transformation across north Wales and supports the Health Board strategic direction and plans.

The recommendations outlined in this report enable partners to work together more effectively, ensuring that investment of public funds are maximised through sustainable system-wide health and care services being delivered across the north Wales region.

Furthermore, by adopting the recommendations and working together in a strategic partnership approach across the whole system, there are real opportunities for north Wales to lead the way by further building and developing the research, evidence and evaluation of the impacts of whole systems shifts towards prevention, and developing partnerships built around wellness.

2 The Compelling Case for Change

2.1 Population Data

BCUHB has a population of around 688,000 with an overall population estimated to increase by only 1.5% by 2040.

The East IHC has a younger population compared to rest of BCUHB, but similar to all Wales average.

Central & West IHCs have a higher proportion of older people than average for Wales.

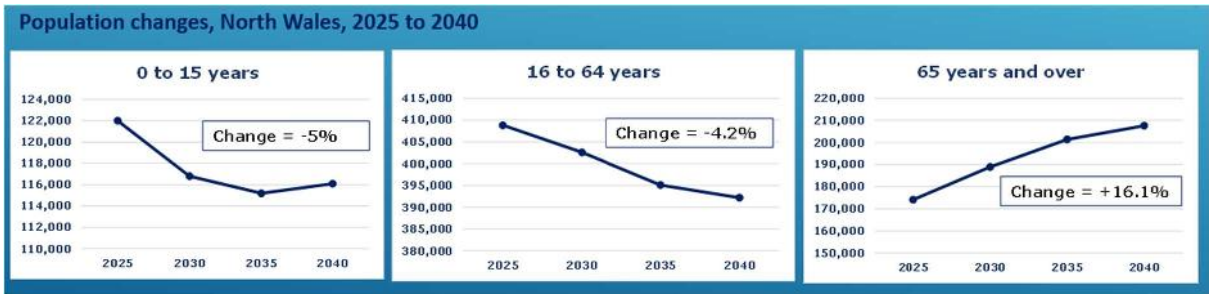

Fig. 2 Changes in population age demographics BCUHB 2025-2040

Health inequalities are unfair and avoidable differences in health outcomes across the population & between different demographic groups in society.

Health inequalities which have long existed in the UK have been brought to the fore during and post COVID-19 pandemic where the disproportionate impacts on the most economically deprived groups, ethnic minorities and women have continued to widen. North Wales has some of the most deprived areas in Wales.

Gap between life expectancy at birth between the least and most deprived areas in north Wales is on average 7 years for males and 6.1 years for females.

Males living in our most deprived wards can expect to live around 12 years less in good health compared to those in least deprived areas, and for females this is 11 years less.

27% of children aged 0-15 in north Wales live in low income families, and levels of child poverty are increasing.

58.9% of adults in north Wales are overweight or obese (2022) and this is forecast to increase over coming years as 25.9% of children aged 4-5 are already overweight or obese (PHW 2022)

Only 21.8% of adults eat 5 portions of fruit & veg a day, lower than the all-Wales average of 28.5%, and significantly lower in Anglesey where this figure is as low as 9.2% (PHW 2022)

In order to follow Government guidance on healthy eating the bottom 10% of household incomes would need to spend 74% of their disposable income on food (Food Foundation 2020) – this was before disposable household income was further decreased by cost of living pressures such as rising fuel & rent costs, but also has to stretch even further due to rising food costs.

Patients registered by GP as having a chronic condition, 2022

	North Wales	
Hypertension (high blood pressure)	120,950	17.0%
Obesity (patients aged 16+)	67,800	11.5%
Asthma	52,450	7.4%
Diabetes mellitus (patients aged 17+)	45,850	7.9%
Coronary heart disease	25,950	3.6%
Cancer	28,250	4.0%
Chronic obstructive pulmonary disease*	18,000	2.5%
Stroke	15,550	2.2%
Heart failure	8,250	1.2%
Mental health	7,300	1.0%
Dementia	5,500	0.8%
Epilepsy (patients aged 18+)	5,400	0.9%

Fig. 3 Incidence of limiting long-term illnesses BCUHB 2022/23

More than one in five people in north Wales report having a limiting long-term illness and rates of chronic illness and morbidities are increasing.

The number of people registered with diabetes in north Wales is expected to rise by 31.6% from 46,994 in 2023 to 61,861 in 2035

A 2022 report commissioned by Cancer Research UK suggests that 30,000 additional cases of cancer are caused each year in UK due to socio-economic deprivation and that survival rates are much lower in the most deprived groups.

British Heart Foundation Cymru also reports that premature death rates for people with heart and circulatory diseases is almost doubled in areas of multiple deprivation (116.4 per 100,000 in the most deprived areas compared to 58.2 in the least deprived areas)

Key Messages:

The majority of NHS activity is focussed on long-term conditions

The population is aging – and more likely to have long-term conditions, often multiple

People are living longer and in poorer health for longer

People in our poorest areas will be most affected by ill health & mortality

There are decreasing birth rates, but conversely increasing numbers of children living in poverty

2.2 Strategic Context

A Healthier Wales: our Plan for Health and Social Care (2021) called for a '"revolution from within" to drive the changes we need to see in our health and social care system, so that is it able to meet the needs of current and future generations in Wales'.

The Health Board response to this aligns with supporting delivery of Welsh Government policy and legislation including:

- The Well-being of Future Generations (Wales) Act 2015 which aims to improve the social, economic, environmental and cultural wellbeing of Wales in order to meet the national well-being goals.
- The Health and Social Care (Quality and Engagement) (Wales) Act (2020) which ensures considerations for improving quality of health services, and considers how change affects those who use services.
- The Social Services and Wellbeing (Wales) Act 2014 which requires the Health Board to co-operate with Local Authorities to develop services that meet the population heath needs, including preventative action.
- The NHS (Wales) Act 2006 under which the Health Board has a statutory duty to engage and consult citizens when planning to provide services, developing proposals for change to how services are provided and making decision that affect how those services are provided.

- The Equality Act 2010 (Wales) which requires the Health Board to involve people who it considers representative of those with different characteristics and those who have an interest in how an authority carries out its functions.
- Social Partnership & Public Procurement Act (2023)

In addition to statutory duties noted above, this programme of work aligns to various other national and regional strategies and plans, including but not limited to: Strategic Programme for Primary Care, Building a Healthier Wales, Shaping Places for a Healthier Wales.

The recently published Darzi report (2024) found the NHS in England is in a 'critical condition' amid surging waiting lists and a deterioration in population health and wellbeing. It points to four heavily interrelated drivers of current performance: austerity and constrained funding; impact of the pandemic; lack of patient voice and staff engagement; and management structures & systems.

The Darzi report positions NHS (England) performance within the changing and challenging external environment it has operated in over the last few decades. It recognises that many of the factors that have contributed to the NHS's current challenges are outside of its direct control. Whilst focussed on the state and decline of the NHS in England, much of the report echoes similar challenges which will be familiar to health leaders across the whole UK, and points to issues the NHS Confederation has advocated for change on for some time.

It could be suggested that Health Boards in Wales may be in a better position to act quickly and decisively upon this recent wind change from the UK Westminster Government, given that Wales already has the framework of policies and legislation noted above which align under the shared mission objective of transitioning towards a wellbeing economy.

2.3 Health Board approaches to shifting to prevention

Within year, the Health Board continues work contributing towards longer-term 10 year strategic goals aligned with the Future Generations (Wales) Act to work with regional partnerships and shift towards models of shared ownership and accountability for wellbeing.

2: Developing strategy and long-lasting change						
2A: 10 year strategy						
2A.1	Collaboratively refresh Health Board well-being objectives in line with the requirements of the Well-being of Future Generations (Wales) Act 2015 and Social Partnership and Public Procurement (Wales) Act 2023	EDoT&SP			Q3	
2A.2	Establish a systematic approach, commencing with identified health needs, collation of evidence, design principles, and clinical and citizen reference groups	EDoT&SP			Q3	
2A.3	Collaboratively agree Health Board strategic 'Design Principles'	EDoT&SP	Q1			
2A.4	Agree a schedule of 'what matters' conversations focused upon what has been identified above, and an understanding of successful service developments undertaken elsewhere that have helped to address similar issues	EDoT&SP	Q1			
2A.5	Undertake conversations as scheduled, continually evolving the conversations based upon what has been heard in earlier events	EDoT&SP		Q2		
2A.6	Collation of a high level summary of findings, and commence identifying the key strategic opportunities to test with stakeholders	EDoT&SP		Q2		
2B: Clinical Services Plan						
2B.1	During 2024/25 the Health Board will develop a draft CSP that adequately incorporates the *known* clinical requirements of the next 3 years	EMD			Q3	
2C: Commissioning						
2C.1	Appoint a Director of Performance and Commissioning, with specific experience of whole system NHS commissioning	CEO		Q2		
2C.2	Design and commence implementation of a new organisational framework approach to commissioning and contract management, built upon learning from best practice across the UK	DoP&C			Q3	

Fig. 4 Extract from BCUHB Annual Delivery Plan 2024/25 Appendix B

As set out in the BCUHB Three Year Plan 2024-27, there is both recognition of the need to move towards preventative approaches and desire to strengthen evidence informed decision making, ownership and impactful action.

Our delivery plan provides focused approaches through the review of the Health Board 10 year Strategy, the collaborative review of the Wellbeing Objectives in line with the requirements of the Wellbeing of Future Generations (Wales) Act 2015 and the Social Partnership and Procurement (Wales) Act 2023, and also the drafting of our Clinical Services Plan which will create focus on the shift towards prevention across the next three years, with particular application across Primary & Community settings.

Fig. 5 BCUHB approach to shifting to preventative models of health

2.4 Partnership Working and Localised Approaches

The White Paper on Rebalancing Care and Support (2021) recommended a programme of work to further strengthen partnership arrangements across Health and Social Care, Housing, Education, the third sector, providers and citizens. As per the Social Services and Well-being (Wales) Act (2014) this is delivered through the mechanisms of Regional Partnership Boards.

As per the identified need to strengthen partnership working, all stakeholders are required to come together to address these challenges as the key determinants and many of the outcomes are not solely health or care related.

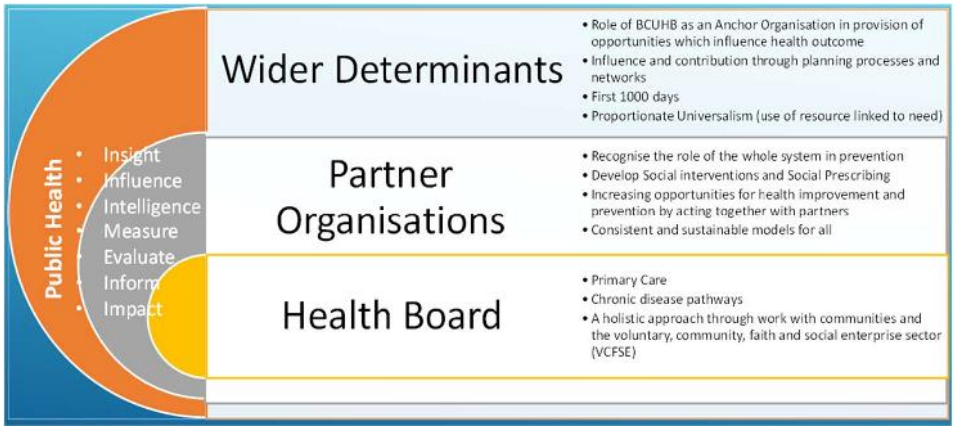

Fig. 6 North Wales Regional Partnership approaches to shifting to preventative models

Rebalancing Care was intended to re-orientate commissioning practices away from complexity and towards simplification, away from task-based practice towards outcome-focussed practice, and away from reactive commission towards managing the market to co-produce better outcomes with people. Rebalancing Care was also intended to refocus the fundamentals of the health and care market away from price and towards quality and social value, and to co-produce better outcomes with people. In practice, driving down costs and improving outcomes has proven far more difficult than anticipated due to a radical and unpredictable shift in both the available finances and demand for services in the intervening period between policy development and delivery.

Key Messages:

We all recognise the need to shift to prevention – it is time to implement this in partnership across all wider-determinants

If we focus on efficiencies and/or effectiveness of treatment models we fail to recognise the need to affect the demand that is driving the system model

Health is becoming the biggest barrier to growth in the UK which is resulting in loss of people to the workforce

Health and wellbeing of communities is key to improving health outcomes and boosting the economy

People do not value health as an abstract concept, people describe health as enabling them to live fulfilling lives or a barrier in doing so

3 Progress and Forward Planning

3.1 The Health Board Delivery Plan 2024/25

Our Health Board delivery plan provides a series of significant actions which will contribute to the prevention agenda. These are evidenced across each of the five priority objectives used by the Health Board through Special Measures, and particularly Objective 4 *Improving quality, outcomes and experience.*

Our 2025/26 - 2027/28 plan will seek to embed prevention into our organisational 'DNA' reflecting the need for it to be part of every divisional and service agenda. The development of our Clinical Services Plan will be achieved through seeking to gain greater understanding by:

- Completing a map of all prevention actions currently in place across IHC/ Divisional and corporate services plans
- Completing an analysis of the impact of preventative services we currently deliver
- Developing system wide approaches to address the wider determinants of health through further integration into IHC and Divisional delivery plans

3.2 Inverse Care Law Programme

The inverse care law is a concept developed by Dr Julian Tudor Hart in 1971 to explain health inequalities, demonstrating that those with the biggest needs for healthcare are the least likely to get it.

Recognising that social, economic and environmental determinants have a significant impact on health, but are beyond the scope of the NHS to address, BCUHB have led an innovative programme of work to address the Inverse Care Law (ICL) to kick-start a whole systems approach to addressing local health inequalities through building system capabilities.

The ICL programme operated across three 'innovation clusters' in Ynys Môn, Central and South Denbighshire, and North West Flintshire. The transformation partnership approach has supported collective action to address health inequalities through scoping & delivery of 38 local project innovations.

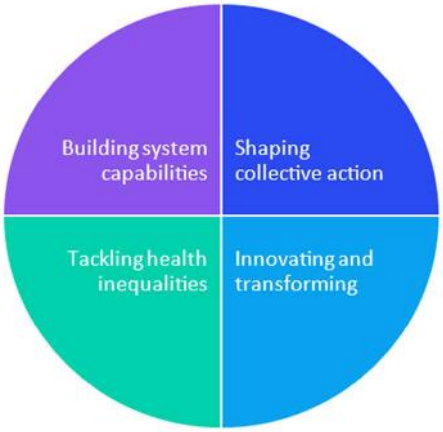

Fig. 7 Core areas of early success, BCUHB Inverse Care Law Programme (2024)

As part of this Well North Wales Discovery Phase we are continuing to build on the enthusiasm for our ICL programme, seeking to embed learning from our innovator cluster pilot projects into Primary Care and across our wider health and care systems.

3.3 Social Prescribing & Social Interventions

Social Prescribing is a structured approach for linking individuals with appropriate community resources. Recognising that health and wellbeing is determined mostly by a range of social, economic and environmental factors; Social Prescribing seeks to address people's needs in a more holistic way. It also aims to support individuals to take greater control of their own health and wellbeing.

Evidence suggests that Social Prescribing can take pressure off the NHS by reducing the need for GP appointments and for medical prescriptions. With an ageing population and rising rates of loneliness, poverty and instability in housing and employment it is increasingly evident that we need to address the social factors that influence people's health

Following the launch of the National Framework for Social Prescribing in Wales, the BCUHB Public Health team conducted comprehensive research into local provision, funding and planning of Social Prescribing services across north Wales and made recommendations outlining how regional partners can meet the identified challenges and successfully implement the National Framework.

By adopting the recommendations partners are able to work together more effectively to ensure that investment of funding is maximised, and that there is shared accountability for reducing health inequalities and improving longer-term population health and wellbeing outcomes across the region.

The Public Health team continue to work with regional partners towards improving the resilience and sustainability of communities and social infrastructures which both

underpin a wellness economy, and provide much needed support for our health and care systems.

This work, which is already well established and supported by our regional partners echoes comments made following recent publication of the Darzi Report (2024)

"As the report suggests, there is an urgent need to prioritise prevention, tackle inequalities and help people to stay healthy for longer. We can only do this if we join the health system much more effectively to preventative projects in communities, and provide practical support for people whose health is affected by debt, housing problems and complex social factors. Social prescribing has an absolutely crucial role to play in this. It must be a priority over the coming years." – National Academy for Social Prescribing, Sept 2024

3.4 Reducing Variation

It is recognised that both immunisation and screening save lives and prevent illness, however not everyone chooses to or is able to access these services. The focus for the Public Health Team has been identifying the groups within our communities who are unable to access services, understand the barriers and reasons why, and work to reduce the variation to access.

The Public Health Team is developing work to reduce variations to access in key vulnerable groups including people with learning disabilities, Gypsy Roma and Travellers and people at risk of, or experiencing homelessness. Through partnership and collaboration with local, regional and national partners, BCUHB will be working within these communities to develop this work ensuring that our most vulnerable groups and communities are considered in planning and provision of immunisations and screening as a means to preventing ill health and reducing health inequalities.

To date this has included influencing the national Screening Division to prioritise Learning Disability as a priority group and gained commitment from them to undertake an evidence review on the barriers and facilitators to increasing screening uptake for people with a Learning Disability. Evidence will now inform that planning and prioritisation of local work where we are working with Health Check Champions to conduct local insight work with people with a Learning Disability to understand barriers to annual health checks.

3.5 Arts in Health

There is strong evidence that the arts and creativity can support a range of areas including wellbeing in adults, reducing physical decline in older age, and promising evidence of supporting children and young people's wellbeing, infant and child social development, as well as supporting cognition in older age, and the effectiveness of wellbeing and social cohesion through arts and social prescribing, with new evience

continually emerging. The arts can also support prevention of ill health and promotion of good health, and recommendations encourage engagement with the arts across the life course.

The Creative Well programme (arts in health activities in BCUHB), is delivering a range of projects linked to the priorities, aims, and objectives outlined in the Arts, Health and Wellbeing Strategic Framework 2024-2026. Current projects and recent examples include:

- Mental Health & Wellbeing
  - **Arts & Minds** - multi-art form residences for men in the criminal justice system residing in a medium secure unit to support wellbeing, building confidence, new skills, and social cohesion
  - **Singing for the Soul** – singing and breathing classes for patients presenting with low mood and anxiety — CMHLDT referral, supported approach, partnership: local music service and arts/ culture venue
- Physical Health
  - **Wellness with WNO** – BCUHB Long covid programme/ Welsh National Opera partnership
- Public Health / Social Services
  - **Arts Together** – closing the gap/ onward referrals etc for families at risk of separation (ACE) Denbighshire Arts Service Partnership
- Patient Safety
  - **Bryn Hesketh Dementia Ward** - activity with patients delivered and masking vinyl designed and installed in ward areas in response to patient exit seeking issues. Supporting wayfinding, sense of place and space.
- Environment
  - **YGC ED/ Ablett Unit redevelopment/Heulwen Unit** - Supporting new builds and redevelopment – sense of place and space, wayfinding, distraction, calming and comforting environments. (Partners include: Pontio, Bangor, Creu Conwy and Denbighshire Leisure Services)
- 5 Ways to Wellbeing
  - **Refocusing the Lens** - specifically designed workshops for community members struggling with poor mental health and wellbeing. Delivered in partnership with Denbighshire Leisure Services.

The BCUHB Public Health team has developed the 3-year Strategic Framework for Arts, Health and Wellbeing. Supporting the vision of Well North Wales, the framework provides a truly collaborative approach through co-produced strategic aims, focus and objectives 2024-26. It establishes targets and commitments, to give a clear direction and forward momentum promoting cross-sector working, ownership and collaboration with partners. The Framework will support the growing demand for arts, health and wellbeing through a range of actions designed to inform, influence, promote and build resilience and sustainability for health and wellbeing through creativity within North Wales.

3.6 Healthcare Public Health – Diabetes Programme

There is a clear evidence and intelligence base proposing 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 BCUHB Public Health Team continues to lead and support colleagues across the Health Board to create an improved Diabetes care pathway in North Wales which focuses on prevention and keeping people well and for longer. This is a multi-disciplinary and multi-agency approach to population health and will help to inform future models of care.

3.7 Scoping a whole systems shift for north Wales

As part of the Discovery Phase, throughout 2024/25 we are working on the following research projects:

- We have been successful in a Bevan Exemplar application for 2025 and will be working with the Bevan Commission to consider "How to put communities truly at the heart of transforming outcomes?" by testing innovative approaches of tackling socio-economic root causes to improve longer-term population health & wellbeing.

- We are also working with Improvement Cymru who are providing a fully-funded research and development partner to help scope and plan our place-based approach to shifting to preventative models of improving wider determinants of health & wellbeing across whole systems.

It is intended that these research projects will collate insight and lessons from adapting to radically different ways of working in a complex system which will be shared and used by regional partners to shape and inform more effective longer-term programme planning across system & organisational boundaries. The outputs will help to scope & shape the longer-term programme of work required, continuing to support the compelling case for change.

We have also been working closely with the Regional Partnership Board to inform and shape a regional approach to shifting whole systems towards improving the wider determinants of health and wellbeing.

Our recent RPB workshop ***"Building a healthier north Wales together"*** has resulted in formation of a regional Task & Finish Group which will now seek to scope the phasing and defined outcomes of developing a joined-up regional approach to delivery of the Well North Wales Programme.

"Everyone in North Wales can enjoy good physical health & mental wellbeing"

MISSION: Environment – *"people in North Wales live in a healthy & sustainable natural environment"*

MISSION: Communities – *"people in North Wales live in safe, supportive & resilient communities"*

MISSION: Housing – *"people in North Wales live in good quality, secure & affordable housing"*

MISSION: Food – *"people in North Wales are able to access nutritious, affordable food"*

MISSION: Employment – *"people in North Wales have access to valuable and fair paid employment or training & development opportunities"*

MISSION: Lifelong Learning – *"people in North Wales have access to high quality education and lifelong learning opportunities"*

MISSION: Active & Creative Lifestyles – *"people in North Wales are engaged in physical activity and opportunities for creativity"*

Fig. 8 - Example Mission Statements from RPB Workshop 13.09.24

4 Further Considerations

4.1 Funding Sustainable and Resilient Communities

The Regional Integration Fund (RIF) is a 5 year fund already over-committed to deliver a programme of change from April 2022 to March 2027. This funding makes £32,486,680 available to the North Wales RPB over the course of the programme, £3,696,000 of which is ring-fenced to national commitments (Integrated Autism Service, Dementia, Memory Assessment Services, and Hospital Discharge), and the remainder to schemes which have bid for funds to deliver integrated health and care initiatives.

The funding aims to provide health and care services across Wales with a “strong focus on prevention and early intervention” and providing a “sustainable long-term resourcing to embed and mainstream new models of care” through long-term pooled fund arrangements and RPBs are expected to invest a minimum of 20% of RIF allocation to social value sector organisations.

One of the key principles of RIF funding is for all partners to commit to growing their replacement match to 50%, with the aim being a 50/50 intervention rate from Welsh Government and RPBs by the end of the five year fund, and a tapering element is therefore applied to projects run by Health Boards or Local Authorities. This is particularly challenging in the current economic climate where inflationary pressures are causing higher than anticipated salary increases at the same time budget cuts to core and performance funds has been necessitated due to severely restricted budgetary headroom at national and UK levels.

Partners are being encouraged to look at alternative solutions and where projects can be led by third sector, it is suggested that “statutory partners should work in collaboration with those providers to develop longer term sustainability and mainstreaming plans”.

Funding is also a huge challenge for the charitable sector across the UK where charity income per head is hugely skewed in favour of London where charities receive £2,567.71 per head (NCVO Almanac 2022) substantially higher than all other UK regions which are less than £1,000 per head. In Wales charitable donations amount to only £409.90 per head.

In addition to this funding challenge from charitable donations, Welsh Government grant funding of the third sector has also decreased from £350m (2011) to £337m (2019).

The Health Foundation estimated that pressures on social care will rise by around 4.1 per cent a year in real terms between 2015 and 2030, due to demography, chronic health conditions and rising costs. This will require the budget to almost double by 2030-31 to match demand (White Paper on Rebalancing Care 2021). However, commissioning costs and wage inflation is increasing financial challenges

for all public & third sector services at a time when budgets are being further reduced and demand for services is increasing even sharper than forecast in a post-pandemic society suffering the immediate and longer-term effects of a prolonged cost of living crisis.

In order to rise to these challenges it will become essential for all stakeholders to come together and pool available resources, both from traditional public funding sources and other available charitable and commercial sector grant funds.

Current funding arrangements result in the various organisations operating within the local ecosystem all competing over very limited funding resource, and often exploiting other alternative sources of funding as a means for organisational survival rather than consideration for identified community needs, or strategic prioritisation.

It should be recognised that many of the benefits will emerge in areas of the system which may not necessarily balance their 'return on investment' against the same areas which have contributed funding and resources. It is therefore essential for partners to approach these investment decisions in a true whole system approach to tackling and addressing inequalities.

4.2 Shared Ownership & Accountability

There are clear opportunities to better establish the governance around various investment decisions and commissioning of schemes across the wider whole system infrastructure which are associated with the wider determinants of health. Making informed and joined-up decisions around investment in the building blocks of improving long-term population health & wellbeing outcomes.

Improving governance can in turn can help to address the challenges identified in funding and evaluation. Improved governance will support partners to maximise the effectiveness of the investment into preventative models, and give careful consideration to the prioritisation of these investment decisions.

The governance arrangements will need to be clearly defined at regional, sub-regional and local levels to ensure that there is appropriate representation and active participation, robust scrutiny and accountability in the decision making process.

Whilst it is acknowledged that there is much variation across the whole system, it should also be recognised that local approaches to delivery will work best. Local partners, and communities themselves understand the local context, will have established networks and arrangements, and are best-placed to adapt to changing demands and needs of the communities they serve. Regional partnership approaches should include communities within the co-design, co-production and co-evaluation of our shift to prevention to ensure that all stakeholders can achieve equality in a shared ownership and accountability for investment decisions.

5 Conclusions and recommendations

The scope of this report is to:

- Provide a high-level overview of progress to date
- Provide a snapshot of the intelligence and insight which is informing the case for change
- Provide the basis for a regional programme of work which would enable an effective implementation of the whole system transformation across north Wales and supports the Health Board strategic direction and plans.

Through compiling this detailed report, the Well North Wales programme team make the following recommendations:

1. The Health Board is asked to note the progress to date of the Well North Wales Programme, and to recognise the role and importance of this work in shaping and developing the longer-term shift towards prevention of health and care services, and wider cultural shift towards a wellness economy model.

2. The Health Board is asked to approve the Arts, Health and Wellbeing Strategic Framework, and to recognise the role and importance of this work in shaping and developing the longer-term shift towards prevention of health and care services, and wider cultural shift towards a wellness economy model.

3. The Health Board is asked to approve the regional partnership approach being undertaken to scope and adopt a whole systems model to addressing the socio-economic root causes affecting the wider determinants of health & wellbeing. Noting that a Business Case will be required for longer-term resources to lead on sustainable delivery of a 3-5 year programme (and beyond).

4. The Health Board is asked to support a shift to a prevention focussed approach both within the Health Board and how we work with partners across the whole system.

The recommendations outlined in this report will enable the Health Board to work together more effectively with regional partners and wider stakeholders, ensuring that investment of public funds are maximised through sustainable system-wide health and care services being delivered across the north Wales region.

Furthermore, by adopting the recommendations and working together in a strategic partnership approach across the whole system, there are real opportunities for north Wales to lead the way by further building and developing the research, evidence and evaluation of the impacts of whole systems shifts towards prevention, and developing partnerships built around wellness.

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

Creative Well:

Arts in Health and Wellbeing – A 3-year Strategic Framework for North Wales

2024-2026

'I feel more positive when I make art'

Words gathered in conversations during arts engagement workshops at the National Eisteddfod, Boduan 2023, transformed into a poem . The benefit of talking to people while they were sewing meant that they were able to converse freely while their hands were busy.

Art can be as beneficial as breathing fresh air, eating healthy food, and exercising

Art allows you to dream, play and have some fun

Creative activities bring people together and remind us all of what it is to be human

Participating in something creative can have a healing power as if the broken pieces come together

It makes me hopeful

I have been happier

I didn't feel part of anything before

Joining an art group is like joining a community

I feel nourished and can better express how I feel

I feel more positive when I make art

Executive introduction

Good health and well-being is not just about the prevention of disease it is enabling people to live as fulfilling lives as possible. We also, know that good well-being and social connections improves people's health and reduces the impact of ill health.

Creative Well our three-year Arts in Health and Wellbeing Strategic Framework recognises the importance of using creative activities to bring people together and provide the therapeutic opportunities that enable people to flourish. It is part of our continuing move to integrate more social models of intervention (such as social prescribing) into the arsenal of tools that improve the lives of people in North Wales and to demonstrate the benefits that arts and other social interventions can have on the health and well-being of people, patients, staff and communities. This framework is a collaboration with our patients, communities and partners that aims to champion and increase the use of Arts to enhance lives.

Arts are for everyone and together we can build collaborative creative approaches that will improve health and wellbeing.

Jane Moore, Acting Executive Director of Public Health

Overview

The Arts are a catalyst for innovation; the evidence on the benefits of the Arts for our Health and Wellbeing is rapidly growing. This current momentum provides an opportunity for Betsi Cadwaladr University Health Board (BCUHB) to expand and develop its own Arts in Health and Wellbeing provision to embed the Arts within Health.

Since 2013, Creative Well, the name for the Arts in Health programme at BCUHB, has led and supported a range of arts engagement activity that at the heart focuses on **person, place, and need** to deliver a programme of the Arts that adds value by promoting better health, support through illness, and transforming care through creative approaches that aid our overall health and wellbeing.

Creative Well builds upon a long history of Arts, Health and Wellbeing activity in the region and in our hospitals, that has succeeded through collaboration and partnership working across sectors including: Local Authority Arts Teams, Third Sector, Higher Education, and the Arts and Cultural sector, and continues to be central to our ethos.

Our three-year Strategic Framework for Arts in Health and Wellbeing marks the next phase for Creative Well and is intended to promote the benefits of arts engagement for the health and wellbeing of people, patients, visitors, staff, volunteers, citizens and communities. It has been developed through partnership and engagement involving staff, patients, visitors, cross-sector partners, and the public, to ensure multiple perspectives and voices are represented to create an effective and impactful plan for furthering Arts, Health and Wellbeing across North Wales. It is informed by a range of evidence on the positive impact of arts engagement on health and wellbeing, it aligns with national policies and initiatives and the Health Board's strategy for *Living Healthier, Staying Well**.

The Strategic Framework provides key aims and objectives for the next three years, to work toward our long term goal of sustainable, embedded arts activity within health across the North Wales region. We uphold the Health Board's values to:

Put patients first, work together, value and respect each other, learn and innovate, communicate openly and honestly

… all through the lens of creativity and collaboration.

**For an insight into the evidence base, see the resources section in the appendices document*

Our role

The Arts are a key asset in improving people's Health and Wellbeing. The Arts can add value within Health by supporting and nurturing healing environments to benefit people, patients, citizens, staff, volunteers, and our communities. Whilst we cannot ignore the difficulties and challenges facing the NHS, we need an evolving Strategic Framework that is both responsive to current needs and flexible enough to adapt to societal changes. Our role is to add value to existing care by integrating the Arts within the Health Board, sewing the seeds for creativity and confidence like

a thousand flowers blooming

The goal is to build upon our excellent foundations to cultivate a nourishing and sustaining environment for the Arts where **all patients, visitors, staff, volunteers, the public and our communities can play their part.**

Vision and Purpose

Our vision

To utilise arts and creativity as a catalyst for supporting, improving, sustaining, and enhancing health and well-being for patients, staff, and communities in North Wales

Our Purpose

To deliver a programme of arts and creativity that encourages the embedding of the Arts within BCUHB and to cultivate greater Health and Wellbeing for the North Wales population. We work through collaborative and meaningful creative approaches, across a range of art forms, to meet health challenges and need.

Stimulus, focus, distraction, re-assurance, inspiring, taking part, respite, enjoyment and pleasure … all can be cultivated by creativity.

Top -Staff taking part in art-making activities
Lower – community art workshops
Right – enhancing the environment in a Dementia Ward

The Creative Well, Arts, Health and Wellbeing programme has four strategic aims:

Our strategic aims

1. Champion creativity and the Arts to transform health and wellbeing for people, patients, visitors, staff, volunteers, citizens and our communities

2. Nurture and grow our partnerships to collaborate and curate a targeted programme of Arts, Health and Wellbeing projects that enrich lives

3. Empower Health settings utilising the Arts through support, mentoring and guidance, to foster healing and wellbeing through creativity

4. Cultivate a culture of evidence-based approaches to Arts in Health and Wellbeing, sharing and promoting best practice and ways of working

Our focus

Shaped by our engagement conversations, activities and research, we will focus on four key priorities for our approach to arts engagement through a range of community and hospital-based programme activity. Crucial to our focus is those who are most vulnerable, including children and young people, older adults, and those experiencing health inequalities. Where possible, we will utilise and incorporate the Five Ways to Wellbeing, a set of practical actions designed to help improve our health and wellbeing, within our projects and activities, to *'take notice, connect, be active, keep learning and give'*

Mental health and wellbeing:

Improving the mental health and wellbeing of people, patients, visitors, staff, volunteers, citizens and the North Wales population

Nature and green health:

Making best use of nature and green spaces within and near Health Board sites for the benefit of people, patients, visitors, staff, volunteers and communities

Vulnerable groups:

providing distraction, coping, stimulation, supporting recovery, and education through creative engagement for those most in need or vulnerable

Being active:

fostering activity and movement through creativity, whatever someone's fitness level and ability

Left to right –
Felt making for smoking cessation pilot project with Public Health team and Housing Association partners, outdoor ephemeral art-making, music workshop, and animation for a mental wellbeing project

What will we do?

In order to meet our aims, we have identified a series of eight targeted objectives that will ensure that we can measure our progress and deliver specific goals.

We will…

1. Focus on tailored creative activities for specific people, places, and need, to transform health through arts and creativity

2. Initiate pilot projects, cultivate their growth, and collaborate across partners and services to support embedding the Arts in Health in North Wales

3. Establish an online Arts in Health and wellbeing knowledge bank, accessible via the BCUHB intranet and internet, offering toolkits, insights, and case studies for BCUHB staff, patients, partners, and the wider community, fostering awareness and encouraging engagement with the transformative power of the Arts in healthcare.

4. Reinvigorate the North Wales Arts in Health and Wellbeing Concordat, fostering a dynamic network to collectively address priorities, and share knowledge, practices, and experiences

5. Launch a pan-BCUHB Creative Well Forum to foster a vibrant network of advocates championing the Arts within Health and Wellbeing, fostering the exchange of good practices, learnings, and resources

6. Nurture staff confidence in utilising the Arts within Health and support artists through bespoke resources, training and development, growing creative approaches to Health within North Wales

7. Develop evidence-based Arts in Health and Wellbeing projects, evaluating their impact, cultivating knowledge and expertise in the region

8. Contribute to national, regional and local conversations and dialogue acting as facilitators for knowledge exchange and partner collaboration and sharing opportunities

We achieve…

A flourishing Creative Well programme enriching the lives of the North Wales people, patients, visitors, staff, volunteers, citizens, and communities

A vibrant Arts in Health and Wellbeing partnership and community across the region, empowered by enhanced skills, resource and knowledge sharing

A well-informed creative arts engagement programme supported by research and evidence that further contributes to building understanding of the value of the Arts within Health and Wellbeing

How our Strategic Framework will help North Wales:

'I think we need to consider all art forms in relation to health to help with prevention, treatment and rehabilitation. And recognise the importance of vibrant community arts activities for people of all ages. Involving young people in creative activities is essential'

A member of the public spoken with at the Eisteddfod, Boduan Pwllheli

'We know that creativity and the Arts have a crucial role to play in Mental Health. Wales aspires to be a trauma-informed nation (Trauma Informed Wales Framework, 2021) and the Arts have a unique contribution to make to a Trauma informed approach. Connection to others and relationships are mediated and enhanced through the Arts, through creative and impactful communication, such as stories, visual art, poetry etc, whether at the level of communicating to those in our personal lives or wider communications with society around us to have our stories heard. The Arts have a unique contribution to make to Trauma informed approaches across services in BCUHB'

Dr Nick Horn, Consultant Clinical Psychologist, Clinical and Strategic lead BCUHB Traumatic Stress BCUHB

'Wellbeing has always been a key driver for the Creu Conwy Cultural Strategy or Conwy County Borough – however with the worsening inequalities impacting our communities it has become even more important. We strongly believe in the power of arts, heritage and culture to change lives for the better and support the preventative agenda, reducing the need for health and social care interventions. The BCUHB Arts in Health & Wellbeing Strategic Framework will support this work at a regional level and further embed the Arts in Health agenda'

Siân Young, Wellbeing Officer: Arts and Culture, Conwy County Borough Council

'This Strategic Framework reflects the importance of the arts in promoting health and wellbeing, it is a great step in the right direction and I am really pleased to be involved in such an initiative'

Dr Patri Masterson Algar, Research Fellow; Lecturer in Health Sciences Bangor University

Summary

Knitted, crochet, and felt hearts made by members of the public during Covid-19 to support loved ones in hospital. The hearts have been gathered together and will be on display as three larger heart shapes in our three main hospital sites, as a commemorative dedication to staff, patients, and visitors.

The Arts and creativity are key assets in improving people's Health and Wellbeing.

BCUHB is committed to developing and embedding the Arts in Health and Wellbeing in its services, and the Strategic Framework provides a roadmap for working towards this goal through targeted aims and objectives during the next three-years.

By always working through collaboration and partnership and focusing on evidence-based practice, BCUHB will be able to make a real difference to the health and wellbeing of people, patients, visitors, staff, volunteers, citizens and the wider community in North Wales, utilising creativity and the Arts to the benefit of all.

Acknowledgements

Partners Concordat workshop 2017

The development of this Strategic Framework would not have been possible without involvement from a number of partners and individuals, both historically and presently, since the inception of Arts, Health and Wellbeing activity in the North Wales region. We wish to thank them all for their partnership, collaboration, and support along the way.

We also wish to highlight and extend thanks to the many insightful and informative conversations with patients, members of the public, partners, and staff, who engaged with and contributed to the development of this Strategic Framework through its creation and development.

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*as at time of press- members of the BCUHB Arts, Health and Wellbeing Partnership Steering Group

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Celfyddydau mewn Iechyd a Lles BIPBC / BCUHB Arts in Health and Wellbeing

Creative Well -
Arts in Health and Wellbeing
Three-Year Strategic Framework: appendices

The Role of Creativity and the Arts in Health and Wellbeing

Arts in Health and Wellbeing offers a broad creative approach to a person's overall health and wellbeing. It is increasingly recognised as an effective approach to tackling the wider determinants impacting health and wellbeing through creative interventions, outreach, and promotion of health and wellbeing through creativity. Form and context vary, taking place in a range of hospital and non-hospital settings including in the community.

There is a growing body of evidence showing that the Arts, including Visual Arts, Movement, Music, Drama, and more, can help improve wellness, help people to better cope with illness and can enhance healthcare environments. People deserve to live happy, joyful lives and the Arts are a growing enabler of this. Using the Arts not only improves the lives of patients but also the wellbeing of healthcare staff, and community wellbeing.

As the Creative Well programme, the Betsi Cadwaladr University Health Board (BCUHB) Arts in Health and Wellbeing team take an inclusive definition of the Arts within our programme to encompass a broad array of expressive, imaginative, and inspirational activities that connect with a sense of creativity. We ensure that we consider people's interests, how we may best support health and wellbeing needs through creativity, and where the activity is best carried out. Often, the process of doing and making is as important if not more so, than creating a defined outcome or product, although this can be a welcome part of activity.

What we do

The work of the BCUHB Arts in Health team is distinct from that of Arts Therapy services; Arts Therapies are a directed clinical treatment and are utilised for targeting specific and concentrated areas related to a person's ill health, usually in a clinical therapy setting and delivered explicitly by trained, registered Arts Therapists.

Our Arts, Health and Wellbeing programme incorporates experienced and trained artists who use creativity in a number of different contexts to support people's overall health and wellbeing. Examples may include cultivating physical as well as mental wellbeing, providing meaningful engagement, addressing specific health challenges, creatively improving environments, fostering social connection, connecting to nature and the outdoors, and raising awareness of specific health conditions. The variation of work within Arts, Health and Wellbeing is significant, bridging diverse art forms and contexts.

Left to right: Singing for the Soul workshop, X-ray Department enhancing the healing environment, creative team building workshop

Example projects

Social Prescribing / Community Outreach

Arts Together

Designed to Improve interaction between parent & child, FLW's and schools, ARTS TOGETHER provided an opportunity for parents and early years children to engage in participant-led creative experiences in a safe, supported and structured way. Partnership project: Betsi Cadwaladr University Health Board - Creative Well, Denbighshire County Council Arts Service plus Education and Children's Services.

Delivered by Artist Jude Wood

Never Not a Mum - Perinatal Mental Health

Community Perinatal Service referral project. Artist led group activities: Sharing stories and experiences of pregnancy, birth and motherhood to create short, animated films. Designed to support new mums through the strange new world of becoming a parent.

Project Design: Artist Elly Strigner

Example projects

Hospital-based activity

Mental Health

Inpatient Residency: Ty Llewelyn Forensic Medium Secure unit, Bryn Y Neuadd Hospital

Funded by Arts Council Wales and Baring Foundation (Arts and Minds)

2 year programme of multi-art form residencies including Beatboxing (Mr Phormula) Animation (TAPE) Environmental Art (Tim Pugh), Photographer (Alan Whitfield)

Enhancing the Healing Environment

Bryn Hesketh Community Hospital, Colwyn Bay (Acute and Advanced: Patient Dementia ward)

Visual Arts residency, working with patients, relatives and staff to create art for clinical areas. Creating a sense of place and space, aid orientation, disguise glazed exits and prevent patients actively exit seeking.

Design realisation: Artist Elly Strigner, Photographer: Haydn Davies

Example projects

Education, celebration, and entertainment

The Waiting Room – Performance monologue project Denbigh Infirmary

Collection of real life stories, life experiences and reflections of hospital care. Edited into a series of monologues and woven together to make a funny and moving play about care, life and work in a community hospital. Performed in hospitals, health care settings and for NHS staff training.

Writer in Residence (Janys Chambers)

The value and benefits of arts, health and wellbeing

There is a range of evidence promoting the value and potential of arts engagement/ participatory arts to complement clinical practice for patients, visitors, and the wider public, to support a variety of health and wellbeing needs including:

Transforming care through supporting creative approaches to treatment
Through a creative, holistic approach, supporting: care closer to home with creative projects in communities, reducing need for onward care, shortening hospital stays, fostering supportive networks and community for patients, family, and staff, and supporting overall health and wellbeing whilst undergoing treatment

Fostering welcoming healing environments
Through well-designed and aesthetically pleasing communities and spaces that support way-finding, offer stimulation and inspiration, distraction, fostering community and ownership of health spaces, providing a welcome, enabling reflection or other emotional needs

Offering creative approaches to illness that support overall benefits to health and wellbeing
This might be through art providing relief, reducing feelings of isolation, offering diversion, recreation, confidence and self-esteem, skills building, as well as opportunities for self-expression

Preventative, supporting or sustaining overall health and wellbeing
Supporting creative activities that promote healthy behaviours, health knowledge and education around conditions and health and wellbeing within the community

Furthermore, there are benefits to staff who take directly or indirectly take part in creative activities or who work in aesthetically pleasing spaces in terms of: increasing job satisfaction, developing health practitioner's empathy, promoting better patient-staff relationships.

For an insight into the evidence base, see the resources section on the proceeding pages.

The North Wales region

BCUHB is, geographically, the largest Health Board in Wales, covering six counties which span the North of the country. It employs over 19,000 staff, and serves a population of 687,000 (NHS electronic staff record and Office for National Statistics 2022). There are 194,295 Welsh resident speakers in North Wales (North Wales Regional Partnership Board 2023). Our demography brings unique challenges for the BCUHB Arts in Health team in both planning and delivery ensuring scope and reach across the North Wales region and its citizens.

It is expected that pan-Wales, the need for Arts in Health and Wellbeing activity will continue to grow. The Arts, Health and Wellbeing Strategic Framework reflects our current capacity and the ways in which we can operate to deliver an exciting and varied programme within the available resources. It also looks to the future for the potential for innovation to grow this work across BCUHB, and seek opportunities to secure and grow our capacity where possible. Nevertheless, fundamental to the success of the Arts, Health and Wellbeing programme, will be delivering a concentrated number of projects and evaluating success.

This sees a shift from largely project-based working to supporting and encouraging the embedding of the arts within systems as an approach toward sustainability and focus. Key areas are:

1) Promoting the benefits of transforming healthcare through creativity for the benefit of patients, visitors, and staff
2) Providing consultation, support, mentoring, and guidance around instilling the arts within healthcare settings
3) Working in partnership to collaborate and deliver a focused programme of arts, health and wellbeing projects

Our ambition for greater Arts, Health and Wellbeing provision sits within the context of significant challenges facing healthcare provision not only in Wales but across the UK. It is important that we cultivate and utilise evidence-based approaches to our work, develop our frameworks for ways of working and raise understanding of the value and benefits of creativity and the Arts in Health and Wellbeing, whilst gaining broader support and backing for this work. The arts and creativity have a part to play in aspiring towards improving the Health and Wellbeing of the North Wales population.

What were people looking for?

Below are some examples from our engagement work for the ways in which those we spoke to see the role of the Health Board in supporting health and wellbeing through the arts:

For members of the public:

Signposting :
'the health board could collect together information about groups in each area'

To connect and facilitate:
'the Health Board can't do everything, work with those who can help'

Improving hospital environments:
'paintings in my local hospital, they cheer the place up'

For staff:

Opportunities for creativity for themselves and patients:
'activities and a chance to be creative'

'looking after my team's wellbeing'

'a nice work environment to look at'

For organisations supporting people with their health and wellbeing:

Supporting partner relationships:
'recommendations for areas we should be focusing on'

Connections for Social Prescribing:
'help linking to GP surgeries and Health Board staff for social prescribing activities'*

For artists:

Work and employment opportunities:
'I want to hear about events and opportunities in the area'

Training and personal development:
'how to get involved with arts and health?'

Networking and sharing:
'to make connections (for work) and for my wellbeing'

*Social prescribing – sometimes called 'community referral' enables 'GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services' that might include 'volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sport' (UK Government 2022)

Steps to success: governance and delivery

Our Strategic Framework for the Arts, Health and Wellbeing across the North Wales sets out our goals for the three-year period 2024-2026 and the trajectory we are aiming for, for the benefit of patients, visitors, and staff. Whilst there are important challenges to acknowledge across the sector and within the region, the approach aims to balance what is possible within the scope and means of a small delivery team, whilst also seeking opportunities for our supporters and champions to assist in delivering our objectives so that we can all play a part in supporting our health and wellbeing through arts and creativity.

We have some key enablers that will help with delivery and monitoring our progress:

- The Strategic Framework is supported by the Health Board Executive and its coordination sits within the Public Health Directorate. Annual progress reports will be provided to ensure communication around progress and developments

- The Arts, Health and Wellbeing Partnership Steering Group has been established and will continue to meet at regular intervals to support the aims and objectives of the Strategic Framework through partnership and collaboration

In order to make the Arts, Health, and Wellbeing Strategic Framework a success, the BCUHB Arts in Health team will adopt the following focus for delivery:

- Concentrating on what is achievable within current capacity, whilst maintaining aspirations to grow – sector, partner and BCUHB support is critical

- Support clear messaging and guidelines around Arts in Health and Wellbeing practice

- Creating and reviewing yearly work plans for the three-year duration of the strategic action plan to deliver targeted and measured tasks and activities against the aims and objectives to monitor progress and success.

- Review project process and mechanisms to support effective delivery and to maintain up to date best practice

- Continue to nurture partnerships and seek opportunities for shared working and collaboration

- Engage across the Arts AND Health sectors for advocacy, sharing and learning, by contributing to national conversations and initiatives sharing best practice within the Health Board and communicating our own learnings within the field

Resources and evidence

The Arts in Health and Wellbeing Strategic Framework aligns with several national Acts, policies, shared working and approaches:

Connected Communities: A Strategic Framework for tackling loneliness and social isolation and building stronger social connections (2020) meeting four priority areas aiming to tackle loneliness and social inequalities and supports the Programme for Government 2021-2026 commitment to further social prescribing for non-clinical services and activities to support health and wellbeing. The arts can play a part in this by providing meaningful activity for individuals in community settings that foster community and connection.

Building a Healthier Wales (Feb 2019) the arts can support its six key principles for implementing prevention in Wales which includes evidence-based interventions, scaling up and developing reach of activities to increase population impact and reduce inequalities, optimising value, balancing short and long-term outcomes and ensuring quality to achieve best outcomes.

Social Services and Well-being (Wales) Act (2014) the arts can support people's individual needs and well-being within their care, and can encourage people to become involved creatively through the design and delivery of services. The arts can also help with prevention and early intervention through meaningful activities for the individual that prevents an escalation in their critical need.

The Health and Social Care (Quality and Engagement) (Wales) Act (2020) ensures considerations by NHS for improving quality of health services, and considers how change affects those who use services. The arts have a part to play in improving healthcare environments for patients, visitors, and staff, and can support high quality care. The Strategic Framework itself informs the inclusion of Citizen Voice in asking people what they would like to see from an arts offer within BCUHB.

The Wellbeing of Future Generations Act (2015) which has the ambition, permission and legal obligation to improve our social, cultural, environmental and economic well-being. The arts can support this through activities related to the prevention of ill health, reducing health inequalities, promoting good health, supporting activities through both Welsh and English mediums, as well as considering the environment within how activities are shaped and delivered.

The arts can also contribute to Welsh Government Design Guidance such as the **Building Research Establishment Environmental Assessment Method (BREEAM) ratings** in providing high quality, aesthetically pleasing buildings for health and social impact for the communities that utilise them.

The Arts, Health, and Wellbeing Strategic Framework is also informed by some key developments in recent years in the field of Arts in Health and Wellbeing:

Cyngor Celfyddydau Cymru
Arts Council of Wales

Welsh NHS Confederation
Conffederasiwn GIG Cymru

Senedd Cymru
Welsh Parliament

Wales Arts Health & Well-being Network
Rhwydwaith Iechyd a Llesiant Celfyddydau Cymru

Arts Council Wales and NHS Confederation Memorandum of Understanding, initialised in 2017 and renewed in 2020 and renewed for a third term in 2023. The agreement aims to support the development of the Arts in Health and Wellbeing field, to raise awareness of the benefits that the arts can have on people's health and wellbeing, embedding arts and health initiatives across the NHS in Wales, and sharing information for

The Cross-Party Group on Arts and Health which raises awareness of arts and health work among Assembly Members and works towards achieving political influence to effect policy, best practice and support for this vital area of work and of which each Health Board is a member.

The **Wales Arts, Health, and Wellbeing Network (WAHWN),** established in 2013 as a national sector support body for the arts, health, and wellbeing in Wales, provides a national voice for the sector to support, develop and research arts and health practice in Wales, and, at a strategic level, demonstrate best practice of existing policy implementation and influencing new policies.

Below are a list of resources that can be used to learn more about arts engagement in health and wellbeing and which have informed the development of our Arts Health and Wellbeing Strategic Framework:

Aked, J. & Thompson, S (2011) *Five Ways to Wellbeing New applications, new ways of thinking. NHS Confederation.* Available at: d80eba95560c09605d_uzm6b1n6a.pdf (neweconomics.org)

All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) *All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report 'Creative health: the arts for health and wellbeing'*, 2nd ed. Available at: https://ncch.org.uk/uploads/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

Arts Council Wales. (2018) *Arts and Heath in Wales: a mapping study of current activity.*

BCUHB (no date) *Five Ways to Wellbeing*. Five Ways to Wellbeing - Betsi Cadwaladr University Health Board (nhs.wales)

Cribb, A. & Pullin, G. (2022) Aesthetics for everyday quality: one way to enrich healthcare improvement debates. *Medical Humanities* 48 (4), 480–488. doi:10.1136/medhum-2021-012330

Devlin, A.S. & Aneill, A.B. (2003) Health Care Environments and Patient Outcomes: A Review of the Literature. *Environment and Behavior* 35: 665-694.

Dijkstra, K; Pieterse, M. & Pruyn, A. (2006) Physical environmental stimuli that turn healthcare facilities into healing environments through psychologically mediated effects: systematic review. *Journal of Advanced Nursing* 56 (2), 166–181.

Fancourt, D. & Finn, S (2019) Health Evidence Network synthesis report 67 What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organisation. Available at: 9789289054553-eng.pdf (culturehealthandwellbeing.org.uk)

Fancourt, S., Warran, K., & Aughterson, H. (2020) Evidence Summary for Policy The role of arts in improving health & wellbeing. Available at: DCMS_report_April_2020_finalx__1_.pdf (publishing.service.gov.uk)

NHS Welsh Confederation. (2020) Advancing arts, health and wellbeing | NHS Confederation

Social Care Wales. (2022) Overview of the Social services and well-being… | Social Care Wales

Staricoff, R.L. (2004) Arts in Health: a review of the medical literature. *Arts Council England.* London: Arts Council England.

Ulrich, R.S. (1991) Effects of interior design on wellness. *Journal of Healthcare Interior Design* 3, 97-109.

The Government Office for Science (2008) *Foresight Mental Capital and Wellbeing Project. Final Project report – Executive summary*. Available at: mental-capital-wellbeing-summary.pdf (publishing.service.gov.uk)

Zaidel, D. W. (2018) Culture and art: Importance of art practice, not aesthetics, to early human culture. *Progress in Brain Research*, 237: 25-40. https://doi.org/10.1016/bs.pbr.2018.03.001

Vougioukalou, S & Dow, E. (2022) Links to existing evidence – arts and health. *Health Arts Research Wales (HARP).* Available at: Links to existing evidence (healthartsresearch.wales)

Welsh Government (2019) Building Research Establishment Environmental Assessment Method (BREEAM) | GOV.WALES

Welsh Government (2020) Loneliness and social isolation (connected communities) | GOV.WALES

Welsh Government (2022) A healthier Wales: long term plan for health and social care.

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Teitl adroddiad: ***Report title:***	Health and Safety Report
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to present the Annual Health and Safety Report for 2023/24 and also to seek approval of the Health and Safety Policy. This annual report provides an update on the work undertaken by the Corporate Health and Safety (H&S) Team during the period between 1 April 2023 and 31 March 2024. The report highlights challenges, including an increase in RIDDOR-reportable incidents, ongoing issues with manual handling training compliance, and the need for improved governance and reporting structures. The recent internal audit providing limited assurance underscores the importance of addressing these challenges promptly and effectively. The Health Board has initiated several actions to address these issues, including policy reviews, enhancing executive leadership in health and safety matters, and developing more robust risk assessment and management frameworks. The ongoing gap analysis and development of a new Strategic Plan for addressing the improvements in Health and Safety will be crucial in guiding future improvements.
Argymhellion: ***Recommendations:***	Members are asked to : • **APPROVE** the Health and Safety Policy; and • **NOTE** the Health and Safety Annual Report
Arweinydd Gweithredol: ***Executive Lead:***	Jason Brannan, Deputy Director of People Services
Awdur yr Adroddiad: ***Report Author:***	Mike McGee, Deputy Head of Health Safety & Security Royden Healey Health and Safety Fit Testing Manager (Interim)

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☒	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

	delivery of existing mechanisms/objectives	*existing mechanisms / objectives*	*existing mechanisms / objectives*	

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):***	Objective 1: Building an effective organisation Objective 4: Improving quality, outcomes and experience
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There is a risk of avoidable harm to patients and staff. This is may be caused by a failure of the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation due to the lack of Health and Safety Leadership. The impact is patient and staff harm, financial implications, and reputational impact to the 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?***	Not required 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?***	Not required 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)***	CRR24-15 Health & Safety, staffing and competence, risk of prosecution
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Risk of prosecution and potentially fines associated with regulatory non-compliance
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable for this report
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Strategic Occupation Health & Safety Group 11th June 2024 Executive Team 13th September 2024

Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF risks yet to be drafted in full and any Health and Safety matters reportable at present
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** Implementing and Adhering to recommendations identified in the Strategic Health and Safety Plan	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1- 2023/24 Health & Safety Annual Report Appendix 2 Health and Safety Policy	

HEALTH AND SAFETY REPORT

1. INTRODUCTION

The purpose of this report is to present the Annual Health and Safety Report for 2023/24, and also to seek approval of the Health and Safety Policy.

To report aligns to the commitment in the Annual Plan (Q3) to undertake a comprehensive gap analysis that informs a clear Health and Safety Improvement Plan approach (reference 1f.1).

2. BACKGROUND

The Health and Safety at Work Act 1974, provides a legislative framework to promote, stimulate and encourage excellent health and safety at work standards with delegated responsibility through the Chief Executive Officer to the Director of Environment and Estates to implement systems that ensure staff work in a safe and compliant manner to protect both themselves and other service users from significant or avoidable harm.

In particular, the act requires organisations to provide and maintain:

- A Health and Safety Policy.
- A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances.
- A safe and secure working environment.
- Safe and suitable plant, work equipment and systems of work that are without risks.
- Information, instruction, training, and supervision as necessary.
- Adequate welfare facilities.

Health and Safety Policy

In accordance with the Health Board Governance Framework, the Board has responsibility for the review and approval of the Health and Safety Policy. The Health and Safety Policy is attached at **Appendix 1** for approval.

Work has been progressed in reviewing and updating the policy, which has been considered by the Strategic Occupational Health and Safety Group, the Executive Team and also updates through the People and Culture Committee.

The Health Board has recently appointed a Head of Health and Safety who will be leading the work in relation to Health and Safety. In the absence of the Director of Estates and Environment the Chief Executive Officer has been taking a lead in the management of health and safety.

Health and Safety Annual Report 2023/24

The Health and Safety Annual Report for the period 2023/24 is attached at **Appendix 2**. The report provides a summary of principal activity and outcomes relating to the promotion and management of health and safety within Betsi Cadwaladr University Health Board during 2023/24.

Key highlights include:

- Continued implementation of the 3-year OHS and Security Strategy (2022-2025)

- Completion of 90 RIDDOR reports to the Health and Safety Executive (HSE)
- 1,279 personal injury incidents reported via Datix
- Delivery of new health and safety training modules, including National Examination Board for Occupational Safety and Health accredited courses
- 3,670 reported incidents of violence and aggression
- Ongoing challenges with manual handling training compliance and staffing

The Health Board has faced scrutiny from the Health and Safety Executive (HSE), the enforcing authority, in relation to self-harm from ligatures, patient falls, hand arm vibration, and mask fit testing protocols. The Health Board has made progress in a number of these areas but recognises that there is still more work to do to fully address the levels of health and safety risk.

There are some well embedded practices across the Health, Safety and Security Service, these include, a programme of Health, Safety and Security Visits and Reviews. Team members are assigned Key Performance Indicators (KPIs) to achieve in this regard which are measured.

The Chief Executive Officer, commissioned a report summarising the findings from a review of the Health, Safety and Security Services' gap analysis and identification of future key areas of work for the Board to consider, feedback, and ultimately endorse. There is further work to do in relation to the Strategic Plan and Gap Analysis which will ensure that the Health Board has a strategic and planned approach to Health and Safety addressing the risks that have been highlighted through the Corporate Risk Register ***CRR24-15 Health & Safety, staffing and competence, risk of prosecution.***

The People and Culture Committee has responsibility for the monitoring of Health and Safety on behalf of the Board and therefore will take a lead role in providing assurance to the Board in relation to the plans to address the risks and challenges in Health and Safety.

3. RISK MANAGEMENT IMPLICATIONS

The Health Board has recently faced scrutiny from the Health and Safety Executive (HSE), the enforcing authority, in relation to self-harm from ligatures, patient falls, hand arm vibration, and mask fit testing protocols.

4. BUDGETARY/FINANCIAL IMPLICATIONS

There are significant health and safety risks across the Health Board and the strategic gap analysis which has been undertaken highlights the work that will be required over the next 3 years to reduce the risk. There will be budgetary implications and there will be a need to invest in the skills and expertise in health and safety. This is an area of risk that will be addressed through the Integrated Medium Term Plan.

5. CONCLUSION

This report is intended to seek approval of the Health and Safety Policy and to note the Annual Report for the period 2023/24. There are a number of risks that will need addressing as part of the gap analysis and strategic plan, the Board is asked to note the challenges and risks and that the work that is being progressed to address these.

6. RECOMMENDATIONS

The Board is asked to:

- **APPROVE** the Health and Safety Policy; and
- **NOTE** the Health and Safety Annual Report

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Health and Safety Annual Report 2023/24

Executive Summary

The purpose of the report is to provide the Health Board with a summary of principal activity and outcomes relating to the promotion and management of health and safety within Betsi Cadwaladr University Health Board during 2023/24.

The report highlights current key priorities for Health and Safety for the current financial year. The report summarises the prevailing legislative framework within which health and safety is managed and addressed, and outlines the local governance arrangements that underpin health and safety management within the Health Board.

The Chief Executive is the accountable officer for Health and Safety within the Health Board and in the absence of the Director of Environment and Estates continues to Chair the Operational Health and Safety Group. In addition to the progress made within the reported period, the Chief Executive has commissioned a gap analysis to ensure the levels of health and safety risk across the Health Board and to inform the development of a Strategic Plan for Health and Safety.

This annual report provides an overview of Occupational Health and Safety (OHS) activities and performance within Betsi Cadwaladr University Health Board (BCUHB) for the financial year 2023/24. Key highlights include:

- Continued implementation of the 3-year OHS and Security Strategy (2022-2025)
- Completion of 90 RIDDOR reports to the Health and Safety Executive (HSE)
- 1,279 personal injury incidents reported via Datix
- Delivery of new health and safety training modules, including NEBOSH-accredited courses
- 3,670 reported incidents of violence and aggression
- Ongoing challenges with manual handling training compliance and staffing

1. Introduction

This report provides a summary of the key issues and work undertaken during 2023/24 in relation to the health board's responsibilities under Health and Safety Legislation. Although the health board did not produce a report for 2022/23, it is expected that moving forward an Annual Assessment and Report will be produced for the Board at least annually. The People and Culture Committee as the key Committee with oversight of health and safety will maintain a regular overview of the development of specific health and safety plans and progress in implementation.

The 3 Year Plan/Annual Plan approved by the Board in March 2024 prioritises work on Health and Safety specifically, within Strategic Objective 1: Building an Effective Organisation. This area has been prioritised as a result of some of the key issues and challenges the health board needs to tackle. This report however, provides a backward look and draws out the key areas of work that were undertaken in the last financial year.

During 2024/25 a revised Health and Safety Policy has been developed and is presented separately for the Board's consideration. In addition, a significant exercise is underway to fully assess the risks the health board has in relation to the wide remit that falls under health and safety and associated legislation. This Strategic Framework and Plan will be developed in readiness for consideration by the People and Culture Committee.

2. Health and Safety Legislative and Strategic Overview

The Board and specifically the Chief Executive has overall responsibility for the health and safety of patients, staff and visitors. The Health and Safety at Work etc. Act 1974 provides a legislative framework for health and safety at work standards. The Chief Executive delegates responsibility through Executives and other Senior Managers and moving forward the lead will be the Director of Environment and Estates. The requirement is to implement systems that ensure the safety of staff and ancillary contractors, to work in a safe and compliant manner to protect both themselves and other service users from significant or avoidable harm.

The Health and Safety at Work Act (1974) specifically requires organisations to:

- Provide and maintain a Health and Safety Policy;
- Enable a system(s) to manage and control risks in connection with the use, handling, storage and transport of articles and substances;
- Enable a safe and secure working environment,
- Enable the provision of safe and suitable plant, work equipment and systems of work;
- Enable the provision of information, instruction, training and supervision as necessary;
- Enable the provision of adequate welfare facilities;

The organisation continues to utilise the HSE HSG65 model "Managing for Health and Safety", and adopts the 'Plan, Do, Check, Act' Framework. In summary this means:

Plan	Determine policy, Plan for implementation
Do	Profile health and safety risks,

	Organise for health and safety management, and Implement the plan.
Check	Measure performance, Investigate accidents and incidents
Act	Review performance and Apply learning

This approach seeks to balance both systems and behavioural aspects of health and safety management and, importantly, aims to incorporate health and safety as an integral part of effective management more generally, rather than as a stand-alone system.

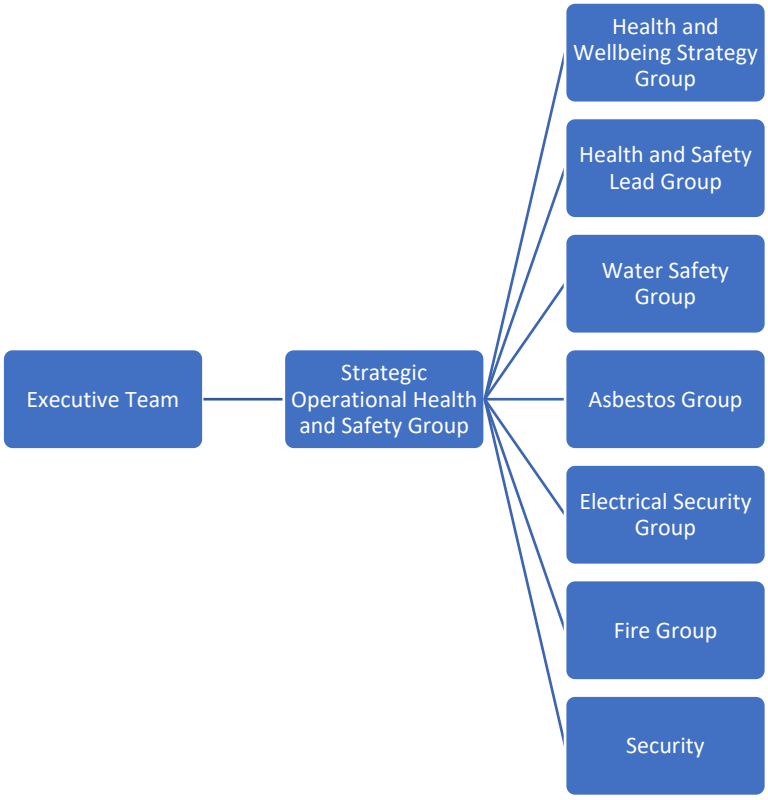
A Health and Safety Strategy was developed in 2022, running for a period of 3 years. This followed a 'gap analysis.' The section below draws out the key elements of work that sit within that strategy. A revised approach to the assessment of health and safety is being developed during 2024/25, this will inform the development of a new Strategic Framework for Health and Safety, addressing key areas of risk and compliance.

Initial work has been undertaken during the first part of 2024/25 to identify and mitigate the risks identified during the first stage of a 'gap analysis' including key areas of risk such as, contractor management and control, work at height, vibration and noise, asbestos, legionella water safety, driver safety, security, violence and aggression (VandA), fire, electrical safety, manual handling and incident reporting procedures to ensure when things do go wrong the organisation can learn lessons. There has been progress made on a number of areas of concern, however there is further work required particularly on the issues of in-patient falls, manual handling, stress and security and violence and aggression and these continue to remain priority areas.

The Strategic Occupational Health and Safety Group has been established to provide an effective means of facilitating a partnership approach to the management of Health and Safety risk across the Betsi Cadwaladr University Health Board (BCUHB). The Strategic Occupational Health and Safety Group is accountable to the Executive Team which in turn, provides reports to the People and Culture Committee who is responsible for the monitoring development, implementation, audit and delivery of health and safety organisational management throughout all working aspects of the Health Board's diverse activities.
There are a number of sub-groups including:

- Fire Safety Group
- Health and Safety leads Group
- Water Safety Group
- Asbestos Group
- Electrical Group
- Security Group
- Staff Wellbeing Group

Figure 1. Health and Safety Reporting Structure



3. Summary of Key Areas of Exception 2023/24

Year two of the three-year strategy has been concluded in many areas by the health and safety team and included working at height, control of contractors and slips, trips and falls. The security/personal safety team concentrated on lone working, clinical interventions in security related incidents and the organisations physical security measures including, CCTV, control rooms and communications.

At the end of each financial year contained within the 3-year strategy an exception report would be submitted to provide assurance that outstanding workstreams were being managed appropriately and highlight areas where additional support was required. A summary of the areas of work where there is an exception report (in line with the previously agreed reporting) is included below.

Key Area	Focus/summary of work undertaken
Policy development	The review of the health board's policy commenced during 2023/24 and is now in final draft form for consideration by the Board. Recognising that there is further work to do, and the limited assurance report following Internal Audit, it is suggested that a shorter review period is given for the policy, enabling further development as more detail risk assessment takes place.

Key Area	Focus/summary of work undertaken
Security	Lone Working devices - it was identified that the lone worker device trial from the People safe company had been prevented from commencing until March 2024. This delay will result in the trail review extending into late April 2024 as there were a number of additional governance/data protections challenges to be addressed.
	Clinical interventions in security related incidents - it was identified that a clinical violence and aggression lead would need to be established, the consequences of this delay means that there remains no coordinated support responses for staff and managers in all clinical areas outside of Mental Health and Learning Disabilities in relation to clinically motivated violence and aggression.
	Physical security measures and infrastructure to include CCTV, Control Rooms and Communications – a review in all service areas and consider if fit for purpose is behind schedule. This delay was in part due to ways of working with current practice that Security Advisors travel across BCUHB with laptop to secure/delete/review CCTV data files on devices worn by contractor security guards at District General Hospital sites. This can also lead to Body Worn CCTV device/s storage capacity being exceed and rendering the devices non-operational, thereby exposing BCUHB workers to incidents not captured, hampering investigations and prosecutions.
Contractor management system	The contractor management systems current position has been established. The Estates team continue to work with system provider (Evotics) to create a system to meet the demand of the service. The consequences of this delay are an increased level of risk.
Slips, trips and falls	Significant work has been undertaken in relation to in-patient falls. The organisation is awaiting confirmation from the Health and Safety Executive (HSE) regarding incidents that took place in 2021, 2022 and early 2023 in relation to whether the health board has failed to meet requirements under health and safety legislation. Significant work has taken place as a result. There has been some delay with detailed documented procedures work which was to be concluded in March 2024. The level of risk as a result is being monitored.
Hand Arm Vibration	A review of the management of the risk within the Estates Team was completed and the action plan is updated as a standing item on the Pan BCUHB Estates Health and Safety Meeting.

Personal Injury: 1,279 personal injury incidents were reported via Datix in 2023/24. The Central area reported the highest number of incidents (585), followed by East (426) and West (268). In the gaps analysis it is recognised that 'Making it safe' reviews need to be adopted more consistently, reviewed thematically to better embed learning organisational wide.

Security and Violence and Aggression: Security and Violence and Aggression 3,670 incidents of violence and aggression were recorded in 2023/24, compared to 3,300 in the previous year. The most common types were aggressive/threatening behaviour (42.6%) and physical assault (18.1%). 94 violence and aggression cases were supported by the case manager in 2023/24. 50.5% of cases resulted in "Other" outcomes, while 14.7% required no further action by the Health Board.

The Health Board is adopting the Violence Prevention and Reduction Standards developed by NHS England, alongside requirements set out in the Anti-Violence Collaborative. This framework will be used to create a safer environment for healthcare professionals and align with the North Wales Serious Violence Response Strategy 2024, demonstrating our commitment to staff and patient safety.

4. Risk and Incident Reporting and Management

The completion of risk assessments is a statutory requirement under the Management of Health and Safety at Work Regulations 1999. The Health Board is developing a Strategic Framework for Health and Safety that aligns with Risk Management Framework and Procedures, ensuring a more robust approach to health and safety risk assessment and management.

The Strategic Framework will include the need to improve oversight of risk assessment compliance as a fundamental requirement, in order to capture, store, manage, and track health and safety records. This will in turn improve support, ownership and accountability and report on real-time compliance data for risk assessments, inspections, audits etc. Action plan analysis will support better reporting and embedding of learning organisational wide.

Board Level Risk

The Health Board currently has one corporate risk regarding avoidable harm to patients and staff which could be caused by a failure of the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974.

The impact of the risk is identified as patient and staff harm, financial implications, and reputational impact to the Health Board. The Deputy Director of People reviews the risk monthly and reports the risk to the Executive Team, with the risk being aligned to the People and Culture Committee.

The risk was revised and updated in full in December 2023, and again following this year's internal audit recommendations, controls have been communicated, as well as 14 actions which are progressing to further mitigate the risks. The current target date is set at December 2024. The current score is 16 which is in line with the current 2024 Risk Appetite tolerance level set by the health board.

Health and Safety Team Level Risks

The Health and Safety corporate team also maintains an operational risk register. There are currently 5 risks on the risk register, including:
1. Non-compliance with Manual Handling Training (high-risk score).
2. Three moderate risks: Health and Safety Leadership (moderate risk),
3. Risk of ineffective Security Services (moderate risk),
4. Training for Restrictive Physical Intervention (moderate risk)
5. Potential Failure to Identify RIDDOR Reportable Patient Falls (low risk).

The Health and Safety Team have controls and mitigation strategies and action plans in place for all risks. Other Health and Safety risks exist within other operational risk registers which are reviewed by the Health and Safety corporate team and or other specialities, such as ligature risks.

Corporate Health and Safety Reviews

Corporate Health and Safety reviews are required under the BCUHB Health and Safety Policy as part of the mandatory requirement to monitor Health and Safety compliance. This is monitored by the use of KPIs for the Health and Safety team to ensure that safety inspections are managed for all critical areas and all areas are covered.

A total of 164 health and safety reviews were conducted across BCUHB sites in 2023/24. The review process has been refined with a risk-based approach and SMART objectives to ensure consistency and effectiveness. This demonstrates a higher number of reviews have been completed and in general these are demonstrating a higher level of compliance across the health board.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Incidents are reported by the Health Board via Datix, incident reporting software to which the Health and Safety team monitor incidents reported. Under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), certain work place accidents, incidents, ill health and certain near miss events must be recorded. Depending on the severity and nature of the injury, and indeed the party affected. The Health Board has a legal duty to report this data to the Health and Safety Executive. This reporting process is undertaken by the corporate health and safety team. The RIDDOR reporting requirements are incorporated as an element on the Health and Safety Managers' training competencies.

Ninety (90) RIDDOR reportable incidents occurred within the Health Board in 2023/24, 60 of the incidents concerned staff and 30 of the events concerned patients. All 90 incidents were reported to the HSE. The most common categories were slips, trips and falls (46) and violence and aggression (26). Slips, trips, and falls account for over half of all RIDDOR reports, representing the most significant risk area. Violence and aggression incidents are the second most common category, exclusively affecting employees.

Figure 2. Total RIDDORS Reported 2023/2024 by Category.

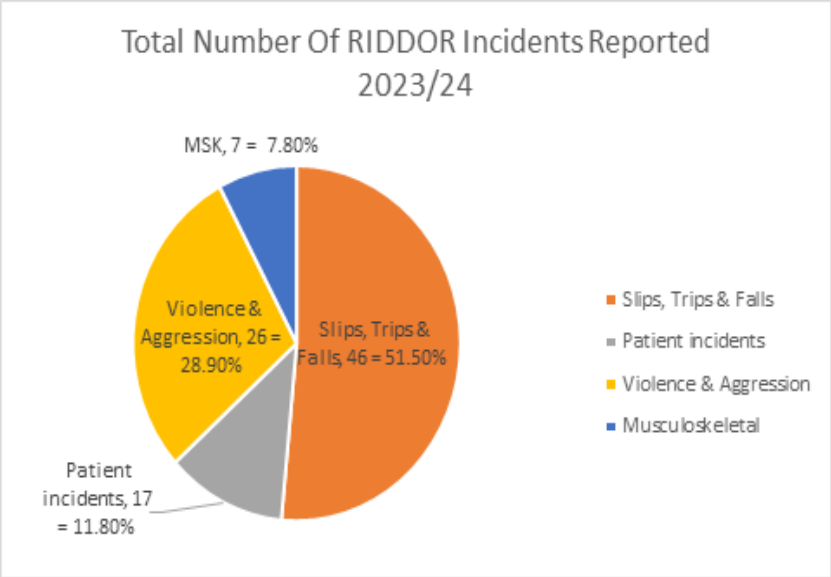
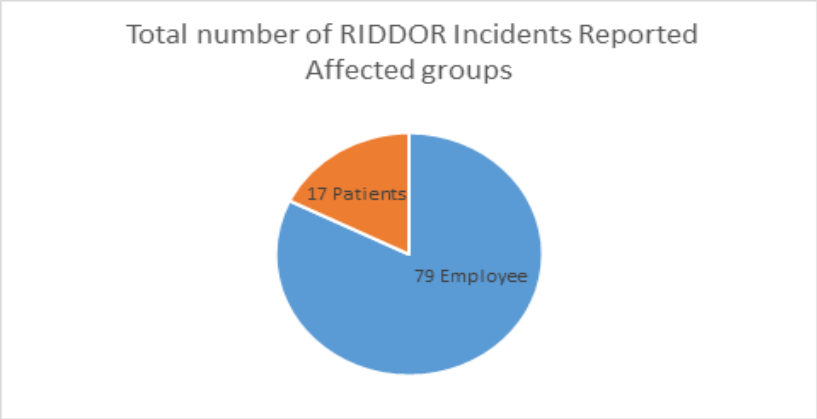


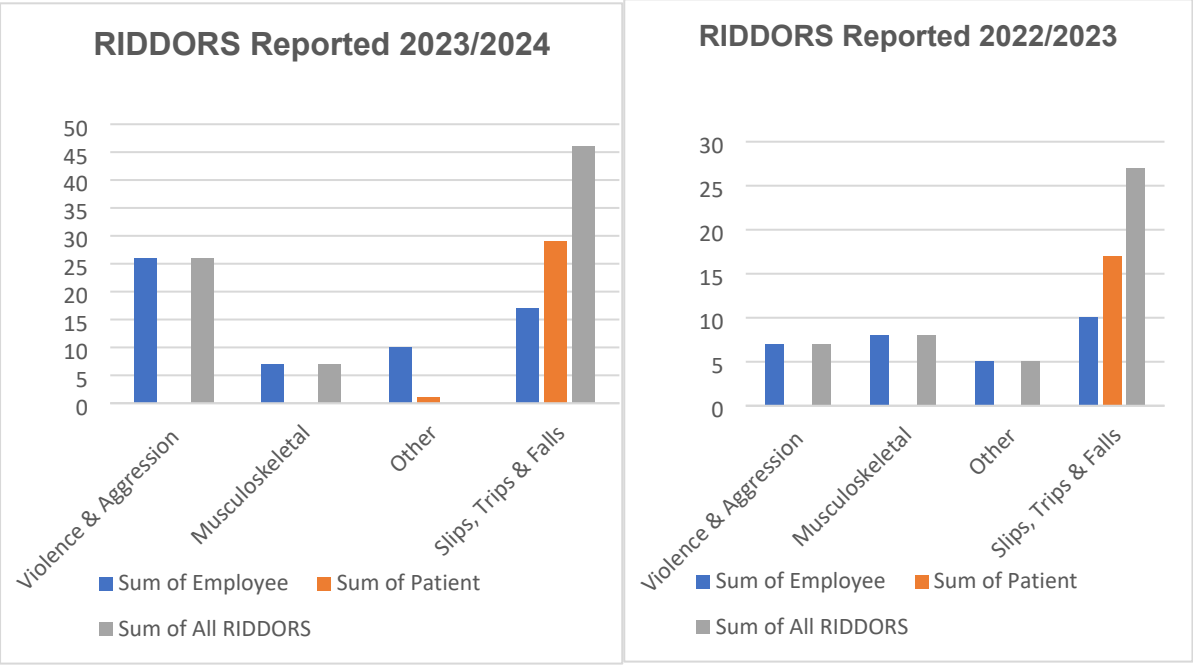
Figure 3. RIDDORS Reported by Group



Employees were involved in 60 incidents (66.7% of total), with patients involved in 30 incidents (33.3% of total). Patient incidents were primarily in the slips, trips, and falls category.

In the 2023/24 financial year, BCUHB experienced a significant increase in RIDDOR-reportable incidents compared to the previous year, with total reports rising from 47 to 90, representing a 91.5% increase. This was specifically examined as the number of reports was reported to be lower in 2022/23 than may have been expected in an organisation of this size. All incident categories saw substantial growth, most notably violence and aggression incidents, which rose by 271.4% from 7 to 26 cases. Slips, trips, and falls remained the largest category, increasing by 70.4% to 46 incidents. Employee-related incidents doubled from 30 to 60, while patient-related incidents increased by 76.5% to 30.

Figure 4. RIDDORS Reported 22/23 and 23/24 Group and Category Comparison



The high number of slips, trips, and falls incidents, particularly involving patients, and is a priority area for risk mitigation strategies. Violence and aggression towards staff remain a significant concern, requiring continued focus on prevention and management strategies. While lower in number, musculoskeletal incidents exclusively affecting employees may indicate a need for improved manual handling practices or ergonomic interventions.

Health and Safety Executive (HSE)

Falls: The HSE issued a notification of contravention on 26 July 2023 following an investigation into three RIDDOR-reportable patient falls. Required actions included:

- Ensuring all staff receive adequate instruction on patient falls risk assessments

- Implementing a system for secondary review of falls assessments

- Reviewing falls investigation criteria

The health board has responded to the HSE's requests for information, and the case is currently with the HSE's legal department, with further action expected in late summer 2024. A separate high falls risk has been reported to the Quality, Safety and Experience Committee throughout the year and mitigation strategies are in place including an Oversight Group to take forward work in this area.

Ligature: There has been significant progress made against the HSE Notice of Contravention recommendations and evidence gathering following the sad death of a patient whilst using inpatient services. The health board pleaded guilty to failing to maintain a safe environment in relation to ligature in a mental health facility.

The Mental Health and Learning Disability Division established a Divisional Ligature Risk Reduction Group (DLRRG) in December 2022. By mid-year 2023, the DLRRG received

assurance from each of the Senior Leadership Teams (SLT) regarding their governance arrangements for ligature assessment and reduction. DLRRG receives reports from each local Senior Leadership Team on their local ligature arrangements for ligature assessment on a standardised Assurance Report.

The DLRRG has progressed the development of a half-day Environmental Ligature Risk Assessment Training package, which includes reference to the All-Wales Principles and Standards of Practice in the Assessment and Management of Ligature. The training is for staff who will need to identify a ligature risk, those staff within MHLD Clinical, Estates and Health and Safety.

As of the 17th January 2024, over 150 staff have attended this training. A rolling programme of training is in place, which began in November 2023, with dates scheduled monthly during 2024. A register of staff attendance is presented in the Divisional Ligature Risk Reduction Group Meeting, with reports provided to MHLD Service Quality Delivery Group (SQDG) and the Senior Leadership Team at regular intervals.

An audit process has been developed aligned to the Environmental Ligature Risk Assessment Training. This ensures a robust process of ligature assessment has been completed, including knowledge and skills, completion of the audit checklist, completing the ligature footprint and reviewing the assessments monthly. The first annual audit report was completed in November 2023 and reported in January 2024 with a second audit planned to take place, with fieldwork, at the end of 2024.

In addition to the above, All Wales Standards of Practice have published a document aligned to reducing harm from ligatures in Mental Health and Learning Disability. Work is ongoing to establish links with other Welsh Health Boards and a Mental Health Trust in England to progress benchmarking and to enable the sharing of good practice.

The Division has completed an analysis of all the high, medium and low risk ligatures, including the current mitigation that is in place. This analysis has been completed by an internal tripartite group (MHLD Clinical, Estates, Health and Safety) reviewing all ward inpatient ligature assessments and the external assessments of ligature. This analysis was presented in DSLT in January 2024, with the recommendation that the tripartite develop an audit tool, agree 'buddy' areas and allocate project support including an industry expert on ligature, followed by a programme of audit to ensure all ligature risks are identified promptly and mitigated effectively.

There is scrutiny on Capital Planning and Operational Estates aligned to ligature risks given the competing financial priorities for the Health Board, with approximately £2M investment in ligature work over the 2 years (2023/24 – 2024/25).

Internal Audit Review

An internal audit of Health and Safety practices at the health board was conducted in May 2024. The audit provided limited assurance, with a moderate impact on residual risk exposure until resolved. The key findings included:

- Policies and Procedures: Some key policies and procedures, including the HS01 Occupational Health and Safety Policy, were highlighted as out of date for review.

Update: The HS01 Occupational Health and Safety Policy has been reviewed and revised and is currently for consideration at the Board in September 2024.

- Board level leadership – a gap at Executive Director level given the vacancy of People and Organisational Development Executive Director.
  Update: This responsibility has now moved to the Director of Environment and Estates, and therefore is currently held by the Chief Executive.

- Governance and Reporting: There was a noted inconsistent monitoring and reporting of Health and Safety information through the Health Board governance structure. Regular reporting to key committees has been lacking, and there was no annual Health and Safety report for 2022-23.
  Update: Health and Safety will report through the Executive Team from the Strategic Health and safety Group. Onward reporting to the People and Culture Committee is now established. There will be an annual report on Health and Safety to the Board and at least a 6 monthly review by the Executive Team and People and Culture Committee.

- Training: While general staff training compliance is high (91.39%), it was noted there is a lack of senior and executive level attendance at health and safety training.
  Update: Additional Health and Safety training for the Executive Team is being arranged. Discussions have been held with the Health and Safety Executive regarding Board level sessions on Health and Safety. These will be progressed during 2024/25.

- Health and Safety Reviews: Reviews are being conducted, however there is no consistent approach to analysing findings and ensuring recommendations are implemented.
  Update: A revised approach will be incorporated into the Strategic Framework for Health and Safety which is under development. This will include review tracking.

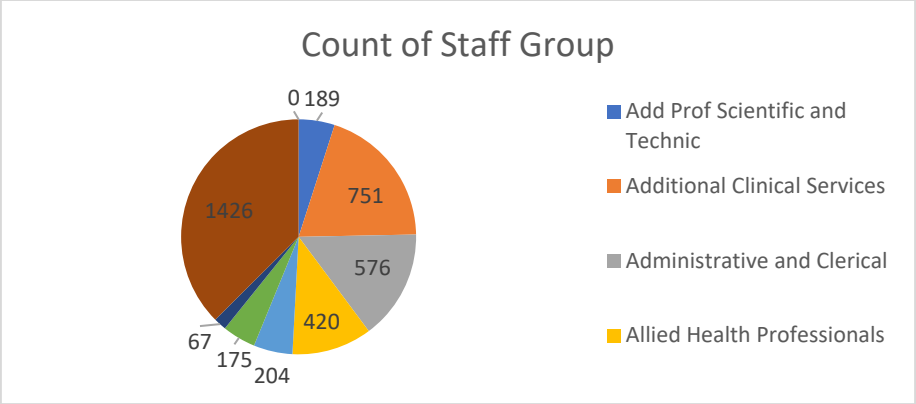
- Gap Analysis: The gap analysis identifying areas of concern in Occupational Health and Safety management has not been updated since January 2022.
  Update: A more detailed risk assessment process is being undertaken, building on the initial gap analysis work. This will provide a comprehensive view of areas of significant risk against all key legislative requirements, and will inform the Strategic Framework priorities.

- Self-Assessments: Departments were not consistently completing the required twice-yearly Health and Safety self-assessments, and there is no systematic process for monitoring and reviewing these assessments.
  Update: A revised approach will be incorporated into the Strategic Framework for Health and Safety which is under development. This will include accountability for undertaking assessments at departmental level and tracking the implementation of actions.

5. Training

Training via Microsoft Teams remains in place including COSHH, Risk Assessment Made Easy and RIDDOR training. In addition to the aforementioned training sessions the Health and Safety team have incorporated three new modules to the portfolio offering, this includes Lone Worker Safety and subsequent to an agreement with NEBOSH (The National Examining Board in Occupational Safety and Health) NEBOSH Certificate (classroom delivery only) and NEBOH Award. Staff throughout the Health Board (69) have completed their NEBOSH qualifications since March 24 and further dates will be arranged. These courses have also been made available to senior managers.

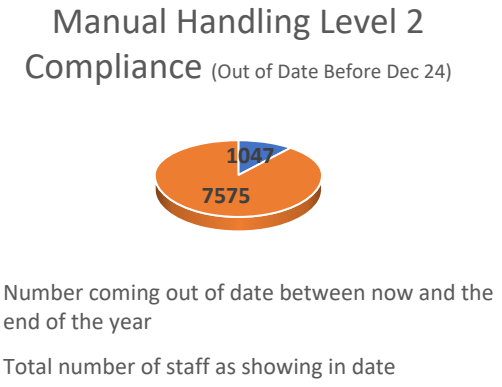
Figure 5. Health and Safety training by Staff Group



A comprehensive Health and Safety Training Needs Analysis is being developed to ensure appropriate, prioritized, and effective training delivery across the organisation, supporting a positive health and safety culture.

Manual Handling Training: One of the highest operational risks which is noted on the risk register is the risk of injury due to non-compliance with manual handling training, due to a high number of staff being out of date or no record of training. Manual handling training compliance remains a significant challenge. In 2023/24, 8,424 training places were booked, with 6,189 staff attending (73.5% compliance). The Did Not Attend (DNA) rate was 22%. This is currently subject to an action plan to address the issues raised. This risk has been raised and discussed by the Patient Safety Group for developing further mitigation strategies.

Figure 6. Manual Handling Training Compliance Figures



6. Conclusion and Priorities for 2024/25

The 2023/24 Health and Safety Annual Report provides an overview of the key issues and priorities in relation to health and safety. The Board has prioritised this area of its work as part of the 3 Year Plan/Annual Plan 2024/25 demonstrating its commitment to improving health and safety practices across the organisation. This enhanced focus on improving the strategic and operational approach to health and safety practice and compliance with legislation will be overseen by the Executive Team and the People and Culture Committee of the Board.

There has been significant work in year to make those improvement and to maintain practice where standards are being achieved. The key areas of work include the continued implementation of the 3-year OHS and Security Strategy, delivery of new training modules including NEBOSH-accredited courses, and progress in addressing HSE recommendations for anti-ligature risks and wider work on inpatient falls.

However, the report also highlights significant challenges, including a substantial increase in RIDDOR-reportable incidents, ongoing issues with manual handling training compliance, and the need for improved governance and reporting structures. The recent internal audit providing limited assurance underscores the importance of addressing these challenges promptly and effectively.

The Health Board has initiated several actions to address these issues, including policy reviews, enhancing executive leadership in health and safety matters, and developing more robust risk assessment and management frameworks. The ongoing gap analysis will be built upon, with comprehensive risk assessment to inform a new Strategic Framework for Health and Safety during 2024/25, a crucial development that will guide further and significant improvement.

HEALTH AND SAFETY POLICY HS01

2024-26

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

HS01 HEALTH AND SAFETY POLICY

V6
HS01

Author & Title	Associate Director of Occupational Health, Safety and Security						
Responsible Dept / director:	Director of Environment						
Approved by:	Strategic Occupational Health & Safety Group:10/01/20 Quality, Safety & Experience Committee: 17/03/20 BCUHB Health Board (via Chair's Action): 09/12/20 and reported to full board 21/01/21						
Date approved:	BCUHB Health Board (via Chair's Action): 09/12/20 and reported to full board 21/01/21						
Date activated (live):	21/01/21						
Documents to be read alongside this document:	Health and Safety Management Procedure (Template) and related Policies and Procedures Occupational Health & Wellbeing Scope of Service / Operational Guidelines Risk Management Framework and Procedures						
Date of next review:	March 2027						
Date IAST Completed:	May 2024						
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First operational:	June 2010						
Previously reviewed:	June 2013	April/May 2014	June 2015	June 2016	June 2017	March 2020	March 2024
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N.B. Employees/workers should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.

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STATEMENT OF INTENT

Betsi Cadwaladr University Health Board (BCUHB) is committed to ensuring the health, safety and welfare of all our employees, and those who may be affected by our work activities or undertakings. Furthermore, we are committed to ensuring that those engaged to carry out work on our premises, and/or on our behalf are also committed to ensuring the health and safety of their employees and others.

The Board will, so far as is reasonably practicable, identify adequate financial and physical resources to support the implementation of this policy, thereby ensuring a competent workforce with the provision of necessary expert advice.

The Health Board recognises the legal and moral duty placed on it, under the **Health and Safety at Work etc. Act 1974**, to provide a safe and healthy environment for all employees, patients, visitors, contractors and other members of the public who have contact with the organisation.

BCUHB places great importance on the identification of hazards, assessment of risks and the implementation of suitable and sufficient controls for the health, safety and welfare of everyone. We will endeavour to continuously improve health and safety across the organisation in partnership and consultation with employees and/or their representatives. We recognise how important health and safety management is throughout the organisation and the key role this plays.

A positive health and safety culture is a key part of the health and safety management system. The safety culture is defined as the product of individual and group values, attitudes, perception, competencies and patterns of behaviour that determine commitment to, and proficiency of, an organisation's health and safety management. Core principles supporting the culture provide strong and visible leadership, along with BCUHB's values and behaviour framework to which Directors, Managers and Staff throughout the organisation have key roles to play.

All employees are responsible for maintaining compliance with statutory and mandatory regulations. Employees at all levels have a role within this policy, therefore they must comply with all health and safety instructions and systems that are in place. Health and Safety is a key line management responsibility and employees who wilfully disregard the Health Board's health and safety policies and/or procedures could be subject to performance and conduct procedures.

Hosted Services within the organisation are expected to have an equally high standard of health and safety, and to work proactively with the health board, in order that all organisations can discharge their legal duties.

In recognition of the obligations imposed on the health board by current legislation, this policy will be reviewed regularly in order to ensure legal compliance.

Signed: ……. Chief Executive

Dated: ……... 2024

1. INTRODUCTION

The Health and Safety (H&S) Policy and Strategic approach embraces the concepts of sensible H&S by ensuring control measures are proportionate to risk. Awareness will be key to ensuring that employees/workers can deliver on their service priorities whilst ensuring risks are managed in a sensible, proportionate and legally compliant way. The Health Board is committed to take all practicable steps, consistent with the provision of health care services, to safeguard its patients, visitors and employees/workers from injury or ill health whilst on the premises. The Policy is to provide healthy and safe working conditions for all of its employees/workers and to abide by and satisfy the requirements of the Health and Safety at Work etc. Act 1974 and the Corporate Manslaughter and Corporate Homicide Act 2007. In pursuance of this objective the Board will:

- Observe in full the legislation relating to the H&S of employees/workers at work
- Cause this to be observed by its employees/workers, both management and employees/workers
- Ensure adequate education and training for this purpose
- Ensure that any accidents occurring, however minor, are fully recorded, investigated, and where necessary, reported to the Health and Safety Executive (HSE)

To achieve the provision of the proper facilities for patients, whilst ensuring that personal injuries and hazards to the health of employees/workers and others are reduced to the minimum, management and employees/workers must work together with a view to achieving a safe working environment. The Health Board will therefore, expect all employees/workers to exercise responsibilities to maintain healthy and safe working conditions by:

Taking reasonable care for their own H&S and that of others who may be affected by their acts or omissions.

1. Co-operating as far as is necessary with their employer to enable the Health Board to carry out its duties laid down under the Health and Safety at Work etc. Act 1974.
2. Fully using all the safety equipment, devices and protective clothing provided for their intended use.
3. Supporting the formulation of and adherence to safety procedures and safety policies.

The Health Board will ensure that comprehensive advice and assistance is available on all matters of H&S and that arrangements exist for identifying and wherever practicable eliminating or minimising hazards based on the HSE Safety Management System HSG65 and principles of Plan, Do, Check, Act and the 3 years H&S & Wellbeing Strategy. The process described in this Policy will not only help to reduce the likelihood of accidents and ill health, it will also help to improve time for employees/workers to give care to patients, help to reduce financial waste and will help to improve the quality of care and quality outcomes given to clinical services and non-clinical support services. The 3-year plan is based upon credible data from a variety of sources to identify the need for change. Similarly, quality improvement methodology will be utilised to endeavour change.

2. SCOPE

This policy shall apply to all premises and undertakings of the Health Board and to commissioners, volunteers, contractors or visitors to the premises.

3. AIM

The overall aim of this policy is to promote a continual positive safety culture and encourage ownership at every level of H&S as well as the development of sustainable high quality support services and systems that as a minimum comply with the Health & Safety at Work etc. Act 1974 and other relevant legislation. This will be achieved through a strong, visible and consistent leadership, delivering safety management in a timely, efficient, effective and affordable manner. This will ensure the organisation meets its legislative obligation to safeguard the health, safety and welfare of patients, employees/workers, visitors, property, and others as well as the organisations reputation. This will enable the Health Board to meet and, where possible, exceed the statutory obligations placed upon the organisation to safeguard everyone who might otherwise be affected by the actions and/or omissions of BCUHB.

4. HEALTH AND SAFETY MANAGEMENT SYSTEM

The Safety Management System is based on the HSE HSG65 process of Plan, Do, Check, Act. The approach is described below:

4.1 Plan - This is a key element in building effective foundations required for the Safety Management System. A key part of the planning process is to develop clear policies, guidance and safe working practices that covers all aspects of the H&S management system. The three-year strategy aims to measure the success of the plans for H&S by systematically evaluating performance against the Policy. A range of Policies will be designed to ensure they can be audited against. The strategy will measure pro-active and re-active work being undertaken by the organisation leads. A health surveillance program will enable the Board to identify emerging risks from known indicators such as night work, latex, dermatitis, vibration, noise assessments, training feedback, inspections and pro-active audits and self-audit review system. When accidents/incidents occur, they will be reported in a timely manner to enforcing authorities and lessons learnt, not just in one area, but pan BCUHB.

The plans include developing an effective intranet site to provide up to date information and guidance. Part of the planning process will be to continue to support an accredited Safe Effective Quality Occupational Safety and Health (SEQOSH) service.

Suitable provision for fire, security and other emergencies is required to be in place. Co-operation is required with anyone who shares our workplace, BCUHB will coordinate plans with them, and this includes contractors and subcontractors to make it clear who has responsibility for safety and how it is monitored. The plans require to clearly state who is responsible at site level for H&S matters.

4.2 Do – The ‘do’ section requires specific pieces of legislation to be adhered to that apply to the Health Board, examples include bio-hazards, environmental, radiation, legionella, asbestos, COSHH, vibration, pseudomonas etc. The system of evaluation is required to inform the Board that the systems in place provide assurance of compliance in all service areas. This applies to all employees/workers and any significant gaps will be identified to develop the risk profile both positive and negative. The strategy will identify what could cause harm in the workplace, who it could harm and how, and what the individual should do to manage the risk. The right people and equipment in the right place is key to a successful business and a pro-active H&S strategy. The strategy aims to identify the highest risks, risk rank them and decide on an action plan to mitigate such risks in adherence with the Risk

Management Framework and Procedures. All Senior Leaders have the ability to influence the safety culture, decide on the preventive and protective measures needed and put them in place. The Manager and supervisors act as role models to make sure that arrangements for H&S are in place at all times, this Policy provides a clear framework for what leaders are required to do.

4.3 Check - This element will place an emphasis on a shift from reactive to pro-active measuring of performance. The Health Board will establish Key Performance Indicators (KPI's) that give evidence that the safety plans put in place are working.
The plans require implementing to make sure that they are in place, 'paperwork' on its own is not a good performance measure. What actually happens on the ground is the reality of the H&S system. The Health Board will assess how well the risks are being controlled through inspections, tours, audits, self-assessment reviews and an annual gap analysis of all legislation, to ensure that what was intended to happen has been implemented. Reports on activities and findings will be reported quarterly and annually to the Board through the Strategic Occupational Health and Safety Group and Governance structure. Root Cause Analysis investigations will identify the causes of accidents, incidents or near misses and actions will be centrally logged for Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) to ensure they are completed and reoccurrence of the same event minimised. The Health Board will also check that Senior Directors are suitably trained on their corporate responsibilities.

4.4 Act - A review of the H&S management system in all service areas through additional gap analysis. The Health Board will identify if what was planned to happen actually happened in reality. Furthermore, the Health Board will learn from accidents and incidents, ill-health data, errors and relevant experience. Sharing of best practice from other organisations will ensure it follows best practice. The act part of the process will involve revisiting plans, training, policy documents and risk assessments to see if they are adequate and are still relevant in controlling the hazards at source. Working to ensure risk assessments are site specific not generic in nature. This will ensure a continued cycle of improvement is effectively implemented.

5. BCUHB GENERAL ARRANGEMENTS FOR HEALTH & SAFETY

Planning is an integral part of the Health Board's operations and it recognises that legislation requires it to make arrangements for effective planning.

5.1 Plan - Health & Safety Policies

The Health Board has in development a comprehensive suite of policies to supplement the Occupational Health and Safety Policy, they are to be adhered to and effectively implemented by all employees/workers:

- Asbestos Policy
- Construction, Design and Management Policy
- Control of Contractors Policy
- Control of Noise at Work Policy
- Confined Spaces Policy
- Control of Substances Hazardous to Health Policy
- Display Screen Equipment Policy
- Driving at Work Policy
- Electricity at Work Policy
- First Aid at Work Policy

- Infection Prevention Control Policy
- Ionising Radiation Protection Policy-Non-ionising Radiation Protection Policy
- Incident Reporting and Management Policy and Procedures (Putting Things Right)
- Inoculation and Exposure to Needlestick / Bodily Fluids Policy
- Latex Sensitisation Policy
- Lifting Operations and Lifting Equipment Regulations Policy
- Lone Worker Policy
- Management of Violent & Aggression Policy
- Manual Handling Policy
- Mental Health, Wellbeing and Stress Management Policy
- New and Expectant Mothers Policy
- Occupational Health Surveillance Policy
- Occupational Health & Wellbeing Scope of Service / Operational Guidelines
- Occupational Immunisation & Screening Procedure / Communicable Diseases Management
- Personal Protective Equipment Policy
- Policy for the Management of Fire Safety
- Policy for the Management of Safe Water Systems
- Provision and Use of Work Equipment Policy
- Risk Management Framework
- Safety Signs and Signals Policy
- Security at Work Policy
- Slips, Trips and Falls Policy
- Vibration at Work Policy
- Violence at Work Policy
- Working from Heights Policy
- Young Persons at Work Policy

The above policies will be used as a framework to Audit the H&S system in place. They are working documents that are required to be realistic and effectively implemented by all employees/workers and contractors who work directly or indirectly for the Health Board.

5.1.1 Training

Training will be based on a training needs analysis. Training will be suitable and sufficient to enable employees/workers to identify hazards and risks they may face in the workplace and how to deal with them. This approach applies to all employees/workers. Training should be based on the level of competence required for the service areas individuals involved and level of expertise required.

Associate Directors/Assistant Directors and Divisional Heads of Service will be required to attend specific Health and Safety and Health and Safety Leadership training to ensure that they understand their responsibilities under the Act. This is of particular importance when decisions may directly influence safety outcomes. Training, information, instruction and supervision should be to the appropriate level of expertise required. It is necessary to be provide suitable training on induction.

It is a manager's responsibility to monitor and progress training compliance and where compliance falls below the organisation's target of more than 85%, develop a timebound action plan to deliver against the target set.

5.1.2 Workplace Induction

All new employees/workers shall benefit from a comprehensive induction to the workplace. These inductions will not only focus on the duties of the individual but are to provide employees/workers with information in respect of the hazards and risks they may face and the control measures in place to mitigate such risks. Workplace risk assessments shall be made available to new employee/worker via the manager or service lead.

5.1.3 Training for Health Board Executive Directors and Independent Members

In response to identified training needs, the Health Board will provide suitable and sufficient training and instruction to Members of the Board in respect of H&S Management. This will also include responsibilities under section 37 of the Health and Safety at Work etc. Act 1974 and the Corporate Manslaughter and Corporate Homicide Act 2007. It will be the responsibility of the Office of the Board Secretary to monitor this compliance.

5.1.4 Training for Managers

The Health Board will ensure, through training needs analysis, that managers receive H&S training, in respect of their role in the day-to-day management of health safety, for example providing the NEBOSH (National Examination Board in Occupational Safety & Health) Certificate and management courses. Health Board managers will ensure that H&S procedures, risk assessments and safe systems of work, as applicable are brought to the attention of their employees/workers and observed by them. They will make provisions such that every employee/worker can participate in H&S training activities.

5.1.5 Roles Specific to Health and Safety Training

This training will be identified by Managers and provided to employees/workers as a direct result of the training needs analysis and the risk assessment process. The Corporate H&S department will provide advice and guidance in respect of the training required. This training will include but is not restricted to:

- Risk Assessment
- Workplace Induction
- Personal Protective Equipment
- Provision and Use of Work Equipment
- Working at Height
- Confined Spaces
- Electrical Regulations
- Noise at Work
- Display Screen Equipment
- Manual Handling
- Violence and Aggression (RPI)
- Control of Substances Hazardous to Health (COSHH), Sharps/Body Fluid Contamination Incidents
- Stress at work
- Wellbeing

Records of instruction received will be maintained in a central point i.e. Electronic Staff Record (ESR), for inspection and review.

5.2 Do - Ensure Policies are Implemented

To support the development of an effective H&S system a 3-year strategy and action plan was developed in 2019 as a framework for the overarching H&S improvement plan. This strategy and plan were reviewed in April 2024 to determine a position statement. This review will provide the foundations for an updated strategy and plan, which will continue to be monitored and reviewed by the Strategic H&S Group. The Strategic H&S Group reports directly to the People and Culture Group on H&S and risk issues, which in turn reports to the Health Board.

5.2.1 Control of Infection

The ongoing responsibility for the Control of Infection Policy will be exercised by the Strategic Infection Protection Group.

5.2.2 Management of Fire Safety

The Health Board acknowledges its obligation to take suitable precautions against fire in its premises in accordance with official guidance and statutory requirements and it has overall accountability for the activities of the Organisation. The Chief Executive is responsible for ensuring compliance with current fire safety legislation and where appropriate the Department of Health Fire code guidance is implemented in all BCUHB premises and for assuring the Health Board that such measures are being met. The Director of Environment will champion fire safety issues at Board level, which includes proposing programmes of work relating to fire safety for consideration as part of the annual business plan. The Director of Environment is the Health Board's Fire Safety Manager and is responsible for ensuring the Health Board maintains its premises in accordance with current legal requirements. The nominated Senior Estates Officer responsible for Legislation and Compliance for BCUHB and has responsibility for the day-to-day activities associated with fire safety including, amongst others, training, risk assessment and maintenance of equipment. The Fire Safety Advisor in each area is responsible for providing technical expertise to all employees/workers in order for them to fulfil their duties effectively.

5.2.3 Contractor Management and Control

Contractors require effective competence evaluation, pre-employment reviews and site induction. The local induction will also require a thorough review of their documentation to assess the suitability of the risk assessment and method statements by the Estates Department/Facilities or Capital Projects. The contractor should be inducted by a competent employee/worker member within the Capital Projects or Estates and Facilities Department. All contractors are required to report to the Estates and Facilities Department to sign in and be provided with relevant information regarding the area they will be working in this relates to IT or other contractors on site. This will apply if the contractor is in contact with the fabric of the building or if it may affect its integrity of the building or processes within it. A permit to work system will be provided and managed via Estates and Facilities were there is a significant hazard identified, work at height, confines spaces, hot works fire etc. This will require sign in and off procedures to be effectively implemented.

5.2.4 Water Safety Group

The Water Safety Group will be responsible for co-ordinating and overseeing the safe management of Water Systems in compliance with HSE Approved Code of Practice L8. The water systems and implementation of Policy positively contributes to the health and

wellbeing of patients/visitors and employees/workers in all BCUHB premises. The Water Safety Group will work closely with Clinical Groups/Infection Prevention, Estates/Facilities and Corporate Departments to ensure that suitable and sufficient arrangements are in place for the safe management of all water systems. The risk assessments in relation to water systems require reviewing and implementation of the findings. Any issue identified that result in risks of legionella; pseudomonas or any other water borne pathogen requires escalating through the governance system and to the Strategic Occupational Health and Safety Group.

5.2.5 Asbestos Management Group

The Asbestos Management Group identifies and recognises BCUHB's responsibilities (as the Duty Holder) under current asbestos legislation and has a moral obligation to eliminate or control the risk of exposure to asbestos. The purpose of this group is to provide the means by which management develop and maintain the asbestos management process across the Health Board. The Group ensures that the following:

- An integrated approach to the identification and management of workplace asbestos hazards are maintained throughout the organisation.
- Provides assurance in terms of the effective management of Asbestos risk across all activities and facilities.
- Develop and monitor the asbestos management plan and address significant asbestos risks within the organisation.
- Further, develop the Asbestos Policy and supporting arrangements.
- Monitor performance in respect of the Key Asbestos Management Performance Indicators within the Health Board.

The roles within the Group are as follows:

Position	Responsibility
Director of Environment & Estates	The Duty Holder
Head of Operational Estates	Responsible for the development and implementation of the asbestos policy and management plan
Operational Estates Managers (Central, East & West)	Application of the asbestos management plan at operational level
Senior Estates Officer – Asbestos Management	Responsible for the application of asbestos statutory compliance work packages
Estates Development	Application of the asbestos management plan during capital redevelopment work

5.2.6 Security Group

The Security Group provides an objective view of command and control of security functions within the organisation authorising it to take decisions on behalf of all services, functions, and departments within the Health Board. The Group adheres to an agreed set of objectives including, but not limited to:

- To develop a community approach to security and crime prevention, working together to ensure that there is a secure environment that protects patients, employees/workers, visitors and property as well as the physical assets of the Health Board.
- For the Health Board, to work collaboratively with North Wales Police and those having responsibility for community safety and security to promote an effective security policy.
- To promote good practice across all agencies and develop a common understanding of the issues pertinent to each agency.
- To establish partnership links with crime reduction and community safety groups to help promote security awareness amongst all employees of the Health Board together with patients and visitors to the organisation including contractors to all Health Board sites.
- To contribute legally and effectively to the collection and sharing of information with partners.
- To support Home Office and Welsh Government initiatives and contribute to tackling violence in the community.

To promote Operational Initiatives for example; 'Obligatory Response's to

- Violence in Healthcare' that will ensure patients, employees/workers and visitors feel, indeed, safe in their working environment and during their visits to Health Board sites.
- To reduce crime (and fear of crime) on Health Board sites and, through its work, within communities across the Health Board area of operations.
- To monitor and review current practice, feedback from services, functions and departments and identify operational difficulties.
- To establish and maintain effective channels of communication to relevant services, functions and departments, for all employees/workers relating to security.
- To identify resource requirements and potential funding.
- To continue to monitor and review the Health Board security policy, strategy, plans and progress.
- To produce an annual report on the progress of the Health Board security strategy, the system of security management in place and its effectiveness and recommend any improvements that may be required.
- Escalate issues/risks to the Strategic H&S Group as required.

5.2.7 Radiation Protection Group

The Health Board as the employer is responsible for ensuring compliance with radiation protection legislation. There are a number of pieces of legislation that cover work with both ionising and non-ionising radiation. In terms of H&S, the main regulations for ionising radiation are the Ionising Radiation Regulations 2017 (IRR17) which places a number of requirements on BCUHB to ensure safe use of ionising radiation. Under IRR17, BCUHB has appointed Radiation Protection Advisers (RPAs) to provide advice on compliance. Also, for each work area, local rules have to be established and Radiation Protection Supervisors appointed to ensure that the local rules are adhered to.

Other legislation covers medical exposures (The Ionising Radiation (Medical Exposures) Regulations 2017), use and disposal of radioactive substances (The Environmental Permitting (England and Wales) Regulations 2016, as amended 2018), and the transport of radioactive substances (The Carriage of Dangerous Goods and Transportable Pressure Equipment Regulations 2009, amended 2019) as detailed in BCUHB Policy RP01.

All matters related to both ionising and non-ionising radiation protection are overseen by the Radiation Protection Committee (RPC) under the chairmanship of the Executive Director of Therapies & Health Sciences

The Committee provides leadership and direction with regards to radiation protection and safety across the organisation providing assurance that the Health Board is compliant with current legislation, good practice guidance and external standards, monitoring and auditing of radiation protection arrangements including reviewing employees/workers radiation doses and radiation incidents affecting employees/workers, patients or public. The Committee will provide an Annual Report to the clinical effectiveness sub-group and Quality, Safety and Experience Sub-Committee.

5.2.8 Updating of the Health and Safety Policy

The H&S Policy will be updated to take account of changing regulations and legislation and will be reviewed as a minimum every three years by the Head of Corporate Health Safety & Security

5.2.9 Reports from the Health & Safety Executive

The Head of Health, Safety and Security will ensure that all reports from the HSE are copied to the appropriate Director or Manager for implementation and will co-ordinate the formal response to the HSE from the Health Board.

The Head of Health, Safety and Security will co-ordinate and triangulate learning across the Health Board, however, it will be the responsibility of the appropriate Director or Manager to deliver upon the actions required to prevent a recurrence.

5.2.10 Voluntary Organisations

All voluntary organisations that operate in conjunction with or alongside BCUHB require to have suitable policies, risk assessments, induction/training and safe working practices that align to the requirements of this Policy. They must co-operate fully with BCUHB instructions and guidance in relation to this Policy including fire and emergency procedures. Periodic reviews of services may be undertaken by competent persons from BCUHB as required to ensure that they adhere to appropriate legislation and approved codes of practice.

5.3 Check- Audit / Inspection / Systems

Organisational Leads and Departmental Managers are required to ensure the following arrangements are in place in order to manage H&S within their areas of responsibility. These arrangements have been broken down into annual, quarterly and ad-hoc to ensure clarity.

5.3.1 Audit

Departmental managers need to ensure they fully cooperate with the H&S Team during the audit process. Health and Safety Reviews of areas and departments are carried out by the H&S team using the H&S Management Review proforma. Results of the review ~~audits~~ will be fed back to the respective Leadership and Service Teams. The Health, Safety and Security Service set and monitor KPIs. Divisional specific actions following the audit process will also be discussed at the relevant Divisional H&S Groups. This will ensure the Health Board is monitoring organisational H&S compliance. Independent assurances will include but not be restricted to, participation in the Health and Care Standards and performance reports

N.B. Employees/workers should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.

provided by the HSE, Welsh Audit Office and Internal Audit following inspections and audits of the Health Board.

5.3.2 Quarterly

Inspections should be undertaken of all departments and areas within their areas of responsibility using the Health Boards workplace inspection proforma. Issues identified during the quarterly inspections that cannot be resolved locally must be escalated to the relevant Divisional H&S group or committee meetings or equivalent for resolution or, escalation through the governance structure of the Strategic H&S Group.

5.3.3 Ad hoc

Risk assessments should be completed by management for all activities undertaken by their employees/workers where it is 'foreseeable' that persons could suffer significant harm, this may be when introducing a new product or work activity. It may be necessary to cooperate with other departments to ensure employees/workers working in their areas of responsibility, that they are not directly responsible for, have appropriate risk assessments in place for the activities they are carrying out.

5.3.4 Corporate-Health and Safety and Self-Reviews

Corporate H&S Advisors will undertake formal H&S Reviews of each Department within their respective area. Frequency of reviews are based on the identified overall level of risk from the previous reviews or incident investigations, risk register entries or Departmental H&S Self-Assessment, as follows:

Score banding	Equivalent RAG status	Frequency
0% to 64%	Red	6 months
65% to 84%	Amber	12 months
85% to 100%	Green	24 months

Notification of a review will be provided in advance to ensure the correct Senior employees/workers are available unless there are exceptional circumstances e.g. following a significant incident or subject to the outcome from a health and safety review exercise.

The Head of H&S, Head of Occupational Health and Wellbeing or H&S Advisor should be given access to the H&S folder, risk assessments, individual workplace risk assessments, training records, local inductions, H&S audits, inspections and procedures as required.

The Corporate H&S Team will be able to access all service areas and discuss safety issues with all employees/workers and partners as necessary to undertake their duties. The H&S Advisor should be made aware of any particular hazards in the workplace; by the Department in advance. They are required to be appropriately escorted or instructed wearing the appropriate PPE (personal protective equipment).

A report will be submitted to the responsible Manager within two weeks following the site visit, which will include:

- scoring which reflects the level of risk

- a description of the evidence, and
- recommendations for actions against identified risks

The Department should retain a copy of the Review and Action Plan in the H&S Folder for 3 years. The H&S Team will retain a copy of the Review electronically and collate scores into a spreadsheet for analysis and monitoring.

Each Report will be copied to departmental heads and to the Head of each IHC or Division in order to inform the relevant management team of good or poor practice for each IHC to take appropriate action.

5.3.5 Health and Safety Self-Assessments

All Departments must undertake a H&S Self-Assessment twice per year. The Service Manager is required to complete these.

The Manager is responsible for the self-assessment review. A copy must be forwarded to the H&S Team. Collated data will be reported back via the IHC and equivalent services Health and Safety Report on a six-monthly basis to the Strategic Occupational H&S Group.

Managers are expected to set a schedule for self-assessments within their remit. The Manager has overall responsibility for H&S and ensure that this is adhered to. The Manager of the Department will return the self-assessment within the timescale against set dates provided by the H&S Department.

5.4 Act- Reporting of Accidents / Incidents

All accidents, incidents and near misses must be reported immediately to a line manager and should be recorded via the Datix Reporting System within 24 hours and actioned where necessary. The Health Board requires its Departmental Managers to investigate all accidents and injuries together with the implementation of controls to mitigate any further accidents or injury. Some incidents may require additional investigation or scrutiny, and where deemed necessary, the H&S Advisor for that area may be able to provide managers with support and guidance. The consequences of some accidents may result in the injury being reportable under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) to the Health & Safety Executive (HSE).

A Corporate H&S Advisor, following consultation and confirmation with their line manager, is responsible for the reporting of incidents laid down in the RIDDOR Regulations directly to the HSE. Departmental managers will be required to investigate RIDDORs and report on all accidents causing injury or ill health and any potentially dangerous incidents within their departments, which shall be submitted no later than the fourth day from the date of the accident / incident to the Corporate H&S Team. Witness statements should be obtained at the time of the incident; they should also be submitted within 4 working days.
This includes a suitable and sufficient accident investigation using the established Root Cause Analysis system. The Directors of the service areas must ensure a suitable RCA is undertaken for all accidents including RIDDORS. They are also responsible for the immediate reporting of incidents arising from serious defects in medicinal products and other medical supplies and equipment in accordance with recognised standards.

5.4.1 Hazard Notification

The NHS Wales Dangerous Notification Alerts identify hazards and potential hazards arising from accidents with or defects in medicinal products and plant, equipment and other supplies whether medical, or non-medical. The Head of Environment and Estates is responsible for maintaining and operating arrangements designed to ensure that the contents of such hazard warning notices are brought to the notice of all officers and departments needing to know of their contents and for ensuring that appropriate action is taken there on.

5.4.2 In House Hazard Identification

A system of reporting in-house hazards to all service areas is required to ensure that lessons can be learned across BCUHB**.** The system of reporting and the Divisions taking appropriate action, will be implemented to support the Hazard notification process. This may include issues relating to violent patients, COSHH, Fire or lessons learned from specific Root Cause Analysis (RCA) investigations.

5.4.3 Risk Assessments

Departmental risk assessments within local H&S files are required to describe what work activity is undertaken in the service areas. The risk assessment process identifies the hazards and risks associated with a particular activity and the control measures required to reduce the risk to its lowest acceptable level. Low risks would not be included within an action plan unless the department is unable to resolve this issue, it would then be escalated in accordance with Risk Management Framework and Health Boards governance structure. The risk assessments, as a minimum, require reviewing on an annual basis or more frequently if there is significant change. Risk assessments require review against other pieces of legislation including a COSHH inventory or data sheets.

High H&S risks should be escalated to H&S team and subsequently to the Strategic Occupational H&S Group and especially uncontrolled risks escalated to the Executive Director in a timely manner for further mitigation as per the Risk Management Framework.

5.4.4 Duties and Responsibilities for the Management of Health & Safety

The Health Board recognises its responsibilities for Health and Safety and as a body corporate and an employer, The Heath Board has a responsibility to conform to the Health and Safety at Work etc. Act 1974 in the interests of its employees/workers and others who may be affected by its operation. The Health Board has a specific responsibility under the Act to prepare a general Policy Statement and all employees/workers shall comply with this policy. Responsibilities for the management of H&S is clearly identified in this Policy and supporting operational procedures.

6. ROLES & RESPONSIBILITIES

6.1 Board Members

The Board Members hold overall accountability for the activities of the organisation. The Health Board shall ensure that they receive appropriate assurances in respect of compliance with the Health and Safety at Work etc. Act 1974 and supporting legislation.

6.2 Chief Executive

The Chief Executive, as the Accountable Officer of the Health Board, has primary overall responsibility for ensuring the formation, review and execution of this Policy.
Specifically, the responsibilities of this post are:

- To ensure that adequate Management arrangements exist for the Health Board to comply with the requirements of the H&S Legislation and to maintain and implement BCUHB's H&S Policy.
- To ensure effective communication and co-ordination on matters of H&S at all of its operational facilities.
- To ensure that all senior managers identified within this policy understand their specific H&S responsibilities and to monitor their performance.
- To ensure a Director within each Division is appointed to take overall responsibility for Occupational Health, Safety and Wellbeing matters within their respective Division.

6.3 Health and Safety-Board Level: Director of Environment & Estates

The Chief Executive has appointed the Director for Environment & Estates as Board Level Director for Health Safety and Security, to lead on H&S issues at board level. The Board Level Director shall be responsible, through a process of nomination, for the development, monitoring and implementation of the Occupational H&S management system. In addition, the Board Level Director shall:

- Ensure that sufficient competent persons are employed to provide advice and guidance to the BCUHB in relation to H&S management.
- Ensure the co-ordination of all H&S activities within the BCUHB.
- Submit an annual report to the Health Board detailing H&S performance.
- Ensure that adequate management arrangements exist within Workforce and Organisational Development Department to comply with the requirements of H&S legislation and to maintain and implement this policy.
- Ensure that suitable and sufficient resources are available for the provision of an effective Health, Safety and Security Service within the BCUHB.
- Chair the Strategic H&S Group to ensure information and governance arrangements for H&S are in place and as necessary escalate issues identified as required.

6.5 Executive and Senior Management/Directors

Have professional accountability, in addition to any other specific duties:

- Ensure that management structures and responsibilities are identified and functioning for the effective management of H&S across their areas of responsibility.
- Facilitate effective communications and partnership working with employees/workers in respect of H&S management.
- Provide assurance to the Board Level Director for H&S (Executive Director of Environment) that effective management arrangements are in place and functioning across their areas of responsibility.
- Escalate any significant issues and risks identified, that cannot be dealt with locally.
- Support effective implementation of H&S Leads (Champions) within the service area they are responsible for.
- Take appropriate advice and guidance from competent persons for Occupational H&S (Corporate H&S Team) and implement findings of gap analysis, reviews, audits and incidents, accidents or identified trends for action on learning.

6.6 Director of Environment & Estates

The Director of Environment & Estates together with the Head of Operational Estates is also responsible for arranging the examination of all Health Board premises whether owned, leased or occupied according to statutory requirements and regulations relating to building and engineering services. They must ensure the safe operation of engineering plant and equipment together with all fire equipment and appliances, fire alarms and associated communication systems and monitoring and maintaining standards of electrical and mechanical safety in accordance with accepted national standards, appropriate Codes of Practice and legislation. They must ensure that the design, construction specifications and maintenance on new and existing buildings and/or leased property within the Health Board conform to the Building Regulations, current Fire Safety legislation and to Department of Health Fire code standards where applicable and ensuring that compliance with the Construction (Design & Management) Regulations is maintained.

It is recommended that the Director of Environment & Estates consults the Corporate H&S Team when communicating with the HSE Inspectorate and Local Government Officers in respect of specifying and monitoring the standards of safety referred to in the above paragraph and in particular where Licensing and Planning Law and Local by-law is involved together with Building Regulations. Ensuring the availability of competent persons to undertake statutory inspections in respect of gas, electrical installation, water systems, asbestos management etc. Escalating risks in relation to all aspects of the Estate. Ensuring the budget allocated for H&S aspects of the Estate including structural, engineering/electrical plant and equipment is suitably maintained implemented throughout the lifecycle of the project.

6.7 All IHC and Divisional Directors

Are responsible to the Chief Executive through the responsible Executive Director to ensure that all reasonably practical steps are in place to maintaining the necessary management arrangements within their Divisions that will allow this policy to be implemented effectively. They will do this by establishing local arrangements to have oversight of H&S through a local group structure that has clear action plans and systems for monitoring H&S performance allowing employees/workers time to attend essential H&S Training and nominating H&S Leads (Champions) who will require additional training to ensure they can support the Divisions in the safe implementation of this Policy. They are responsible for appointing a senior manager as a Site Responsible Director to take overall responsibility for Occupational Health, Safety and Welfare matters of each area of responsibility. All IHC and Divisional Directors will be responsible for the submission of a report on Health and Safety compliance on a quarterly basis to the Strategic Occupational Health and Safety Group.

6.8 Assistant Directors / Heads of Service / Associate Directors / Hospital/Service Management Teams

Are responsible for and accountable to their Lead for putting in place and maintaining the necessary management arrangements within their Divisions, Services and Departments of responsibility, which will allow this policy to be implemented. This responsibility can only be expedited by developing and maintaining specific H&S policies, which set out local arrangements for underpinning this policy. It is anticipated that these local arrangements will include the mechanics for monitoring, review and audit. The above named may choose to delegate some or all of these duties to senior managers, and H&S Leads (Champions) however it is not possible to delegate their responsibility. Specifically, they are responsible for:

- Creating a regular documented forum for the discussions of H&S matters with employees/workers and managers within the Service.
- Including H&S targets/objectives in manager appraisals.
- Ensuring that responsibilities for H&S are set out clearly in job descriptions for managers and all employees/workers.
- Ensuring that there is a written procedure that details the arrangements for H&S induction, inspections, audits, monitoring etc., which sets out time-scales for the frequency of monitoring and inspection, who undertakes this and to whom reports should be sent. (This should lead to feedback and follow-up action).
- Ensuring that a robust system for carrying out risk assessments are in place.
- Ensuring that there is a regular H&S inspection of premises within their directorates that records of findings are maintained, and actions completed.
- Ensuring that reports from the Strategic H&S Group feed into local Groups or Committees and influence outcomes from such committees.
- Ensuring action is taken in relation to H&S reports, Internal Hazard reports or Wales Department of Health Hazard memoranda and similar guidance.
- Ensure that the recognised H&S Representatives are provided with appropriate facilities and co-operation so that they may properly discharge their legal functions.
- Ensure the appointment of a senior manager to co-ordinate and oversee all matters related to H&S in the workplace. Ensuring, through the Leadership Team and named Heads of Department where appropriate, that all new employees/workers within their service area:
  - are given adequate instructions and training to fulfil their duties safely.
  - are provided with correct protective equipment and clothing as appropriate.
  - are made aware of and comply with relevant safety rules and codes of practice.
  - understand and comply with fire safety arrangements.
- Developing and maintaining service H&S rules and policies within the overall general Statement of Intent supported by the Health Board and Chief Executive Officer
- Administration and operation of safety audits, inspections and assessments (including statutory requirements)
- Ensuring that reports from the HSE relating to their service receive prompt attention and appropriate action.
- Ensuring that all employees/workers attend mandatory training in accordance with current policy.
- Ensuring that all employees/workers receive appropriate H&S instruction.
- Ensure effective accident / incident reporting arrangements are in place and root course analysis investigations of such incidents have appropriate actions that are implemented to prevent a reoccurrence.
- Ensure that robust arrangements are in place for identifying hazards within their departments and risk assessments are undertaken to identify and control risks associated with the hazard.
- Ensure that they have an appropriate level of knowledge to enable them to fulfil their H&S responsibilities.

6.9 Head of Health and Safety and Security

The Head of Health, Safety and Security is one of the key competent persons for the Health Board and provides guidance on the H&S Policy and implementation of the three-year Occupational Health and Safety Strategy. The Head of Health, Safety and Security advises the Health Board, Chief Executive, Executive Director of Environment and Director of

Workforce and Organisational Development and other Senior employees/workers as appropriate on the implications of the various statutory regulations applying to their area of control and is the contact for the HSE or other relevant enforcing agencies.

The role is to ensure suitable safety systems can be evidenced, that progress against the Strategy improves knowledge and understanding of the management system in all service areas. This will be undertaken by providing a program of work that continually improves the Occupational Health and Safety culture of the Health Board.

The Head of Health Safety & Security advises the Directors/Managers and employees/workers as appropriate on the implications of the various statutory regulations applying to their area of control. Specific responsibilities include:

- Providing a focus for H&S matters and co-ordination of policy, including its formation and review.
- Development of Key Performance Indicators (KPIs) that can be reported to the Health Board.
- Liaising with the Directors and other Senior Managers to ensure that reports from the Strategic H&S Group relating to their areas are properly communicated and that adequate management response is formulated and appropriate action taken.
- Liaising with managers within Divisions to ensure that reports from the HSE receive prompt attention and that appropriate action is taken by relevant Departments.
- Liaise with the Leads on complex Root Cause Analysis investigations where appropriate.
- Ensuring, through the Divisions, effective arrangements for accident/incident reporting and investigation.
- Responsible for the reporting of incidents and ill health laid down in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to the HSE.
- Liaising with the Risk Management Team including Risk H&S Leads in matters relating to escalation of risks through the Governance system.
- The production of a programme of H&S Training to ensure the level and scope is adequate for the Health Board.
- Ensuring that there is an annual H&S audit encompassing all departments within the Health Board.
- Advising and overseeing all high/critical risks.

6.10 Health & Safety Advisors

The Health Safety Advisors are accountable to the Head of Health Safety & Security with specific responsibilities that include:

- Support the development of policies, procedures and guidance notes to assist management with compliance that are relevant to statutory provisions within BCUHB.
- Assist the Divisions to fully investigate all RIDDOR related incidents and assist in the development of lessons learnt. Supporting recommendations in order to mitigate reoccurrence of similar incidents by those directly responsible.
- Monitor divisional compliance with any recommendations made following an investigation to ensure action plans are in place and reported back to the Strategic H&S Group.
- Identify trends through the monitoring and analysis of data and make recommendations on findings.
- Monitor and develop KPI’s that will assist with improved H&S performance and provide reports to relevant groups.
- Effective communication and partnership working.
- Support the development of the Local/BCUHB H&S Risk Profile process.

- Support the development of suitable and sufficient arrangements for the management of H&S within the organisation that will support compliance with Statutory Legislation.
- Provide H&S Courses based on a training needs analysis.
- Undertake audits and inspections of premises as per the departmental SOP and KPI's.
- Links with partner organisations such as, but not restricted to, the Welsh Government and the HSE
- Give support to the design and project teams in respect of the H&S requirements for new and existing facilities.

6.11 Health and Safety Advisors (Fit testing Manager/Team)

- Support the development of policies, procedures and guidance notes to assist management with compliance that are relevant to statutory provisions within BCUHB.
- Provide support and training to fit testers and to provide Fit Testing to employees/workers requiring same to comply with the requirements of COSHH legislation
- Assist the Divisions & H&S Advisors to fully investigate all RIDDOR related incidents and assist in the development of lessons learnt. Supporting recommendations in order to mitigate reoccurrence of similar incidents by those directly responsible.
- Identify trends through the monitoring and analysis of data and make recommendations on findings.
- Monitor and develop KPI's that will assist with improved H&S performance and provide reports to relevant groups.
- Effective communication and partnership working.
- Support the development of the Local/BCUHB H&S Risk Profile process.
- Support the development of suitable and sufficient arrangements for the management of H&S within the organisation that will support compliance with Statutory Legislation.
- Provide support to H&S Courses based on the training needs analysis.
- Undertake audits and inspections of premises as per the departmental SOP and KPI's.

6.12 Manual Handling Manager/Team

The Manual Handling Manager and the Team are responsible for the development and provision of manual handling training to all employees/workers within the Health Board. Specific responsibilities include:

- Ensuring the training meets the needs of the employee/worker through classroom or competency assessments.
- Support clinical areas to provide safer patient care and encourage patients to mobilise through positive manual handling support.
- Deliver non-clinical training and support sedentary employees/workers to keep moving, to reduce ill health in the workforce.
- Providing specialist ergonomic risk assessments and advice.
- Undertake specific audits, inspections and support the development of appropriate risk assessments in all service areas.
- Develop Manual Handling Champions in Service areas to reduce the risks associated with musculoskeletal disorders.
- Provide support to the Head of Health & Safety to ensure the provision of effective training programmes in violence & aggression including de-escalation, personal safety and breakaway techniques to the majority within BCUHB, with the exception of MH&LD directorate.

- The Dementia and Violence & Aggression Link within the Team supports employees/workers with the patient centred behavioural support plan and provides the support needed following training to employees/workers dealing with complex patients or situations
- Support the Health and Safety team in the process of risk assessment and site inspections.

6.13 Area Risk, Clinical Governance/H&S Managers/Leads

Each IHC Division (West, Central and East) may have its own H&S support that has different reporting structures and different roles; however, they are intended to support the effective management of H&S within their designated Area. They review H&S protocol and risk management policies in line with Corporate H&S policies and procedures. Following consultation, they can assist the Corporate H&S team in the delivery of training on health, safety and risk management subjects to all levels of employees/workers within the Area in line with corporate improvement plans and training priorities as defined by the Corporate H&S training needs analysis. Ensure all sites/locations within the Area are fully compliant with policies identified through the gap analysis and legislation, working with key stakeholders to resolve any outstanding issues. Undertake internal audits, inspections and support management on specific and generic risk assessments.

Ensure incident reports are circulated to relevant teams, RIDDORs identified are notified to the Corporate H&S Team for reporting, RCAs undertaken and actions identified to ensure lessons learnt are addressed. Report any contact with the HSE or enforcement agency directly to the Corporate H&S Team prior to meetings being held to ensure a consistent approach is made to the enforcing agencies. Manage the Hazard Warning Alerts ensuring actions are tracked and reported on in a timely manner to the Strategic H&S Group. Respond to issues escalated from local H&S leads (service champions) and escalate through the governance structure if not actioned.

6.14 Associate Director, Occupational Health and Wellbeing

The AD Occupational Health and Wellbeing is responsible for the provision of an Occupational Health Service for BCUHB. In particular, providing advice to management about occupational health aspects of the working environment and arrange employee/worker screening programmes as necessary. The following is an example of the type of activities required:

- A pre-employment health assessment service for all potential employees of the BCUHB, as appropriate and to a level relevant to the proposed work of the applicant.
- Health surveillance for relevant occupations that have a recognised disease associated with the work activity e.g. noise / hand arm vibration / skin / radiation / respiratory sensitisers.
- Health assessments for night workers in accordance with the European Working Time Directive (EWTD).
- Immunisation programmes for employees.
- Advice / management of diseases and other illnesses that are or could be attributed to occupational hazards e.g. sharps / body fluid contamination incidents / infection related communicable diseases.
- Health and wellbeing initiatives.
- Employee/worker assistant helpline to aid early advice on work or personal aspects / signposting to musculoskeletal / emotional support.

- Advice and support for employees/workers suffering ill health as a result of their occupation, such ill health could involve work with hazardous substances or infective agents.

6.15 Infection Prevention

A Corporate Infection Prevention Team has employees/workers based on each of the three acute sites providing a service across all of BCUHB. This is supported by a clinical microbiology service provided by Public Health Wales. The team provides advice, support and direction on all infection prevention and control issues, training for employees/workers, support for risk assessment, and policy and procedures to protect employees/workers, patients and the public from risks associated with infection. They link closely with the corporate H&S team and directorate managers, and clinical employees/workers to support safe practice.

6.16 Director of Corporate of Governance

The Director of Corporate Governance is the delegated lead for risk management in the Health Board, and is accountable for leading on the design, development and implementation of the integrated Board Assurance Framework and Risk Management Framework.

The Director of Corporate Governance will:

- Lead the embedding of an effective risk management culture throughout the Health Board;
- Work closely with the Chair; Chief Executive; Chair of the Audit Committee; and, Executive Directors, to implement and maintain an appropriate Risk Management Framework and related processes, ensuring that effective governance systems are in place;
- Develop and communicate the Board's risk awareness, appetite and tolerance;
- Lead and participate in risk management oversight at the highest level, covering all risks across the organisation on a Health Board basis; and
- Lead the ongoing development of the Risk Management Forum & Risk Scrutiny Group

6.17 Director IHC East /Manager of His Majesty's Prison Service

The prison service will work as an integrated approach to OH&S with combined Policies and procedures, with risks being identified and effectively managed. The risk assessment process requires to be clearly defined with specific cases passed from the prison service to the Health Wing with clear lines of accountability. Those posing significant risks to be highlighted to the Service Leads with clear roles and responsibilities identified. The level of training required by those working in the Prison requires to be at a level that is commensurate with the risks identified by the Head of Healthcare HMP Berwyn.

6.18 Departmental Managers

Departmental Managers are directly responsible for ensuring that rules and procedures in relation to their employees/workers are interpreted correctly and implemented in their entirety. Departmental Managers may choose to delegate some or all of these duties to subordinate employees/workers, however it is not possible to delegate their responsibility. Their specific responsibilities are:

- Undertake site-specific risk assessments, in relation to both physical and mental health hazards.

- Identify potential occupational hazards involved in their operations and the precautions to be taken.
- Ensure that significant risks or risks that are identified and unable to be resolved locally are escalated to the appropriate H&S Group or Committee or equivalent and managed in accordance with the H&S Policy and Risk Management Strategy.
- Produce appropriate departmental guidance, and assessments (including statutory requirements) that relate to the service area.
- Ensure that all relevant rules, procedures and Codes of Practice are brought to the attention of and made available to the employees/workers under their control and that appropriate warning notices and all instructions are prominently displayed.
- Ensure the adequate induction of all new employees/workers emphasising the health, welfare and safety aspects of their duties.
- Ensure that all employees/workers are provided with H&S equipment, protective clothing, etc. ensuring it is always available, properly maintained and used.
- Ensure that all Supervisors understand instructions regarding H&S and monitor employee/worker compliance.
- Investigate all accidents/dangerous incidents within their area of control and ensure that any remedial action is implemented as soon as possible and reporting to their Senior Manager as appropriate. Such remedial action to be recorded on the appropriate accident / incident report form within Datix. Departmental investigations shall be recorded in writing and a copy submitted along with the accident / incident form to the H&S Advisor for the Division if required.
- Ensure that all accidents / dangerous incidents are recorded on the appropriate accident / incident form no later than the fourth day from the accident / incident date. Major injuries should be reported as soon as reasonably practicable to ensure prompt reporting to HSE.
- Ensure that Witness Statements are taken (and recorded in writing) which shall be enclosed with the accident / incident form when recorded within Datix or at the earliest opportunity if obtained at a later date.
- Ensure that relevant accidents / dangerous occurrences, which occur outside of normal working hours and are listed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) which are required to be reported immediately to the HSE via the H&S Advisor ensuring they are notified as soon as practicable.
- Ensure that equipment used in the Department is safe and adequate for the purpose for which it is intended.
- Ensure that the Estates Department (for non-clinical equipment) / EBME (for clinical equipment) are informed of all new portable electrical equipment so that the statutory tests can be carried out prior to being taken into service and thereafter as appropriate.
- Ensure that all portable electrical equipment shall be visually checked by users at frequent intervals and the results recorded on an appropriate check sheet.
- Ensure that faulty equipment, plant or buildings are reported promptly for repair. Adequate steps are taken to put the relevant unit or area out of use in the interim should this be considered necessary and as appropriate a suitable label attached.
- Ensure all Occupational Health referrals have relevant information and if identified as work-related stress are provided with a stress risk assessment with such referrals.
- Liaise with Safety Representatives in accordance with agreed procedures and in particular:
- Co-operate with safety inspections organised by agreement
- Maintain a record of all safety inspections
- Ensure any necessary investigation or action is taken following a safety inspection
- Disclose such necessary information as may be requested by Safety representatives in accordance with the legislation, on the advice of a Personnel Manager where necessary

- Co-operate with Fire and Safety Officers to ensure that all necessary arrangements are made to protect patients, employees/workers and others against the risk of fire.
- Assist in the investigation and implementation of reports from the HSE.
- Ensure attendance of all employees/workers at mandatory training in accordance with current policy.
- Ensure that appropriate personal protective equipment is issued, readily available and that it is used as appropriate. In appropriate cases, ensure that an assessment of risk is completed using the appropriate form, that any such risk is identified and details what action is to be taken to minimise or remove the risk as required by the Personal Protective Equipment at Work Regulations. Failure of employees/workers to use appropriate issued personal protective equipment in the relevant situations shall be subject to disciplinary procedures.
- Ensure that Work Equipment is assessed for risk on the relevant assessment form and identify the risk level, risk type and clearly indicate recommendations to remove or reduce the risk to a reasonable and practicable level as required under the Provision and Use of Work Equipment Regulations.
- Ensure that the workplace is assessed for risk on the relevant assessment form and identify the risk level, risk type and clearly indicate recommendations to remove or reduce the risk to a reasonable and practicable level as required under the Workplace (Health, Safety and Welfare) Regulations.
- Action Hazard Notices as directed (internal and external).
- Ensure competent person(s) carry out all appropriate risk assessments as necessary and that such action required to reduce identified risks is carried out. Such assessments shall be recorded in a suitable manner.
- Ensure all departmental employees/workers are informed of the hazards and risks associated with their work, as identified through the risk assessment process and all departmental employees/workers are made aware of any preventative and protective measures they need to adhere to.
- Ensure that all departmental employees/workers have their attention drawn to all Health Board appropriate H&S documentation at least annually or after any review or alteration to such documentation. This shall be recorded in a suitable manner at departmental level for each individual.
- Ensure that they have an appropriate level of knowledge to enable them to fulfil their H&S responsibilities.

All Managers are accountable to the Chief Executive for ensuring that this policy is properly applied in their area of control. In particular, they shall:

- Ensure adequate supervision of all employees/workers and students is provided, commensurate with their skills and competency.
- Ensure that employees/workers receive appropriate training and information necessary for them to carry out their role safely and competently
- Keep detailed local training records of all employees/workers
- Use data from Directorate inspections, Directorate hazard profile, and consultative committees to guide actions to prevent or reduce the risk of serious incidents.
- Undertake stress risk assessments both Departmental and individual as required.

6.19 Health and Safety Directorate/Area Leads (Champions)

The role of the Directorate/Area Lead Champion is as follows:

- Develop systems to co-ordinate /assist in the H&S management processes within the Directorates/Areas and Corporate Functions.
- Assist managers with the completion of risk assessments.

- Assist managers to identify potential hazards and dangerous occurrences and to undertake root cause analysis.
- Investigate complaints in relation to H&S incidents.
- Make representations to their management team, both written and verbal.
- Assist in the arrangement of any H&S review/inspection/audit.
- Disseminate H&S information.
- Attend appropriate meetings and raise relevant matters.
- Provide the Corporate H&S team with copies of inspection reports where appropriate.
- Attend the H&S Area Leads (Champions) meeting organised by corporate H&S.
- Escalate any significant H&S issues.

6.20 Deputy Head of Security

The Head of Security is responsible for:

- Providing a focus for H&S matters pertaining to security related incidents including physical assaults, and co-ordination of policy, including its formation and review.
- Liaising with the Directors, Area Directors, assistant Directors and other Senior Managers to ensure that reports from the Security Safety Group relating to their areas are properly communicated and that adequate management response is formulated and appropriate action taken.
- Managing appropriate Security employees/workers including the V&A Case Manager and relevant staff to ensure that the Security Policy is effectively implemented
- Ensuring compliance with the Safety Management standards
- Ensuring the provision and use of body worn cameras across the health board and management of same.

6.21 Violence and Aggression Case Manager

The Violence & Aggression (V&A) Case Manager is the lead in the creation of a safe and secure environment for employees/workers and public so that the highest standards of clinical care can be made available to patients. They are responsible for:

- Providing support, information and advice for BCUHB employees/workers who are victims of work-related crime including violence/aggression taking forward prosecutions in partnership with stakeholders within the NHS and external organisations such as the Police and the Crown Prosecution Service.
- Providing support, information and advice for BCUHB victims of work related violence/aggression and untoward workplace security incidents.
- Assist the Health and Safety Manager for Security on the development and implementation and review of the Health Board Security Strategy and Policy.
- Development, review and management of the security risk profile process within the Health Board providing assurance, to the Head of Health Safety those security risks within the Health Board being managed in accordance with statutory legislation and national guidance.
- To deputise for the Health and Safety Manager for Security when absent, in relation to Security matters requiring an urgent response.
- Ensuring compliance with the requirements of legislation in respect of the obligatory response to violent acts.

6.22 Head of Fire Safety/Advisors

The Health Boards lead expert, the Senior Estates Officer responsible for Legislation and Compliance and the Fire Safety Advisors are responsible for the provision of technical expertise to ensure suitable systems are in place to assess the risks associated with the potential risk of fire. Undertake audits and inspections to ensure evacuation procedures are in place and practiced and the structural integrity of buildings is suitable for purpose.

6.23 Employees/workers

All employees/workers have a general duty while at work:

- To take reasonable care for the H&S of themselves and of other persons (including members of the public and patients) who may be foreseeably affected by their acts or omissions at work.
- To co-operate with the BCUHB in the discharge of its statutory duties in relation to the Health and Safety at Work etc. Act 1974.
- Not to intentionally or recklessly interfere or misuse anything provided for the purposes of H&S.
- To report any work situation involving serious and immediate danger or risks to their Line Manager or Supervisor who will escalate it further if appropriate.
- To report any shortcomings in the arrangements provided for H&S at work.
- Undertake any necessary training and instruction provided in the interest of H&S. If the information provided is not adhered to this may lead to disciplinary action being taken in line with relevant Policies and procedures.

6.24 Trade Union Partners and Safety Accredited Representatives

BCUHB recognises the value and importance of pro-active engagement with its employees/workers and its statutory duty in relation to the requirements of the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996. In so doing the Health Board will work in partnership with its employees/workers through the safety representatives of recognised trade unions and other professional bodies, providing facilities and assistance to these representative groups as required. The focus being to promote a pro-active partnership, working towards ensuring that a healthy and safe environment exists for those who may be affected by the undertakings of the Health Board.

BCUHB accepts that no safety policy is likely to be successful unless it actively involves employees/workers themselves and will therefore co-operate fully with the appointment of Safety Representatives by the recognised Trade Unions, providing them with sufficient facilities and training to carry out their legal functions. Safety Representatives shall be accredited by letter from the Union or Association full time officers, which shall be placed on record in Human Resources. Such accredited Safety Representatives shall be required to produce their accreditation documents on request confirming that they are carrying out functions as a Safety Representative. Safety Representatives, representing the employee/worker in their work place regarding matters of H&S at work, will consult and co-operate with Managers of BCUHB to promote and develop measures to ensure the health, safety and welfare of their colleagues. Specifically, they:

- Make representation, in the first instance through their immediate supervisor to the Head of Department or Service Area, on any general or specific matter affecting the H&S of employees/workers in their work place.

- Investigate, in association with the Head of Department or Service, potential hazards and dangerous occurrences at the work place and examine the causes of accidents.
- Carry out inspections together with the Head of Department or Service having given reasonable notice or in accordance with an agreed program and at the agreed intervals - normally no more than once every three months. Such inspections should be recorded in the form recommended under the Safety Representatives and Safety Committee Regulations 1977, which on production to the Head of Department shall be countersigned by them on having received a copy.
- Represent the employees/workers in the work place in consultations with Officers of HSE. It is recommended that the Corporate H&S Team are contacted by Safety Representatives to discuss issues that relate to H&S legislation prior to contacting the HSE; however, this is not a specific requirement.
- Receive from the Health Board on request, information relating to the work place or information as to any action the HSE Inspector has taken or proposes to take.

6.25 Non-Trade Union Health & Safety Representatives

Where there are no union Representatives appointed under the Safety Representatives and Safety Committee Regulations 1977, the Health and Safety (Consultation with employees) Regulations 1996 allow for the appointment of non union Safety Representatives, or for direct consultation with all workers on H&S matters. The role of the Trade Union/Non**-Trade** Union H&S Representative is to represent fellow members/employees/workers in consultations on H&S matters with the employer, by carrying out the functions efficiently and using the facilities and assistance provided by the employer. In this way, co-operation on these matters will improve the overall health, safety and welfare of the employees/workers and their workplace.
The functions of a H&S Representative are as follows:

- To represent fellow members/employees/workers in consultation with the employer on H&S related matters.
- To investigate potential hazards and dangerous occurrences and to undertake root cause analysis in conjunction with management.
- To investigate complaints.
- To make representations to the employer, both written and verbal;
- To carry out inspections.
- To receive information from the employer where elected to do so, to attend meetings of safety committees and raise relevant matters.
- To provide employers with copies of inspection reports and to receive responses in respect of inspection reports.

Note: Wherever possible the BCUHB will encourage the nomination of a Trade Union H&S Representative, however when a Union Representative cannot be appointed consideration will be given to availability of a Non-Trade Union Representative.

6.26 Primary Care Contractors (PCC)

BCUHB recognises that PCC have a moral and legal duty under H&S legislation to manage H&S risks within their business and this includes the prevention of harm or ill health to those who are not in their employ. In the case of the relationship with BCUHB this relates to patients/clients who are receiving NHS care in premises not directly under the control of BCUHB.

Through effective partnership and contractual arrangements, BCUHB will provide support, advice and guidance to manage risks associated with H&S via the Primary Care H&S Advisor. This is in conjunction with the Clinical Governance Teams (CGT) which are located within the geographical areas to ensure that the wider NHS community within North Wales benefit from the full range of expertise available.

BCUHB Corporate H&S will agree and facilitate effective monitoring arrangements, in partnership with CGT, to assist with managing and mitigating risks within their environment. This will enable BCUHB and CGT to fulfil the requirements of the Healthcare Standards for Wales in addition to the statutory legislation to ensure good practice. Monitoring arrangements will be undertaken utilising both the Quality Assurance Visiting Programme (QAVP) and H&S Reviews in line with these legislative requirements and the contractual arrangements. These will be reviewed based on a risk based periodic timetable or when contracts change.

6.27 Commissioned Services

When NHS funded care is commissioned outside of the BCUHB, the organisation shall take reasonable steps to ensure that those locations where patient/s are placed are safe and suitable for the needs of the patient/s. The Independent Sector Care Homes have their own responsibilities in respect of compliance with Statutory Legislation; however BCUHB has statutory responsibility for ensuring that patients placed in NHS funded care are cared for in a safe and suitable environment. BCUHB will ensure that this is achieved through evaluation, partnership working with other regulatory agencies including Care Standards Inspectorate Wales, the local authority and the HSE to ensure that effective monitoring arrangements are in place and in line with contractual arrangements with the care providers.

7. GOVERNANCE

7.1 Governance Structure

The Strategic Operational Health and Safety Group will be accountable to the Executive Team through the People and Culture Executive Delivery Group in relation to the delivery and oversight of Health and Safety across the organisation.

The People and Culture Committee is responsible provide oversight, delivery and monitoring of Health and Safety strategies, planning, policies, performance and regulatory compliance.

7.2 People and Culture Committee

The People and Culture Committee will receive regular reports on any significant issues to be escalated from the Strategic Occupational H&S Group and Quarterly reports on progress of Occupational H&S Plans. The People and Culture Committee will report following every meeting to the Health Board.

The Strategic Occupational Health and Safety Group has been established to plan, organise and monitor organisational compliance with its statutory H&S obligations and duties, as well as the impact on the organisation of any new and impending legislation. The following will be implemented:

- H&S Gap analysis action plan completed.
- Three year H&S Strategy implemented.
- Directorate/Corporate self-evaluation reports evidenced.

- H&S Team, Manual Handling, Occupational Health and Security audits (annual gap analysis undertaken).
- H&S incidents including trend analysis, lessons learned and actions taken.
- Any enforcement action issued against the BCUHB evidenced and lessons learned.
- Any specific matters regarding H&S for escalation.

7.3 Strategic Occupational Health and Safety Group (SOHSG)

The Strategic Occupational Health and Safety Group will provide the means by which management and employee/workers representatives can develop and maintain the H&S management process across the BCUHB and in so doing comply with the requirements of section 2(7) of the Health and Safety at Work etc. Act 1974. The Group will receive activity and performance reports from the Directorates/Areas and Corporate Functions and maintain oversight of the BCUHB H&S risk profile. The Group will send minutes and Issues of Significance to the People and Culture Committee so they can be considered as part of the wider quality and safety issues identified. Significant issues will be escalated to the Health Board. The Strategic H&S Group ensures H&S compliance with external bodies' requirements such as the HSE, The National Health Service Litigation Authority / Department of Health, NHS Wales Dangerous Notification Alerts etc.

The Chief Executive is accountable for Health and Safety and in accordance with the Scheme of Delegation as set out in the Health Board Standing Orders, the Strategic Occupational Health and Safety Group has been delegated authority determined to take decisions, which enable the group to deliver its main duties and responsibilities. To ensure continued and effective H&S management arrangements, the group will make decisions in respect of all H&S matters including BCUHB Policy. The main duties and responsibilities of this group are to:

- Monitor compliance with statutory H&S requirements.
- Monitor compliance with the HSE H&S action plan and action plans developed to ensure compliance with external bodies.
- Review non-clinical related incidents to identify trends and monitor progress relating to new and outstanding investigations.
- To identify development needs across the organisation, informed by trends in accidents and risk assessment.
- To lead the achievement of a reduction in RIDDOR incidents and related absence, numbers and cost of claims.
- Address matters escalated from Management to Board or equivalent.
- Monitor H&S management and performance.

DRAFT

8. Appendix 1 – Strategic Occupational Health & Safety Group Terms of Reference

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

Strategic Occupational Health and Safety Group (SOHS)

1) INTRODUCTION

1.1 Section 2 (7) of the Health and Safety at Work etc. Act 1974 states that "In such cases as may be prescribed it shall be the duty of every employer, if requested to do so by the safety representatives mentioned in subsections (4) and (5), to establish, in accordance with regulations made by the Secretary of State, a safety committee having the function of keeping under review the measures taken to ensure the Health and Safety at work of his employees and such other functions as may be prescribed. These arrangements are aligned to the Safety Committees Regulation 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 (as amended).

1.2 The Strategic Occupational Health and Safety Group has been established to provide an effective means of facilitating a partnership approach to the management of Health and Safety risk across the Betsi Cadwaladr University Health Board (BCUHB). Thus providing compliance with the requirements of Statutory Legislation, approved codes of practice and guidance documentation.

1.3 The Health Board has agreed to establish the Strategic Occupational Health and Safety Group. The detailed terms of reference and operating arrangements in respect of this Group are set out below.

2) PURPOSE

2.1 The purpose of the SOHS is to provide the means by which the management and staff representatives can work in partnership, to develop and maintain Health and Safety management arrangements across the Health Board.

2.2 The SOHS will ensure that an integrated governance approach to the identification and management of workplace Health and Safety risk is maintained throughout the organisation.

2.3 The SOHS will support the development of a positive safety culture and safety management system that enhances the organisations ability to identify and manage risks to those affected by their work activity.

3) DELEGATED POWERS AND AUTHORITY

3.1 The Executive Director of Environment and Estates has lead responsibility for the Management of Occupational Health and Safety within the Health Board. The specific powers, duties and responsibilities delegated to the Executive Director of Environment and Estates from the Chief Executive are:-

3.1.1 To chair the Strategic Occupational Health and Safety Group.
3.1.2 To make recommendations for risk based improvements to the management of

occupational Health and Safety risk across the Health Board.

3.1.3 To ensure the implementation of relevant policies, procedures and other written control documents that enable the Health Board to meet the requirements of Statutory Health and Safety Legislation.

3.1.4 Ensure competent Health and Safety advice and guidance is available.

3.1.5 Submit regular assurance reports to the Health Board through the People and Culture Committee (PAC) for consideration as part of the Integrated Governance approach through to the Health Board.

3.2 The SOHS in respect of its provision of advice and assurance will and is authorised by the Board to:-

3.2.1 Provide assurance on the robustness and appropriateness of Health and Safety arrangements across the Health Board including aspects impacting on patient care, quality, safety and experience;

3.2.2 Provide assurance on the robustness and appropriateness of Health and Safety arrangements for Occupational Safety, Occupational Health, Fire Safety, Estates Safety (Asbestos, Legionella, etc.) and Statutory H and S Consultative Committee (SRSC Regs 1977

3.2.3 Monitor the effectiveness of the Health and Safety arrangements in Divisions and on hospital sites, ensuring consistency with BCU corporate governance arrangements;

3.2.4 Escalate Health and Safety proposals with financial implications as necessary to QSE;

3.2.5 Review and monitor clinical risks from Divisions and be proactive to ensure that QSE is aware of emerging risks and that appropriate Health and Safety mitigations are in place;

3.2.6 Review Health and Safety Risks on the Risk Register (appropriateness of the scoring and mitigating actions in place);

3.2.7 Report formally, regularly and on a timely basis to PACC on the Group's activities. Including the presentation of an Annual Report for the Committee to consider on behalf of the Health Board.

3.2.8 Submit the Group's minutes and issues of significance to the PACC for consideration as part of the Integrated Governance approach through to the Health Board.

3.2.9 Ensure arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees/Groups of any urgent/critical matters that may affect the safety of staff and others and the operation and/or reputation of the Health Board

3.2.10 Provide assurance to the Risk Management Group by raising risks through the governance structure as necessary and providing quarterly and annual reports to the Group

3.2.11 Provide assurance in terms of the effective management of Occupational Health and Safety risk across all activities and facilities within the Health Board.

3.2.12 Ensure that effective partnership working arrangements are maintained between Management and Staff Health and Safety Representatives.

3.2.13 Provide assurance that occupational Health and Safety management arrangements within the Health Board meet the requirements of the Health and Safety at Work etc. Act 1974 and supporting legislation.

3.2.14 Receive occupational Health and Safety management reports from and hold to account, the IHC 's and all clinical Departments.

3.2.15 Monitor the delivery of the Health Board's Risk occupational Health and Safety and performance reporting systems.

3.2.16 Monitor actions being taken to address significant occupational Health and Safety risks within the organisation.

3.2.17 Monitor the delivery of the Health Boards Health and Safety improvement plan in response to identified areas of improvement within the organisation.

3.2.18 Continued development of the Occupational Health and Safety Policy and supporting documents and management arrangements.

3.2.19 Report on performance in respect of the key Health and Safety performance indicators within the Health Board.

4) Authority

4.1 The Group may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee - and all employees are directed to cooperate with any legitimate request made by the Group; and
- other Groups to assist in the delivery of its functions

4.2 It may consider and where appropriate, approve on behalf of the Health Board any procedure within the remit of the Group business

4.3 Review the relevant risks from the Corporate Risk Register that are assigned to the Group by PACC on behalf of the Health Board and advise PACC and Risk Management Group (RMG) on the appropriateness of the scoring and mitigating actions in place.

5) GROUP

5.1 The Group may, establish Sub-groups or task and finish groups to carry out work on specific aspects of the Groups business. In addition, all Divisional Health and Safety

N.B. Employees/workers should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.

Groups will be accountable to this Strategic Group;

5.2 The current established Sub-groups reporting into the SOHSG include;

Health and Safety Leads Sub-group
Health and Wellbeing Safety Sub-group
Asbestos Management Safety Sub-group
Security Management Safety Sub-group
Fire Safety Sub-group
Water Safety Sub-group
Electrical Safety Sub-group

6) MEMBERSHIP

6.1 Chair: Executive Director of Environment and Estates

6.2 Vice Chair: Executive Director of Workforce & Organisational Development

6.3 Members:

Trade Union Health and Safety Representatives (in line with the Local Partnership Terms of Reference including representatives of employee safety)
*Nominated Acute Site Director
*Nominated Area Director
*Nominated Senior Mental Health and LD representative
Associate Director of Occupational Health,
Head of Health Safety and Security
Associate Director of Quality Assurance
Fire Safety Lead
Deputy Director of WOD
Assistant Director of Infection Prevention and Control
Head of Risk Management

(*Nominated representatives to be in place for a minimum of 12 months for continuity)

The Chairs of the Sub-groups will be in attendance if not already a member:

Health and Safety Leads Sub-group Chair or Representative
Health and Wellbeing Sub-group Chair or Representative
Asbestos Management Sub-group Chair or Representative
Security Management Sub-group Chair or Representative
Fire Safety Sub-group Chair or Representative
Water Safety Sub-group Chair or Representative
Electrical Safety Sub-group Chair or Representative

6.4 Invites are extended to:

6.4.1 Public Health Wales Representative

6.5 Lead Officer:

6.5.1 Lead Officers are responsible for practically managing the agenda and business of the

meeting.

6.5.2 The Lead Officer for SOSH is the Associate Director of Occupational Health, Safety & Security supported by the Secretariat.

6.6 Secretariat

6.6.1 Determined by Executive Director of Environment and Estates

6.6.2 Meeting minutes will be maintained, with names attached to allocated actions and collated into an action log. Minutes and the action log will be circulated within10 working days and approved at the next meeting.

6.7 Support to Group Members

6.7.1 All members may submit requests for inclusion of items on the agenda.

6.7.2 If unable to attend the meeting, members are required to arrange a representative to attend on their behalf, who is able to actively contribute to the meeting discussions.

7) GROUP MEETINGS

7.1 Quorum

7.1.1 At least ½ of members (one of which must be the Chair or Vice Chair and must include at least one representative of occupational health and safety and one representative of Acute or Area or Mental Health), together with trade Union partners must be present to ensure the quorum of the Group.

7.2 Frequency of Meetings

7.2.1 Meetings shall be held Quarterly and prior to PACC to allow cascade of reports or otherwise, as the Chair of the Group deems necessary. Meetings of the Group will be held in private.

7.3 Withdrawal of individuals in attendance

7.3.1 The Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8) RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES /GROUPS

8.1 The Group is directly accountable to the Health Board for its performance in exercising the functions set out in these Terms of Reference. The Group reports to PACC for assurance and oversight of performance against the Terms of Reference.

8.2 The Group, through its Chair and members, shall work closely with the other Groups to provide advice and assurance by contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the overall risk and assurance arrangements.

9) REPORTING AND ASSURANCE ARRANGEMENTS

9.1 Meeting minutes will be maintained, with names attached to allocated actions and collated into an action tracker. Minutes and action log (reviewed by the Chair) will be circulated within 10 working days and approved at the next meeting.

9.2 The Chair will report formally, to PACC and to the Health Board as required. This includes verbal updates, the submission of regular Chair's written reports.

9.3 The Chair will also ensure appropriate escalation arrangements are in place to alert RMG & QSE and the Health Board of any urgent/critical matters that may affect patient and carer experience.

9.4 A Group meeting effectiveness review will be completed annually.

10) REVIEW

10.1 These Terms of Reference and operating arrangements will be reviewed annually as part of the meeting annual cycle of business.

11) CHAIR'S ACTION ON URGENT MATTERS

11.1 There may, occasionally, be circumstances where decisions, which would normally be made by the Group, need to be taken between scheduled meetings. In these circumstances, the Chair, supported by the Secretariat as appropriate, may deal with the matter on behalf of the Group. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting for consideration and ratification.

11.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

11.3 To assist the Health Board in the conduct of its business, the function of this Group is to provide advice and assurance to PACC in relation to its responsibilities for Strategic Occupational Health and Safety.

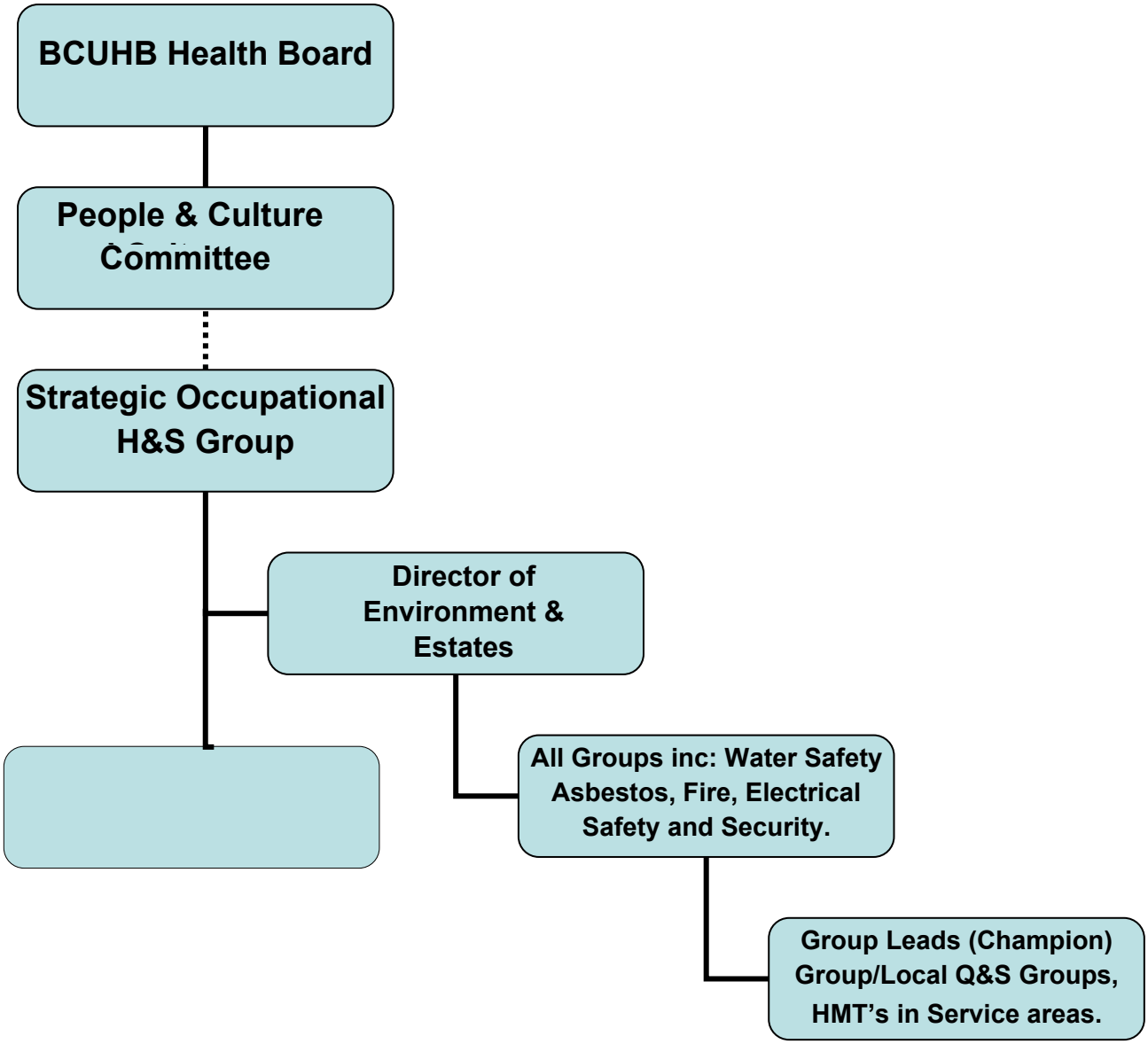
Date of Approval by QSE Committee

Version 2.0

Chairs Signature

DRAFT

9. Appendix 2: Structure for reporting to Board.



10. REFERENCES

1. Health and Safety at Work etc. Act 1974
2. Management of Health and Safety at Work Regulations 1999
3. Control of Asbestos Regulations 2012
4. Control of Substances Hazardous to Health Regulations 2002
5. The Work at Height Regulations 2005
6. Control of Vibration at Work Regulations 2005
7. Electricity at Work Regulations 1989
8. Gas Safety (installation & Use) Regulations 1998
9. Control of Noise at Work Regulations 2005
10. Ionising Radiation Regulations 2017
11. Control of Electromagnetic Fields at Work Regulations 2016
12. Control of Artificial Optical Radiation at Work Regulations 2010
13. Confined Spaces Regulations 1997
14. Safety Representatives and Safety Committees Regulations 1977
15. The Health and Safety (Display Screen Equipment) Regulations 1992 amended 2002
16. Manual Handling Operations Regulations 1992
17. The Provision and Use of Work Equipment Regulations (PUWER) 1998
18. Lifting Operations and Lifting Equipment Regulations (LOLER) 1999
19. Personal Protective Equipment at Work Regulations 1992
20. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
21. The Workplace (Health, Safety and Welfare) Regulations 1992
22. Regulatory Reform (Fire Safety Order) 2005
23. Corporate Manslaughter and Homicide Act 2007
24. Health and Safety (First Aid) Regulations 1981
25. The Waste (England and Wales) Regulations 2011
26. Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
27. Health & Safety (Safety Signs and Signals) Regulations 1996
28. Construction (Design and Management) Regulations (CDM) 2015
29. Safety Representatives and Safety Committees Regulations 1977
30. The Health and Safety (Consultation with Employees) Regulations 1996
31. HSG65 Successful Health and Safety Management
32. Stress Management Standards
33. Equality Act 2010

DRAFT

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

Reporting Committee:	**People and Culture Committee**
Committee Chair:	Dyfed Jones, Independent Member
Date of last meeting:	8th August 2024
Paper prepared by:	Laura Jones, Project Support Manager (Corporate Governance)

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the People and Culture Committee held on 8th August 2024 in the Boardroom, Carlton Court.

The Committee agreed to hold a Development Session to allow discussion on the strategic objectives of the Committee. The following items were suggested as areas that could form a deep dive session / discussion at the Development Session:

- Outcomes from PADRs
- Addressing the underlying issues relating to staff turnover (why staff are leaving within two years of service)
- Findings from work on staff recognition
- Review of BCU apprenticeship and employment schemes

People Operations Report

An outline report was presented and it was noted that this is being developed further to allow the organisation to gain intelligence in relation to workforce, performance and quality metrics. In relation to employee engagement, issues were highlighted regarding the electronic tool commissioned to examine the data collated from the staff survey which resulted in the team being unable to report on real time feedback, it was noted this had been an issue for all NHS organisations. There was discussion around the need to review the results from the data and a suggestion that the Committee should focus on certain areas including the outcome of PADRs and issues relating to staff turnover. The Committee suggesting inviting representatives from the IHCs / Retention Lead to join future meetings to report on trends and hot spot issues at a local level.

Update on Culture, Leadership & Engagement Improvement Work

A report was presented and it was noted that the paper links directly to the top five areas included in the staff survey. The People portfolio has been reviewed and colleagues have been realigned to support the culture change programme. A culture and leadership design workshop has taken place to engage with a range of people across the organisation including key stakeholders to design the culture and leadership of the organisation. The first draft of the values and behaviours framework has been developed and is being shared widely to gain feedback. There was discussion around the importance of providing a positive message and clearly setting out the expectations of the Health Board. The Committee noted the level of engagement required ahead of the information being shared with the Board to allow the Board to set out the values and behaviours of the organisation.

Time to Shortlist Improvement Project

The Committee received a presentation on reducing the time to shortlist highlighting the aim, results and next steps of the project. There was discussion around additional issues and potential solutions.

Staff Recognition
The Committee considered the need to recognise staff contribution more broadly and discussed what works well in other organisations and how the Health Board can recognise staff across all professional groups involving the public and partners and linking this in with the values and behaviours work.

Compassionate Leadership Pledge
The Committee received the compassionate leadership pledge and it was confirmed that this is a mandated approach by Health Education and Improvement Wales (HEIW) however the organisation is able to describe the type of organisation we want to be therefore we need to be bold with our language and ensure the words are meaningful. It was agreed that the pledge would be revised following discussion before going to the Executive Team for review.

Report on BCU being a Living Wage Employer / BCU Apprenticeship Scheme
A report was presented on the current position in relation to apprenticeships and there was discussion around the need for the Health Board to support people into employment and the impact this has on the health outcomes of the local population. The Committee agreed the need to review all our current schemes and develop a strategy for what we want to achieve in this space as the Health Board has a responsibility to provide opportunities for young people.

Progress of the Audit Wales Report - Review of Workforce Planning Arrangements
The report was noted by the Committee, work is progressing in relation to the operating model discovery work and there has been a strong focus on workforce across all specialities.

ITEMS TO BE ESCALATED TO THE BOARD

- Nothing raised

NEXT MEETING

The next meeting of the Committee will be held on 10th October 2024

V2.00

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

Teitl adroddiad: ***Report title:***	Organisational Development: Culture, Leadership and Engagement
Adrodd i: ***Report to:***	BCUHB Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This paper provides an update on the work that has been taking place to achieve the nine areas of work associated with developing the organisation's approach to culture, leadership, and engagement as highlighted in the paper submitted to and approved by the Board in September 2023. The previous paper noted: *'The evidence is compelling that having the right culture in healthcare organisations leads to improved care and positive staff experience. The evidence also indicates the highly significant contribution the effectiveness of leadership and leaders have on shaping and developing culture, and furthermore both culture and leadership are pre-requisite to the engagement of staff in their work and in their organisation. It is these three elements combined that help to create the conditions in which staff at all levels of an organisation can flourish and thus that care to people can excel.'* The paper outlines the progress made in taking forward the strategic intent and provides additional information on further work underway and planned.
Argymhellion: ***Recommendations:***	The Board is asked to **DISCUSS** and **NOTE** the progress of the work - SUPPORT wider engagement on Values and Behaviours Framework, prior to consideration for approval at November's Board. - **ENDORSE** the NHS Wales Compassionate Leadership Pledge
Arweinydd Gweithredol: ***Executive Lead:***	Chief Executive, supported by Deputy Director of People
Awdur yr Adroddiad: ***Report Author:***	Head of Culture Development Head of Organisational Development Assistant Director Corporate Communications and Public Engagement

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran / amcanion presennol	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran / amcanion presennol	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran / amcanion presennol	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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):***	Links to delivery of all organisational priorities
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	N/A
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Utilisation of current, budgeted resources has been prioritised.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	The intended outcome is a positive impact on workforce. There are no significant workforce planning matters related to this proposal.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Last year's early work relating to leadership and clinical engagement is highly supportive of the structured and deliberate approach to the development of culture, leadership and engagement which is being followed.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	CRR24-01 CRR24-16
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: **Gweithredu argymhellion**	

Next Steps:

The Board is asked to DISCUSS the progress of the work to date, and

- SUPPORT wider engagement on Values and Behaviours Framework, prior to consideration for approval at Novembers Board.
- ENDORSE the NHS Wales Compassionate Leadership Pledge

Rhestr o Atodiadau:

Appendix 1: Culture, Leadership & Engagement Annual Plan 2024-25
Appendix 2: Development of our Values & Behaviours Framework Storyboard
Appendix 3: BCUHB's Compassionate Leadership Pledge
Appendix 4: Overview of Integrated Leadership Development Framework
Appendix 5: Staff Engagement Measurements

Organisational Development: Culture, Leadership and Engagement

Introduction

In September 2023, the Board approved the paper titled **Organisational Development: Culture, Leadership and Engagement.** The paper set out the leadership and commitment required of the Board to galvanise key organisational development work to strengthen our culture, leadership, and engagement. The paper noted that leading organisational change is a short-, medium- and long-term endeavour and this has been a major feature of focus during the Special Measures Stabilisation Phase and into the Standardisation Phase that followed.

The health board has experienced being in special measures previously. In order to improve staff experience at that time a Staff Engagement Strategy was developed. There were several initiatives that were implemented as part of the strategy, but they were very much a 'do to the organisation' rather a 'do with the organisation.' The consequence of this was a range of initiatives and activities conducted but with very little buy in from the workforce. The work was also seen as a responsibility of the Organisational Development department with no identified senior executive leadership/sponsorship or support.

The paper approved by the Board in September 2023 signals a significant shift in approach to one of Board level leadership, sponsorship and support, the need to co-design, co-create and collaborate with staff, patients and external partners and to follow robust evidence-based models to improve culture, leadership and engagement for long term sustainability where staff can get a great experience every day, patients can expect great care and our partners can expect great collaboration.

This paper provides an update on the progress that has been achieved to date and an outline of planned future work in relation to the nine points outlined in the paper **Organisational Development: Culture, Leadership and Engagement.**

1. Culture

1. **Examine the current pervasive culture** and
2. **Revisit the values of the organisation**
3. **Develop a behaviours framework** aligned to proposed organisational values.

Progress to date:

1.1 Independent Members Introductory discussion regarding culture, leadership, and engagement (September 2023). Evidence based model discussed to ensure approach to change is rooted in tested models developed and endorsed by industry experts such as King's Fund, Centre for Creative Leadership and Professor Michael West.

1.2 Board members Masterclass with Professor Michael West (December 2023) Professor West facilitated a full day masterclass on 'Developing High Quality Care Cultures'. The session included a section on how the evidence-based model

'Culture & Leadership Programme' supports organisations to develop compassionate, collective, and inclusive cultures.

1.3 Establishment of an Organisational Development Steering group (ODSG). The first meeting of the ODSG took place in February 2024, four meetings have taken place up to end of August 2024. The meeting is chaired by the Chief Executive and has representation from across Integrated Healthcare Community (IHC)/Pan services and professions. The group's purpose is to inform and steer the work relating to developing, implementing, and evaluating the approach to culture, leadership, and engagement across the organisation.

1.4 Establishment of the People and Culture Committee. The People and Culture Committee functions as a committee of the Board and is chaired by Dyfed Jones, Independent Member. Four meetings have taken place up to end of August 2024.

1.5 Review of all Welsh Government Independent Adviser Reviews. As part of the scoping phase of the Culture & Leadership Programme, all reviews have been examined to draw out recurring themes associated with culture, leadership, and engagement. Themes will be integrated into the synthesis report which will be presented to the Board at the end of the examination of current culture phase of the work.

1.6 Leadership engagement and development. The first leadership conference was held in February 2024 where over two hundred members of senior staff attended. Keynote speakers were Professor Michael West and Henry Engelhardt who enthused delegates with their expertise on leadership and cultural improvement.

1.7 Utilisation of an evidence-based model developed by industry experts to shape and develop an organisations' culture, leadership, and engagement. The model used to develop our culture, leadership and engagement approach has been developed by Professor Michael West, the Kings Fund, the Centre for Creative Leadership and NHS Improvement. A detailed delivery plan is in place to implement the programme, (**see Appendix 1**) current achievements include:-

- Development and implementation of a Culture and Leadership Programme Communication and Engagement Plan to raise awareness of and engagement with the work amongst all staff groups
- Culture and Leadership Programme Design Group established to co-design and co-deliver the implementation of the NHS Culture and Leadership Programme. The first design group meeting took place on 7th August 2024, the group consists of representatives from across the professional groups, key professional leads, patient representatives, and Trade Union colleagues
- Development of a draft Culture Dashboard to track key metrics associated with improving the culture of an organisation. Following on from the Design group meeting on the 7th August a small working group will meet to develop the Dashboard further. Key themes from the 2023 NHS Wales staff survey provides a baseline position.
- Reviewing and analysing patient experience data through joint working with the Head of Patient Experience.
- Refreshing organisational values and behaviours framework has been an area of intense focus – this work has commenced and is detailed below.

1.8 During the second Leadership conference in June 2024, conversational spaces were held with over four hundred people managers where discussions took place on the Health Board's current values, behaviours, and culture. Colleagues responded openly and constructively. Their feedback, views, and suggestions along with feedback gained from the Stronger Together engagement events in summer 2023 and the Independent Reviews of 2023 informed the first draft of the Values and Behaviours Framework.

Engagement has taken place to gather the views of staff across the organisation on the first draft of the Framework. Details of some of the high-level themes to date have been analysed with a synopsis of the positive comments regarding the draft Framework and some suggestions for improvement.

Further details of the above along with the first draft of the Framework can be seen in **Appendix 2 (**Development of our Values & Behaviours Framework Storyboard).

The Board is asked to note the development to date and to support a second round of engagement, including externally with partners. The aim is to present the final Framework to the Board in November 2024.

2. Leadership

1. *Exploration of the **approach to leadership** the organisation and Board wishes to adopt.*

2. *The approach to truly **collective adoption of the leadership approach**.*

3. *A comprehensive **leadership development** programme and approach that supports people not just with the education and learning, but with leadership in practice.*

Progress to date:

2.1 From the analysis of the data collected in conversational spaces at the June 2024 Leadership Conference, there is overwhelming support and need for an approach to leadership which is compassionate, kind, collaborative and open. As a first step to making a commitment to this leadership approach **the Board is asked to endorse the NHS Wales Compassionate Leadership Pledge for BCUHB, the Pledge is attached in Appendix 3.**

2.2 Co-production of a local short film with Health Education Improvement Wales (HEIW) which demonstrates compassion in the workplace. The film is a reminder of the impact kindness has upon colleagues and patients. The film will be launched officially at the HEIW Leadership Conference but is widely available and

is being shared with teams currently within the organisation. It is available on BetsiNet to view.

2.3 Following extensive engagement across the organisation, through focus groups, drop-in sessions, attendance at various leadership meetings and at the last two leadership conferences, there is overwhelming evidence for the need to develop pathways that support the whole workforce to develop as leaders, regardless of role and level of seniority. The Integrated Leadership Development Framework has therefore revised its 'Aspiring Leaders' programme – Moel Famau, to provide leadership modules and resources for all employees across the organisation. Research (West, et al, 2015) evidences that Leadership is one of the most influential factors in shaping organisational culture, and therefore ensuring that the organisation can build and develop leaders at all levels with the right behaviours and values is fundamental.

Work is underway to align the framework to the national approach being developed across NHS Wales, to embed the principles of compassionate and inclusive leadership within the core parts of the framework. A number of compassionate leadership training modules are in the final stages of development and will be launched by HEIW imminently. These modules will be available online through HEIW's Gwella Leadership Portal and will provide opportunities for individuals to also complete a self and 360 assessments against the principles and behaviours of compassionate leadership.

2.4 The implementation plan for developing the Integrated Leadership Development Framework (ILDF) was approved at the Organisational Development Steering Group (ODSG), held on the 7th of May 2024. **(see Appendix 4 for an overview of the framework).**

2.5 BCUHB Leadership Hub – Venture: The hub is currently in development and is being hosted on HEIW's Leadership Portal, Gwella. Named the *Venture Hub*, it will host all leadership development activities, including both informal and formal routes to leadership development. The draft hub has been shared with key stakeholders (including managers and leaders, design group members, staff networks, etc.) to gather feedback on the design, content, and accessibility of the hub. Feedback and amendments will take place during August/September, with formal launch planned for October 2024. Link to the BCUHB can be found here: https://nhswalesleadershipportal.heiw.wales/bcuhb

2.6 **Commencement of the lower-level programmes – Mynydd Mawr – Foundations of Leadership and Management Programme** – the first cohort on the 27th June 2024. A further sixteen cohorts are scheduled through to March 2025

2.7 **The Advanced Clinical Leadership Programme (ACLP)** is currently in progress with 26 health board clinical leaders engaged on the programme. This is a well-established programme developed by HEIW to support and develop senior clinical leaders. The programme commenced in February 2024 and is due to complete at the end of the year.

2.8 **Core Modules** to support all leaders and managers have been developed working in partnership with key subject matter experts, and modules on Neurodiversity, Equality and Diversity and Sustainability are in the process of being uploaded to the hub.

2.9 **Development of a People Managers Forum**. The proposal outlining the approach to developing a People Managers Forum will be shared at the next Informal Executive meeting in October 2024. The People Managers Forum will be a space for all people managers to network and share their experience and will be hosted virtually in the first instance. The forum will support our people managers in developing their skills and competence, help them keep up to date with recent changes in policies and processes and aims to build a community of practice that is an engaging and supportive space. The forum will focus on a series of sessions to support managers with the basics, including sessions on Pay, Roster Management and How to hold an Effective PADR. Further feedback has been collated from the last leadership conference from a wide audience of over four hundred people managers on their ideas and suggestions for topic areas for the forum, with the top three areas identified as: handling difficult conversations; understanding/applying various policies; and team dynamics.

Quarter two activities has been focussed on:

- Launching the on-line Mynydd Mawr Foundations Programme – to provide all employees with a self-directed route to study.
- Planning and building of online modules to support all employees on the Moel Famau – Leadership for all programme will begin in August.
- Development of baseline metrics to track impact/outcomes. A number of evaluation methods will be developed to measure the impact on leadership behaviour, including a 30-, 60- and 90-day evaluation process.
- Socialisation of the Integrated Learning Development Framework. Extensive engagement has already taken place over the last 12 months, but further activities will be planned through delivery of a communication and engagement plan to launch the framework across the organisation.

It is recognised that there is much work to do to build the framework, to not only deliver the above internal programmes, but to also provide opportunities for experiential learning, coaching and mentoring support and the further development of leaders through providing other informal routes to development; these will include a leadership alumni, CEO leadership briefings, further leadership conferences, the development of a specific People Managers Induction to support new managers joining the organisation – this is not exhaustive but will form part of the next phase in the development of the ILDF.

3. Engagement

1. *Fully consider the rapid review work **Clinical Engagement**.*

2. *Design, test and implement mechanisms to **measure employee engagement** that help understand where strong engagement exists and where specific support may be needed for improvement.*

3. *Given the evidence of impact, positive and negative that **line managers** have in employee engagement, specific focus will be given as a priority to this group. Identification and articulation of the common behaviours for high*

employee engagement particularly related to line managers will be undertaken.

Progress to date:

3.1 The findings and relevant recommendations* of the rapid review on clinical engagement have been considered as part of the work on culture, leadership, and engagement. Although the sample of clinical colleagues who were interviewed as part of this work was small (21), their views and experiences provided a valuable insight to how they feel and the barriers to being fully involved and engaged at work.

Findings highlighted that people experience clinical engagement very differently across the Health Board. There are pockets of excellence where leaders perform in ways that facilitate optimal clinical engagement, resulting in positive emotions and active contributions to services and quality improvement. On the other hand, there are distressing accounts of opposing conditions where distant and disengaging leadership behaviours leave colleagues feeling undervalued and unmotivated to act. An interesting conclusion of the report was that clinical staff are no different to other employees in terms of their expectations and needs.

The issues raised in the report about overwhelming workload and work environment being a barrier to engagement; concerns about the management of poor behaviour; and a lack of confidence to speak up were echoed by colleagues who participated in the focused engagement sessions held at the leadership conference in Llangollen.

Related consequences to the individual and to the organisation include elevated experiences of sickness, disengagement, challenged staff relationships and high staff turnover, which compound systemic pressures. Positively, a strong link to quality improvement as a key motivator and enabler emerged.

* **Recommendations from the Clinical Engagement Rapid Review**

- Support the BCUHB Culture and Leadership Programme
- Close the gap by role modelling positive leadership attributes and structures at every level
- Engage staff in co-producing any change from the outset. Engagement processes must have clear aims, objectives, and transparently reported outcomes
- Attend to the implementation of basic human resource structures
- The philosophy of continuous quality improvement must inform the heart of the organisations quality improvement and transformation strategic objectives
- Prioritise appropriate digital structures as a strategic objective
- Monitor progress, learn and adapt
- Have patience

An important recommendation in the report is the involvement of staff in any change. Embedding a '*doing with, not to*' approach across the organisation will take time but, positively, this is happening in a number of areas, for example, with regard to refinements to the organisations operating model. Colleagues from across the Health Board were invited to complete a survey and attend focus group sessions to

provide feedback in relation to the current operating model and organisational structure. All of the information from the survey and from the focus groups is being collated and staff will be kept informed on next steps.

3.2 There are a range of multifaceted factors that impact on an employee's engagement with and connection to their employer and assessing and measuring complex feelings and emotions is difficult.

These factors include mental and physical health and wellbeing; feeling fairly rewarded and remunerated; being valued and trusted; access to training, development, and progression opportunities; appraisal; job satisfaction; dynamics in the immediate team; work/life balance; and workload pressure/stress.

The use of staff satisfaction surveys, namely the annual NHS Wales Staff Survey, is an important metric for measuring employee engagement, but cannot be relied upon as the sole indicator of staff engagement and commitment to the organisation, as the survey largely deals with work conditions that could foster engagement, rather than engagement itself.

3.3 NHS Wales Staff Survey 2023

The Health Board achieved a percentage response rate of 20.2 per cent based on a headcount of 19, 891 and this provided a benchmark of how staff feel about a range of issues, from levels of engagement to teamworking, autonomy, leadership and levels of stress and burnout. There have been some limitations on the data and future surveys will more easily break down the response rates by IHC and directorate so levels of completion and engagement with the survey can be monitored.

In addition, the organisational engagement score will be used to benchmark against other comparable Health Boards and the overall NHS Wales score and to assist with future improvement.

Continuous staff engagement is crucial to ensure that any feedback is shared and to demonstrate that the organisation has listened to views and has acted on feedback.

Therefore, the high-level organisational themes have been reviewed and shared with staff to inform the development of local improvement plans that will detail the actions required to make improvements.

The NHS Wales Staff Survey will be run on an annual basis going forward, with the next survey already in planning and due to take place in October 2024.

3.4 Measuring Employee Engagement

Appendix 5 provides a list of current activity in place that offers engagement opportunities for staff across the organisation. In line with the findings of the rapid review of clinical engagement mechanisms undertaken by Sue Brierly-Hobson, Deputy Director Allied Health Professionals and Health Scientists authentic engagement with staff at all levels and professions in all areas of work is required to evaluate their needs and evaluate improvement. This will take time.

To begin, the data recommend using to gather a picture of the way colleagues across the organisation feel connected and participate is listed in the table below, along with the suggested metrics to assess the impact of the activity.

We have also been in touch with other NHS organisations including Liverpool University Hospitals NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust to learn from their experiences in improving staff engagement levels. A review of literature from experts including James Timpson, Chief Executive of the Timpson Group, who promotes 'upside down management' and whose book 'The Happy Index' aligns with the health boards aspiration of being a good employer with a happy workforce.

3.5 The organisation is committed to developing managers and leaders who demonstrate compassionate and inclusive behaviours in all that they do. The investment in developing these staff plays a fundamental part in supporting them to be effective in their roles, which in turn will have a positive impact on the culture of the organisation. The People Managers Forum (see item 3 above) will provide a series of sessions for managers on 'getting the basics right'; for example, pay related issues where managers do not process or are late processing, impacts directly on employee finances. When managers do not complete forms correctly or are unclear on pay arrangements, it can lead to a demotivated staff member. Similarly, a session on Roster Management will also be important in helping managers to roster their staff effectively and with as much advance notice as possible to ensure and provide flexible working approaches for our workforce.

Accessing coaching and mentoring support will provide opportunities for managers to grow and develop their confidence and competence. Work will begin in the Autumn to further develop the Coaching Network and build a set of resources for both mentors and mentees in the organisation.

Recommendations

The Board is asked to **DISCUSS** and **NOTE** the progress of the work, and to

- SUPPORT wider engagement on Values and Behaviours Framework, prior to consideration for approval at Novembers Board.
- ENDORSE the NHS Wales Compassionate Leadership Pledge

Culture, Leadership and Engagement Plan 2024-25

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High level priorities

Delivery of Special Measures requirements, BCUHB 3 Year Plan 2024-27 and BCUHB Draft Organisational Development Plan

1. Culture Change Programme (CCP)
2. Integrated Leadership Development Framework (ILDF)
3. Revised Engagement Strategy (ES)
4. Talent Management (TM)
5. Better Basics for People Managers (BBPM)

Q1

1.1 Develop Communication and Engagement Plan

1.2 Establish CCP Design Group

2.1 Develop delivery plan for ILDF

2.2 Development of Gwella Hub

3.1 Develop draft strategy

3.2 Commence co-production of engagement approach at Leadership Conference

5.1. Identify top 3 People Manager areas for development

5.2. Scoping a People Managers Forum

Q2

11. Deliver the Communication and Engagement Plan

1.2. Develop draft Culture Dashboard

1.3. Review & analyse patient experience feedback

2.1. Socialisation of Framework

2.2. Commence lower level programmes

2.3. Develop baseline metrics to track impact of ILDF

3.1. Analyse co-production feedback, establish working group and refine strategy

3.2. Deliver Staff Achievement Awards event

4.1. Develop and agree delivery plans

4.2. Establish TM Working group

5.1. Commence the PM Forum

5.2. Develop baseline metrics for inclusion in culture dashboard

Q3

1.1. Recruit, appoint & develop Culture Change Agents

1.2. Conduct Leadership workforce analysis

1.3. Schedule Board/SLT conversations

1.4. Develop & schedule leadership behaviours survey

2.1. Promotion of Gwella Hub

2.2. Scoping an internal Coaching & Mentoring Network

3.1. Present draft strategy and delivery plan to ODSG

3.2. Launch strategy across the organisation including refreshed approach to staff reward and recognition

4.1. Scoping of B8d & key clinical roles

4.2. Develop baseline metrics

Q4

1.1. Conduct & analyse Board/SLT conversations

1.2. Conduct & analyse leadership behaviours survey

1.3. Schedule & conduct culture focus groups

2.1. Review of Yr 1 ILDF

2.2. Implementation of Coaching & Mentoring Network delivery plans

3.1. Monitor strategy delivery and measure engagement levels via a range of metrics

4.1. HEIW TM assessment tool – whole org

4.2. Review of PADR/Career conversations

5.1. Develop a plan to evaluate the PM in Q1 2025

BCUHB Culture, Leadership and Engagement Plan 2024-25

Role, responsibilities, expectations

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DRAFT VERSION 1

High Level Priorities

1. Culture Change Programme (CCP)
2. Integrated Leadership Development Framework (ILDF)
3. Revised Engagement Strategy (ES)
4. Talent Management (TM)
5. Better Basics for People Managers (BBPM)

Health Board Level

- Meet Special Measures Framework requirements.
- Reduce BAF risks through targeted plans
- Build awareness of our Culture Change Programme (CCP)
- Meet the Annual Plan 2024-25 requirements
- Support & establish organisational wide approach to improve our culture via the CCP
- Delivery of the culture change programme and associated deliverables
- Agree Accountability framework (with clear expectations)
- Support the iimplementation of the ILDF
- Support resource requirements to deliver the priority areas
- Delivery of the TM plan
- Delivery of the revised Engagement Strategy

IHC/PAN Level

- Advocate all elements of the Culture Change Programme (CCP)
- Encourage staff to be involved in the CCP and share views / ideas
- Nominate colleagues to join the CCP 'Change Team' and support them
- Attend targeted Leadership development programmes (ILDF)
- Role model Leadership behaviours, BCUHB's values and People Manager objectives
- Commit to continued professional development
- Make Leadership for All a priority
- Review culture dashboard data monthly via established meetings (monthly)
- Complete and monitor Talent Management plans
- Implement, embed and review People Manager Better Basics objectives

Corporate Services

OD
- Lead the CCP
- Lead the implementation of the ILDF
- Lead the TM organisational wide assessment

HRBP
- Review people data and provide local insight
- Support culture improvement priorities locally
- Lead local TM processes

Workforce Systems/BI
- Data/dashboard creation/ESR recording

POD & Transformation Directorates
- Alignment of health board improvement plans

Communications
- Support the priority areas, develop clear organisational wide messaging and progress updates

Measurement Data

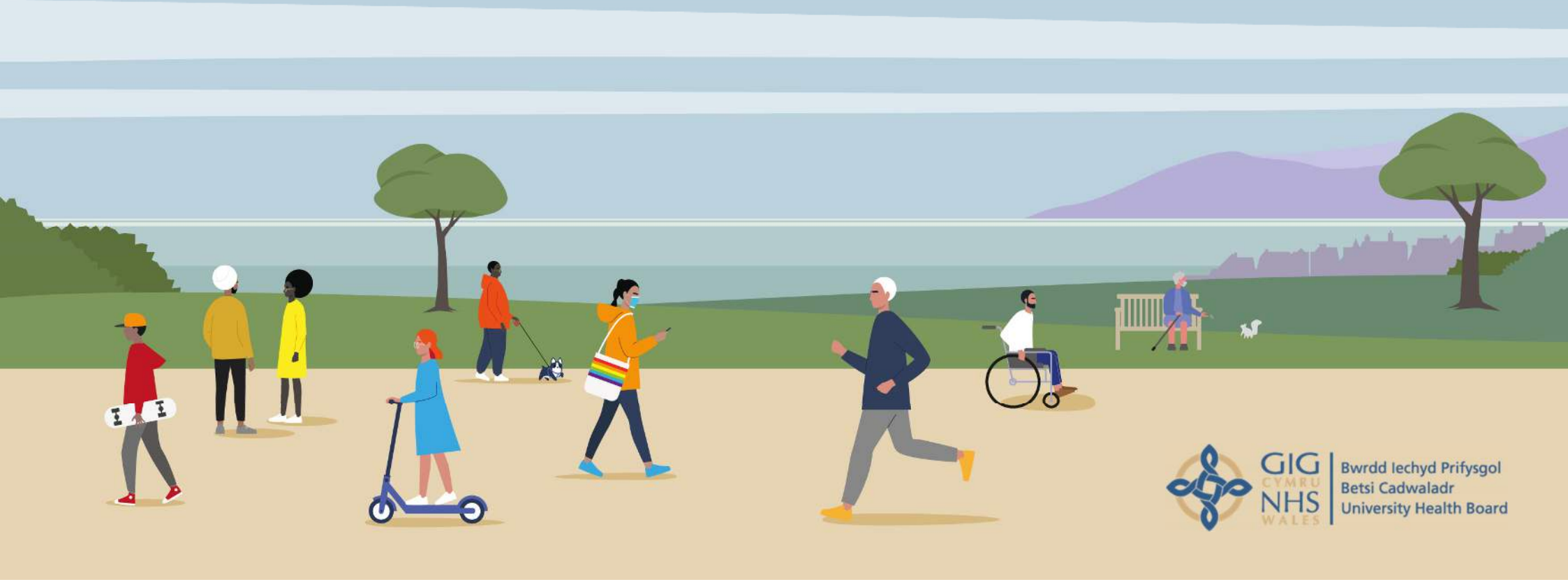
Monthly
- Culture dashboard monthly trends
- Workforce data (sickness, turnover etc)
- Better Basics for People Managers target improvement areas data

Quarterly
- Engagement data – pulse surveys

Annually
- National staff survey
- Engagement Index scores from national staff survey
- ILDF participation rates

Development of our Values and Behaviours Framework Storyboard

June 2024 – To date



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Refreshing our Values and Behaviours

In September 2023, the Board approved the paper titled **Organisational Development: Culture, Leadership and Engagement.** The paper set out the leadership and commitment required of the Board to galvanise key organisational development work to strengthen our culture, leadership and engagement.

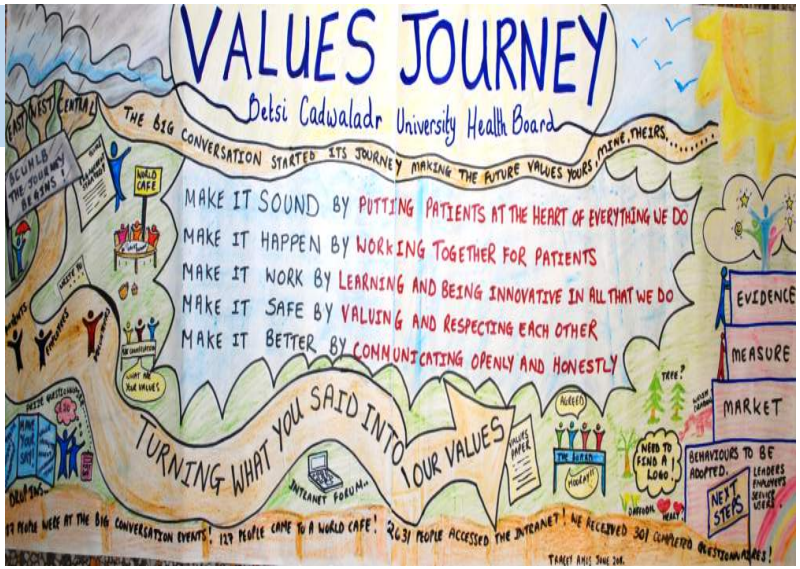
The paper signals a significant shift in approach to one of Board level leadership, sponsorship and support, the need to co-design, co-create and collaborate with staff, patients and external partners and to follow robust evidence-based models to improve culture, leadership and engagement for long term sustainability where staff can have a great experience every day, patients can expect great care and our partners can expect great collaboration.

The first step along this journey was to examine the current pervasive culture and revisit the values of the organisation to develop a behaviours framework aligned to proposed organisational values.

Our values are the guiding principles that together define who we are, what we do and what's most important to us. Our behaviours put our values into practice, turning them into everyday actions. They make clear how we do things as individuals, teams and the organisation and set the expectations for how staff conduct themselves and interact with colleagues, patients and partners.

What are our current values?

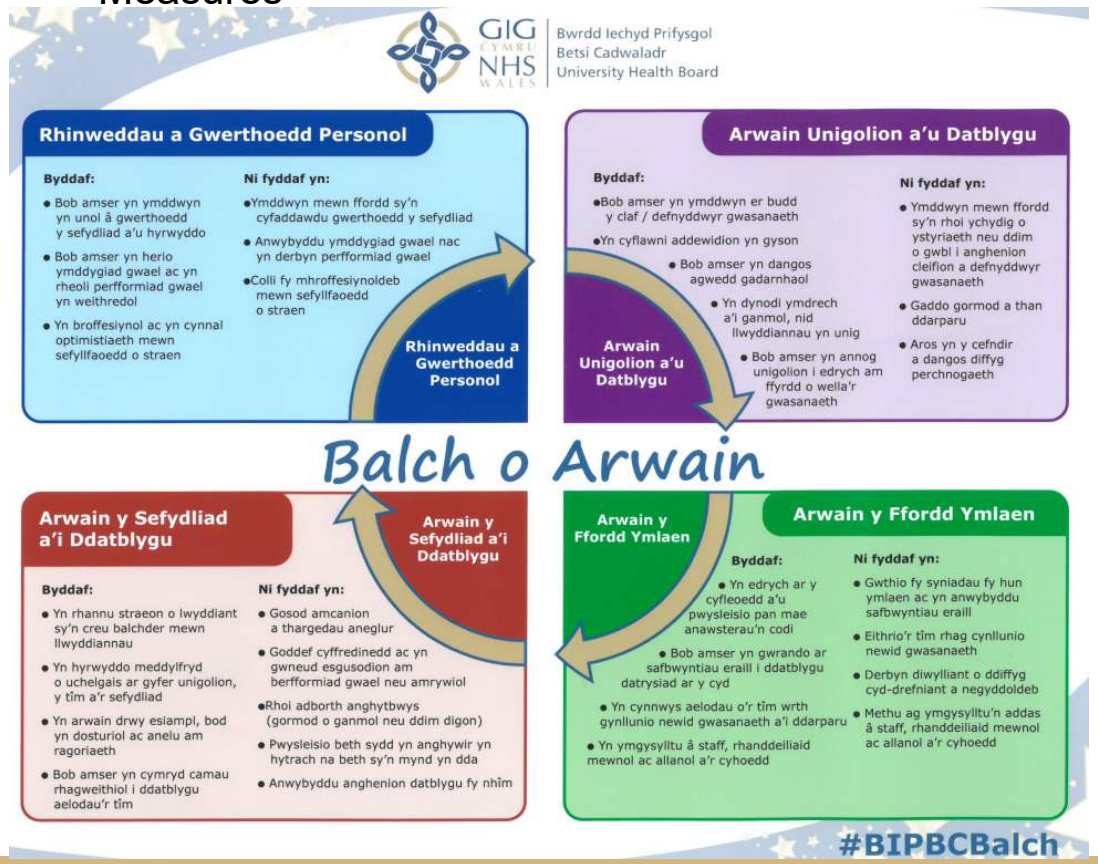
Our current values were co-produced with staff through various engagement methods in 2011. The journey diagram opposite shows the values that were created at the time.



In 2013 there was a small refresh of the values to make them slightly more succinct.

What is our current Behaviours Framework?

The Proud to Lead behavioural framework was developed in 2016 and co-produced following engagement events as part of the development of an Engagement Strategy in response to Special Measures



Our refreshed Values and Behaviours Framework

The first draft of our refreshed values and behaviours framework was formulated following feedback from:-

- Thematic analysis from the Independent Reviews carried out as part of Special Measures provided information on culture and associated values & behaviours.
- Stronger Together engagement events carried out in Summer 2023 – feedback on current culture, values and behaviours were analysed and themed.
- People Managers Conference June 2024 – conversational spaces were held with participants asking specific questions on our values and behaviours.

The next slide shows the first draft of our refreshed values and behaviours framework

Our refreshed draft Values & Behaviours Framework

Organisational Values	Organisational Behaviours	Behaviours for **All**	Behaviours for **People Managers**	Behaviours we **Don't Want**
Compassion	▪ We are Kind ▪ We Listen ▪ We show Empathy ▪ We take Care of each Other	• I am patient and considerate of others • I take time, even if busy to understand others point of view • I am attentive and think about what others need • I take care of my own wellbeing and support others to do so too	• I care for my team and colleagues' wellbeing, showing understanding and compassion • I listen with curiosity, proactively listen to suggestions and address areas of concerns • I am open to hear worries and concerns and working together to resolve them • I am attentive to my teams needs and motivations, I am civil, courteous and polite	• I ignore people's feelings, I am rude and dismissive of others • I don't give people a chance to explain, I talk over people and I'm disruptive • I ignore concerns that people raise • I ignore and walk by when people need support
Respect	▪ We are Open and Honest ▪ We recognise Achievement ▪ We Value Difference ▪ We have Integrity	• I am aware of my impact on others and act on feedback • I celebrate others' achievement • I appreciate that people have differing needs and take them into consideration • I am truthful and honest	• I communicate openly, respectfully and professionally • I celebrate achievements and say 'thank you' • I take into account and respect diverse views for better outcomes • I challenge inappropriate behaviours or language	• I speak negatively of others and hold grudges. • I am closed to feedback about myself • I ignore my colleagues/teams achievements or take the credit myself • I make people feel belittled or judged
Everyone counts	▪ We put People First ▪ We work Together ▪ We are Inclusive ▪ We are Professional	• I prioritise actions that will improve the service and promote safety • I am a team player, interacting, co-operating and offer help • I am approachable and welcoming to everyone whoever they are • I lead by example by modelling the values and behaviours of the organisation	• I am visible, approachable and available to my team, colleagues and service users • I share ideas and knowledge to develop best practice for the benefit of all • I consistently act in a positive and inclusive manner and value all staff as individuals • I lead by example, influencing and inspiring confidence by maintaining professional standards	• I ignore safety and poor standards of care • I am not supportive of my colleagues • I am only concerned about my own needs, ambitions and goals • I dismiss differing views or opinions without discussion, I isolate and avoid people
Innovation & Positivity	▪ We constantly Improve ▪ We Strive to be the Best ▪ We Empower ▪ We are Open to Change	• I frequently ask for and act on feedback to improve what I do from day to day • I suggest improvements to the way we do things. I am positive and have a can-do attitude • I ensure everyone's voice is heard and is considered in decision making • I challenge the status quo in a constructive way	• I define and lead change and continuous improvement • I develop myself as a manger and leader to the best I can be • I develop others so that they can bring their best self to work • I share skills and knowledge in order to encourage others to innovate and improve	• I resist change or improvements • I focus on problems rather than solutions • I sabotage change • I make changes to suit my own agenda not for the greater good of the service user or organisation

Engagement to date on the first draft

Sharing at the following meetings and asking participants to share widely with their teams:

- IHC/Primary Care/MHLD/Women's services/Therapies/Cancer services/Diagnostics/Operational Estates/Facilities/Corporate SLT's.
- IHC/Pan Services People & Culture Committees.
- Culture & Leadership Programme Design Group.
- People & Culture Committee.
- Staff Networks via Chairs.
- Workforce Partnership Group.
- Joint Local Negotiating Committee.
- Stakeholder Reference Group.

- BetsiNet page with access to the Padlet to provide feedback.
- Drop-in sessions via MS Teams, nine sessions to include evening.
- All participants on leadership and management development programmes.
- ILDF Design Group.
- Video by Deputy Director People Services signposting where and how staff can comment and provide feedback.
- Chaplaincy services.
- Deputy Director People Services cascaded to all POD staff for further cascading.

- Occupational Health team leaders.
- Wellness, work and Us Project team.
- Roadshows in areas of high footfall with further roadshows planned.
- Sending information to anyone who requests it for their team, and/or attending team meetings to present and have discussions.
- Some managers are hosting sessions on the draft Framework in their team away days.

Feedback on the first draft of our refreshed Values and Behaviours Framework

Positives:

- Clear and concise
- Understandable and meaningful
- 1 page layout work well
- Person centred ethos encapsulates patients and staff
- Behaviours we don't want to see are impactful
- High levels of engagement with the Framework in general but important to note some staff feel nothing will change as bad behaviours have become acceptable

Suggestions:

- Must be followed by all staff with Execs and Senior managers leading by example
- Too wordy
- Innovation & Positivity are 2 separate values
- Accountability needs to feature much more strongly
- Ensure negative behaviours do not marginalise sectors of workforce
- Needs to be more eye catching and more memorable
- Acronym could be CARE – Compassion / Accountability / Respect / Everyone Counts /
- To be included - Learning & development
- To be included - Making positive changes following lessons learnt
- To be included - Communication

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Feedback on the first draft of our refreshed Values and Behaviours Framework

Suggestions continued:

- The finer details of suggestion of changing specific wording in the framework such as 'Unacceptable behaviours' to replace 'Behaviours we don't want to see'. We have also had feedback on certain behaviours that may be particular to staff with neurodiversity challenges therefore the 2nd draft will be tested with our neurodiversity champions
- There has also been numerous comments around the current organisational infrastructure and the ability to positively uphold these values and behaviours
- Extensive feedback around the support that will be required to support staff to have the confidence to challenge and hold to account when unacceptable behaviours are being displayed
- Further stages of embedding the values needs to consider all stages of an employee's journey, from value based recruitment to leaving well.

Next steps to further develop the first draft and take into account the feedback provided

Board development session to consult on the first draft 18th September 2024.

First draft of the Framework to be discussed at Board for approval in principle 26th September 2024.

Second draft of the Framework developed following Board approval in principle.

Consultation and engagement on the second draft Framework to continue until 31st October 2024**.**

Final version to be submitted for Board approval 28th November 2024.

Our Values & Behaviours Framework launched in **December** with an accompanying plan of how we will embed into our day-to-day practices, policies and way of being with each other, our patients and our partners.

Initial socialisation ideas

If we impose values on our staff, they won't stick. We have involved our staff in developing our organisational values and behaviours framework, now we need to involve as many staff as possible in the roll out, communication and ongoing activities, to truly embed them.

Launch events
- Roadshows
- Storytelling
- Image boards

Visible reinforcements
- Visually engaging representation of values; icons; photos; images
- Physically visible around the org.

Templates
- Agendas
- Reports
- Minutes
- Corporate templates
- Board level templates

Board & Senior Leadership
- Visible modelling
- Videos
- Storytelling

Staff Recognition
- Visible modelling
- Videos
- Storytelling

Communication, communication, communication
- Externally facing communication
- Intranet/Internet
- Constant reinforcement

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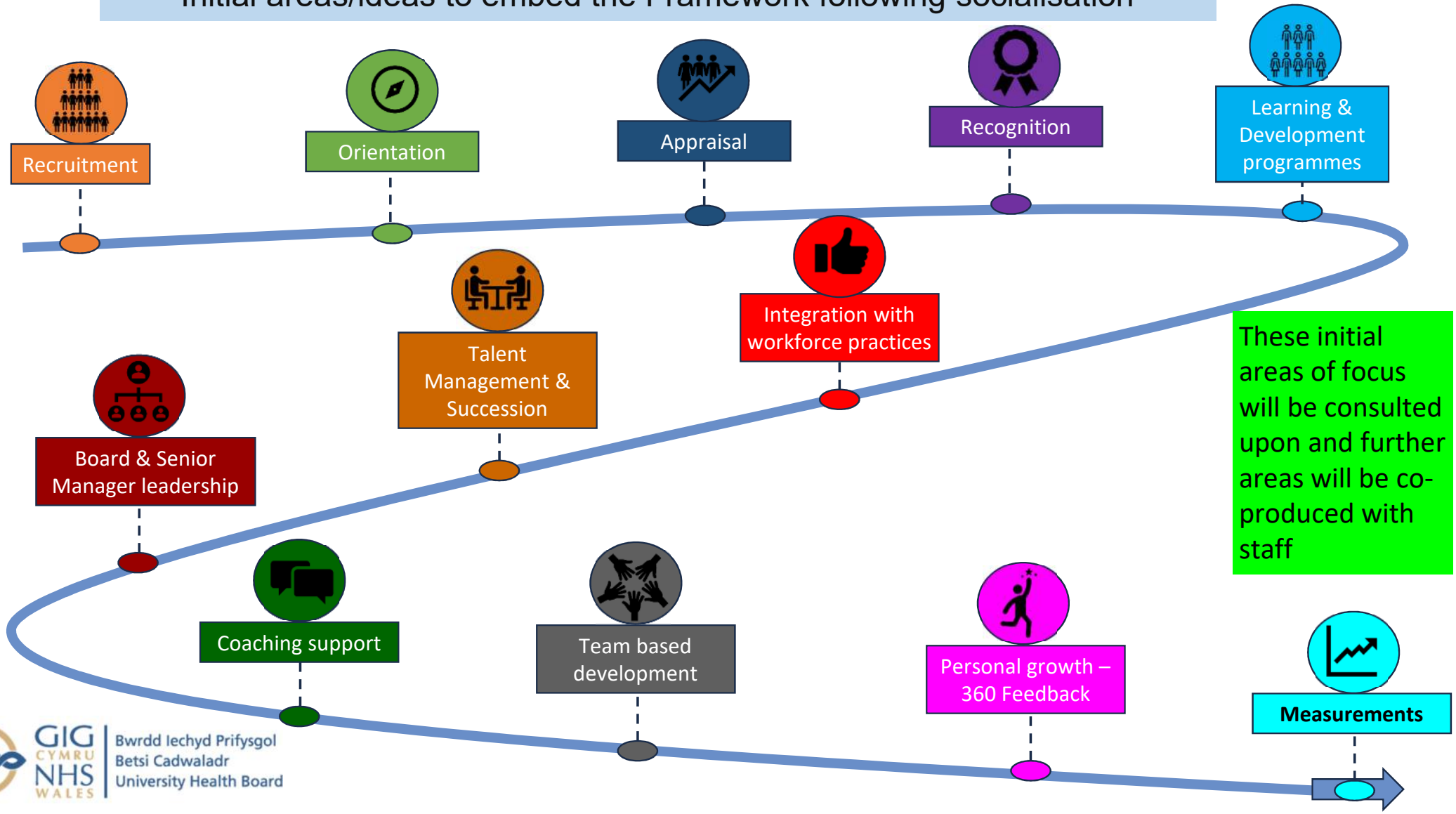
Initial areas/ideas to embed the Framework following socialisation



These initial areas of focus will be consulted upon and further areas will be co-produced with staff

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) | Health Education and Improvement Wales (HEIW)

Addewid Arweinyddiaeth Dosturiol
Compassionate Leadership Pledge

Datblygu gwaith tîm a rhyng-dîm cefnogol ac effeithiol

Develop supportive and effective team and inter-team working

Creu amgylcheddau lle mae arweinyddiaeth ar y cyd yn ffynnu

Create environments where collective leadership thrives

Gwella cydraddoldeb, cynhwysiant ac amrywiaeth, gan gael gwared ar rwystrau a ffiniau yn ymwybodol

Improve equality, inclusion and diversity, consciously removing barriers and boundaries

Sefydlu'r amodau i'n gweithlu i adlewyrchu, dysgu, gwella ac arloesi'n barhaus

Establish the conditions for our workforce to reflect, learn, continually improve and innovate

Cytuno ar gyfeiriad a sicrhau aliniad ac ymrwymiad

Agree direction and ensure alignment and commitment

Galluogi systemau a diwylliannau diogel, ymddiriedus ac atyniadol

Enable safe, trusting and engaging systems and cultures

Rheoli anawsterau a heriau yn gadarnhaol, yn agored, yn ddewr ac yn foesegol

Manage difficulties and challenges positively, openly, courageously and ethically

ORGANISATIONAL DEVELOPMENT STEERING GROUP – 7th May 2024

Integrated Leadership Development Framework (ILDF) Implementation Plan

Introduction

This paper provides an update following feedback from the Organisational Development Steering Group in March, where the following requirements were noted:

- Explore Leadership development opportunities for all staff across the organisation and consider other informal methods to support the development of leaders
- Review all feedback, ensuring all themes are compared and contrasted
- Add the current costings to the areas we currently have active and review the costings for the higher mountains

Explore Leadership development opportunities for all staff across the organisation and consider other informal methods to support the development of leaders.

Following the feedback from the previous ODSG, the ILDF has been reframed to provide learning pathways with greater emphasis on informal learning and less emphasis on traditional programmes of learning. Moel Famau, previously the programme for aspiring leaders, is now described as the pathway providing leadership for all.

HEIW's (Health Education & Improvement Wales) Leadership platform, GWELLA, provides all NHS Wales staff with access to a wide range of learning opportunities and resources to develop knowledge, skills, and competence as and when required.

We aim to develop our BCU hub further on the HEIW GWELLA platform. To ensure the ethos of leadership for all, the hub will empower staff to develop skills and knowledge in technical topics such as HR policies, finance, e-rostering, etc., through self-directed learning modules, which we will develop with SMEs. Staff will receive regular updates on any new resources and developments within the hub.

As part of our core formal learning offer and to develop the softer, transformational skills associated with Moel Famau, the leadership for all pathways and workshops will be developed and delivered on Compassionate Leadership, coaching, and courageous conversations.

Appendix 1 provides a high-level draft of the types of informal and formal learning opportunities available for staff to access within the ILDF, including workshops, seminars, online courses, and mentoring programs; this will be continuously updated to reflect developments. (Please note this is not the final format) Other leadership and development methods to support the ILDF but not exhaustive include:

- Leadership Alumni – A network for those who have previously attended Leadership programmes focussing on embedding learning across the organisation
- People Manager's Forum – A space where people managers come together to focus on development areas through networking, webinars, workshops, etc.
- People Managers Induction - Mandated for newly appointed people managers, also available for existing managers

- CEO Leadership briefings – Briefings where staff in band 8a and above are invited to attend updates from the CEO
- Internal Leadership Conferences—Various internal and external speakers and interactive workshops are open to all staff across the organisation.
- An audience with - An opportunity for a more intimate session with experienced internal and external senior leaders

Appendix 2 provides an example of what a hub looks like.

Review all stakeholder feedback from previous engagement activities, ensuring all themes are compared and contrasted

To ensure true co-design of the ILDF, we provided opportunities for staff to engage with the framework and share their thoughts and feedback. We undertook 54 engagement events across a variety of methods, which included:

- Creation of/and ongoing discussions with a Design group for the ILDF (with representation from across the organisation, specialities and experience in leadership and management development.
- 1-2-1 discussions with senior managers
- Leadership / Manager meetings, e.g. Informal Execs, Nurse Manager, Facilities manager meetings
- People and culture groups
- MS Teams engagement events open to all staff
- Leadership conference sessions
- OD (Organisational Development) Steering group

Feedback received from all the engagement sessions has been used to inform the development of the initial framework and ongoing developments. The collated feedback has been reviewed and themed with some of the verbatim comments, along with an update on what action we have taken in further developing the framework (see Appendix 3).

Add the current costs to the areas we currently have active and review the costs for the higher-level pathways.

The framework has been re-focused and moved towards a development pathways approach to learning; this will have a reduced impact on the costs. The framework will provide a greater focus on learning opportunities available externally (both formal and informal learning) alongside some core internal opportunities. The further development of the GWELLA BCUHB Hub will support the centralisation of this information and provide alternative methods of learning, which provide access to all staff across the organisation. This shift promises a more inclusive and dynamic learning environment for all.

The 2-year delivery plan (See Appendix 4, which outlines the timeline, key milestones, and responsible parties for each stage of the ILDF implementation) and the 2-year projected costs (See Appendix 5, which provides a breakdown of the expected expenses for each component of the ILDF) have been re-evaluated based on the ILDF's re-focus, as stated above.

Considerations

- The implementation of the ILDF internal formal learning opportunities, such as workshops, programmes, action learning sets, and people manager forums, are all dependent on the ability to access suitable training venues. Access to training venues across the Health Board can be a challenge; therefore, there may be a requirement for some elements to obtain venues externally that will incur additional costs. Access to internal venues will always be sought in the first instance.

- There are various psychometric tools available to support leadership and management development, some of which are free and widely available online. Other more advanced psychometrics, such as the Healthcare Leadership Model 360, and tools such as Insights and Disc, for example, incur costs for licencing, analytics and the production of individual and, where applicable, team reports. The use of psychometrics will, therefore, be assessed against specific needs and requirements and utilised appropriately throughout the framework.

Appendix 1: Integrated Leadership Development Framework Overview

MENTRO

ARCHWILLIO ARWEINYDDIAETH A RHEOLAETH

VENTURE

EXPLORING LEADERSHIP AND MANAGEMENT

Venture Leadership pathways 2023/24

Pathway name	Self-directed / informal learning opportunities	Formal learning opportunities
Moel Famau This leadership pathway applies to all staff across the organisation	• Gwella: HEIW leadership platform resource (incl. Compassionate Leadership hub, blogs, vlogs, events; training etc) • Core modules (Organisational Values; Equality, inclusion and neurodiversity; Wellbeing; Coaching and courageous conversations; Culture; Sustainability) • BCUHB Develop yourself module • Better by Betsi - Basics Improvement training (Online) • Open learn • Kings Fund • Academi Wales • NHS England Leadership Academy: Edward Jenner Programme • NHS England Leadership Academy: Foundations in System Leadership; collaborating in health and care • North Wales Public Service Lab • Bangor University: Alpha Academy Workshops • BCUHB Wellbeing toolkit • BCUHB Staff engagement toolkit • 1-2-1 Coaching • Mentoring • Internal secondments	• BCUHB Leadership modules (Topic workshops such as Compassion, Developing teams, Coaching and courageous conversation etc.) • Welsh Union Learning Fund (WULF) • Change Ambassador Programme • ILM in Coaching and Mentoring • ILM Aspiring Team Leader
Mynydd Mawr Foundations of leadership and management pathway	• BCUHB Foundations of leadership and management programme (Available online and via taught sessions) • BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) • Better by Betsi - Basics Improvement training (Online) • NHS England Leadership Academy: Mary Seacole programme	• BCUHB Events (Leadership conference) • BCUHB Foundations of leadership and management programme (Available online and via taught sessions) • BCUHB Nurse Education programme • ILM in Coaching and Mentoring • ILM in Leadership and Management

Venture Leadership pathways 2023/24

Pathway name	Self-directed / informal learning opportunities	Formal learning opportunities
Cadair Idris Mid-level leadership and management pathway	• BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) • NHS England Leadership Academy: Rosalind Franklin programme	• BCUHB Nurse practice development programme • BCUHB Advanced Nurse clinical practice and non-medical prescribing programme • Better by Betsi - Improvement in Practice
Tryfan Transition to senior leadership pathway	• BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) • NHS England Leadership Academy: Elisabeth Garrett Anderson programme	• Better by Betsi - Leading for Improvement • ILM in Leadership and Management Level 6-7 • Bangor University: Alpha academy academic study • Wrexham University: Systems Leadership training
Glyder Fawr Advanced senior leadership pathway	• BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) • NHS England Leadership Academy: Nye Bevan programme	• Better by Betsi - Leading for Patient safety • ILM in Leadership and Management Level 6-7 • Academi Wales: Summer School • Academi Wales: Winter School • Academi Wales: Aspiring Director Programme • HEIW: CLIMB Wales programme • HEIW – Advanced Clinical Leadership Programme • Leadership Alumni (Leadership Academy – NHS England) • Bangor University: Alpha academy academic study • Wrexham University: Systems Leadership training
Yr Wyddfa Executive development pathway	• BCUHB Management modules (incl. Finance, e-roster, policy specific training etc)	• Better by Betsi - Leading for Patient safety • ILM in Leadership and Management - Level 6-7 • Academi Wales: Summer School • Academi Wales: Winter School • Academi Wales: Aspiring CEO programme • HEIW: CLIMB Wales programme • Leadership Alumni (Leadership Academy – NHS England) • HEIW - Aspiring CEO programme • Bangor University: Alpha academy academic study • Wrexham University: Systems Leadership training

Appendix 2: Mental Health Leadership Hub

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Gofal Cymdeithasol **Cymru** Social Care **Wales**

Mental Health Leadership Hub

The **Mental Health Leadership Hub** area is designed specifically to support mental health professionals in their leadership journey. This is a resource for professionals at any stage of their career to develop an understanding of how leadership applies to everyone at all levels, and how practicing compassionate leadership can benefit both our staff and patients within mental health services in Wales.

Strategic Overview

Leadership Programmes

Leadership Resources

Compassionate Leadership Hub

Compassionate Back to top ↑ lf-Assessment

Appendix 3: Feedback themes from ILDF engagement events

Theme	Feedback	Actions
Develop role modelling / Mentoring	- Leadership and role modelling must be developed at that senior level as there is no one internally.	Mentoring process being looked at for all levels, including reverse mentoring
External opportunities	- How do we create a space for Inspirational conversations with people outside of our organisations - exemplar people for short conversations about how we do things, e.g. David Brailsford. - How are we gauging the effectiveness of the external offers that we have scoped? - Happy that the framework clearly identifies internal and external providers /opportunities - Greater focus on current opportunities available, such as Gwella	- The plan is to house the ILDF of Gwella. This will widen access to seminars where staff can network across NHS Wales and explore inspirational conversation spaces. As part of the application process, we are looking into developing the system so that it can automatically contact a member of staff after attendance on a programme that they applied for to seek feedback (this will be done through an automated email or survey sent to the participant). This will be our avenue to explore the effectiveness of all opportunities that we signpost staff to. - The framework layout will look very different in the Gwella platform from what it does in the PowerPoint document. Gwella provides greater flexibility for us to focus on the informal and formal learning opportunities that staff can access.
Compassionate/collective and inclusive approach	- Compassionate, collective, and inclusive approach...we need to understand what that means to people. - Compassionate leadership is banded around, and M West's name is along with it, but it stated that it is inauthentic to just quote things.	- HEIW are creating 4 compassionate leadership modules that will be available on the GWELLA page which staff will be signposted too as part of the ILDF. A separate piece of work will be underway to examine how we deliver events/workshops on compassion for all staff as part of our Culture review and to supplement the HEIW online learning offer.

Framework levels	- Very supportive of the ILDF, the local names and links to North Wales mountains, as well as their being programme opportunities at all levels of leadership and management across the organisation. - Hierarchical. What is different about this? Need a clear definition between Leadership and Management. Does not seem much difference in external offer for the top two tiers. Smallest mountain lowest level- where the most staff are lowest level. Golden thread down the middle and core elements are small down the side, not showing its importance, can we move to the first column to come first. East have lower base of mountains, can we use something else like lakes, football clubs. Older workforce- how they feel not having a crack at the whip. Career progression. Engagement with those who will not have been keen before. Some structure with knowing what levels and know where I sit- gives guidance on where I should be looking. Need a visible platform, easy to navigate, clinical staff to accessing the information. Protected times. Different platforms- choosing to do in own time- resource allocation. In the framework document, could click on for further information in which the banding will be displayed. Equal access to people, the framework includes everybody. - Fewer levels will create flexibility in choice An aspiring managers programme is needed - lots of people can think of that would benefit	- The majority of feedback suggested that there were no issues with the six levels in the framework, with many stating that they liked the clear development opportunities as it made the pathways seem more accessible. There were only two comments made by individuals on the possibility of fewer levels in the framework, but due to the fact that this was a minority voice, we stayed with the majority.
Time to learn	- Further info needed on self-study time and modules - Issue with release for training - How the programme will be delivered will be a problem, i.e. releasing staff - no way would be able to attend now. Culture will drive safety and quality within the org. Supportive of an ILDF as there is currently no development available. Professional code of conduct changing HCPC - have to demonstrate leadership rather than just know about it; this will impact - Requires robust application process and outline how people are considered for the programmes	- Robust application process to be created to obtain agreement from Line Managers for self-study and time to train. Once the platform is ready, an awareness/training session will be provided for staff. - The plan is to include applications for development/study into the BI dashboards to monitor fairness and equality for all.

Suggested contractual obligations	- Likes the idea of a contractual obligation as a means for consistency in leadership as we are often promoted for technical ability - Agrees with the contractual/mandatory obligation as long as there is quality in the offer. - 100% agrees with the idea of the contractual agreement for consistency. - Likes the idea of contractual obligations and she would add in the career coaching at senior levels. - Majority of feedback in relation to this was in support with only a few who thought that it should not be contractual but more of an offer to complete within the first 3yrs of employment	- There was a sense in the main that making elements of the learning pathways mandatory dependent on role would be a beneficial move for consistency in leadership and management approach. We have reviewed the current capacity within the Health Board to deliver on the ILDF and have taken on-board feedback a more self-directed approach with light touch from an internal perspective, which would allow greater opportunity for all.
Core elements	At some point, we need to be looking at the core values of our organisation and ensure that we are threading through all of our programmes what the expected behaviours are and that we are held to account on them. The underpinning pillars of all programmes in the framework.	Core elements have been updated to include the organisational values. A separate piece of work is underway to connect with staff to review wording/language.
Required elements missing	- Feel framework requires specific training on topics such as: Leading change; Motivating others; Identifying internal and external motivators in self and others; Framing a proposal/argument, Leadership as a moral endeavour; Matrix working; Team building etc. - Opportunities for shadowing as a way of informal learning	- The ILDF is an ever-evolving piece of work, and the team are constantly updating what external offers are available and signposting staff to that. We intend to utilise the Gwella platform to its full potential alongside other internal pieces of work such at the Staff Engagement Toolkit launching in April 2024.
Variety of learning opportunities required	- Need to be mindful of different cultures e.g. Welsh, some not been in universities and scared with no confidence to attend programmes. Need to consider alternatives such as work based learning, have learning hubs with blended learning where people can attend remotely. Supportive of idea of ILF, need to hold taster sessions so people know about it. A strong comms plan needs to be behind it as well as a strong brand. Senior leaders need coaching skills to get the best out of their teams, to develop future leaders. (Core skills include influencing and facilitation skills). Need to grow our own, invest in work-based learning, and have a support structure in place for this where people are supervised and provided with feedback. In-house accredited courses. ALS should be weaved into programmes. Back to basics support e.g. toolkit when	The ILDF encompasses a variety of learning opportunities from informal to formal learning' face-to-face and online; signposting to self-directed learning, blogs, vlogs, events, workshops etc.

	managing change, nurturing, and developing staff. - Academia is not the be all - we have to take on board experience and provide opportunities for experience as well as academic paths too. - Blended approach to learning - experience is very important	
Currently limited availability to support the need	- Only been on 3 leadership sessions since he joined 5 years ago and that is mainly of late, with Silvermaple. - The programmes are needed sooner rather than later and suggested that time is pushing on - Funding implications	Next stage of the ILDF is to draft an implementation plan to share with the OD steering group. If approval gained, the team will be working on the implementation plan with a view to launch fully later in 2024.
Learning needs to be more formal	Recently promoted - thrown in and left to own devices, the learning should be more formal - not about just who you know, not a well-managed process currently.	The plan is to socialise the ILDF widely with the help of Senior leaders, network contacts and the communications team to promote the various pathways available. The application process that is being built, in time will provide information that will highlight those applying for formal learning and the rationale from the managers behind their approval or rejection of the request in order to map out any trends etc. for a firm focus on the equality of the process.
Identify development areas	- Do we use 360's to signpost what we have, to develop any gaps? - Finance academy have a competency matrix - looking at expectations and gaps	- Initially PADR (Personal Appraisal Development Review) conversations with staff should highlight such areas - HEIW have built a 360 online tool that staff can access which is focused on compassion and this too should help bring about a focus on areas for development - The Moel Famau - Leadership pathway for All, will also have an online programme on how to develop yourself which will have a basic free personality questionnaire and a strengths profile which can also be utilised to highlighted development areas for staff.
Mentoring opportunities to share learning	- Formalise mentorship - May be too academic can we include shadowing, mentoring, coaches etc. in there? - Mentoring needs to be part of the offer	Coaching and Mentoring have been added to the framework and a separate piece of work will be underway to introduce mentoring across the organisation. Information to be provided on both traditional mentoring and reverse mentoring.
General look of ILDF	- Analogy of trying to climb a mountain could be seen as negative - but need to encourage and bring people into it - Looks good as a framework - happy with levels stated - Clear pathway - Good to have images to aspire to, and it implies advancement	- Overall, the feedback on the general look of the ILDF is positive. We acknowledge that it cannot suit everyone and therefore we have taken a majority approach. Alterations to the framework have been made following engagement sessions and shared with the overarching design group.

	- Provides an insight to what is on offer - Well structured - Making sure we have interactive links - Great as provides a guide - Good to see leadership included for lower grades - Making it clear that the internal offer would be a multi-disciplinary offer, the external will inc 'other' - Looks good but would like explanation/definition of headings (what does an internal offer mean) - Easy to read - clear layout - Provides a clear vision for new leaders - Visually accessible and appealing - Enables workforce to see leadership development is relevant to all - Lack of consistency in the past, this frameworks indicates an intention to a more consistent approach - Specify between clinical and non-clinical	
Golden thread	- Golden thread and core content should include the culture message - Golden thread also need to include the sustainable quality improvement	A separate piece of work is underway in relation to the Culture of the organisation. Further details will be made available once this work progresses
Language in framework	- Review wording on the mountains - Review the information on who the pathways are for to ensure they are inclusive - Potentially need to take 'banding' out of the document and use them for the application process only - Remove '&' from ILDF documentation - Require Welsh version - Liked the ILDF and how it looks and the principles behind it. To change culture, we need a common language and consistency. Need flexibility around tiers. Agree with mandating Foundations and that people must attend within a specific period of being appointed to a post - Dislike for "the Betsi Way" part of the framework strapline. Suggestions that it brings negative connotations based on previous lived experience here at Betsi.	Wording reviewed and recommendations utilised to bring in-line with requirements. In addition, the banding information has been removed. ILDF will be fully translated into Welsh once approval received / finalised.

Talent pool	- Talent pool across North Wales - does not happen - Need for talent management tool and process within Betsi and to have career conversations at all levels to drive up development. - Talent conversations are really important - looking at gaps	A separate piece of work is planned to look at how we create a Talent Pool for BCUHB, linking into the HEIW process that has commenced.
Reflection required	We need to build in true deep reflection into all of our programmes - transformative reflection not just the Gibbs/Rolfe models. She has been taught and has taught this method herself and believes it is highly effective.	- As part of the support element within the ILDF, there are plans to introduce Action Learning on a regular basis for all staff to book onto. This process aids reflection and practices group coaching with the aim of helping the person who requires support to find solutions to their challenges.
Education committee required	As an organisation we have never had an education committee - one has just formed and in infancy and should have WOD representation.	OD Steering group commenced in addition to the current design group for the ILDF
Linking HR policies	HR Policies linking into special measures - what info people need e.g. finance, compassionate leadership	- As part of the suggested implementation plan, we will look to develop online recordings or training sessions on the technical elements of managing at BCUHB. These would be housed on Gwella for all to access and to support learning in the moment for those managers who require support when they are undertaking tasks. The plan would be to regularly review and update the online material to ensure that it is always current.
Flexibility	- Can't just be one generic development for all. Need to be proud around leadership - need to be developed in what that is. Generic development is not for one particular group. - Keen for colleagues to be given the flexibility to choose 'options' specific to their interests, so a set of core requirements but a range of optional modules/topics available. - Experience should count - Can individuals access specific individual modules instead of the whole programme	- A pathway approach is being undertaken rather than a fixed programme. The six levels of the framework would remain with signposting to different learning opportunities at the various stages within a staff's career journey. There is no fixed programme, purely options for staff to tap into based on their own development needs

Appendix 4: Proposed schedule for Years 1 & 2

During the first 12 months, Moel Famau, Leadership for All, and Mynydd Mawr will receive priority, as will establishing the People Managers Forum. The plan will be reviewed annually.

Pathway		Year 1 (Apr '24 - Mar '25)												
	Formal learning event	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total events**
Moel Famau For all	Workshops*	0	0	0	3	3	3	3	3	3	3	3	3	**27**
	Action Learning Sets	0			3			3			3			**9**
Mynydd Mawr Foundations of Leadership	Face-to-Face programme	0	0	1	1	1	2	2	2	1	0	2	2	**14**
	Online programme	1												**1**
Mynydd Mawr through to **Yr Wyddfa**	People Manager Forum	0			3			3			3			**9**
Glyder Fawr Advanced senior leadership	Advanced Clinical Leadership Programme **	1												**1**

Pathway		Year 2 (Apr '25 - Mar '26)												
	Formal learning event	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total events**
Moel Famau For all	Workshops*	3	3	3	3	3	3	3	3	3	3	3	3	**36**
	Action Learning Sets	3			3			3			3			**12**
Mynydd Mawr Foundations of Leadership	Face-to-Face programme	2	2	2	2	2	2	2	2	1	0	2	2	**21**
	Online programme	1												**1**
Mynydd Mawr through to **Yr Wyddfa**	People Manager Forum	3			3			3			3			**12**
Glyder Fawr Advanced senior leadership	Advanced Clinical Leadership Programme***	1												**1**

* Workshops to comprise of topics such as Compassionate Leadership, Coaching and Courageous conversations.
**Delivered and funded by HEIW for 2024
***Pending full programme evaluation

Appendix 5: Proposed costs for Years 1 & 2

Year 1 (Apr '24 - Mar'25)			
Formal learning event	**Max delegates per prog/session**	**# scheduled prog/session**	**Approx. Cost per delegate**
Moel Famau: Workshops	50	27	£2*
Moel Famau: Action Learning Sets	50	12	£2*
Moel Famau: Aspiring People Manager online programme	160	1 (continuous)	£25
Mynydd Mawr: Foundations of Leadership and Management online programme	160	1 (continuous)	£25
Mynydd Mawr: Foundations of Leadership and Management face-to-face programme	25	16	£60*
Glyder Fawr: Advanced Clinical Leadership Programme	26	1	£0 (Funded by HEIW)
All People Manager/Leadership levels: People Managers Forum	50-100	9	£2*
Totals		**66**	

Year 2 (Apr '25 - Mar'26)			
Formal learning event	**Max delegates per prog/session**	**# scheduled prog/session**	**Estimated cost per delegate**
Moel Famau: Workshops	50	36	£2*
Moel Famau: Action Learning Sets	50	12	£2*
Moel Famau: Aspiring People Manager online programme	160	1 (continuous)	£25
Mynydd Mawr: Foundations of Leadership and Management online programme	160	1 (continuous)	£25
Mynydd Mawr: Foundations of Leadership and Management face-to-face programme	25	21	£60*
Glyder Fawr: Advanced Clinical Leadership Programme	26	1	£2,770**
All People Manager/Leadership levels: People Managers Forum	50-100	12	£2*
Totals		**84**	

NB. The framework provides greater signposting to free learning opportunities, although formal learning opportunities, which will incur costs, are also being signposted within the framework. Training budgets outside

of the above have previously been devolved into divisional budgets, and where possible, signposting to external funding for formal learning and psychometrics will be provided.

* Costs may increase if internal training venues are unavailable and therefore external venues are required.
** Cost includes a 3-day residential to encourage Networking and Team building, as well as external speakers delivering elements of the programme.

Staff Engagement Measurement

ACTIVITY	DETAILS	MEASUREMENT
Affina (Aston team based working tools)	We are currently exploring ways in which we could offer this	Number of participants Number of completions Feedback
#BetterbyBetsi	The Betsi improvement community for colleagues with a shared interest in quality improvement and sharing best practice and learning	Membership Engagement on the Yammer hub and Betsi.Net pages Number of QI course sign-ups
Board members walkabouts	Opportunities for Board members to meet colleagues across the Health Board in a multitude of different roles to discuss challenges and opportunities and learn about their work	Number of teams visited Richness/themes in conversations and ongoing dialogue Feedback from staff
Chief Executive leadership meetings	Quarterly MS Teams meetings that attract between 200 and 250 senior leaders (Band 8A and above) for discussion and questions on key topics, chaired by the Chief Executive and attended by other Executives and members of the Board	Numbers of colleagues joining (are numbers increasing or reducing?) Engagement of colleagues in the conversation Teams 'chat' feedback Follow up questions
Chief Executive visits to teams across the Health Board	Ad hoc visits following invites from teams to learn more about specific services	What staff are telling the CEO Ongoing dialogue Feedback
Engagement toolkit	A toolkit designed to support staff at all levels to improve engagement will be available to staff from April. Contains strategies, hints and ideas as well as signposting to further information and resources.	Number of visits to the toolkit page Feedback Use of recommended resources e.g. Padlet to support engagement across the organisation
Leadership alumni	This is a concept we intend to take forward in the coming months connecting those in the organisation who have attended leadership courses and who	Membership levels Attendance and engagement in meetings

	have an interest in leadership e.g. colleagues who have completed the CLIMB programme and other advanced leadership programmes. NB pre-COVID 19, there was a *Team Betsi* forum to develop relationships and connection amongst senior leaders and learning can be extracted from that to shape a new alumni network.	Shared learning outcomes
Leadership conferences	Bringing together colleagues from across the organisation to offer practical learning and support and opportunities to network and engage	Number of attendees Engagement of attendees in workshops and Q&A sessions Views of the Betsi.Net page on the events, including video of the highlights Engagement on social media channels e.g. Linked In and X Responses to feedback survey
Long Service awards	Colleagues who have achieved 25 years' service are recognised and three ceremonies are held each year (one per geographical area - West, Central and East) to celebrate and recognise our staff. A special afternoon tea is held, and each colleague receives a £100 voucher, a certificate and a personal citation.	Number of applications (191 applications have been received for this year) Attendance at the events and feedback from recipients Engagement with the promotional content on Betsi.Net and social media
NHS Wales staff survey	Details above	Completion rate compared to NHS Wales average (20 per cent of our staff - some 4,000 employees - completed the 2023 survey) Emerging themes Feedback on the process of completing the survey Attendance at follow up events locally Engagement with action plans locally

Performance Appraisal and Development Review (PADR) data	Annual Performance Appraisal and Development Review, which is now linked to pay progression. The NHS Wales Staff Survey contains three questions about PADR in the 'need for contribution' section.	Completion numbers (PADR compliance on the 31st of January 2024 was at 78.23 per cent - the highest compliance has been in many years) **HAVE WE GOT A MORE RECENT FIGURE? KATIE** 360-degree feedback
People Managers Forum	This has yet to start but the ambition is for this to be established in Q3 2024/5. The aim is for people managers to improve their people management techniques and to openly discuss their challenges in a safe space. This will be more focused on HR matters i.e. the better basics for people managers and will provide practical support, advice and solutions on things that matter to staff e.g. their pay and rotas.	Number of participants at each session to monitor if the engagement grows Improvement in ability of managers to deal with local issues without formal HR intervention e.g. reduction in queries to HR teams Suggestions for improvement from members and feedback about the impact of the forum
Pulse Surveys	Pulse surveys are short surveys designed to take a 'temperature check' in real-time to assess levels of engagement, advocacy and motivation and can be tailored to specific priorities and areas of focus. Equally, they can be utilised as part of a 'deep-dive' into areas that require further investigation and support. We aim to address survey fatigue by offering colleagues incentives to complete them, though the biggest incentive will be demonstrable action being taken in response to what we hear. It is important also that they are aligned to the timelines of the annual staff survey, so that there is no overlap.	Completion rates Results will inform the development of a culture dashboard and reports and analysis will be made available at both summary and detailed levels to enable improvements to be tracked and monitored
Seren Betsi	An organisational reward and recognition activity that sees successful nominees receive a trophy and certificate from a member of the Executive Team which is currently under review. Work is underway to explore how Seren Betsi might connect with the simpler recognition tool that launched last year, Greatix.	Number of nominations Feedback from recipients and their teams
Speaking Up Safely	Speaking Up Safely (SUS) provides a mechanism for staff to raise concerns either anonymously via the Work in	Data about themes, trends and use of the process, including the

	Confidence platform or in conversation with one of the organisation's Speaking Up Safely Guardians so that these concerns can be worked with and wherever possible, resolved.	number of conversations raised and staff experience of using the process The data above is also shared with staff via Betsi.Net and forums such as Local Partnership Forum (LPF) as part of wider organisational learning efforts
Staff Achievement Awards	Annual event to mark the efforts of colleagues across the organisation, attended by up to 450 guests including staff, sponsors and partners. There are ten award categories that celebrate innovation, excellence and leadership. Nominees and their nominators attend the event for free, but other staff are welcome to attend for a subsidised fee of £25.	The numbers of nominations received for the organisation's annual recognition and celebration event (these have grown year on year with 431 nominations this year) The number of guests at the event (last year all tickets were sold before they went on general sale, indicating that not only do staff want to attend, but they are also happy to pay to attend) Guest survey feedback Engagement with promotion of the pre and post event news on our digital channels including Betsi.Net and social media Views of the events which is live streamed and of the highlights video on Betsi.Net
Team Brief	Following each Board meeting, the Communications Team produce a document intended to assist leaders and managers to share with their teams they key news from the meeting. The aim is that the briefing session facilitates a conversation between teams about how the Board business relates to them and their work. The document and guide to chairing a briefing session is all on BetsiNet to support 'briefers' and they are	Number of staff attending Team Brief meetings (via random contact of staff to ask if they receive Team Brief updates) Views of Betsi.Net Team Brief pages

	encouraged to follow up any questions or queries they receive during the briefing sessions, which leaders arrange locally.	
Video messages from Board members	These are generally weekly and involve a member of the Board (the Chief Executive, Chair or Executives) talking personally to staff about topics of importance and setting out the Health Board's priorities and agenda. These attract between 2, 000 and 4, 500 views per week	Number of views Number of visits to the Betsi.Net page Comments and interactions on the BetsiNet page e.g. likes, suggestions etc.

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

Reporting Committee:	**Quality, Safety & Experience Committee**
Committee Chair:	Caroline Turner, Independent Member
Date of last meeting:	15.8.24
Paper prepared by:	Fiona Lewis, Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the meeting held on 15.8.24 at Carlton Court:

- **Patient Story**
  The Committee was presented with a story from a patient who described her experiences going through both BCU services and the National Welsh Gender Service, noting some of the challenges along with the positive outcomes experienced whilst accessing the Trans & Gender Diverse Voice Service.

- **Service Presentation from Women's Services**
  The presentation was balanced and informative and described the successful implementation of improvement plans. It was noted that BCUHB is the only Health Board in Wales that had fully implemented the Saving Babies' Lives initiative established in England a number of years ago, which incorporated sound, evidence-based measures to enable the demonstration of improvements in both pre and post-natal care. The initiative was adopted by BCUHB following an increase in stillbirths in 2019 and following the dramatic reduction of stillbirths in North Wales, MatNeo now recommend its implementation throughout Wales. Women's Services are currently working towards seeing if the local implementation of Preconception Care, as part of the 10-year plan, can be adopted nationally.

  Based on knowledge of the national policies that influence and shape the Health Board's delivery of Women's services, The Director of Midwifery and Women's Services was asked for her assistance in shaping the organisation's strategies in its 3/5/10 year plans.

- **Integrated Quality Report**
  The Committee noted the report was more balanced, now that it contained more clinical effectiveness information along with more successes and improvements, as had been requested by the Committee.

  The report addressed:

  - developments surrounding oxygen usage and mandatory training following the work carried out with British Oxygen Company (BOC); The Coroner's positive feedback was also noted.
  - the work that had recently begun on the Executive-led quarterly review on Hospital Acquired Pressure Ulcers (HAPU), like that carried out around the reduction of Falls; there was a great deal of energy being put into this by both the Integrated Health Care (IHC) directors and divisions, to develop and improve systems to reduce HAPUs
  - Members were shown the newly developed dashboard, created by the Deputy Director of Quality's team and IT, which staff will have access to. The dashboard will provide real-time data from the Datix system, about incidents, where they are and their severity. All this information to be accessible not only to aid staff, but to advise Board and the national team going forward. The

Organisation is currently liaising with other Health Boards across Wales, demonstrating the system's obvious benefits.

- Confirmation was received that through funding made available by Awyr Las, Chris Turner, an Emergency Medical Doctor who was the founder of a well-respected piece of work on Civility training, shared his experiences. Following on from this, 50 Civility champions were able to be trained across the Organisation – these include a mix of all professional groups – medics, allied health professionals, nursing, pharmacy and some support staff – with the aim that this becomes a self-sustaining network, once they have been provided with suitable resources.
- It was noted that due to feedback from both the Committee and Board, this and future reports would include more evidence of learning and challenges in specific areas, and where findings from Audit have led directly to improvements in patient care.
- A report was expected towards the end of the year, following the recent inspection into the management of ionising radiation regulation compliance, however preliminary feedback had been very positive, with no significant issues raised.
- To share good news, such as the Learning from Excellence – Great-ix stories - with the public, it was noted that there had been just fewer than 2,000 submissions in the 12 months since the system went live, and that a newly developed Quality dashboard will afford staff across the Organisation access. It was also noted that every month the Communications team picks samples for public relations, along with publication on both the Health Board's website and the intranet. Members were pleased to note that each contributor was being recognised and received a personal certificate from the Chief Executive, which is very important for staff morale.

- **Integrated Performance Report**

  It was noted that Public Health nationally showed concern regarding vaccine reluctance. COVID and Respiratory virus vaccinations' statistics showed that there seemed to be a steady decline in take-up as some members of the public wrongly assume that Covid is no longer a big health issue. It was noted that there was a concerted effort to encourage the take up of the pertussis (whooping cough) vaccinations, as figures showed a significant increase in the number of deaths caused by pertussis, compared to the expected mortality rate. For young babies, the best prevention is the vaccination of expectant mothers. She noted that these concerns were recognised across the four nations and that work was being done around the narrative with vaccinations for mothers-to-be and the elderly – particularly as the Respiratory Synctialvirus (RSV) vaccination programme was about to be introduced and this is a major cause of morbidity and mortality in both very young children and the elderly.

  It was noted that there had been an increase in the number of COVID cases coming through the organisation, but Members were assured that staff were especially vigilant around hospital-acquired COVID. However certain sites had a limited numbers of side rooms and patients with COVID were having to be treated in open-bay areas. In these situations, the use of pods was being investigated.

  A discussion took place regarding the need to work with managers, staff and teams to motivate them to ensure that they appreciate that the information they provide for these reports is taken seriously at all levels - Board, Committee and Government

levels. The vast amount of information provided needs to be simplified and creatively shown to staff in a way that assists clinical teams to critically review themselves and take ownership; and for staff, divisions and Integrated Healthcare Communities (IHCs) to be able to compare themselves to learn.

- **Infection Prevention and Control Annual Report**
  Regarding the recruitment of extra Facilities staff, the Executive Director of Nursing and Midwifery's team described the problems that had been encountered, however her team were working to support Facilities to work with local communities to help local people back into the workforce; they would also offer support and wrap-around care, if needed.

- **Challenged Services Report – Cancer and Oncology**
  A discussion took place around ongoing recruitment problems and were advised that the Oncology team had identified existing staff who were being trained up to address some of the recruitment issues.

  Now that there are more treatments becoming available, the ability to deliver was becoming more difficult. It was noted that this is an All-Wales concern and that solutions are being sought to this challenge.

- **Challenged Services Report – Urology**
  It was noted that there had been a failure to recruit replacements of the two clinical leads, despite extensive attempts, resulting in both Deputy Executive Medical Directors taking responsibility for providing clinical leadership and guidance to move the Service forward.

  It was confirmed that a final decision had yet to be reached as to the ongoing Service redesign. Executives had appraised the options and, with support from both the Transformation and Improvement team and Quality Management, will help determine what the workforce model should look like, which will then determine whether they go for a two or three- site service reconfiguration. It was noted that there had been patient involvement throughout the process, via the Strategic Improvement Group.

- **Health Board Response to the Royal College of Psychiatrists Invited Review Services Report**
  The report outlined and clarified the new governance approach being taken, by establishing the Expert Advisory Group, a sub-committee of the QSE, to oversee the creation of, and trajectory against, recommendations of the Royal College of Psychiatrists Invited Review Services Report (RCPsych Report). The Group would be independently chaired, with both family and user representatives, and Llais included as members.

  It was noted that recent meetings involving Chair, Chief Executive, the Executive Director of Allied Health Professionals and Health Science, the Interim Director of Mental Health and Learning Disabilities (MHLD) and both Llais representatives and some Tawel Fan families' members, although challenging had also been very productive. It was noted that it is now considered fundamental that people who had experienced poor care in the past are now able to influence the Health Board's future direction.

- **Corporate Risk Register**
  The report highlighted two risks that were over the tolerance set by Board – (1) Failure to Embed Learning, and (2) The Primary Care Risk.

  It was noted that despite several actions having been progressed, no risk scores had been reduced. The Executive Director of Nursing and Midwifery explained that with regards to the 'Failure to Embed Learning', there was a great deal of evidence across the Health Board that actions were being progressed, however it had been felt that until there was undisputed evidence that reduction in incidents was due to the learning, the risk score should not be reduced.

  It was noted that the NHS Executive wished both the Learning Repository (which once completed will be a first of its kind for Wales) and the Terms of Reference for the Learning Forum, will be cascaded across Wales as they have both been identified as 'best practice'.

- **Joint Commissioning Committee Quality Committee Chairs Report.**
  The report was noted.

- **Quality Delivery Group Chair's Report**
  The report was noted.

- **Summary of Business to be Reported from Private**
  The report was noted.

- **Committee Cycle of Business and Committee Workplan**
  The report was noted.

- **Organ and Tissue Donation Committee Annual Report**
  Members noted the important work carried out by the Committee and urged The Board to support where possible, with suggested attendance at the annual service held at St Asaph Cathedral. It was acknowledged that the Committee's work was often not discussed, however it was extremely important to families that it be recognised

In private session the Committee were provided with Progress Reports in relation to:

- **Confidential Quality Report**
  The Committee received an update.

- **Final Draft of Annual Quality Report**

Approved minutes and papers are available on our BCUHB website: Quality, Safety and Experience Committee - Betsi Cadwaladr University Health Board (nhs.wales)

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 Thursday, 24th October 2024.

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

Reporting Committee:	**Quality, Safety & Experience Committee**
Committee Chair:	Caroline Turner, Independent Member
Date of last meeting:	6.6.24
Paper prepared by:	Fiona Lewis, Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the meeting held on 6.6.24 at Carlton Court:

- **Patient Story**
  The Committee noted a story from a patient describing the lengthy wait for treatment for an ankle injury; the impact the year long wait was having on their physical health and ability to work; the poor communication; the lack of support and not knowing where to go for help.

- **Quality Report**
  The Committee noted the report and understood that the report gave the Committee the narrative on the recent oxygen no-flow incident, falls, the Improvement Plan regarding Pressure Ulcers, the ongoing focus by the Integrated Health Communities (IHCs) and Divisions to reduce the number of open and overdue National Reported incidents (NRIs), Patient Safety and information on Safeguarding and Infection Control.

  Information was also provided regarding the completion of work around the recent measles outbreak for which very positive feedback was received from Welsh Government and Public Health Wales; the Infection Prevention and Control (IPC) audit of care homes; pathways for concerned people following Infected Blood Inquiry and the progress regarding Elimination of both Hepatitis B and C Welsh Health Circular.

  The Clinical Effectiveness section of the report noted both progress and lack of staffing resources and how this impacts on the serves.

  The report noted that the organisation was still awaiting the report and decisions from the HIW regarding Ysbyty Glan Clwyd's Emergency Department.

- **Clinical Service of Concern Report - Vascular**
  The Committee noted the review and were pleased to note the progress. Discussions took place on the narrative, along with the lack of resources and how this would impact on targets.

- **Quality Delivery Group Chair's Report**
  The Committee noted the report, which highlighted a number of service pressures and concerns.

- **IHC Regional Service Quality Deep Dive – East IHC**
  The Committee noted the report which provided narrative on the reporting structure, their achievements, the ongoing improvement in the Harms indicators, the actions taken to continually improve, continuing areas of concern and a summary of risks, actions and mitigations. Members were pleased to note the improvement in both staff morale and retention.

It was noted that the differentiation between 'community acquired' and 'hospital acquired' pressure ulcers had been removed, which it was felt unfairly distorted the figures; this concern had been fed back to Welsh Government.

- **Integrated Performance Report**
  The Committee noted the report which noted the Health Board's Smoking Cessation Service was second best in Wales at 6.5%, and also the impact that the lack of electronic medical patients' records had on the organisation's clinical coders.

- **Corporate Risk Register**
  The Committee noted and received assurance on the management of the six corporate risks of which it had oversight.

In private session the Committee were provided with Progress Reports in relation to:

- **Confidential Quality Report**
  The Committee received an update.

- **Learning from investigations update**
  The Committee received an update.

- **Insourcing**
  The Committee received an update.

Approved minutes and papers are available on our BCUHB website: Quality, Safety and Experience Committee - Betsi Cadwaladr University Health Board (nhs.wales)

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 Thursday 15th August 2024.

Teitl adroddiad: ***Report title:***	Annual Quality Report 2023-24 *Incorporating the Annual PTR Report and Annual Duty of Candour Report*
Adrodd i: ***Report to:***	Board – Public
Dyddiad y Cyfarfod: ***Date of Meeting:***	26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to present to the Board the final draft of the Annual Quality Report for discussion, noting that there are some further refinements and the Board is asked to delegate approval of the Annual Quality Report to the Quality and Safety Committee. From April 2023, The Health and Social Care (Quality and Engagement) (Wales) Act 2020, requires NHS bodies to publish an annual report on the steps they have taken to comply with the duty of quality – **Annual Quality Report**. The report must include an assessment of the extent of any improvement outcomes in the steps the Health Board have taken to improve the quality of the health services we provide. Most importantly, the report must be meaningful to the Health Board, stakeholders and our population if we are to optimise learning, sharing and improvement opportunities. The Health Board is also required under the same act, to report annually on compliance with the **Duty of Candour,** from April 2023. The Duty of Candour guidance recommends that this is included in the **Putting Things Right** Report which is published each year. Therefore, in order to streamline, the Annual Quality Report incorporates all three regulatory duties. This is therefore, the first report of its kind. The NHS Wales Executive have provided support to the Health Board and other NHS bodies by providing some fundamental principles to be considered when developing the Annual Quality Report under the Duty of Quality. In terms of what needs to be included within the report, the duty outlines the following: • A look back at what has been achieved, including where things may not have gone well. • A look forward about the organisations quality priorities and ambitions for the upcoming year, alongside how progress will be monitored. • Describe what key strategic decisions have been taken, and how the duty of quality has informed these decisions. • Describe the progress and challenges on our quality journey to our population and stakeholders, in a meaningful way • Reflect the breadth of the domains of quality, quality enablers and quality management system. • Develop a so-called 'always on' reporting mechanism (how we collate, monitor and make information about the quality of our services readily available to our population. • Demonstrate the duty of quality decision-making, action taken following learning, quality improvement and ultimately, improved outcomes for the population. Many of the changes the Health Board are making as part of the Special Measures work will ultimately improve the way we approach quality as an organisation. Therefore, the report focuses on the work of special measures as this reflects and includes our current position in terms of our quality journey. In terms of the Duty of Candour, the Health Board has received limited guidance other than what is contained within the statutory guidance, this includes the requesting of Duty of Candour reports from Primary Care

Providers. We plan to work with partners and stakeholders ahead of next years report in order to standardise the approach. Whereas in terms of Putting Things Right, the reporting requirements remain as they have previously.

The following areas have been reviewed and updated following feedback from the QSE Committee of the draft in June 2024:

- **Review of Putting Things Right / legal terminology within Annex A of the report**; Consideration has been given to the language / terminology used in this part of the report. Whilst it is a requirement to report on particular areas of PTR under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, the report has been amendment to try to ensure it is providing an explanation for any PTR terminology used.
- **Ensure the report in its entirety can be understood by service users and the wider public**; The Health Boards Patient Experience and Communications and Engagement colleagues have participated in the co-production of the report and will be key to assisting the Health Board with understanding how it can improve the report to become a more service user led report moving forward into the future. The BCUHB Engagement Group (with Llais membership) mentioned within Part 6 of the annual report, will be key to this work. In addition, the Health Board will ensure that plans are put in place ahead of the next reporting year, to ensure that the cycle of business for the report includes stakeholder and partnership forums which it has not this year for the main reason of time constraints and clarification with this being the first report of its kind under the new duties (duty of quality an candour).
- **Identifiable information – Never Events;** the committee expressed concern with regards to the Never Events data provided within Annex A of the report (PTR) due to the low numbers reported, of 6. Advice has been sought from Information Governance who have confirmed there is no requirement to use the 'less than 5' principle, namely as the risk to identifying patients from such large geographical area and lack of specific information as to where and who treated them for what, is minuscule.
- **Part 5, Looking Forward at 2024-25;** the committee recognised the amount of detail contained within the 'Part 4, Looking Back at 2023-24' part of the report and expressed that Part 5 would benefit from further detail in relation to the work outlined in the Health Boards Three Year Plan 2024-27. This has been updated to now include the Health Boards 5 Strategic Objectives, the design approach and the SMART delivery plan.

The following areas have been reviewed and updated following feedback from the QSE Committee of the final draft in August 2024:

- **Part 3, Duty of Quality;** the committee felt that the use of the word 'challenging' located within the 'What has challenged us?' section could be perceived with a negative view. Therefore, the first few lines of the section has been re-phrased and is now written as providing an opportunity.
- **Part 4, Looking Back at 2023-24;** the committee discussed the 'Outcome 5- Recognition of BCU as a learning and self-improving organisation' section and the headings 'Achievements so far' and 'Areas to stay focused on 2024/25' within that section.

  The committee questioned the need for the narrative in relation to a Healthcare Public Health Programme focusing on diabetes (prevent and care). They agreed that as diabetes is not the only area of focus

in terms of Public Health Programmes, that the specific point in relation to diabetes should be removed. This has been removed.

- **Part 5, Looking Forward at 2024-25;** the committee identified that under the heading '5 Strategic Objectives', that objective '3' was missing. This has been inputted. The committee also discussed the 'SMART Delivery Plan' heading and narrative which was lifted from the Three Year Plan 2023-27 and questioned where this added any value, to the Annual Quality Report. This has since been removed.

Caveats:

- **Duty of Candour;** NHS Bodies are required to specify if the duty of candour has been triggered in the reporting year. This section of the report is mostly complete, with the exception of the Duty of Candour Primary Care Provider Reports.

  The duty requires that all Primary Care providers must prepare a report in respect of the health care they provide under a contract or other arrangement with their Health Board; stating whether during the reporting year, the duty of candour has been triggered in respect of the provision of health care by the primary care provider, no later than 30 September each year.

  Local Health Boards must then include a summary of the reports, within the main report.

  The Health Boards Primary Care Governance Team have, in line with the duty, have collated the Primary Care Reports from primary care providers. Across the total of 397 contractors, the team have received a response rate of 87% as at August and do not foresee any further reports being received.

Publication Timeframe

The duty states that the Annual Quality Report should be prepared as soon as practicable after the end of each financial year. To streamline reporting requirements and reduce duplication, it is suggested that NHS bodies align the annual quality report to their Annual Report and Accounts process.

Furthermore, the Duty of Candour states to streamline annual reporting in Wales and reduce duplication of content, candour reports should be included in the Putting Things Right report which should be published by 31 October each year.

Therefore, the report also incorporates the Putting Things Right and Duty of Candour reporting requirements, and as such the report will follow a similar cycle of business to that of the Annual Report and Accounts 2023-24;

- QSE 20 June 2024 (first draft)
- QSE 15 August 2024 (final draft)
- Board 26 September 2024 (Draft)

A copy of the final draft of the Health Boards Annual Quality Report 2023-24 is enclosed for the Board to approve, recognising the above caveat in relation to the Primary Care Duty of Candour reports.

It is important that the Board is made aware that this is the first Annual Quality Report with significant work underway across the healthcare system in Wales to implement the duty of quality, from work relating to quality indicators and measures, to Quality Management Systems.

	In scoping the report, a thorough review has been undertaken to ensure that the report meetings the legal reporting requirements of Putting Things Right Wales, The Duty of Quality and The Duty of Candour.
Argymhellion: ***Recommendations:***	Members are asked to: • **NOTE** the Annual Quality Report 2023-24 as 'draft'; and • **DELEGATE** approval to the Quality and Safety Committee to approve on behalf of the Board at the next meeting in October 2024.
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery Dr Nick Lyons, Executive Medical Director Teresa Owen, Executive Director of AHPs and Healthcare Science
Awdur yr Adroddiad: ***Report Author:***	Matthew Joyes, Deputy Director of Quality Erika Dennis, Lead Quality Manager *With contributions from across the Health Board*

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/ tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***
There is confidence in the data provided in the report however, the pace of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to Special Measures and the Board Assurance Framework.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Outcome 4 - Improved access, outcomes and experience for citizens Outcome 5 - Recognition of BCU as a learning and self-improving organisation
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards. Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A

Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Information intended for future publication
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: ***List of Appendices:*** 1. Annual Quality Report including the Annual PTR Report and Annual Duty of Candour Report	

ANNUAL QUALITY REPORT

2023 - 2024

Final Draft – Version 0.5

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PART 1 – INTRODUCTION TO BETSI CADWALADR UNIVERSITY HEALTH BOARD

Introduction

Betsi Cadwaladr University Health Board (BCUHB), are committed to consistently deliver in line with its organisational values. It is the largest Health Board in Wales, with a budget of £1.87 billion and a workforce of over 19,000.

The organisation is responsible for the delivery of health care services to more than **700,000 people** across the six counties of north Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). The Health Board coordinates the work of **96 GP practices**, and NHS services provided by **78 dental and orthodontic practices**, **70 optometry practices** and opticians and **145 pharmacies** in North Wales.

This makes the Health Board a significant employer, healthcare provider, and a key player in many areas of partnership working.

In February 2023 the Health Board was escalated into **Special Measures** due to a number of concerns relating to delivery, organisational performance and governance. It has established a framework for delivery against the areas of concern and areas that are particularly relevant to Special Measures

In its **Annual Plan 2023/24**, the Health Board confirmed its approach to delivering its strategic priorities in respect of both Ministerial and local priorities along with our response to Special Measures, through seeking to stabilise and recover our delivery and performance. In March 2024, the Health Board published our 'One Year On' report which confirms the progress it has made so far and the organisations strategic objectives for 2024/25.

The Health Board will now bring the areas identified for improvement as part of Special Measures into its overall planning approach. This way of working ensures the organisation are embedding its learning and making best use of resources.

To achieve this, they have embedded the Special Measures response into the Health Boards **2024-27, 3 Year Plan**. This will ensure an integrated approach through a quality lens, helping to ensure it is quality driven in its decision making.

PART 2 – FOREWORD FROM THE CHAIRMAN AND CHIEF EXECUTIVE

We are pleased to introduce the Health Board's first **Annual Quality Report 2023-24** in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Welsh Government's strategy for healthcare in Wales, *A Healthier Wales*, highlights quality and safety as a priority above all else. As the Chair and Chief Executive for the Health Board and as citizens ourselves, we recognise the importance of being able to access services which are safe and effective, that provide a meaningful experience for our patients. One of our priorities as a health Board is to become a quality-driven organisation.

In 2020, the Senedd passed the **Health and Social Care (Quality and Engagement) (Wales) Act 2020** to introduce a strengthened Duty of Quality and Duty of Candour for NHS Wales, as well as creating a Citizens Voice Body (Llais) to strengthen the voice of our population. This report outlines the steps the Health Board are taking to implement the **Duty of Quality** and **Duty of Candour**, in addition to how we are adhering to the **Putting Things Right (PTR)** arrangements for Wales.

For continuity, the Annual Quality Report is aligned to the Health Board's Integrated **Three Year Plan 2024-27** which includes the steps we are taking to become a quality-driven organisation. The Integrated Plan marks an important point for the Health Board. It is the first plan developed under the leadership of a new Chair and Chief Executive Officer, supported by a substantial change in Board membership. Our intention is to 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 upon the services that work well and support services that need to change in order to meet current and future need.

Carol Shillabeer
Chief Executive

Dyfed Edwards
Chair

PART 3 – A COMMITMENT TO IMPROVING QUALITY

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. This approach to quality will lead to improved reliability, improvements in sustainability, better experience and improvement in clinical outcomes.

With quality becoming the strategy as opposed to being a component within the Health Board's strategy, this will drive how the organisation manages quality and delivers the needs of our people. It will also shape the future annual quality reporting through a more systematic and standardised way of working.

A key driver in the Health Boards commitment to becoming a quality-focused organisation is the implementation of the Duty of Quality across Wales. The Duty of Quality was introduced through the **Health and Social Care (Quality and Engagement) (Wales) Act 2020**.

The Duty of Quality came into force in April 2023 and places a responsibility on Welsh Ministers and NHS Wales bodies to ensure that when setting strategic plans, the Health Board do so through a quality lens. The duty of quality sets out the next steps in the organisations journey of quality improvement to achieve more open, transparent and learning services.

The Duty of Quality duty defines quality as '**Continuously, reliably, and sustainably meeting the needs of the population that we serve'**.

The overarching **aims** of the Duty of Quality are:

- Improved quality of health services
- Better outcomes for the population in Wales

There are **four key components** to the Duty of Quality;

1. Health and Care Quality Standards
2. Quality-driven decision making
3. Quality Management Systems
4. Quality reporting

By embedding and putting in place these components, it will enable the Health Board to plan, deliver, and monitor its services, whilst assessing the impact its decisions will have on the quality of the services the Health Board provide and optimise means of learning and improvement, enabling the organisation to deliver the best outcome and experience for patients, their families and carers.

The Health Boards approach to the Duty of Quality

The NHS Wales Executive have supported and collaborated with NHS bodies across Wales since before the Duty of Quality came into force in April 2023, leading on a national approach to embed the Duty of Quality. The Duty of Quality Reference Group chaired by the Programme Director for the National Quality and Safety Programme, set out to inform the duty of quality workplan for 2023/2024 in collaboration with representatives from NHS bodies, Trusts, Special Health Authorities, and national partners.

Representatives from the Health Board attended the group up until its conclusion in March 2024 and continue to work in collaboration with quality and patient safety representatives of the NHS Wales Executive to drive forward implementation of the duty and approach to quality governance and quality management.

What has been achieved so far?

- Duty of Quality awareness training is taking place across all levels the Health Board with an e-learning programme available on Electronic Staff Record (ESR) and Learning@Wales so that all NHS staff can access the learning.
- A Quality Impact Assessment (QIA) Toolkit has been developed to enable quality driven decision making. This includes the Health and Care Quality standards.
- An integrated approach to Planning is underway which will enable the Health Board to identify improvement areas, with specific focus on strategic planning based on the needs of its staff and population.
- The Health Board are taking a quality management approach to how it works. This work is running parallel to the review into Quality Governance Systems as part of special measures. The Quality Management System (QMS) for BCUHB was approved by the Board in May 2024. This will ensure that the Health Board takes a consistent and coordinated approach to quality, bringing together all information surrounding quality in the Health Board into one place.
- A Quality Dashboard has been developed which will provide a consistent way of reporting to the Board and to the public. This is key to the Health Board becoming a data intelligence led organisation.
- The Health Board's Quality Board Report has been refined to ensure a focus on quality when reporting, in line with the Duty of Quality.
- Board and committee templates include a section on regulatory and legal implications the Duty of Quality can be considered and help drive quality driven decision making by ensuring the committee and board are aware of any impact on the quality of our health services caused by any changes the Health Board make.
- The Quality Learning Framework is in development and will provide a systematic learning approach to quality governance and assurance. This will be integrated with the Quality Management Framework.

What has challenged the Health Board?

The Health Board's special measures status has provided an opportunity to strengthen its infrastructure for quality, namely in relation to having an integrated approach, supported by compassionate leadership and culture, and informed by its staff and population as this provides clear direction for staff and stakeholders and allows the organisation to focus improvement on the areas which require it the most.

Special measures have also provided the Health Board with an opportunity to review its approach and refine its ways of working to improve the quality of care it provides and the experiences of patients, their families and carers.

Together with a change in leadership, the Health Boards revised approach as an organisation is laying the foundations of the organisation it wants to be and needs to be.

Health and Care Quality Standards

The Duty of Quality requires NHS organisations in Wales to ensure that strategic decisions are made through a quality lens, ensuring that they, **"continuously, reliably, and sustainably meeting the needs of the population that we serve"**, by providing health services that are **safe**, **timely**, **effective**, **efficient**, **equitable** and **person-centred**.

To drive this, Welsh Ministers have withdrawn the Health and Care Standards (April 2015) and in 2023, introduced the new Health and Care Quality Standards which consist of the six quality domains above, and five enablers (**leadership**, **workforce**, **culture**, **information**, **learning improvement and research** and **whole systems approach**).

Figure 1: The 12 Health and Care Quality Standards

- The quality domains and enablers set the high level of standards that people in Wales can expect when they access health services.
- They will drive quality driven decision making and help to plan, deliver and monitor its health care services.
- They also provide a framework for quality management as it connects the duty, the standards, and the wider quality management process.

Quality-driven decision making

Moving forward, the Health Board will be taking the Health and Care Quality Standards into account when making decisions about healthcare services. It will do this by ensuring that they are embedded into the Health Boards integrated planning process to help it plan using these standards to guide. They will also be used by services when setting out their local delivery plans as part of the Health Boards annual planning process.

Furthermore, through the work of the Quality Management System, the Health Board will embed the standards into our ways of working across all levels of the organisation, supporting it to assess quality and safety, enabling it to identify areas for improvement.

Quality Impact Assessment (QIA)

To drive quality driven decision making at a corporate and operational level, the Health Board will use a QIA as a mechanism through which it can consider and record the impact of its decisions on the quality of healthcare services. This approach will:

- Inform strategic quality-driven decision-making.
- Identify and assess the effect or influence of a proposal on the quality and safety of the healthcare system, in line with the Health and Care Quality Standards.
- Identify any actions needed to reduce risks where quality or safety could be negatively affected, and to ensure these risks and mitigations feed into existing corporate monitoring processes.
- Provide assurance of quality-driven decision-making, together with audit trail.

Quality Management System (QMS)

Delivery of high quality care requires the Health Board to have a consistent and coordinated approach to managing quality that is applied from team through to Board level. This is known as a **Quality Management System (QMS)**.

The Board is working with the Institute of Healthcare Improvement and Improvement Cymru in developing a strong understanding of quality systems in healthcare. The Board approved the 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.

The QMS model being developed in the Health Board **(Figure 1),** adopts the four domains of quality management, as equal and aligned priorities.

Central to the QMS model is the commitment to being **a learning, self-improving, data led organisation that serves the people of North Wales.**

The QMS model is not an additional layer of governance or reporting, but rather a set of principles through which the Health Board will look at its approach to quality at an organisational and local level. It enhances, compliments and helps strengthen further existing governance.

Figure 2: Diagram to demonstrate the connectivity between the four components of a Quality Management System

Effective quality management systems used iteratively, should lead to a variety of benefits for those who access services as well as those who deliver services.

It will help the Health Board to:

- develop processes to help services understand their priorities for improvement;
- design appropriate interventions to make those improvements;
- develop processes to help maintain acceptable levels of quality and early warning to highlight when quality slips; and
- build knowledge and accelerate improvement in outcomes.

This will support every member of staff, from service to board level, to feel confident:

- that they understand what is important to those who use their services;
- that they are supported and connected to deliver high-quality services;
- that they have access to relevant data to enable them to know when they are doing well and to know quickly if quality slips; and
- that they are supported to deliver high quality services and improve those services every day.

Quality Reporting

Sharing information about the quality of services with our population is important to the Health Board, and it is also an expectation within the duty of quality.

The concept of **'Always on' quality reporting** has been developed to help achieve the organisations quality reporting obligations. 'Always on' means routinely collecting, analysing, monitoring and making information about the quality of services readily available.

Figure 3: 'Always On' Quality Reporting

It promotes openness and transparency with our population and stakeholders.

It is important that staff routinely make use of quality-related information and measures too. This ensures Health Board staff are data-driven in their activities to improve service quality.

How the Health Board will monitor the quality of its services

- Existing performance, outcome and delivery indicators and measures
- Patient Reported Outcome Measures and Patient Experience Measures (PROMS and PREMS)
- Mortality measures
- Incidents, compliments and concerns
- Patient and staff stories
- Reports following external reviews or inspections by inspectorate and licensing bodies

How the Health Board will know improvements have been made

- Self-Assessment
- Peer Review and feedback
- National Clinical Audit
- Internal Audit
- External reviews, for example, Wales Audit Office Inspections, for example, Healthcare Inspectorate Wales

Quality Dashboard

The development of the Quality Dashboard is key to 'Always on' reporting and informing the population of the organisations performance in terms of how well we are doing and the areas we need to improve. The dashboard on how we are performing on key quality areas such as;

- Patient Feedback
- Complaints
- Patient Safety Incidents
- Health Acquired Pressure Ulcers (HAPUs)
- Infection rates
- Safe Care Compliance
- Staffing

The dashboard will at a glance provide data relating to key metrics aligned with the Integrated Performance Framework, and will support staff with analysing workforce metrics, safe care compliance, and safe care red flags. The Integrated Performance Framework will provide core quality data for regular reporting across the Health Board, ensuring consistency and triangulation, helping to increase assurance levels for future.

Figure 4: Angela Wood, Executive Director of Nursing and Midwifery, BCUHB

Angela Wood, Executive Director of Nursing and Midwifery, is the senior responsible officer for the programme. Angela said: *"The dashboard will help all our staff across North Wales be able to quickly and efficiently access a range of data relating to quality issues.*

"By bringing together data in one place, staff will be able to see at a glance their performance, and also be able to drill-down into data where needed as well. A lot of work is going into helping make it easier to access this information and act on it, with a real focus on supporting colleagues to make the changes and improvements they want to make."

PART 4 – LOOKING BACK AT 2023-24

Special Measures

As for special measures, it is never good for any public body to be placed in this situation. However, it has helped focus our efforts on elements of our service that need improvement.

The Health Board has already seen improvements and patients are being treated sooner in a number of areas. For example, the number of people waiting more than 52 weeks for a first appointment has been reduced by 45% and the number of people waiting over 104 weeks has been reduced by 37%.

Vascular services have been de-escalated by Health Inspectorate Wales and received a positive external review, and Welsh Government has approved our plans for a multi-million-pound orthopaedic centre in Llandudno that will treat an additional 1,900 patients a year when it's operational in 2025.

The Health Board now have a full complement of Independent Board Members who can ensure scrutiny of our services through our sub committees. The Health Board is investing in our staff and are encouraging a positive working culture that is open and transparent so that everyone can share their thoughts and ideas to improve the patient experience.

We have made progress over the last year. But I am in no doubt that we still have some way to go. Improving our services so that we exit special measures is important, but even more important is ensuring that all the services we provide are the best for the people of North Wales.

Outcome 1 - A well-functioning Board

In the Structured Assessment 2023 report, Audit Wales point to the improvements made in governance and outline the need to further strengthen board transparency and effectiveness, corporate systems of assurance, approach to planning and managing financial resources. The findings of the Structured Assessment are also informed by the *Audit Wales Board Effectiveness Follow Up Review 2023.* The Health Board agrees fully with the Board Effectiveness report's key findings that the Board is more stable, with stronger leadership and engagement evident and as such that there has been significant improvement during 2023/24, however there is much more to do to improve the Health Board's governance. These reports indicate that significant improvements need to be made before an assessment of reasonable assurance on the effectiveness of internal controls can be made.

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

Achievements 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.

The Health Board 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.

Figure 5: Dyfed Edwards, Chair, BCUHB

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."

Areas to stay focused on in 2024/25:

- Implementation of the Executive Portfolio plan has commenced, but will necessarily continue in FY24/25.
- Now the Health Board have a full complement of Independent Members, once inductions have taken place, it 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.

Outcome 2 – A clear deliverable plan for 2023/24

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.

Achievements 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.
- 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 approved with progress reported through the Health Board Committee structure
- The Independent Contract and Procurement Management Review was received and good progress against the recommendations has been reported through the Audit Committee.
- 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.

Areas to stay focused on in 2024/25:

- 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.

Outcome 3 – stronger leadership and engagement

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.

Achievements so far:

- The 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.

Areas to stay focused on in 2024/25:

- 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 it wants and needs 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 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.

Outcome 4 – Improved access, outcomes and experience for citizens

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.

Achievements 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 the 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.

- **'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.
- 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

Areas to stay focused on in 2024/25:

- 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 the Health Boards "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.

Outcome 5 – Recognition of BCU as a learning and self-improving organisation

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.

Achievements 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.
- 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 Public Health Directorate started a project on transforming diabetes services across North Wales using healthcare public health principles.

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Areas to stay focused on 2024/25:

- 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.

PART 5 - LOOKING FORWARD AT 2024-25

Future plans for 2024/25

Over the next 12 months the Health Board will continue to work alongside partners and the Welsh Government to focus on how it can ensure its approach to the last year is replicated and built upon so that it can **build an effective organisation**, with a robust plan for long-lasting change which is quality driven so that as an organisation, it can truly improve the outcomes and experience for the population of North Wales.

Preparation for the financial year 2024/25 is close to completion with the **Special Measures plan** being incorporated within the Health Board's Three Year Plan 2024-27. 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 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.

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 **Three 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.

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**:

Figure 6: Betsi Cadwaladr University Health Board Three Year Plan 2023-27, 5 Strategic Objectives, 2023.

Many of the priorities will be delivered substantially or in full during year one, whilst other priorities will take longer to implement over the three year period building upon the priorities implemented earlier. This sequencing is important to successfully deliver the necessary change in a coordinated way that recognises the co-dependencies of priorities.

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.

Driving a quality-focused approach

Every day across North Wales people receive high quality care. However, there are occasions when this care does not meet the standard patients expect or deserve. A key part of the Health Board's plans to deliver sustainable improvement throughout its services will be the development of a new **Quality Management System (QMS)**. This system will support the organisation's **commitment to being a learning, self-improving, data-led organisation**. Work has already taken place with experts nationally and internationally, as well as with healthcare professionals in North Wales, to start developing this. By effectively developing services and continually monitoring performance at the point where care is delivered, as well as outcomes, the system will provide real-time quality control and assurance. The QMS will anticipate where a service needs improvement so support can be provided before significant issues arise rather than reactively when harm may already have been caused.

The QMS tool will initially be used to support Clinical Areas of Concern within the special measures framework. The first two services to adopt this approach will be vascular and urology, two services that have quality issues that are well recognised and are on different stages of the development journey.

A Learning and Improving Organisation

Robustly investigating significant events, and then ensuring widespread learning will reduce the number of future significant events that arise. Key to the Health Board achieving this, is the recent launch of an **Integrated Concerns** Policy. This new integrated approach to concerns management which was launched on 01 September 2024, provides a more coordinated approach to how the organisation manages responses to incidents, complaints and mortality reviews.

The policy introduces a daily virtual Concerns Hub, where services will meet to share learning, insights and information on investigations along with new resources to support staff engaged in the investigations process which brings together all resources needed to help staff work through the steps outlined in the Integrated Concerns Policy.

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

The main objective of the Learning Repository is to **improve patient safety** by facilitating **organisational learning** from past incidents and best practices. The system aims to reduce the recurrence of adverse events,

enhance the quality of care, and foster a culture of safety and innovation. The system is designed to meet the needs and expectations of various stakeholders, such as clinicians, managers, educators, researchers, and regulators, who have different roles and responsibilities in relation to patient safety.

The Health Board continues to drive improvement on clinical outcomes through its Clinical Effectiveness activities. Clinical Audit is a good example of this. Clinical audit enables the Health Board to determine if the care provided is being delivered in line with standards and best practice. During 2023-24, the Health Board engaged with 27 out of 38 projects from the **National Clinical Audit and Patient Outcomes Programme (NCAPOP)** which is key to the Health Board benchmarking its compliance and performance, using the findings to identify necessary improvements for patients. The outcome of the programme reported that the Health Boards performance was 48% at or above the benchmark in 75% or more of Key Performance Indicators (KPIs).

The Health Boards **Clinical Audit Annual Report 2023-24** provides an overview of clinical audit activity across the organisation and confirms the recommendations and key priorities for 2024-25. The Clinical Effectiveness Group (CEG) which is the clinical governance oversight for clinical effectiveness, has the role of providing assurance in relation to clinical audit arrangements, mortality reviews and NICE guidance and will have oversight of the priorities within the report.

Research, Development and Innovation

The Health Board has an established **Research, Development and Innovation 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.

PART 6 - COMMUNICATION, ENGAGEMENT AND PATIENT EXPERIENCE

Listening to and understanding the **experiences** of the citizens of North Wales is essential to improving how the Health Board design and deliver care and services. Gathering **insight** enables the organisation to understand the issues that matter to our population. The Health Board are determined to make sustained improvements and its staff and the citizens of North Wales are increasingly coming together to solve ongoing issues.

Improving public confidence is another area the Health Board are working hard to achieve. It is working hard to increase visibility and to strengthen its connections with our population and stakeholders to restore confidence that the Health Board listens to communities when setting out its priorities and making key decisions is vital in helping to create an environment for mature discussion and involvement. This includes explaining why it makes certain decisions and being open with people who want to question or disagree with those decisions.

By doing this the Health Board will go some way to promoting trust, accountability and equality, leading to increased public engagement and enhancing its reputation.

The Health Boards approach to communication, engagement and patient experience

Engagement Exercise's

Starting in January 2024, the Health Board has been rolling out an **engagement programme,** holding events across counties with the aim of:

- **Increasing the visibility** of Board Members, Executives and senior leaders to listen and connect with the public,
- **Provide opportunities** to hear from communities about what they feel works well in health care, what could be better and what the Health Board should prioritise in the coming months and years.
- **Discuss and promote** good practice and examples of how the Health Board is responding to local health concerns and;
- **Be creative and innovative** in the Health Board's approach to engaging and involving the public.

The format of the events has been to create an inclusive session, focusing on local, regional or national topics of interest. These events are an opportunity for the public to meet and engage with Board Members and Health Board leaders through informal conversations. The engagement events aim to be interactive and enjoyable.

Bite Sized Health Events

The Bite Sized Health Events are part of the Welsh Governments *A Healthier Wales* agenda to bring care closer to home, where the Health Board can team up with businesses and organisations to bring health advice and guidance direct to North Wales residents in their place of work and also out in the Community.
Bite Sized Health is a collaboration between the Health Board's Public Engagement Team, its services, and partner organisations, working together to improve access to information and promote preventative Health and Wellbeing.

Bite Sized Health sessions provide support and information including:

- Blood pressure checks
- Mental health and wellbeing
- Health screening
- Smoking cessation
- Alcohol and substance misuse
- Carers information
- Active lifestyle
- Liver Health
- Healthy eating

Figure 7: Bite Sized Health, BCUHB, 2023.

BCUHB Engagement Group

On 27th February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of the Health Board to special measures with immediate effect. The Special Measures 2023 Operating Framework identifies eight areas of concern one of which specifically mentions patient experience in its links with clinical governance and safety.

In the current situation for the Health Board, 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 their journey of improvement and developing care to meet the needs of its population. In order to deliver a **sustainable**, **responsive, learning and improving** organisation, effective and meaningful engagement and communication must be embedded throughout its practice, the strategic approach, the way it delivers improvement and transformation and how it plans service design.

In order to improve and develop engagement, communication and patient experience, the Health Board have formulated the BCUHB Engagement Group who will specifically undertake the work required to meet the objectives of the special measures work. This will be done through two phases:

Phase 1 - Internal engagement review

The purpose of the review is to learn more about the range of engagement undertaken by Health Board services, the impact their engagement has made and what help is needed to deliver effective and meaningful engagement in the future.

Phase 2 - External engagement

Delivery of a comprehensive engagement programme with partners, public and patients to help inform and shape the Health Board's improved approach to engagement. The scope of engagement phase will be on understanding how:

- The Health Board listens to and provides opportunities for people to influence and get involved in shaping services, priorities and plans
- Engagement and insight supports learning and best practice
- Engagement and patient experience is embedded widely across the Health Board to inform service improvement, safety and quality

- Intelligence & insight from engagement is systematic collected, triangulated & analysed
- Themes and issues are identified and support the shaping of Health Board priorities plans and improvements.

Whilst it is important the Health Board adopts meaningful and inclusive approaches when it engages, such as that it follows the National Principles for Public Engagement in Wales, the key focus of this engagement programme is on improving how it listens and learns from engagement, embed the importance of engagement across the organisation and analyse feedback and insight more effectively.

Partnerships, Engagement and Communications (PEC)

Figure 8: Partnership, Engagement and Communications Team, BCUHB, 2023.

The PEC function was created in late 2021. It **brings together engagement**, **communications**, and has established a new **public affairs and partnership function**. The Health Board has been exploring opportunities for strengthening some activities and partnerships so that the function is better placed to achieve meaningful engagement by:

- Re-setting the PEC senior leadership team and becoming more focused on building stronger connections across the functions
- Re-casting its approach so that the Health Board are working together in a planned and co-ordinated way
- Re-focused to become more of a listening function
- Re-claimed its organisational narrative

The function's core activities are split into four areas;

- Strategic Engagement
- Digital Engagement
- Stakeholder Relationships
- Strategic Communications

Together, the function listens to patients, carers, families, citizens, communities and partners. It triangulates themes and enables the organisation to act on their feedback and have an ongoing dialogue and relationship with the people of North Wales.

Independent Review: Listening to citizens, patients, staff and partners.

During 2023, Cath Broderick who is an independent consultant in Patient and Public engagement, communication, consultation and facilitation, undertook a review as part of the Health Board's Special Measures Framework which recognises the importance of meaningful engagement, strong relationships, partnerships & communication.

The review specifically focused on **the role and effectiveness of engagement and involvement at the Health Board,** and following the review, a range of recommendations have been made to the Health Board for which updates on progress are regularly provided to the Board. Some of the outcomes of the review include:

- The need to build a joined up, sustainable system to listen to patients, carers, families, citizens, communities, staff and partners.
- Build better strategic partnerships & conversations with our communities.
- Develop a central resource & database of all engagement, experience and insight activity and methodology.
- Assess the efficacy and impact of patient experience, engagement and coproduction, on quality and safety of care, including pan organisational and specialist services.
- Have one operational framework for coordinated cohesive experience, engagement and insight.
- Build on the strengths of the PEC team with opportunities of joint working across teams.
- Review and develop the role of the Patient Advice and Liaison Service (PALS).
- Ensure the Board have knowledge of emerging themes, risk factors and patient safety issues.
- Review the infrastructure for the lay voice in the Health Board's scrutiny approach.

The **BCUHB Engagement Group** are leading on this work in **co-production with Llais Wales** who are the national independent body set up by Welsh Government to give the people of Wales a stronger voice in their health and social care services. The BCUHB Engagement Group report on the progress against the recommendations made by Cath Broderick, to the Planning, Population Health and Partnerships Committee.

NHS Wales People's Experience Framework (2024)

In addition to the above, the Health Board is preparing for the introduction of the NHS Wales People's Experience Framework (2024), to replace the current Framework for Assuring Service User Experience (2018).

'People's experience' can be described as how people feel when utilising any services and programmes offered by NHS in Wales. Whether it be in a hospital ward, outpatient appointment, participation in national screening programs, engagement with primary care services (such as GP, Optometrist, Pharmacist, Dentist), interaction with health promotion practitioners, or attendance at any event hosted by an NHS Wales organisation.

The People's Experience Framework aligns with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (Duty of Quality and the Duty of Candour), the National Health Service (Concerns, Complaints, and Redress Arrangements) (Wales) Regulations 2011, the Public Services Ombudsman (Wales) Act 2019, the Well-being of Future Generations (Wales) Act 2015, the Equality Act 2010, and the Socio-economic Duty. **Listening and learning from people's experiences is an integral element of these regulations.**

The People's Experience Framework will introduce a self-assessment maturity matrix, empowering Health Boards to evaluate their current position and to develop an ambitious improvement plan to improve patient experience, covering the following areas:

- Complaints
- Compliments
- Patient stories
- Incidents
- National and Local Peoples experience surveys

- Peoples Experiences (Patient Reported Experience Measures/People's Experience Surveys)
- Staff experiences.

The **triangulation of experience feedback data** alongside other metrics is indicative of an organisation committed to **quality**. The framework will encompass all services provided by NHS Wales's organisations, including commissioned services. As part of the new framework, quality and experience indicators must be integrated into all commissioned services arrangements and the data gathered used as part of contractual monitoring and compliance.

In addition, a revised set of nationally Patient Reported Experience Measure questions and national surveys will be launched. As a Health Board it will have a duty to ensure:

- All people accessing the organisations services have the ability to provide anonymous feedback quickly and easily when they want to.
- People's feedback should be used to celebrate and build on what is working well, and to identify areas where improvements could be made.
- People's experience feedback should be made readily available to the public in an accessible format.
- Information should demonstrate that feedback is being listened to and acted upon, e.g. 'You said, We did'.

Patient stories help the Health Board to understand what works well and how we can improve patient care and experience. Listening to patient stories, whether good or bad, enables the Health Board to identify ways that it can continue to improve services for patients, families and carers. The following are a snapshot of patient stories shared for learning during 2023-24:

Patient Story Title	Overview of story	Key Messages	Learning
The importance of communication in 'Fast Track' surgery	The storyteller describes a ten and half month journey at Wrexham Maelor Hospital, including three pre-operative assessments, two cancelled operations and the overall impact of the lack of communication between specialties where patients have more than one condition and the impact of this on patients needing to access 'fast track' surgery.	The storyteller highlights the impact of the lack of communication and co-ordination between specialties where patients have multiple underlying conditions from accessing surgery.	Pharmacy have improved communication by developing the use of a health screening process to identify patients with complex medication needs much earlier in the process by developing a Health Screening Questionnaire. This will ensure the Pre-Operative Assessment Clinic (POAC) appointment is booked sufficiently in advance of the operation date. Pharmacy created a standardised communication checklist of actions required by POAC Pharmacists that can be shared with all appropriate teams involved with the patient to help

			prevent inappropriate pre-op and surgical dates being given to patients and then subsequently being cancelled.
Cauda Equina Syndrome and Spinal Education	The storyteller describes her experience of Cauda Equina Syndrome, describing the physical and emotional impact of Cauda Equina Syndrome.	The storyteller describes a lack of knowledge of Cauda Equina Syndrome amongst staff, and the lack of support available	Development of the new BCUHB Cauda Equina Syndrome Pathway. A dedicated Spinal Education Day for East IHC held on Tuesday 21st November 2023 with Cauda Equina Syndrome as a key topic. The patient story was played to open the day to provide a 'patient centred' approach to learning.
Cannula in the Canteen	The storyteller shares his experience of staff in the canteen refusing to serve him food and drink in the canteen area in line with 'policy' and due to infection prevention recommendations.	The storyteller highlights the importance of accessing canteen services and having a 'change of scenery' away from the ward.	A pan BCUHB guidance was developed in accessing canteen facilities pan BCU, to ensure all patients can access canteen facilities in a safe and consistent way.
A Patient's Journey through Cancer Services	This story follows the storyteller's five-year treatment journey through Cancer Services from a primary diagnosis of breast cancer, secondary cancer diagnosis and ongoing palliative care.	The storyteller describes her frustrations at not feeling listened to throughout her journey. The storyteller describes the frustrations around the co-ordination of her care.	The Cancer Services Patient Centred Care Sub-Group developed a Person Centred Care Action Plan to improve patient experience of cancer care and treatment. This patient story reinforces the need for the newly developed Metastatic Breast / Colorectal Cancer Service. Patients with incurable breast cancer are now benefitting from the support of Metastatic Clinical Nurse Specialists (CNS). A User Involvement Facilitator post within Cancer Services has now been recruited to work with the North Wales Cancer Patient Forum and to listen and understand what matters most to patients.

Improving the Health Boards approach to Real-Time Feedback

From 1st April 2023 to 31st March 2024, the Health Board received **45,152** All Wales Real-Time Feedback survey responses via the Civica feedback system..

Overall, **79.78%** of respondents were **satisfied with their experience of accessing Health Board services.** Key findings from the real-time patient survey feedback include:

- 80% of respondents were always given all of the information needed
- 83.30% of respondents always felt listened to
- 69.83% of respondents always got assistance when needed
- 80.91% of respondents were always involved in decisions about care
- 80.56% 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.

In preparation for the launch of the NHS Wales People's Experience Framework, and the implementation of a new national set of **Patient-Reported Experience Measures (PREMS)** which are questionnaires which measure a patients perceptions of their experience whilst receiving care, work is being undertaken with across the Health Board to ensure all wards, services and departments are mapped to Civica Feedback System.

The Patient and Carer Experience Team will review its accessibility requirements to allow people and communities to leave their experience feedback on an **'Always on'** basis, ensuring there are opportunities to people to provide feedback and in their first language of choice e.g., British Sign Language (BSL) and through other methods such as QR code posters in waiting areas, Kiosks, SMS, and social media.

Annex A – Annual Duty of Candour and Putting Things Right Report

2023 - 2024

ANNEX A – ANNUAL DUTY OF CANDOUR AND PUTTING THINGS RIGHT REPORT 2023-2024

Duty of Candour

The Duty of Candour, as with the Duty of Quality, has been introduced through **the Health and Social Care (Quality and Engagement) (Wales) Act 2020** and came into force in April 2023. The duty requires NHS organisations in Wales to be **open and honest** about the care and treatment patients receive.

What does it mean?

Even when the Health Board does its very best to prevent harm, people may experience harm. This is why the duty of candour is in place. If the care provided has caused moderate harm, severe harm or death to a patient, this means that the organisations health and care professionals must tell its patients or someone acting on their behalf that harm has been caused.

By being open and honest, it will give people confidence and trust in the care and treatment they received from the Health Board.

What is meant by moderate or severe harm?

- **Moderate harm** is when the NHS treatment the patient has received has caused or contributed to causing them harm, leading to further treatment. At this stage, harm can be serious, but not permanent. For example, *a patient is given medicine that they are allergic to, even though it is written in their notes as an allergy. The patient gets a reaction because of the medicine. They need to stay in hospital for 4 or more days before they recover*.
- **Severe harm** is serious harm which has caused or contributed to the patient suffering a permanent disability or loss of function. For example, *a patient is given medicine they are allergic to, even though it is written in their notes as an allergy. This may lead to brain damage or other permanent organ damage.*
- **Death** is where a patient has died which was caused or contributed to, by their NHS care and treatment. For example, *a patient is given medicine they are allergic to, even though it is written in their notes as an allergy. This leads to their death.*

Figure 9: Duty of Candour, HEIW, 2023.

The Health Boards approach to the Duty of Candour

What has been achieved so far?

The Health Board has a dedicated duty of candour SharePoint page on our intranet which provides a host of training material which has been both locally and nationally produced, together with access to templates and help guides and videos to assist services to operationalise the duty of candour. Additional support was offered from local governance teams within the Health Board and members of the Corporate Quality Team to assist with queries and stumbling blocks. Workshops and presentations have taken place with services throughout the year.

What has challenged the Health Board?

Through the early months of implementation, issues that arose included validation of severity of incidents that triggered the duty of candour and establishing robust systems and processes to ensure that roles and responsibilities were embedded. The reporting system Datix Cymru, which is the system where duty of candour is recorded, has undergone some upgrade work following areas for improvement being identified.

HOW THE HEALTH BOARD PERFORMED ON DUTY OF CANDOUR DURING 2023-24

Where Duty of Candour has been triggered during 2023-24

During the reporting year 2023-24, the Duty of Candour (DoC) has come into effect in respect of **the provision of health care** by the Health Board. The duty was triggered on 761 occasions (excluding primary care which are reported further on in this section).

Table 1 below demonstrates number of times per month duty of candour was triggered. Average number of times duty of candour triggered per month =63.41.

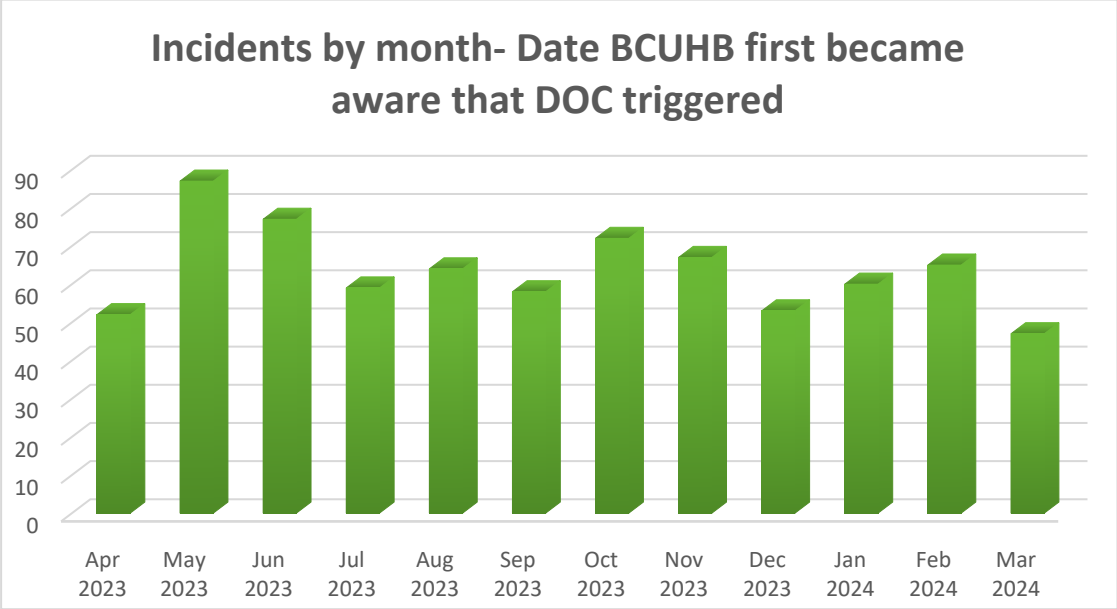


Table 1: Incidents by month duty of candour triggered, BCUHB.

Table 2 below indicates proportion of incidents by level of harm considered after initial review

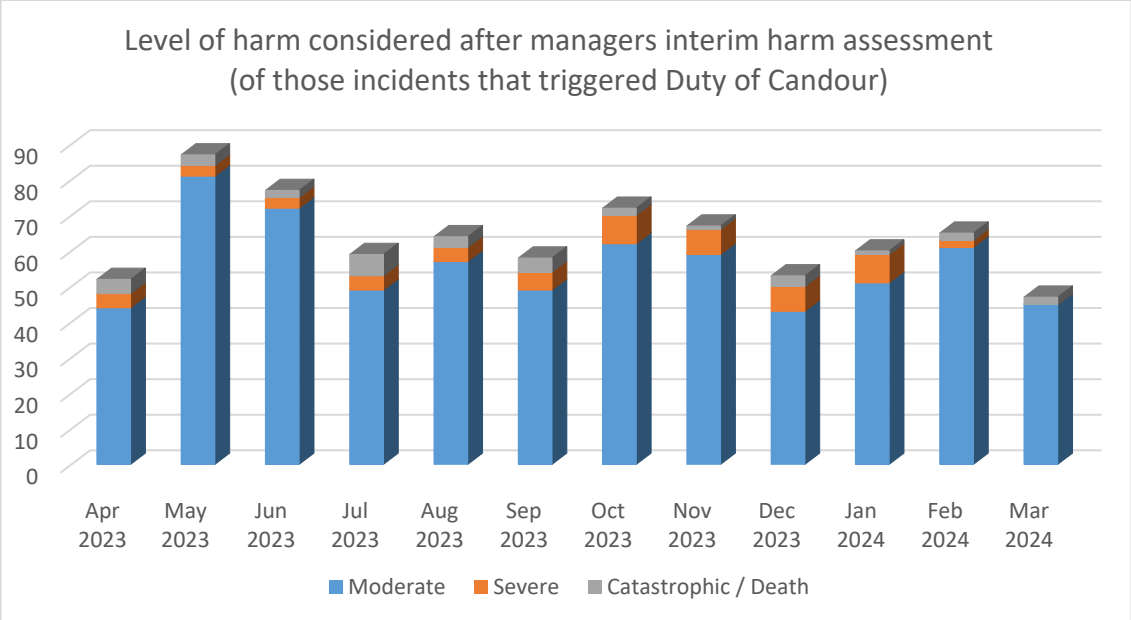


Table 2: Level of harm considered after managers interim harm assessment (of those that triggered DoC), BCUHB.

Noticeably, the largest proportion of incidents that have triggered duty of candour **following managers interim harm assessment**, fall into the moderate category.

Historically, a severity of moderate would have been selected when the reviewer was unsure about severity, or, felt that the incident was significant enough to warrant a severity of moderate despite a patient not actually coming to any harm. This is not Health Board policy. It is a misunderstanding of the implications with regards to Duty of Candour and a clear indication of requirement for training in aligning allocating severity of harm according to national guidance on definitions.

It is therefore thought that the number of incidents that are categorised as moderate after initial review is inflated, and support is required for services to understand the importance of accurately assessing the harm according to the definition of moderate as detailed in the policy.

The Duty of Candour legislation mandates that once triggered, the Health Board must inform patient/relative that harm may have been caused via "in person" notification and followed up with a written notification. The patient/relative should also be informed of the outcome of any investigation unless they stipulate that they do not wish to be informed.

Datix Cymru concerns management system is used by the Health Board to record when the "in-person" and written notifications are completed and when any final response of an investigation is shared with patient/relative.

Of the **761** occasions where Duty of Candour was triggered, **643 records have been closed** and **of the closed incident records:**

- 424 "in person" notifications are recorded as completed **(66%)**
- 167 written notifications are recorded as completed **(26%)**
- 63 final responses sent **(9%)**

(It is possible that the actions required by the duty have been completed in additional cases but not recorded on the Datix Cymru system). This position is recognised by the Health Board as being far below acceptable and there is ongoing work to improve the process and provide training.

In addition, ongoing validation work by the Patient Safety Team has identified that for the 2023/24 financial year a number of incidents reported as moderate of above (n=623), have not as yet undergone an initial management review. Had the management review been completed, and assessment of harm remained at moderate or above, a proportion of this number would also have triggered duty of candour. This matter has been escalated through the Quality and Safety Group meeting.

There is some evidence that users of the system had discovered ways in which to by-pass certain sections of the investigation form within Datix Cymru and proper process not being followed. This is most likely due to conflicting priorities of staff having to use the system and the increasing mandatory fields that need to be completed in order to close an incident and the time taken to complete those fields. Since updating Datix to Form 4A at the start of April, this workaround by staff is no longer possible and staff are unable to close incidents without the management review being completed. A recent survey of the users of the Datix Cymru system, two years after it being introduced will be shared with the OFWCMS team in due course. The Health Board would be grateful of a full review of the Yorkshire contributory factors section of Datix to ensure an

easier/quicker process for identifying learning and subsequent closure of incidents. The Health Board understands that there may have been some preliminary discussions about this nationally.

The circumstance in which the duty came into effect.

The **top 3 classification of incidents** where duty of candour was triggered are:

- **Pressure damage/moisture damage** (n=264)
- **Accident/Injury such as falls** (n=129)
- **Treatment, procedure** (n=58)

The numbers of **pressure ulcers** where duty has been triggered accounts for **35% of the total**. It is worth noting that Duty of Candour is triggered where harm ***may*** have been caused and further investigation in these cases could lead to a conclusion that harm was unavoidable.

Steps the Health Board are taking to prevent similar circumstances from arising in the future.

There are various improvement initiatives taking place across the Health Board in relation to the main themes for incidents listed above with focused improvement work is in place, reporting to key strategic groups such as the Health Board's **Strategic Falls Group** and the **Strategic Health Care Acquired Pressure Ulcer (HAPU) Group** where sharing of good practice and patient safety alerts takes place to help triangulate patient safety information to inform key learning and improvements.

The Putting Things Right section of this report details improvement work that is being undertaken across the Health Board in order to reduce harm to patients particularly in respect to pressure damage and falls which account for the largest proportion of incidents that cause moderate or above harm to patients and service users.

HOW PRIMARY CARE CONTRACTORS PERFORMED ON DUTY OF CANDOUR DURING 2023-24

Preparing the Primary Care Provider Duty of Candour Reports

With effect from April 2023, primary care providers must prepare a report in respect of the health care they provide under a contractual or any other arrangement, with the Health Board. The report confirms whether during the reporting year, the duty of candour has been triggered in respect of the provision of health care by the primary care provider.

Across Betsi Cadwaladr University Health Board there is a good reporting culture amongst primary care contractors who use the Datix Cymru reporting system for the reporting of incidents. It must, however, be noted that the use of the system is not mandatory for primary care contractors. Therefore, it was necessary to contact all contractors to collate the necessary data for this report, providing other means for the collection of data as opposed to solely relying on the Datix Cymru system.

In the Betsi Cadwaladr University Health Board area there are approximately **390 primary care providers**:

- 96 General Practices (GPs)
- 141 Community Pharmacies
- 77 Optometrists (including domiciliary providers)
- 76 Dental Practices

At the time of production of this report there was an **87% response rate across all contractor groups** to the request for information. The following information provides a summary of the reports provided by Primary Care providers which sit within the Health Boards area.

Where Duty of Candour has been triggered during 2023-24

During the reporting year 2023-24, the Duty of Candour has come into effect in respect of **the provision of independent primary care**. The duty was triggered on **36** occasions.

The circumstance in which the duty came into effect.

On review of the 36 incidents reported that are believed to have triggered duty of candour, themes and trends were identified as follows:

- **Medication related incidents** 14
  Types of medication related incidents vary and include dispensing errors, side effects from drug interactions, dispensing errors, and prescribing errors
- **Information governance issues** 3
- **Access issues** 2
- **Clinical issues/issues related to diagnosis** 3
- **Referral/follow up/administrative issues** 5
- **Wrong tooth extraction** 2
- **Other miscellaneous issues** 6

Steps the Health Board are taking to prevent similar circumstances from arising in the future.

All incidents reported via the Datix Cymru system are handled by the Health Board's Primary Care Clinical Governance Team and learning is requested from the independent primary care contractors prior to the closure of any incidents.

Alongside individual learning, any learning that may be beneficial to the wider contractor group is shared, when appropriate, across all contractor groups via **a Stories for Sharing** Newsletter.

In conjunction with the Primary Care Academy, a programme of **Lunchtime Learning sessions** is due to commence in September 2024. This will provide another method of sharing learning with primary care contractors.

Considering potential confidentiality issues highlighted above, it is not possible to provide detailed summaries of learning as these may make cases identifiable, however some **broad learning themes** have been summarised below:

- Contractors have indicated that investigations have been completed using the Significant Event Analysis approach (SEA) and that learning is shared at practice meetings, practice education and training sessions, and with individual staff members/staff groups as appropriate.
- Reminders provided to staff in relation to the importance of effective and accurate communication and checking patient identifiers.
- Use of the in-surgery checklist for tooth extractions.
- Appropriate audits undertaken to mitigate risk of recurrence and identify any patients requiring further follow up.
- Review of protocols and procedures to ensure that they are fit for purpose.

It is unclear from some of the information provided by primary care providers whether those incidents notified via the data collection process actually met the requirements for duty of candour in line with the regulations. This has identified **a need for further education** and a programme will be developed and implemented by the primary care clinical governance team in Quarters 3 and 4 of 2024/25 and onward into 2025/26.

Putting Things Right Wales

The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 requires NHS bodies to make arrangements for the handling and investigation of complaints. These arrangements are known as Putting Things Right (PTR).

Figure 10: Putting Things Right Wales, Welsh Government, 2018.

Whilst the Health Board aim to provide the best treatment to its patients, sometimes things mat not go as well as expected. Where there is cause for concern about care and treatment, a complaint can be raised by a patient or their carer, friend, relative or representative. The best place to start is by talking to the staff involved with their care or treatment in order that they can look at what may have gone wrong and try to make it better.
If this does not help, or it is preferred to speak not to speak to the staff involved, the Health Boards complaints team are there to support and listen. They also manage the Putting Things Right arrangements for the organisation.

How does PTR work?

Where a complaint includes an allegation of harm, or a patient safety incident has resulted in **moderate or severe harm or death**, financial redress will be awarded if **qualifying liability** is established. This is where a two stage legal test is applied to establish if there has been;

1. **Breach of Duty;** some care or treatment a patient has received has fallen below a reasonable and accepted standard.
2. **Causation;** some harm has probably been caused to a patient as a result of the breach of duty.

If the Health Board determines that there is or may be qualifying liability, the **Redress** process commences to discharge the Health Board's duty to make an offer of Redress.

Redress can include one or more of the following;

- a full explanation of what happened; an apology;
- an offer to provide care or treatment (where appropriate);
- a report on action which has been, or will be taken to prevent similar cases arising; and/or financial compensation.

HOW THE HEALTH BOARD PERFORMED ON PUTTING THINGS RIGHT DURING 2023-24

Redress

During **2023-24:**

- **27** Regulation 33 responses with offers of redress were accepted
- **18** Regulation 33 responses were sent with offers and are waiting to be accepted
- **1** ex-gratia payment was made to a complainant to cover private medical costs as a result of Health Board failings.
- **3** Apologies as redress were issued
- **2** final responses were sent denying liability following expert reports being obtained

17 Independent clinical experts were instructed

Red Flags

Some complaints and incidents are not suitable to be dealt with under redress, as the amount of damages payable (financial compensation) if a qualifying liability was found, would likely exceed the PTR limit of £25,000.

Examples include any complaint or incident about any birth injuries; babies who have been cooled; any life changing events such as amputation; stroke; significant brain or spinal injury; loss of sight or hearing; patients requiring multiple surgeries as a result of alleged negligence; significant pressure sores; death of patient with dependents; psychological harm following stillbirth; missed cancer cases.

The investigation report into these cases should only be a factual account of what happened; not consider breach of duty or harm, and should be issued with a response letter advising that legal advice be sought with regards to pursuing a clinical negligence claim.

- **70** complaints and incidents were reviewed by the Redress Team and deemed not suitable for PTR due to likely value
- **4** cases were removed from Redress and became claims during the process

Potential Redress

- **190** other complaints and incidents, were received during the year to be reviewed and advised upon by the Redress Team
- **104** were reviewed and deemed not to trigger Part 6 of the Regulations (Redress)
- **25** complaints are pending final review, in addition to
- **61** incidents

Learning and the Welsh Risk Pool

A Learning from Events Report must be submitted to the Welsh Risk Pool within four calendar months of a qualifying liability being confirmed following an investigation, to provide assurance that the identified issues have been addressed to reduce the risk of reoccurrence or reduce the impact of a future event.

- **28** Redress Learning from Events Reports were submitted during the year
- Learning has been approved for **20** cases to date

Once the learning is approved by the Welsh Risk Pool, the cost of the case will be reimbursed to the Health Board on receipt of a Case Management Report.

- **31** Redress Case Management Reports were submitted.
- **31** cases were approved for reimbursement

Complaints

The Health Board aims to provide a resolution to complaints as soon as possible and where appropriate, these cases are managed as an 'early resolution,' meaning that they are resolved within two working days of receipt and to the satisfaction of the complainant. Those that have not been resolved within this timescale or that are more complex, or reference that harm has been or may have been caused, are managed under PTR.

Complaints are treated as learning opportunities and bring a wide variety of issues to attention, all of which are responded to with a person-centred approach. The detail of the concerns is categorised in relation to the principal subject, in accordance with Welsh Government reporting requirements, to support the identification of emerging themes and specific areas of concern which result in focussed improvement work.

Complaint themes / trends

Most of the complaints received this year to date relate to secondary care services with the majority of formal complaints pertaining to clinical treatment and assessments (**1,209**), poor communication (**274**) and staff attitude and behaviour (**190**). Other recurring themes were access to medication (**145**), waiting times for appointments (**136**), and patient nursing care (**118**). The total number of complaints broken down by subtype as shown below in **Table 3.**

Complaint Subtypes	Total
Clinical treatment/Assessment	**1209**
Compliment regarding clinical treatment/assessment	5
Delay/Lack of diagnosis	87
Delay/Lack of treatment or Assessment	654
Incorrect diagnosis	57
Incorrect/insufficient treatment or Assessment	338
Reaction to procedure/ treatment	62
Unintended retention of a foreign object after surgery/procedure	6
Communication Issues (including Language)	**274**
Communication with patient/service user	161

Communication with family	75
Insufficient/Incorrect information	18
Communication with External Agencies or Other NHS Organisations	7
Communication between Services/Departments	5
Welsh language issues	4
Guidance, Policies & Procedures - issues raised	2
Availability of brail, sign, texting service, language line	2
Attitude and Behaviour	**190**
Attitude/Behaviour of Clinical Staff	173
Attitude/Behaviour of Non-Clinical Staff	17
Medication	**145**
Access to own medication	30
Delay/Frequency in providing medication	26
Incorrect medication given	20
Incorrect dosage given	17
Medication not prescribed	15
Availability of medication	14
Poor pain control	9
Prescription incorrect	5
Lack of/No funding of medication	3
Allergies not considered	3
Patients being given medication but not being observed taking it	2
Side effects not explained	1
Appointments	**136**
Delay in appointment/waiting time/transport	86
Appointment cancelled	21
Cancelled appointment/transport	14
Patient lost to follow-up	6
Capacity of clinics	3
Continuity of staff	3
Location of appointment unsuitable	2
Patient booked into wrong outpatient clinic	1
Patient Care	**118**
General care and respect	88
Response to Patient needs	13
Handling of patients	9
Lack of assistance with Patients personal hygiene - bath, teeth, toilet	3
Lack of assistance with Patients feeding/hydration	3
Visiting arrangements	1
Discharge Issues	**86**
Inappropriate/unsafe discharge	71
Discharge - no follow-up arrangements	6
Inappropriate time of discharge	5
Incorrect/insufficient information in Discharge Summary	2
Delay in appointment/waiting time/transport	2

Access (to Services)	**73**
Delay in appointment/waiting time/transport	53
Eligibility/criteria of patient not met for Service	7
Call handling/Automated call issues	4
Lack of/No funding for patient within the organisation	3
Lack of/No funding available under the NHS	3
Lack of/No funding for patient outside of organisation	2
Address/Location issues	1
Confidentiality	**45**
Breach in confidentiality	31
Incorrect disclosure of Patient Information	7
Correspondence sent to wrong address	7
Test and Investigation Results	**31**
Delay in receiving/missing test results	19
Test results not acted upon	7
Tests not undertaken/not repeated	3
Test not performed/ incorrectly performed	2
Referral	**31**
Referral Delayed	17
Concerns regarding grading/decision of referral	14
Record Keeping	**26**
Incorrect/missing information in records	16
Missing records	6
Inappropriate information in the records	4
Accident/Falls	**16**
Slip, trip or fall	10
Fall from height eg trolley, chair, bed	4
Lack of assistance	1
Ice (snow)	1
Inappropriate Manual Handling of Patient/Service User	1
Equipment	**12**
Patient/Service User provided with incorrect/faulty equipment	6
Lack/Availability of Equipment	5
Lack of training on use of equipment/devices	1
Monitoring/Observation Issues	**10**
Failure to appropriately monitor/undertaken observations	7
Inappropriate support for Mental Health issues	2
Failure to notice patient deteriorating	1
Admissions	**9**
No admission date	6
Unsafe transfer	1
Delay in Admission to Ward from Emergency Department	1
Privacy and Dignity	**7**
Failure to maintain Patient/Service User dignity	4
Failure to maintain Patient/Service User privacy	3
Environment/Facilities	**6**

Lack of/availability of car parking	2
Smoking on NHS premises	1
Noise/Disturbance to Patients	1
Lack of Toilet facilities	1
Other	**7**
Other	7
Complaints Handling	**4**
Lack of engagement with complainant	2
Quality of response	1
Application of consent process	1
Consent	**5**
No consent obtained (consent form not signed for treatment/investigation)	4
Consent form not completed for treatment/investigation	1
Nutrition/Hydration Issues	**2**
Appropriateness of food/Dietary options	2
Equality	**2**
Discrimination relating to Disability	3
Discrimination relating to Gender	3
Skin Damage	**2**
Failure to appropriately manage skin damage	2
Assault	**3**
Alleged Physical Assault	2
Inappropriate restraint issues	1
Infection Control	**1**
Lack of Isolation Facilities	1
Resources	**2**
Lack of staff in clinical area	2
Cleanliness	**1**
Cleanliness of clinical area	1
Catering	**1**
Standard of food/drinks	1
Grand Total	**2457**

Table 3: The total number of complaints received, broken down by sub-type, BCUHB.

Management of complaints

Every complaint received by the BCUHB is fully acknowledged, robustly investigated and subsequently the complainant is provided with a comprehensive response that addresses the matters raised. There are a small number of these complaints where the failing is considered to be a breach of the Health Boards duty of care. Any such case that has, or may have, caused harm is investigated with complete transparency to identify root causes, failures in process or potential risks so that the Health Board can eliminate or mitigate the opportunity for any similar breach of care in the future.

Complaints managed under PTR are graded against nationally set levels of severity and this is then reviewed as part of the investigation. **Table 4**, below, provides a breakdown of severity grading for complaints, following investigation and closure.

Grading	Number of complaints managed under PTR
Grade 5 (catastrophic harm)	57
Grade 4 (severe harm)	143
Grade 3 (moderate harm)	629
Grade 2 (low harm)	819
Grade 1 (no harm)	809
Total	**2457**

Table 4: The total number of complaints managed under PTR, by grading, BCUHB.

Of the total **2,457** complaints received **2,048** were managed under PTR and **409** were Subject to Early Resolution.

Improvement work

The complaints policy and procedure are robust and under continual review to ensure compliance with national legislation and that the designated service understand their responsibility and accountability in investigating their complaints whilst exploring harm and breach of duty.

Following a detailed investigation an action plan is documented and actions implemented to ensure positive changes are made to improve patient safety and experience, as part of a collective commitment for continuous improvement and to meet the Health Boards ambition to be a learning organisation, built on transparency and openness.

The complaints team are proactively supporting the IHC/ Divisions to reduce the overdue complaint numbers, a new complaints trajectory model, has been developed to improve complaints management performance.

To support resolution of complaints weekly meetings are taking place with the Executive Director of Nursing and divisional leads to review grade 1's and 2 complaints received for the previous week, this supports early closure of low-level concerns.

A thematic analysis is conducted on a weekly basis to identify areas of concern and any regular recurrences are shared systematically with the BCUHB Executive Team and senior management teams within those services to investigate and identify opportunities for improvement. The themes of learning are captured and reported at the Patient and Carer Experience Group (PCEG) and Organisational Learning Forum (OLF) with key initiatives discussed with a focus on sharing good practice to improve patient experience.

Pro-active work is being undertaken by the Patient Advice and Liaison Service (PALS) to address recurring themes of complaints. The PALS team are providing patient and carer experience training which includes empowering staff to resolve low level concerns.

To support the achievement of the key performance indicators of complaints, each Integrated Health Community (IHC) / Division has adopted weekly Putting Thing Right Meetings to manage the progress of complaints received. In addition, a weekly improvement meeting chaired by the Deputy Executive Director of Nursing supports early intervention to ensure complainants receive a timely resolution.

Attitude and behaviour issues and communication issues remain as prevalent theme across all services. The Health Board have been proactive in addressing these areas, and have seen a marked improvement in complaints pertaining to communication; with 246 complaints received in 2023/24, down from 496 on the previous year. The Health Board continue to strive to improve all aspects of communication. The following actions have been continued throughout 2023/24, with a reduction of complaints relating to communication being reduced by 253:

- The Complaints Team conduct 'complaints clinics' three times per week via Microsoft Teams to support staff. This is an opportunity for services to liaise with the complaints team and obtain expert advice to support a timely resolution to their complaints.
- To assist improving communication and staff supporting service users, the Patient and Carer Experience Team continue to deliver a series of face-to-face Patient and Carer Experience Training sessions across Integrated Health Communities and Specialist Services. The training includes effective communication, empowering staff to resolve issues locally to encourage early resolution of complaints and raising awareness of the role of the Patient Advice and Liaison Service (PALS).
- The Health Board is working with Small Business Research Initiative (SBRI) funded by Welsh Government to explore innovative digital solutions to improve communication between staff and relatives when their loved one is in hospital. Staff, patients and carers have been involved in focus groups to share their experiences as to what may work well. This feedback will shape the future digital solution to support families' communication with their loved when in the Health Boards care as an inpatient.
- Staff who are Patient and Carer Champions have been working closely with the Patient and Carer Experience Team by sharing information and engaging in patient feedback collection. Patient and Carer Champions are a point of contact to improve engagement between the team, clinical services and patients, by asking, monitoring and acting on patient feedback.
- To ensure effective communication between patients, families and staff the Health Board launched the digital roll out of the Welsh Interpretation and Translation Service (WITS) providing 24-hour access to interpreters. The video interpretation offers support to patients who have unplanned admissions of care as video BSL and other language interpretation does not need to be booked in advance. Since the digital roll out of WITS there has been a reported 50% increase in use of digital translation as a method to communication with patients and their families about their care.
- Complaints staff attend weekly meetings with the services in addition to the complaint clinics, notifying and highlighting any emerging trends in new complaints received, as well providing advice and guidance on complaints management to the service leads. This includes concerns pertaining to communication with staff which result in a negative experience for the patient or their loved ones.

The Public Services Ombudsman for Wales (PSOW)

The Public Services Ombudsman for Wales (PSOW) has legal powers to look into complaints about care providers in Wales. During **2023/2024** the Health Board has received at total of **214** cases. This figure has been obtained from the Ombudsman and cross checked to internal data and is correct at the time of writing.

Public Interest Reports

Occasionally, the Ombudsman may produce a public interest report (Regulation 23), making the public aware of a particular type of case. During this period the Health Board received **3 public interest reports**.
The first and second public interest reports are linked to the same case, received in August 2023, and considered the following:

a) The operation to remove the patient's appendix was unduly delayed
b) That there was a failure to investigate the cause of her breathing difficulties in a timely manner.
c) In view of the above the Ombudsman also investigate the additional concern that the Health Board failed to arrange appropriate follow up and treatment for the patient in response to the incidental finding of mucocele of the appendix following a CT Colonoscopy in September 2017.

The third public interest report, received in October 2023, considered whether:

a) the Health Board, between January and September 2018, promptly and appropriately identified, investigated and treated a carotid artery stenosis (blockage of blood vessels in the neck of a patient, restricting the blood flow to the middle of the brain, face and head.
b) Also whether the Health Board had provided timely care once the stenosis had been identified in September, up to his surgery in November 2018

Incidents

Most incidents that are recorded are classed as 'none' or 'low' in that no significant harm was caused by the event that occurred.

A total of **41,690 incidents** were recorded in **2023/24**, a similar number from the previous year of 41,724. Of these, **34807** incidents were reported as affecting patients/service users. (N.B. retrospective reporting of Nosocomial Covid-19 as part of the National Programme have been excluded).

Incident themes / trends

The classification of the patient/service user incidents reported along with reporters view on level of harm are shown below in **Table 5.**

	None	Low	Moderate	Severe	Catastrophic	Total
Pressure Damage, Moisture Damage	665	7540	2895	89	0	11189
Accident, Injury	915	3650	947	76	9	5597
Behaviour (including violence and aggression)	577	2087	794	63	5	3526
Medication, IV Fluids	1016	1488	526	60	6	3096
Assessment, Investigation, Diagnosis	294	618	385	121	21	1439
Treatment, Procedure	248	669	406	77	11	1411
Maternity adverse occurrence	383	738	160	14	10	1305
Access, Admission	325	562	169	43	8	1107
Infection Prevention and Control	86	607	250	8	4	955
Communication	241	472	185	25	6	929
Transfer, Discharge	161	391	244	42	10	848
Records, Information	315	348	76	12	0	751
Equipment, Devices	170	287	98	17	0	572
Safeguarding	72	213	182	27	7	501
Patient/service user death	79	29	6	1	323	438
Infrastructure (including staffing, facilities, environment)	111	162	64	16	1	354
Information Governance, Confidentiality	83	164	36	2	0	285
Monitoring, Observations	35	105	84	18	12	254
Nutrition, Hydration	17	68	39	4	1	129
Consent, Mental Capacity Act (including DoLS)	8	49	11	1	0	69
Information Technology	17	22	10	3	0	52

Table 5: The total number of incidents, by classification, BCUHB.

The Patient Safety Team monitor incidents to identify themes and where these need to inform organisational priorities. The most reported incidents relate to pressure damage and patient falls. It should also be noted that the significant number of patient deaths reported are of patients under mental health services that are subsequently downgraded following investigation and review of contribution and omission.

Improvement work

Pressure ulcer prevention, care and treatment training is not currently mandatory in the Health Board. In addressing this in the short term, the HAPU (healthcare acquired pressure ulcer) Improvement Lead Nurse in conjunction with the Tissue Viability Nurses, are re-developing the Tissue Viability Betsinet page on the Health Board's internal intranet site. This will be a repository for validated training videos, education packages etc. which will be accessible and enable all staff to access.

In demonstrating the Health Board's commitment to quality and patient safety in reducing the incidence of healthcare acquired pressure ulcers, the HAPU Strategic Group has been established to supervise local improvement programs in line with the strategic improvement plan with the trajectory of elimination of avoidable HAPU and 50% reduction in all HAPUs.

The aim is to seek assurance from all Integrated Health Communities (IHCs) and Divisions in reporting from local HAPU harm meetings, outlining themes and trends from HAPU incidents with any breach in management of HAPU while noting areas for learning and best practice to improve underpinning knowledge and initiate remedial actions.

The HAPU Lead nurse has disseminated the policy NU38 across all IHC and Divisions along with the All Wales Patient Information leaflets, which are now available in all areas for all patients. This encourages a person-centred approach to involve the patient in the continuum of shared decision making about their treatment

in regards to pressure ulcer prevention and treatment and the consequent health outcomes, and to negotiate further progress.

The Health Board's Strategic Falls Group continues to lead on the multidisciplinary implementation of reduction of inpatient falls with a focus on risk assessment, ensuring the appropriateness of the environment and use of resources to improve patient safety. This approach enables the group to identify any emerging themes and trends or hotspots and to make recommendations for improvements.

A falls collaborative group introduced mandatory falls e-learning modules which are constantly under review to ensure the modules are up to date with the current evidence/practice. The Health Board are the only board in Wales that has taken a mandatory approach to this training for all staff. The Health Board has been commended by the all-Wales Inpatient Falls Network who are recommending the Health Board developed e-learning modules are implemented by all Health Boards in Wales as the standard for e-learning. The requirement for temporary staff to have been trained in patient falls prevention has also been added to formal contracts with Nurse Agencies.

The Health Board has made significant progress with Adult Inpatient Falls Prevention and Management over the past four years, with considerable acceleration of progress following the first Health and Safety Executive (HSE) Improvement Notice issued on 16th June 2021. However, despite the progress the Health Board has remained in a vulnerable position in terms of quality, accuracy and documentation of interventions implemented as part of the all-Wales mandatory completion of the Adult Inpatient Falls and Bone Health Multifactorial Assessment (FBHMA) completion.

Improvement work relating to the compliance with, and quality of completion of the FBHMA has been strengthened with a peer review process whereby nursing staff are critiquing each other's quality and accuracy of the FBHMA.

All falls with harm as a minimum are discussed within the Integrated Health Community (IHC) weekly Harms meetings with representatives of Health and Safety in attendance. These weekly meetings include risk assessment and interventions review, as well as post falls practice. Trends or patterns are recommended to be shared with IHC/Division Patient Safety group, Strategic Inpatient Falls group, and to Health Board Patient Safety group.

The development of a quality dashboard, which includes the *Purpose T* and FBHMA risk assessments is now completed as part of the Welsh Nursing Care Record. This dashboard will provide compliance with completion of all Adult Inpatient risk assessment but not quality of completion and interventions. This qualitative data is being captured via audit.

Never Events

In **2023/24**, **6 'never events'** were reported.

	IHC Central	IHC East	IHC West	Women's	Overall Total
Administration of medication by wrong route	2				2
Wrong site surgery		2	1	1	4
Total	2	2	1	1	6

Table 6: The total number of Never Events reported, by area, BCUHB.

Never Events are adverse incidents that Health Board systems and processes should ensure are never able to happen. The common theme continues to be failure to use a LocSSIP (Local Safety Standard for Invasive Procedures), and failure to use the World Health Organisation surgical safety checklist in its entirety including in areas outside of theatres.

A Clinical Quality Improvement Fellow has worked consistently to review the organisations approach to surgical safety checklists and has worked closely with theatre and surgical staff across the Health Board.

Never Event themes / trends

The main themes within the learning from these incidents relate to lapses in agreed procedures including the requirement for robust patient pathways. This has been found to be underpinned by incorrect/lack of information at handover, communication and documentation as the contributor with human factors forming part of the root cause. Learning captures which systems and processes can assist in the clear process for completion of tasks, or if they already exist, why they were not followed.

The system sharing and embedding of learning remains a risk for the Health Board and it acknowledges more work is needed to become a learning organisation. Plans are in place to strengthen the extracting, sharing, and embedding of learning to include:

- Monthly Organisational Learning Forum (commenced in February 2023)
- Weekly Harm Free Care Forum (commenced January 2023)
- A revised "lessons learned" on a page template
- A new digital Quality Learning Library;

Claims

During this financial year **2023-24**, **353** cases have been opened which is an increase on those opened compared to last year's figure (281). The total this year includes **307 Clinical Negligence claims** and **46 Personal Injury claims**.

The Health Board had **945 clinical negligence and personal injury claims open** at the end of the financial year.

In addition to the management of Claims, the Healthcare Law Team also manage all Inquests that have been brought by HM Coroner, supports the wider clinical staff with Court of Protection matters, and supports general legal advice queries that includes reviewing statements for police matters and family law proceedings.

The Health Board is expecting to see claims continue to rise as result of the Covid-19 pandemic, although the full extent of this is not yet known. Such claims will likely relate not only to the direct effects of Covid 19 (i.e. potential nosocomial infections), but also the indirect effects (i.e. patients with longer wait times for surgery as a result of the stepping down of services through 2020-22). It is thought that the majority of Claimants may be waiting for the Covid-19 Public Inquiry to conclude. Openness, transparency, improving patient safety and learning lessons remain key for the Health Board.

Some Claimant Solicitors are representing multiple Personal Injury Claimants in Covid claims against Health bodies in England and Wales. As such they have made an application for a 'group litigation style order'. They

are seeking an order from the court to identify 6 lead claims and for all other claims to be stayed pending further order. The Claimant Solicitors suggest that the lead claims shall determine all issues arising in those claims as well as the following issues:

a. The suitability and/or adequacy of the personal protective equipment provided to the Claimants for their work, particularly the provision of surgical face masks as PPE;

b. The Defendants' liability for the supply of any personal protective equipment found not to be suitable or adequate;

c. The law and/or tests to be applied on causation of Covid-19.

The Court hearing took place in March 2024 and it was not successful. The Judge said it was inappropriate and premature at this stage for any such order. In accordance with the Health Boards position, it was agreed that common case management would be sensible and he has set directions and relisted the matter for a two day case management conference in October 2024.

In January 2024 the Supreme Court handed down a judgement in respect of secondary victim claims which impacts claims and concerns**.** A secondary victim is someone who has suffered psychiatric injury not by being directly involved in the incident but by witnessing it. Secondary victims tend to be family members who witness negligent medical treatment. The judgement has made it far more difficult for secondary victim claims to succeed. In summary, it was held that claims by secondary victims for psychiatric injury are only valid where the claimant witnesses 'an accident' or its immediate aftermath, which is different from a medical crisis and, that a clinician does not owe a duty of care to a secondary victim. Due to this ruling, the Health Board have already seen a number secondary victim claims being withdrawn. The remaining claims are being reviewed on a case by case basis with advice from Legal & Risk.

Claims themes / trends

Throughout **2023-24**, the Health Board has noticed **trends in claims** in the following areas:

- Claims brought in relation to alleged failed 'Treatment/Procedures' and failures in relation to 'Assessment/Investigation/Diagnosis' continues to be the highest category types received for clinical negligence claims.
- For personal injury claims, the trend continues to be slips and trips, violence/aggression manual handling matters.
- Although not the highest in number, Birth Injury claims account for the largest settlement amounts paid for Clinical Negligence Claims.

Improvement work

Some actions and improvements made following investigation of claims include:

- Due to the continued concerns raised in regards to mesh/tape procedures, a new uro-gynaecology pathway is in place which includes referral to Physiotherapy for conservative management treatments as an alternative to proceeding with TVT-O.
- It is recognised there is a continued need for robust processes for consenting patients which highlights not just the recognised risks and complications but allow patients to weigh up all the options for treatment (including none). Women's Services have taken a focus on consent training and provision of detailed information in relation to consent. This information has been provided in a

number of ways including documentation, information sharing and education and ongoing training, along with peer review of the consent process. In addition, from January 2024, consent training has been mandated for all clinical staff within the Service taking consent for invasive procedures.

- Due to a concern of unclear documentation relating to patient/nursing observation in the MHLD service, the Therapeutic Engagement and Observation Policy was reviewed in 2023 and defined the criteria for the increase and decrease of nursing observations. A training package in relation to this policy was implemented and continues to be undertaken as the staffing group changes with new recruits.

Key Learning

Health and Safety Executive (HSE) Prosecution

The Health Board attended court in December 2023 facing charges under the Section 3 of the Health and Safety at Work etc Act 1974 following a serious incident in mental health services in April 2021.

The Health Board entered a guilty plea and was sentenced to a fine of £200,000 plus costs and surcharge.

The court was presented with a bundle of evidence demonstrating the improvements made since the incident, which included

- significant additional training for staff in risk assessment and management.
- updating the Therapeutic Engagement and Observation Policy, which provides guidance to staff on how at-risk patients should be supported and observed, and developed and delivered training to staff to ensure they are familiar with the policy.
- revising the Acute Care Framework that sets the standards expected from staff regarding patients' care and treatment plans.
- carrying out quality and safety audits across mental health inpatient wards to review the standards of record keeping and risk management.
- an ongoing programme of ligature risk assessments for each ward is in place, overseen by a new Ligature Risk Reduction Group.
- independent, external ligature risk reviews of the wards carried out.
- updating the Searching Patients and Their Property Policy and delivering training to staff to ensure they are familiar with the policy.
- most significantly, putting an end to the routine mixed cohorting of older adults and working age adults at the Hergest Unit, which means that only reduced ligature beds are used routinely with a clear escalation process for traditional hospital beds to be used only as clinically needed.

An internal audit review of the evidence was also undertaken alongside an assurance process led by the Executive Director of Nursing and Midwifery.

HIW conducted an inspection of the Hergest Unit in May 2023. The report states: *"There were established processes and audits in place to manage risk and health and safety, which enabled staff to continue to provide safe and clinically effective care."*

The Chief Executive issued a statement following the conclusion of the hearing: *"My heart goes out to the family and loved ones of Dawn Owen for their tragic loss. On behalf of the Board I wish to reiterate how sorry I am for the failings in her care. We are determined to keep improving the safety and experience of the service that we provide, and although the vast majority of patients receive safe and effective care, we will ensure that, where we fall short, that this drives long lasting change."*

Prevention of Future Death Notices:

The Coroners and Justice Act 2009 requires a coroner to issue a Regulation 28 Prevention of Future Deaths (PFD) Notice to an individual or organisation where the coroner believes that action should be taken to prevent further deaths.

The Executive Team approved a new Inquest Procedure in October 2023. A bi-weekly Inquest Oversight Panel was also established in autumn to provide executive support to ensuring submission deadlines were achieved, as the Senior Coroners in North Wales raised concern in relation to the timely completion of investigations.

During the year, the Health Board has a significantly higher number of Regulation 28 Prevention of Future Deaths (PFD) Notices. Across the notices received, there are three key themes that emerged:

- Ambulance handover delays and ED pressures
- Lack of, or integration of, electronic records
- Timeliness or quality of investigations or learning

The following provides an update in relation to the improvement work underway:

Ambulance handover delays and ED pressures

Our Urgent and Emergency Care (UEC) Improvement Programme incorporates the delivery against our Special Measures priorities and the National Six Goals for Urgent and Emergency Care, taking a whole system approach which includes strengthening primary care, collaborating with our partners in local authority and WAST (the Welsh Ambulance Service Trust). Our focus for the coming year (and beyond) is on supporting and bolstering our ability to deliver business as usual services, by reviewing how we deliver those services, and by moving existing resource to either support or work in a different way.
We have reinstated an Urgent and Emergency Care (UEC) Programme. This programme board will review performance against key metrics including a focus on the 4-hour ambulance handover time as well as the progress of the Six Goals improvement programme. UEC Groups for each hospital site will report into this board on actions being taken locally.

Lack of, or integration of, electronic records

In relation to electronic records, we developed a strategic outline business case for an Electronic Patient Record (EPR) system in conjunction with Welsh Government and Digital Health and Care Wales (DHCW). Once funds are secured, the timelines for delivering such a significant transformation project, as is required in the case of the Health Board, will be at least three years. This is based on an independent assessment made of our business need in terms of people, practice and technology by Ethical Healthcare Consulting who have been assisting us with this business case. The Welsh Nursing Care Record (WNCR) was created by Digital Health and Care Wales working with nurses and other colleagues across NHS Wales to create a digital system with standardised nursing documentation. The WNCR has been rolled out across all inpatient services in the Health Board. As part of the move to WNCR, national nursing standards were necessary to address the document duplication and inconsistencies in nursing records across Wales. Key to the development of these standards was organisational and multidisciplinary collaboration across NHS Wales. A programme of work has successfully linked up separate versions of the Welsh Patient Administration System (WelshPAS) in North Wales, bringing together all areas of the Health Board into one single version of the WelshPAS. The Health Board is also working at pace on the national Electronic Prescribing and Medicines Administration (ePMA) System programme, and is now entering the implementation phase of the ePMA project.

Timeliness or quality of investigations or learning

The Chief Executive commissioned a retrospective review of all investigation reports and associated documentation, up to the end of January 2024, that had been (or would be) submitted to the Coroner. Each review was undertaken to determine if the investigation and action plan was sufficient or if remedial work is needed. In total, 262 cases were reviewed. Significant learning was identified on how the Health Board approached its investigations which aligned with the Coroner's observations. The Chief Executive therefore commissioned a further programme of work to develop a new Integrated Policy covering Incidents, Complaints and Mortality Reviews. The Executive Director of Nursing and Midwifery and Acting Executive Director of Therapies and Health Sciences oversaw this work supported by a working group led by the Deputy Director of Quality and consisting of representatives from the various teams involved in the process, and taking into account the learning from the above issues and engagement activity with internal and external stakeholders over the past several months. A new policy was approved at the Board in July 2024 and will be rolled out from September 2024.

Teitl adroddiad: ***Report title:***	Improving Quality Report – September 2024
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.
Argymhellion: ***Recommendations:***	The Board is asked to note this report.
Arweinydd Gweithredol: ***Executive Lead:***	• Angela Wood, Executive Director of Nursing and Midwifery • Dr Nick Lyons, Executive Medical Director • Teresa Owen, Executive Director of Allied Health Professionals (AHPs) and Healthcare Science
Awdur yr Adroddiad: ***Report Author:***	• Patient Safety: Chris Lynes, Deputy Director of Nursing • Patient and Carer Experience Mandy Jones, Deputy Director of Nursing • Clinical Effectiveness: Dr James Risley, Deputy Medical Director • Safeguarding: Michelle Denwood, Director of Safeguarding & Public Protection • Infection Prevention and Control (IPC): Andrea Ledgerton, Assistant Director of IPC • Quality Assurance: Matthew Joyes, Deputy Director of Quality • Healthcare Law: Matthew Joyes, Deputy Director of Quality

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☒	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

There is confidence in the data provided in the report however, the pace of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to Special Measures and the Board Assurance Framework.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Outcome 4 - Improved access, outcomes and experience for citizens Outcome 5 - Recognition of BCU as a learning and self-improving organisation

Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards. Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)***	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: ***List of Appendices:*** 1. Board Improving Quality Report	

Board Improving Quality Report – September 2024

INTRODUCTION

For the NHS in Wales, quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe**, **timely**, **effective**, **efficient**, **equitable** and **person-centred**. Underpinning these domains are six enablers, which are **leadership**, **workforce**, **culture**, **information**, **learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

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

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

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

PATIENT SAFETY

Nationally Reportable Incidents (NRI)

The main NRIs occurring in June and July 2024 can be themed as follows:

- Grade 3 or above healthcare acquired pressure ulcer (HAPU)
- Unexpected death of patient known to mental health services
- Slip, trip or fall

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 main themes of the learning from closed incidents were related to implementation of local safety standards for invasive procedures, delayed access to services or admission, assessing and recognising patient deterioration for escalation and consideration of DNACPR status (Do Not Attempt Cardiopulmonary Resuscitation).

There are currently 58 NRI's open of which 25 are overdue. This is an improvement from the end of May where there were 77 open and 44 overdue.

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

In relation to the total volume and proportion of NRIs open 90 days or more, the Health Board currently has the lowest percentage across Wales of 46.9% with a median of 84 days open (all Wales 133 days open).

Oxygen cylinder safety

The Board is aware of incidents involving oxygen cylinders and the work being done to improve staff awareness and training. BOC (industrial gases company) have visited the Health Board to demonstrate a prototype of a single control portable cylinder. We are the first organisation they have demonstrated it to and is testament to the engagement we have had over the years in relation to the design issues of the current cylinder. The prototype was welcomed that would reduce the risk of 'no flow' incidents but will be about 12 months before they are available. Other improvement work around labelling at the point of use and staff training continues.

Inpatient Falls

The Improvement Plan following the Health and Safety Executive (HSE) Notification of Contravention (NOC) is being progressed and monitored through the Strategic Falls Group. The HSE have intimated that the Health Board response to the NOC is with their legal team, but at the time of writing this has not been received.

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

The compliance for part 1a and 1b training is increasing month on month but it remains below expectation; this has been escalated to IHC/Divisional directors to focus on improving compliance.

Peer reviews have been monitoring quality of risk assessments and the patient safety team are conducting spot checks of the Risk Assessments on the acute wards. Areas are also conducting spot checks via their Weekly Harms Meetings.

Guidance has been provided to Therapy colleagues to enable them to upload details from the Therapy Manager System to the Welsh Nursing Care Record System relating to the mobility of patients as a means of supporting up to date information for individual patients and joint working across disciplines.

Community Hospitals in West are trialling food placement mats with key messages about using the call bell, "PJ paralysis" etc. This was discussed in the strategic falls group and feedback for potential rollout will be shared.

"PJ Paralysis" is a national campaign that encourages patients to get up, get dressed, and get moving during their hospital admission to avoid the unwanted effects of laying in bed for a long time. These effects include weakness, muscle loss, constipation and malnutrition. Getting up, dressed and moving can help improve patient outcomes by reducing length of stay, increasing strength, and increasing patient wellbeing and independence. Studies have also shown that wearing pyjamas and night clothes can reinforce feelings of being unwell and can actually hinder recovery.

Healthcare Acquired Pressure Ulcers (HAPU)

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

Analysis of the reported data across all IHCs demonstrates increased incident reporting of HAPU – common themes still include:

- Delays in moving patients into the Emergency Departments in times of increased demand.
- Sourcing of pressure relieving mattresses.
- Correct classification of pressure Ulcers – wound photographs required as part of the Tissue Viability Nursing (TVN) referral.
- Purpose T completion including inconsistencies of regular skin inspection and documentation.

Improvements have been noted in the correct reporting of the grade of pressure ulcers and a process for the acquisition of pressure relieving mattresses in hospital has been shared across all IHC acute areas.

Updates to the All-Wales pressure ulcer prevention/management care plan and reporting guidance were due for launch in July but have been delayed following further review required.

Unfortunately, the All-Wales Tissue Viability Nurses forum did not approve the incorporation of a prompt for Tissue Viability Nurse (TVN) referrals on Datix.

A HAPU executive led review was undertaken in July 2024 using the same methodology as the Falls executive led review. The focus was on assurance of quality and accuracy of risk assessments, any gaps in temporary staffing training and post HAPU development processes.

Patient Safety Matron

Cathy Lloyd has been successfully appointed to the above new post and will commence in September 2024. This role will encompass working with senior colleagues in the organisation and progression of the learning and improvement agenda in the preventions and management of the highest reported patient harms and clinical risks.

PATIENT EXPERIENCE

Complaints

Between June and July 2024, a total of 559 Complaints were received, 448 of those were managed under Putting Things Right, 84 of those were Early Resolutions with 27 re-opened complaints.

During the period, 566 complaints were closed, a positive variance of 7 (complaints received Vs complaints closed)

At week commencing 29th July 2024, the overall complaints position was as follows

- 483 total open complaints, down from 660 complaints as of 1st April 24 (Reduction of 117 open complaints)
- 256 of the 483 complaints are overdue (over 30 days – 53%) down from 421 overdue complaints as of 1st April, 24

As of 29th July 2024, the average number of working days / months a complaint is open is as follows, with the average time 56.63 (36.63 days higher than the target closure rate of 30 days). There has

been a small improvement since 10th June, the first time this data was available where the average closure time was 58.95 working days.

29th July 2024

No Open	483.00
Average of No of Working Days Open	56.63
Max. of No of Working Days Open	401.00
Min. of No of Working Days Open	6.00
Average of Months	2.51
Max. of Months	18.43
Min. of Months	0.10

The closure rate within 30 working days, as of 29th July was 47% (28% below the 75% target) which has improved from 37.52% on the 27th of May, from the previous quarter and from 30.52% since complaints were under increased scrutiny by the Executive Team, from 5th February 2024.

The total number of open complaints as of 29th July 24 is - 483, the split between IHC/Divisions was as follows:

Service/IHC	Managed through PTR
IHC Central	194
IHC East	115
IHC West	96
Mental Health and Learning Disabilities	27
Midwifery and Women's Services	15
Diagnostics and Specialist Clinical Support Services	14
Corporate Services	10
Dentistry	7
Cancer Services	4
Support Services (Old hierarchy)	1
Grand Total	483

250 complaints of the 483 total complaints (52%) relate to the top three themes are as follows;

- Delay/Lack of treatment - 157
- Incorrect / insufficient treatment – 65
- Delay/Lack of Diagnoses – 28

A thematic analysis of complaints was undertaken, as of 8th July 2024 which highlighted a “slowing down” and plateau of the rate at which the total number of open complaints are falling, with the average number per week of complaints received exceeding the number of complaints closed for the first time, and continuing to do so.

The Complaints Team are supporting Integrated Health Communities (IHC) and Divisions to monitor and track complaints performance with the objective to reduce the number of overdue complaints. A thematic analysis has also been completed of complaints performance to inform complaints improvement Initiatives across the Health Board with test of change being implemented during Q3.

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

PALS

In June and July 2024, the Patient Advice Liaison Service (PALS) facilitated the resolution of 1,115 enquiries, received 255 compliments in writing and 75 suggestions for improvement. The key themes identified from PALS enquiries within this reporting period include:

- Appointments
- Clinical treatment or assessment
- Access to services.

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

On 22nd July 2024, the Patient and Carer Experience Department launched a new single point of contact telephony system for the PALS and Complaints Teams. The new telephony system has improved call handling and call waiting experiences for customers and will enable the department to monitor and instigate quality control. The telephone line offers a survey at the end of the call, allowing callers to provide feedback on their call experience.

PALS have amended their service opening hours to provide staff with protected time to undertake patient facing engagement work. The service is closed to the public every Wednesday afternoon from 12:30pm. Examples of work undertaken within the reporting period include; Care 2 Share Discovery Interviews with patients across secondary and community hospitals. In East IHC, PALS Officers visited Mold Community hospital and Erddig Ward at Wrexham Maelor Hospital. In the Central IHC, PALS Officers visited Ward 3 at Ysbyty Glan Clwyd, Emergency Department, Heulwen Day Unit and the Ablett Unit. In the West IHC, PALS Officers visited Aran Ward and the Emergency Department. PALS Officers work with staff to formulate learning from patient feedback captured in the Care 2 Share interviews through 'you said, we did' methodology.

PALS have been working with the 3 Ps Service – Promote, Prevent and Prepare Service – to support the development of the Waiting List Support Service. PALS and 3 Ps Service are accessing shared training, and are working together to ensure patients are signposted to the most appropriate service to support the resolution of their enquiry.

Patient Feedback

From the 1st June 2024 to 31st July 2024, 9,464 All Wales Real-Time Patient and Carer Feedback Survey responses were received via Civica feedback system (85% 'Always' score is the All Wales benchmark). Below are key findings from the All Wales Real-Time Patient and Carer Feedback Survey:

- 82.25% of survey respondents overall experience of accessing Health Board services was very good
- 85.72% of survey respondents always felt listened to
- 82.35% of respondents were always involved in decisions about care
- 81.91% of respondents were always given the information they needed
- 81.84% of respondents felt staff always took time to understand what matters to them most.

A series of Civica system awareness training sessions were delivered to Ward Managers, Matrons, Head of Nursing and Directors across Cancer services, Womens services and MHLD, to help empower services to use their patient feedback data to help inform learning and service improvements.

From the 1st June 2024 to 31st July 2024, 295 All Wales Emergency Department (ED) survey responses were received via Civica feedback System. There has been a significant improvement in the number of feedback returns within this reporting period in comparison to August 2023 – May 2024, where the Health Board received a total of 288 Emergency Department feedback survey responses. The majority of feedback returns within this reporting period reflect experiences of those who accessed Wrexham Maelor Emergency Department (237 responses). Below are key findings from the All-Wales Emergency Department Real-time Feedback Survey:

- 62.89% of survey respondents always felt listened to
- 61.54% of respondents always felt well cared for
- 62.98% of respondents were always involved in decisions about their care
- 60% of respondents were always understood what was happening in their care
- 38.01% of respondents felt they waited much too long.

There is currently an aim to implement the use of SMS feedback for Emergency Department (ED) attenders. The digital team are currently investigating this and identifying solutions to link the systems.

To help improve Emergency Department Survey response rates, the Patient and Carer Experience Team are working with Heads of Nursing and Emergency Quadrant staff, including :

- Providing each ED with a kiosk fixture that can be used to store the iPad safely and ensure that patients, relatives and carers are able to provide feedback at any point of their journey through ED
- QR codes displayed to provide digital options for patients who wish to provide feedback that links directly to Civica
- Patient & Carer Experience boards to display PALS information and methods of contact
- In Wrexham Maelor Emergency Department, improvement work is being undertaken to improve the number of feedback survey responses, this includes the delivery of a series of staff training and awareness sessions led by PALS.
- In Ysbyty Gwynedd Emergency Department, staff have taken an 'always on' approach to feedback to ensure there are always opportunities for patients/relatives to provide feedback through a variety of ways (paper, QR codes on backs of chairs, feedback kiosk, posters up and the promotion of these methods through Red Cross Volunteers).

Small Business Research Initiative (SBRI) Patient Communication Project

The SBRI pilot funded by Welsh Government to improve communication between staff and relatives when their loved one is an inpatient has now ended. In total 1121 updates were sent to relatives during the pilot. The benefits realisation of the project is currently being analysed and an independent evaluation is due to talk place to capture staff feedback.

Initial findings suggest relatives have benefited from receiving daily updates.

A positive theme emerging included how the digital systems supported relatives who lived outside of the local area/aboard and relatives in full time employment who struggle to visit/ring in daily.

Throughout the pilot there were opportunities for relatives and staff to share feedback regarding their experience. Below are examples of staff feedback:

- "Saved time because several relatives phone to enquire about a patient, where the project got several members of the family on board and everybody got the same feedback".

- “On one occasion, we were unable to get through to the family of an end of life patient on the phone. We sent a voice note through the platform and within 10 minutes they called the ward and arrangements were made for them to come in.”
- “At first it was a little tricky to incorporate it into our morning routine but once it got going it was a great tool to have that we enjoyed using”.

Patient Communication and Information

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

Ongoing work continues to support the Radiology Service who are reviewing all their patient information documents, including patient letters and patient information leaflets to ensure consistent information is being given to patients across North Wales.

The Patient Information Readers Panel continues to meet monthly to review patient information leaflets.

Accessible Health Care

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

The Patient and Carer Experience Team are working in partnership with Centre of Sign Sight Sound (COS) and the Deaf and British Sign Language (BSL) to improve access to Health Board services.

This includes the introduction of Sign Live, this would allow Deaf and Hard-of-Hearing people to communicate with staff, at any time, using an app which connects them to a qualified British Sign Language Interpreter. Sign Live can support a deaf person making a telephone call to the Health Board so they can manage their health care independently.

CLINICAL EFFECTIVENESS

Clinical Audit

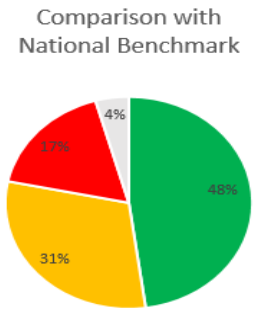
From 1st April 2023 until 31st March 2024 regular quarterly reports were produced by the Clinical Effectiveness Department to give an overview of clinical audit activity carried out across Betsi Cadwaladr University Health Board, which were incorporated within the Clinical Audit Annual Report, identifying recommendations for areas of focus for the following year.

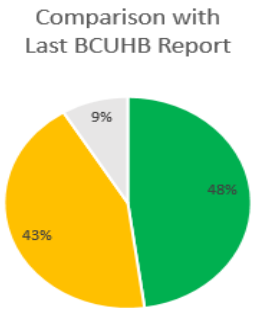
During 2023/2024, the Health Board has participated in 27 out of 38 National Clinical Audit & Outcome Review Programme) projects which apply to the organisation. The remaining 11 have been reported to local Clinical Effectiveness Groups to provide mitigation plans and then escalate recommendations for resolving these issues to Strategic Clinical Effectiveness Group (SCEG) and then to Executive Quality Development Group (QDG). All information is detailed in the recent Annual Report that was submitted to QDG and noted in summary below:

- 9 partial participation – were quoted insufficient resource issues or either time or staff (clinical and admin). The effect of ongoing system pressures is still felt within the organisation and clinical teams have identified a resulting shortage of time and resource to participate and respond to audit findings.
- 1 relates to a national issue (host was victim of cyber-attack so no data could be submitted)
- 1 with no participation at all also down to insufficient clinical and administrative capacity to participate

Key Performance in previous reporting period:

When a National Audit report includes Health Board specific data, we benchmark BCU against both National outcomes and against BCU data in previous reports. During 2023/2024, there were a total of 23 National audit publications and the comparison for these as shown below; please note that this excludes four audits - National Joint Registry, Change Mix Programme, Major Trauma Audit and Young People with Type 2 diabetes, who published their findings but due to the size, method and nature of the data reporting an assurance response was not requested.





Key	*Comparison with National Benchmark:*	*Comparison with Last BCUHB Report:*
R	Where BCUHB reported performance is at or above the benchmark in fewer than 50% of KPIs	Where the previously reported BCUHB performance has detoriorated in more than 50% of Key performance indicators (KPIs) according to the latest National audit report
A	Where BCUHB reported performance is at or above the benchmark in 50% to 74% of KPIs	Where the previously reported BCUHB performance has been maintained or improved in 50% to 74% of KPIs in the latest reporting period
G	Where BCUHB reported performance is at or above the benchmark in 75% or more of KPIs.	Where BCUHB has maintained or improved in 75% or more of KPIs since the previous reporting period
	Unable to compare due to nature of data/reporting	Data not comparable with previous reported data

Learning from National Projects

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

Summary of the action plans produced in response to national findings highlighted improvement work being undertaken by the local specialties including but not limited to:

- Develop and implement new strategies, pathways & services
- Dedicated 'ring-fenced' beds to improve patient outcomes
- Staff recruitment and staff training
- Improved documentation
- Improved informatics and support to assist in participation in National audits
- Local deep dive audits to identify local issues related to performance below the recommended standard

Current Clinical Effectiveness Team priorities

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

Selection of Tier 1 audits and details captured around Assurance

Below is an example of recent audit performance which is captured in quarterly reports and the annual report that have been submitted to QDG. Please note that action plans are in place, risks placed on the appropriate register, and mitigations in place.

Title of National Audit/Outcome Review	Name of report	Date of publication	Performance against National Benchmark	Performance against previous reporting period	Assurance
National Lung Cancer Audit (NLCA)	State of the Nation Report 2023	13/04/2023	**Green**	**Green**	**SIGNIFICANT** the service is above the national benchmark in over 75% of measures and has shown significant improvement in the surgical resection measure, which had previously been an area of concern
National Audit of Cardiac Rhythm Management (NACRM)	2023 Summary Report (2021/22 data)	09/06/2023	**Amber**	**Amber**	**West: SIGNIFICANT** **Central: FULL** The 21/22 data identified a problem with reintervention rates. But this is now resolved (see East data for action) process has improved **East: LIMITED**

Selection of Tier 1 audits and details captured Action Plans, Learning identified and Risk.

Below is an example of some of the achievements, actions and learning that has been identified via the Tier 1 audit process.

Title of National Audit/Outcome Review	Key Achievements Summary	Action Plan Summary	Learning Identified	Risk
National Lung Cancer Audit (NLCA)	Proportion of patients with Non-Small Cell Lung Cancer (NSCLC) undergoing resection surgery has increased from 11.1% to 20.3% which is now above the national benchmark of 17%	BCUHB Action plan received outlining the following actions: * **Proportion of patients with pathological diagnosis** – results (84.7%) just below the national benchmark (90%), data to be re-audited to establish whether this is a data accuracy issue; if not, the reasons will be reviewed, and an action plan agreed at the Lung Cancer Clinical Advisory Group meeting (Quarter 3) * **Proportion of patients with Small Cell Lung Cancer (SCLC) receiving chemotherapy** – results (67.3%) slightly below the national benchmark (70%). Local data will be re-audited to establish whether this is a data accuracy issue; if not, the reasons will be	Review and action outcomes at the Lung Cancer Clinical Advisory Group	**NONE** There is no deficit in compliance against the audit standards

		reviewed, and an action plan agreed at the Lung Cancer Clinical Advisory Group meeting (Quarter 3)		
National Audit of Cardiac Rhythm Management (NACRM)	**WEST:** * Dual chamber pacing in sinus node disease without AV block 88.9% of procedures met the standard set by NICE TA324 **CENTRAL:** * 81.6% of Dual chamber pacing in AV block met the NICE standard TA88. In 2021/22, 72% of implanting centres met that target. * 86.7% of Dual chamber pacing in sinus node disease without AV block met the NICE Standard TA324 the national target is 80%. **EAST:** Wrexham Maelor Hospital met the following criteria: * Implanted 104 bradycardia pacemakers (BHRS standard (2017) is 80). * Undertook 77 complex (ICD/CRT) device procedures (BHRS standard (2017) is 60). * All eligible dual chamber pacing in sinus	**WEST:** * Data in report is incorrect so manual count completed which identified discrepancy - raised with NICOR to be corrected and awaiting response. * Data completeness issues: although target achieved this is a recurring issue and is monitored closely. To be raised with the Cardiac physiologists and training with all inexperienced staff re data inputting. * Percentage of all-cause re-intervention within 12 months of a first device implant, for simple devices. needs to improve (9.43%) - to be discussed regularly in North Wales device meeting to share learning. The clinicians are monitoring this, and the root cause is believed to be patient complexity. **CENTRAL:** * Data completeness issues: Raised with the Cardiac physiologists in both Central and East. CCW was not mapping the inputted operator, and this has now been resolved. * Due to staffing issues/retirement, YGC had only has one pacing operator. The issues identified in the audit related to capacity. **EAST:** * Data completeness issues: Raised with the Cardiac physiologists and training with all new staff. CCW was not mapping the inputted operator, and this has now been resolved. * Operator activity: two clinicians have now stopped inserting and all current operators are compliant. * 1-year all-cause re-intervention: complex devices (12.99%) clinician to clinician	**BCUHB:** Audit findings shared at Steering Group. BCU North Wales Device meeting discusses progress and complications (audit findings to be shared at next meeting). **WEST:** Audit findings shared at Cardiology Business Meeting. **CENTRAL:** Data submission needed to improve and has done so with training. Additional staffing needed. **EAST:** Training was needed to refresh skills for clinicians and in data submission.	**WEST: LOW** **CENTRAL: MINOR** Risk to delay in receiving pacing intervention due to unavailability of skilled medical staff to support procedure. Mitigation provided by East and West now but fragile arrangement **EAST: MAJOR** Oct 2023-patients are waiting 10 weeks for devices. Risk (ID No 4208) level at 16 and risk register being updated with a paper to East IHC HMT – this risk has now reduced to level 8 as at 9/8/2024

	node disease without AV block met the guidance NICE TA324.	retraining has taken place to improve standards. Ongoing monitoring and current data show improvement in re-intervention figures.		

NICE Guidelines

NICE is being circulated via Audit Management & Tracking (AMaT) since its roll out in August 2023. The Clinical Effectiveness Facilitator for NICE is continuously working to support departments with guidance and training, where needed. A list of overdue guidance is sent monthly to Local Clinical Effectiveness Groups via an Assurance Report and escalated quarterly to Strategic CEG via the NICE Chair's Report.

The overall compliance status for the Health Board is improving since AMaT was introduced, however there are still issues with gaining assurance from some areas. If services are not fully achieving a NICE guideline, it remains with them to address this and upload an Action Plan to AMaT. It has been noted via Strategic CEG that some of the reasons for low compliance relate to the way in which the request for updates is communicated across the Health Board, and that requests may go unanswered as they have been sent to the incorrect individual. This process has been reviewed, and due to be updated from September 2024 onwards.

The Health Board status remains at overdue until all services have responded to a guideline. It is important to note that an overdue review does not mean that no guidance at all is in place, rather that it has not been reviewed to see if it remains contemporaneous.

The table below shows the comparison from January 2024 to current. The Fully Achieved is up from 38 in January to 94 in August and this is steadily rising as more training within specialities is arranged.

Overall BCUHB Compliance Status

Period from: 05 January 2024 to: 01 August 2024		N value	Percentage	Current position - as of 01 August 2024		
Fully Achieved	↑	up from 38 to 94	up 18.5%	94	50%	Fully Achieved
Partially Achieved - Acceptable	→	no change	no change	0	0%	Partially Achieved - Acceptable
Partially Achieved - Improvement Needed	↑	up from 3 to 10	up 2.9%	10	5%	Partially Achieved - Improvement Needed
Not Achieved	↑	up from 1 to 2	up 0.2%	2	1%	Not Achieved
Not Applicable (N/A)	↑	up from 14 to 24	up 1.3%	24	13%	Not Applicable (N/A)
In Progress	↓	down from 20 to 9	down 11.7%	9	5%	In Progress
Overdue	↑	up from 45 to 48	down 11.5%	48	26%	Overdue
Total	↑	up from 121 to 187		187		

There is a positive shift in overdue responses since April 2024.

Mortality

The Health Board reports to Welsh Government on a quarterly basis, providing information on several key indicators, such as:

- Crude mortality
- Elective and non-elective post-operative mortality
- A&E admitted mortality
- Condition specific mortality

The Mortality Associate Medical Director position has recently been filled with a starting date of 1st September 2024. This will allow a review of our current mortality process, to ensure that it is aligned with the All-Wales Learning from Mortality framework, and that our processes for learning from mortality are effective.

This will include ensuring consistency in the approach of reviewing patient mortality, that clear reporting mechanisms are in place, and that areas of concern can be identified and escalated. This will also support the on-going challenging work of the team by improving flow of backlogs and continue improving processing of front door reports from the Medical Examiner service in a timely manner, giving accessible data to colleagues at any time if required.

Learning

Due to capacity constraints, the Learning from Mortality Panel and Reducing Avoidable Mortality Group has not met since June 2024; however, with the appointment of the Associate Directors for Mortality these meetings can now recommence. As an example, local learning has highlighted the following:

- The importance of advanced care planning.
- The impact that of patient flow on patient care, with the importance of having the right patient in right place.
- With the increasing complexity of patients presenting acutely, the importance of clearly identifying shared ownership of patient care between specialities.

Whilst arguably these are not new issues, the importance of highlighting that we can continue to improve in these areas is helpful, as it continues to focus teams on the ongoing improvement work in these areas.

Crude Mortality Rate - BCUHB vs Peer

Staffing challenges within the Clinical Coding department have been an issue and currently reporting for measures requiring coded data up to October 2023. This has been registered as a risk at the Planned Care – Data, Planning & Performance Work Stream, there are now key elements of our coding recovery plan in place as noted below:

- 6 Whole Time Equivalent Trainee Clinical Coders started with the Health Board during July and August 2024, to support the training of the additional trainees a Data assurance lead has also been created and the new staff member started in the role during August 2024.
- To help retain our current qualified staff we are submitting an application for a recruitment and retention premium.
- We have received approval to utilise agency coders and these are currently in the procurement process hoping to start during September 2024.

The below demonstrates that the Health Board is not an outlier with regards to crude mortality when compared to our peers:

Indicator definition

Numerator = Spells where the patient died

Denominator = Total spells excluding well babies

Type = Percentage

Orientation = Lower is better

SAFEGUARDING

The Safeguarding and Public Protection Team provides oversight and organisational assurance in relation to the Health Boards statutory duty under the Social Service and Wellbeing (Wales) Act 2014 and Wales Safeguarding Procedures 2019, the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005. The activity includes key actions and activities to ensure that the Safeguarding and Public Protection agenda remains paramount to service delivery across the Health Board. Safeguarding formerly reports throughout the organisation in accordance with the Safeguarding Reporting Framework. This framework reinforces organisational engagement, reporting and escalation by the Safeguarding Governance and Performance Group (SGPG), and key Forums and Committees.

A Quality Assurance exercise is taking place to provide assurance to the Board that IHC/Divisional Safeguarding Forums governance arrangements, are following the Safeguarding and Reporting Framework and are in-line with the Health Boards organisational governance framework.

Adult and Child at Risk Reporting

Adult at Risk reporting in both June and July 2024 has been slightly below the average with 154 and 146 reports received respectively. Analysis indicates that reporting in the East area has consistently been above the average over the past two months. A review of reporting is undertaken monthly, no additional concerns, themes or trends were noted with reporting in-line with legislative processes to maintain patient safety.

There were four hundred and fifteen (415) Child at Risk Reports submitted by the Health Board in June 24 which is slightly higher than the monthly average. A further increase was observed in July 2024 with four hundred and fifty-nine (459) Child at Risk reports submitted. Child at Risk reporting in July 2024 was the highest recorded in a single month. The under 5-year-old category saw the highest reporting rates which is a consistent trend and reflective of the national picture. In both June and July, the East IHC accounted for 50.1% of the reports, this is consistently the position. To ensure activity is supported the Safeguarding Team utilise resources within the team to expedite resources and support.

Safeguarding activity is shared weekly and monthly with respective Health Board services. Activity is then scrutinised at monthly Integrated Health Communities (IHC's) and Mental Health and Learning Disability (MHLD) Safeguarding Forums to allow for assurance and governance in relation to concerns raised and actions taken. The Safeguarding Forum is held monthly across IHC's and MHLD services.

The Forum is accountable to the Safeguarding, Governance and Performance Group and ultimately to the Quality Delivery Group and QSE which offers a robust reporting framework. Capturing outcomes from the Local Authorities has been a challenge this was reported and recognised again by our Local Authority colleagues in the north Wales Safeguarding joint Board meeting. As a result, a date had been agreed in September 2024, with the six (6) Local Authorities to explore how this can be improved to inform best practice.

Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV) Update

There is an increasing number of child-on-parent abuse being reported resulting in a challenging position that presents the victim/perpetrator debate in relation to the family setting. The Safeguarding Team attend the multi-agency partnership Regional VAWDASV Board and Multi-Agency Risk

Assessment Conference (MARAC) Steering Group where these themes and trends are discussed. Actions to address these concerns are under negotiation with next steps to be considered and reported in Q3 and Q4.

BCUHB VAWDASV Training Compliance

Health Economy	Jun-24	Jul-24
Health Community Centre (HCCX)	78.7%	78.6%
Health Community East (HCEX)	82.2%	81.1%
Health Community West (HCWX)	78.3%	78.7%
Integrated Clinical Delivery - Primary Care (ICDP)	79.6%	79.5%
Integrated Clinical Delivery - Regional Care (ICDR)	78.0%	77.6%
Mental Health & LDS (MX00)	86.9%	86.2%
Midwifery and Womens Services (WXXX)	78.7%	79.2%
Corporate Services	65.4%	65.4%
Total	**74.6%**	**74.4%**

IHC and Divisions receive a Micro analysis of Training compliance, and a targeted approach is deployed by Safeguarding with full engagement.

North Wales Serious Violence Response Strategy 2024

The recently launched, 'North Wales without Violence: North Wales Serious Violence Response Strategy 2024' which is the first ever strategy of its kind, is a landmark document that marks a turning point in our collective efforts to create a safe and more just region. The Health Board are a key partner agency and have engaged in discussions and actions throughout the consultation and implementation stage. This work is ongoing with updates provided to Health Board services through the Safeguarding Performance and Governance Group. A communication and implementation plan is developed to inform and support next steps and the Safeguarding & Public Protection Team will engage in the Steering Group meetings in Q3 24/25. Funding aligned to the strategy will focus on children and young people and will be allocated in 2024/25. The strategy will be reviewed and updated annually. The annual updates will incorporate a data analysis from the most recent Strategic Needs Assessment. (March 2025)

Practice Reviews Update

The key purpose of practice review is to identify any steps that can be taken by North Wales Safeguarding Board partners or other bodies, to achieve improvements in multi-agency protection and safeguarding practice.

Child Practice Review (CPR)

There are currently twelve (12) North Wales Safeguarding Children's Board (NWSCB) commissioned Child Practice Reviews in North Wales. Themes and risks of reviews inform the recommendations, which are then incorporated into action plans to ensure the identified learning become lessons learnt.

Summary of current themes; reviews;

- Attempted Suicide and 'misadventure' by completion of suicide
- Child with inflicted injuries - 'shaken baby' resulting in head trauma
- Three (3) Children involved in significant domestic abuse incident, two of which were wounded through stabbing
- Neglect resulting in harm and death by drowning.

- Case in relation to multiple children who have been victims of child sexual abuse by a person in a position of trust

There is a robust process in place to ensure that the reviews are cascaded throughout the organisation to raise awareness, and to ensure the findings are embedded into front line practice. This process includes;

- Developing and cascading a 7-minute briefing.
- PowerPoint presentation to capture the key facts, findings and recommendations.
- Lunch Learn and Inspire Webinars.
- One to one and Group Safeguarding Supervisions.
- Special Edition and Learning Bulletins.

The implementation of the 12Cs Model, Collective Safeguarding Responsibility Model (2023) will promote a collaborative approach to develop a better understanding of repeating emerging themes.

Adult Practice Review (APR)

There is currently one (1) active APR in North Wales. The North Wales Safeguarding Board published this APR on July the 25th 2024. The learning identified for the Health Board was specific to the engagement of GP services in the Adult at Risk process and the need to ensure that GPs are supported to attend. Work is ongoing to implement this activity and is supported with the development of a 7 Minute Briefing to aid GPs in the Adult at Risk legislative process.

Domestic Homicide Review

There are currently Six (6) ongoing Domestic Homicide Reviews (DHRs) across North Wales. Four (4) DHRs are complete, three (3) reports remain with the Home Office awaiting approval. One (1) report has been returned as approved. Action plans to address identified learning are commenced prior to Home Office approval to avoid any delays.

The themes are; victim suicide in two (2) of the cases, lack of recognising the correlation between mental health and domestic abuse, losing sight of the voice of the child and their lived experience, and routine enquiry not consistently undertaken within the older persons population.

All Practice Reviews are discussed monthly in the Safeguarding Quality Assurance Group. Findings are incorporated into action plans based on the recommendations monitored by the North Wales Safeguarding Boards Practice review sub-groups for adults and children. The actions are quality assured and monitored following the Safeguarding Reporting Framework which is in line with the organisations governance structure.

MCA and DoLS Update

The implementation of the Mental Capacity (Amendment) Act 2019 and the Liberty Protection Safeguards (LPS) was placed on hold by UK Government prior to the General Election in July 2024. The new elected Government have appointed MP Stephen Kinnock as Care Minister with responsibility for the Mental Capacity Act, Deprivation of Liberty Safeguards [DoLS] and the LPS. However, it was announced within the Kings Speech (July 2024) that the priority for the Minister would be the reform of the Mental Health Act prior to any work in addressing the current Deprivation of Liberty Safeguards DoLS process and the proposed/delayed implementation of the LPS.

Welsh Government monies are supporting the implementation of best practice and the delivery of service of both MCA and DoLS throughout the organization. This is monitored and quality assured from reporting arrangements and the Safeguarding Reporting Framework.

Datix Safeguarding Module Update

To introduce an All Wales NHS Safeguarding Report form, there is a proposal for all Health Boards across Wales to implement the use of the Datix Cymru Safeguarding Module from the 1st October 2024. The Safeguarding Network and Once for Wales team are supporting discussions with the Safeguarding Board and our Local Authority partners. An NHS Wales stakeholder Task and Finish Group has been put in place to navigate the proposed transition to the Datix Safeguarding Module which we, the Safeguarding and Public Protection Team are engaging in. Further discussions are taking place to obtain assurance on the system to ensure it is safe and effective and meets statutory guidance and legislation.

INFECTION PREVENTION AND CONTROL

Key Infection Indicators

Data relating to Infection Prevention key indicators to the end of July when comparing to other Health Boards, places the Health Board 1st for MSSA and Klebsiella species and Pseudomonas aeruginosa bacteraemia (i.e. lowest infection rate), 3rd for MRSA and 4th for Escherichia coli and *C.difficile* This indicates an improved position for MRSA, Escherichia coli and Pseudomonas aeruginosa but a deterioration in C.difficile, MSSA and Klebsiella species June.

As of the end of July 2024, the Health Board is in an improved position for MSSA, Klebsiella and Pseudomonas aeruginosa bacteraemia compared to the same period in 2023. Lessons learned from Post Infection Reviews are being shared widely to highlight where improvements are required with all the key infections but particularly around C.difficile, MRSA and E. coli where performance has reduced for the same period in 2023.

Outbreaks

Norovirus - Outbreaks were reported in East in The Wrexham Maelor in June and in July resulting in the full ward closure of 4 wards. Ysbyty Gwynedd reported a bay outbreak only in June.

COVID-19 - There were no full ward outbreaks reported during June and July, however there were several bay outbreaks and a noticeable increase in COVID-19 cases.

C.difficile - Ysbyty Glan Clywd reported an outbreak in July resulting in ward closure to allow for a full High-Level Disinfection of ward 12 to take place.

CPE – Two outbreaks were reported during July; one in Ysbyty Glan Clywd and one in Ysbyty Gwynedd.

Scabies – An outbreak was reported in Mental Health Learning Disabilities during July, affecting 4 patients.

Post Infection Reviews and outbreak learning reviews have been initiated/competed with lessons shared.

Learning to date includes:

- Screening omissions, delayed sampling, incorrect sampling
- Delayed isolation, largely due to the inability to step down patients no longer requiring isolation to other beds, due to capacity constraints

- Reduced facilities staffing resulting in inability to perform all enhanced cleans requested and on occasions, routine cleaning
- Suboptimal High Level Disinfection due to the ongoing issues associated with the METIS Hypochlorous Solution technology and to the inability to decant patients to another area for full ward High Level Disinfection
- Off guidance antimicrobial prescribing
- Lapses in practice associated with care bundles, hand hygiene and commode cleaning compliance

QUALITY ASSURANCE

Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales.
HIW undertook an inspection at the Emergency Department in Ysbyty Glan Clwyd from the 29th April to the 1st May 2024. The report was published in August 2024. Whilst the overall inspection was positive and HIW could see evidence that the Health Board has taken further steps to improve certain areas, areas for improvement were required as follows:

- Ensure that there are measures in place to ensure that risks to patient health and safety are assessed and mitigated in a timely way.
- Ensure that staff administer medication in line with prescriptions
- Ensure staff accurately record patient fluid intake and output
- Ensure that staff complete a care plan when a patient has a cannula
- Ensure that checks of resuscitation equipment are undertaken and recorded on a regular basis
- Ensure consistent monitoring and recording of visual and physiological observations.

An action plan is in place and will be tracked.

As a result of the improvements, HIW decided to de-escalate the department as a Service Requiring Significant Improvement (SRSI). This means that no Health Board services remain in the SRSI designation.

On the 25th and 26th June 2024, HIW also undertook a planned Ionising Radiation (Medical Exposure) Regulations (IRMER) inspection at Ysbyty Gwynedd and the Bone service at Llandudno General Hospital. Initial verbal feedback is of a positive inspection with no immediate assurances required. Inspectors reported a number of positive findings across the domains of patient experience, safe and effective care and governance and leadership with a small number of improvements required in areas such as Duty of Candour training. We await the final written report of the findings in order to respond fully and appropriately.

The Health Board continues to conduct Quality Peer Reviews in line with internal process. Quality Peer Reviews were introduced at the end of last summer with the purpose of supporting services to understand how compliant they are against the Health and Care Quality Standards which were introduced in April 2023 in line with the Duty of Quality in Wales.

The review involves an internal process of self-assessment and mock inspections against core criteria which has been developed based on the approach of Healthcare Inspectorate Wales (HIW). The process remains under development and was put in place with the need to help the Health Board to assess its progress against the recommendations issued by HIW following inspections they undertook of the Emergency Department at Glan Clwyd back in 2022 whereby the service was subsequently escalated to a Service Requiring Significant Improvement (SRSI).

Since the Quality Peer Review of the Emergency Department at Glan Clwyd on 21st July 2023, further reviews have taken place which includes Maternity Services at Ysbyty Gwynedd on 18th December 2023 and Maternity Services at Glan Clwyd on 17 July 2024. Moving forward, progress including key learning, and any issues for escalation, will be reported to the Regulatory and Assurance Group (RAG) chaired by the Deputy Director of Quality.

Care Inspectorate Wales (CIW)

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

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

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

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

Ombudsman

The Health Board has three recent Public Interest Reports. Two have been shared via the QSE Committee, including details of the improvement plans developed in response to the recommendations made by the Ombudsman. The third was not published at the time of the last meeting, and will be shared at the next committee meeting. Details of this case are as follows:
The investigation relates to the gastroenterology care and treatment provided to a patient in 2021, the patient's death in January 2022, and the complaint response provided to them in 2023. The Health Board has accepted the report. The Ombudsman upheld most of the complaint and has made provisional recommendations:

Within 1 month of the date of the final report the Health Board should:

- Provide the complainant with a fulsome apology, from the Chief Executive, for the failings identified in the report. The apology should refer to the clinical failings, the impact of these on the patient's outcome and the impact on the complainant and their family.
- Offers the complainant financial redress in the sum of £4,000 reflecting the serious failings the Ombudsman have found and the resulting and lasting significant impact upon the patient and their family.

Within 4 months of the date of the final report the Health Board should:

- Review the case, in line with its legal requirements under the Duty of Candour, to determine how the patient's presentation in January 2021 was misdiagnosed owing to inadequate assessment/imaging. The Health Board should then report its findings to its Quality and Patient Safety Committee and include its findings in its Annual Report on the Duty of Candour.

- Share the report with the Clinical Director responsible for the relevant Consultants involved in the patient's care so that its findings are reflected upon and directly discussed with those Consultants as part of their regular supervision.
- Review its handling of the complaint in line with the Duty of Candour. Any improvements it identifies should be fed back into its complaints handling procedure and shared with my office.

The Ombudsman measures responsiveness using a measure called Average Variance to Target (AVT). This is regularly shared with all health boards. The Health Board AVT is currently -4 (i.e. submissions are on average 4 days ahead of a deadline).

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

HEALTHCARE LAW

Inquests

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

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

Two PFDs were issued by the Coroner in July 2024. The Health Board has 56 days to respond, and work has started to review these notices.

The first PFD issued relates to timely investigations/action plans and concerned the appeared lack of consequence for staff members who fail to adhere to the Health Board's policies and procedures and how this lack of accountability perpetuates future risk to patients.

The second PFD issued relates to concerns that the quality, effectiveness and timeliness of the Health Board's investigations means that issues or concerns with care and treatment are not being identified quickly enough (or at all) to put in place additional measures or learning in order to prevent deaths in similar circumstances.

A bi-weekly Inquest Oversight Panel was established in autumn to provide executive support to ensuring deadlines were achieved. Improvement is being seen in the timeliness of investigation report submissions to the Coroner, linked to the significant patient safety and complaint improvement work identified above.

Several inquests continue to be listed which are a number of 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.

Claims

The Welsh Risk Pool is part of the NHS Shared Service Partnership Legal and Risk service. It provides the means by which all Trusts and Health Authorities in Wales are able to indemnify against risk. The role of the Welsh Risk Pool is to have an integrated approach towards risk assessment, claims management, reimbursement and learning to improve. The team work with NHS colleagues

across Wales to promote and facilitate opportunities to learn and support the development and implementation of improvements to enhance patient safety and outcomes.

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

The Health Board has a number of overdue Learning from Events Reports (LFERs) which are due to be submitted to the Welsh Risk Pool (WRP). At the time of writing, this number was 42 (all of which were with services for providing evidence of learning). There is a risk of financial penalty for delayed forms. As with other areas of overdue documents (such as incidents and complaints which both remain unacceptably high) support is being provided to divisions to facilitate completion and regularly reporting and escalation is in place.

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.
- The number of overdue complaints remains high, with an impact on patients and has an impact on the closure target compliance. However, significant work is underway and improvement is being seen.
- 2 Regulation 28 PFD Notices have been received from the Coroner and two inquests were concluded with a rider of Neglect.
- The Health Board are progressing with the improvements required, following the HIW inspection of the Emergency Department at Ysbyty Glan Clwyd.

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

The Health Board is asked to note the report.

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

Reporting Committee:	**Performance, Finance and Information Governance Committee**
Committee Chair:	Gareth Williams, Vice Chair
Date of last meeting:	27.8.24
Paper prepared by:	Diane Davies, Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the meeting held on 27th August 2024 at Carlton Court Boardroom :

The Committee
Noted

- Performance Report
- Finance Report Month 4 2024/25 including
- Divisional Operational Finance and Performance report – Mental Health and Learning Disabilities (MHLD) Division
- Shared Service Partnership performance assurance report
- Corporate Risk Register relating to the Committee

Agreed

- IG1 Information Governance Strategy Review – *subject to minor amendments*

The Committee Chair draws Board Members' attention to the following points:

- A thorough discussion on the MHLD Division's finances and performance was undertaken.
- Concern was raised on the need for a more effective estate strategy to be progressed. This should include improved co-ordination with the various Integrated Healthcare Communities (IHCs) and divisions as quality and availability of accommodation affected the Division's ability to deliver.
- Work to reduce Out of Area placements was recognised but this also needed to be linked in with tackling Delayed Transfers of Care
- The need for effective partnership working with local authorities was emphasised in order to enable the delivery of improvements for patients together.
- The Committee expressed significant concern regarding progress with regard to reducing long waits in Planned Care. Whilst there was much good work being undertaken which was starting to show positive results, reaching the targets set for 104 weeks waits by the end of the financial year would be very challenging.
- The Committee needed to give consideration on how it could most effectively plan scrutiny of the IHCs and Divisions going forward to focus on overall performance with appropriate managers present and supporting them in areas of challenge. In order to ensure time for efficient focussed discussion within the breadth of information to be covered.

The Committee **referred** the following to other Committees to consider further within the scope of their terms of reference delegated by the Board:
To be further considered by People and Culture Committee:

- Overall volume of mandatory training expected to be undertaken by employees

- The variance of agency staff utilisation across IHCs/Divisions and what might be the drivers of these which consequently increased costs

In the private session the Committee considered and

- Endorsed submission to the Health Board of the Holyhead Health and Wellbeing Strategic Outline business case for consideration
- Endorsed submission to the Health Board of Electrical Infrastructure Capital Business Case and award of the tender to the contractors (following Welsh Government confirmation of support)
- Endorsed approval of request to publish a tender for a GMS contract
- Received an update on a property lease and supported in principal options advised subject to the provision of further information

Approved minutes and papers are available on the BCUHB website : Performance, Finance and Information Governance Committee - Betsi Cadwaladr University Health Board (nhs.wales)

ITEMS TO BE ESCALATED TO THE BOARD

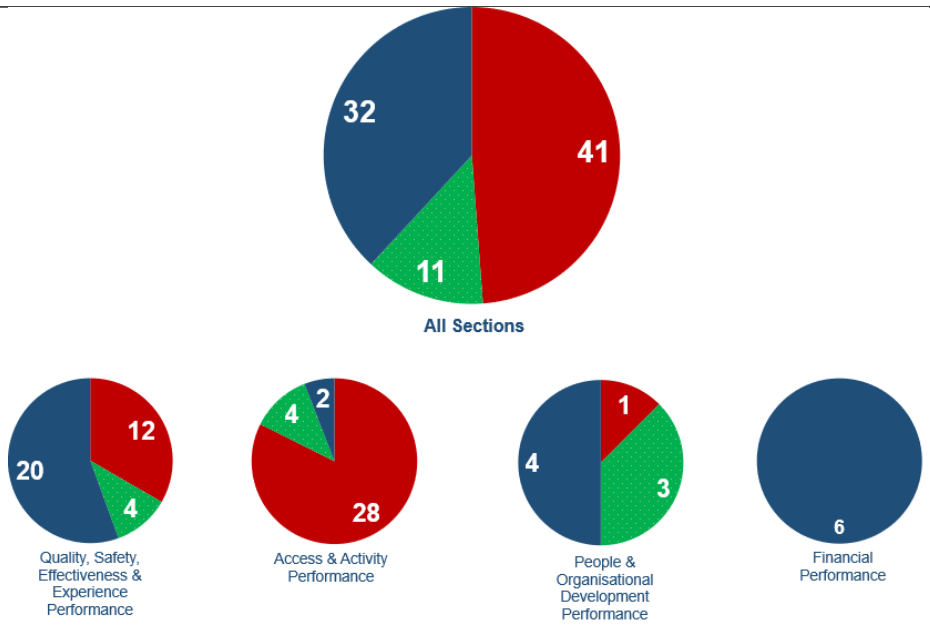
The Committee remains concerned with the delivery of Planned Care targets by the end of the financial year.

NEXT MEETING

The next meeting of the Performance, Finance and Information Governance Committee will be held on 29.10.24

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

Teitl adroddiad: ***Report title:***	Integrated Performance Report Month 4 Performance - Month 5 Finance.
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report relates to Month 4, 2024/25 for Performance and Month 5 for Finance. The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023 one of a trilogy of new frameworks intended to drive the strategic objectives of the Health Board. The IPF will be used in conjunction with the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF). The Framework will align with the Quality Surveillance Strategy as it is developed. The purpose of the Framework is to integrate key performance indicators (KPIs) from: - 1. Key deliverables from the Annual Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures. The Health Board has a number of measures rated monthly and included within this report, the below graphic indicating a number of these measures are off target.



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

The Performance Directorate has been working with our partners across the organisation, oversight provided the Executive Delivery - Integrated Performance Group (IPG) in the development of locally defined metrics and these have now been included in the IPR, specifically in the Quality and People & Organisational Development domains.

Performance is RAG rated against the targets set within the NHS Wales Performance Framework, set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories as submitted and agreed by Welsh Government have also been included.

Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report, the report composition articulating the following;

- Within the escalation section, an initial high-level one-page summary that highlights key performance across the four quadrants, followed by escalation pages to further articulate performance within the escalated metrics.
- A brief introduction to the Performance report to include a key for rag rating and Statistical Process Control (SPC) charts.
- The further reporting contains all of the metrics by domain, so members can review performance against all metrics reported.

	The intention of the report structure is to enable members to identify key escalations from sub-committees of the Health Board, whilst enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, and local metrics that give greater insight into understanding current performance (through Executive forums & Committees). We are moving towards greater ownership by committees of the measures included within the escalation section of the report for Health Board, with areas of good practice also to be included within this section. The Performance team continue to work with the Health Board to embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal integrated (accountability) review structures, and escalation / de-escalation mechanisms. The Performance Directorate is working with corporate and operational leads in developing the triangulation of Performance, Quality and Workforce intelligence at the individual metric level. This is an ambition of the Intelligence-led Organisation agenda and supported by NHS Wales Executive.			
Argymhellion: ***Recommendations:***	The Health Board is asked to: 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: ***Executive Lead:***	Russell Caldicott, Interim Executive Director of Finance.			
Awdur yr Adroddiad: ***Report Author:***	Ed Williams, Acting Director of Performance			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

	mechanisms/objectives	*delivery of existing mechanisms / objectives*	*existing mechanisms / objectives*	

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 2024-25.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	This report will be available to the public once published for Health Board.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022. Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Acting Director of Performance. References to Corporate Risks have been made in the body of the report, where applicable. 24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care

	24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact upon the financial recovery plan of the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This report has been reviewed by Executive Team. The full report has been reviewed by the Acting Director of Performance, and the Executive Director of Finance & Performance.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	The Acting Director of Performance is working with the Head of Risk Management to develop linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set. Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Acting Director of Performance. References to Corporate Risks are included in the body of the report, where applicable. 24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable

Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations:*** Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described. The Integrated Performance Report will undergo further development through the remainder of 2024-25 to reflect the new NHS Wales Performance Framework 2024-25.
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 Directorate continues to develop and refine the performance report for the Health Board, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

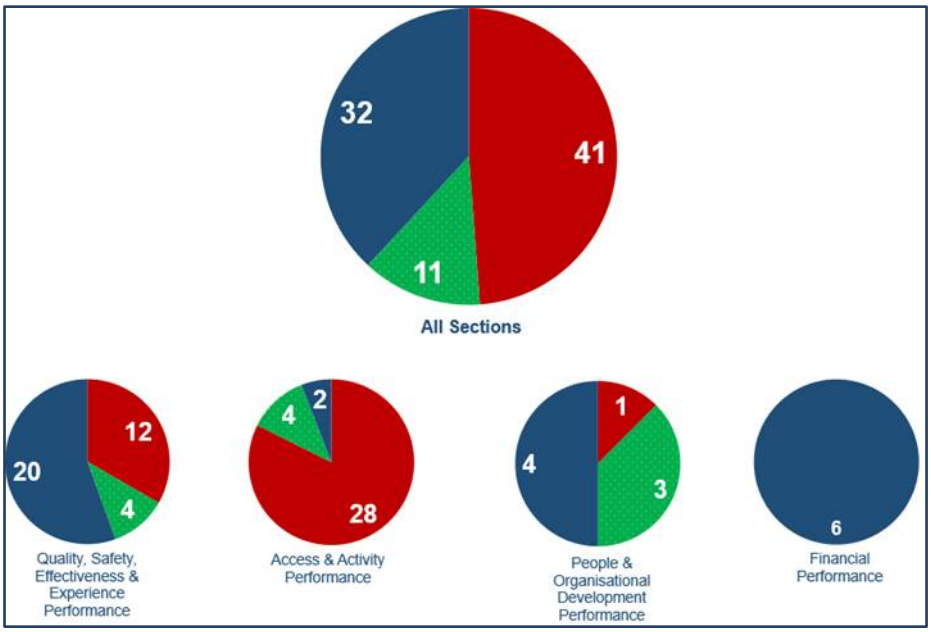
- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

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

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

This report reflects performance against the NHS Wales Performance Framework for 2024-25. Furthermore, it includes several locally defined metrics within the Quality and People & Organisational Development domains.

2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 11 are on target, 41 are off target. It remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

A prioritisation of the metrics off plan has been used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term. This summary report will indicate some key elements from our quality, our access and activity, our people and our finance as seen within the Health Board.

3. Key outputs from oversight of Access & Activity Performance

3.1 Quality (Safety, Effectiveness & Experience) Performance

(Corporate Risk 24-04 Failure to Embed Learning)

The key areas highlighted centre upon: -

Two new never events were reported in July 2024.

The Integrated Performance Executive Delivery Group (IPEDG) has enacted the escalations process within the Integrated Performance Framework 2023-2027 to put performance against National Reportable Incidents & Complaints measures in escalation and targeted for improvement in performance against compliance with National Reportable Incidents (NRIs) and Complaints backlogs. The Integrated Health Communities (IHCs) and Divisions

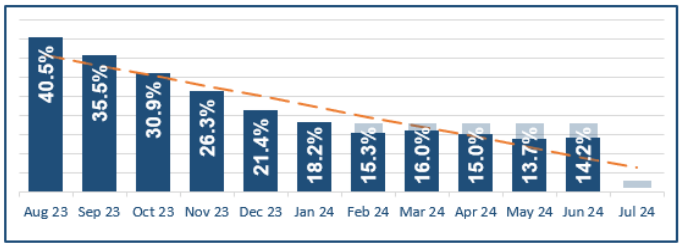
have submitted their plans to reduce the backlog and improve response times to the Executive Director of Nursing and Midwifery for onward, weekly monitoring of trajectories. We expect significant improvement by October 2024.

BCU HB plans for improvement target compliance with the 75% closures within 30 days rate by 14th October 2024. All Integrated Health Communities (IHC) and Regional Services are on track to be compliant with exception of the Central IHC, who will be 61.34% compliant by the 14th Oct 2024 based upon their current closure rate.

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

Clinical coding compliance remains a risk. The main cause was staff vacancies and absence experienced across the Health Board. The team continue to work with People & Organisational Development (P&OD) Directorate to address recruitment and retention issues. We have appointed to the Coding Assurance Lead role that will support development of new trainees as they progress. We have appointed six trainee coders who commenced work in July. Work with Welsh Patient Administration System (WPAS) Operational Steering Group is ongoing to improve availability of electronic records to enable some remote working opportunities starting with theatre operation sheets.

Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increas-ing trend (to 95%)	TBC	14.2%	8st of 8 (at May 24)



3.2 People & Organisational Development

(Corporate Risk 24-01 People, Culture and Wellbeing)
(Corporate Risk 24-1 Leadership / Special Measures)

The key areas highlighted centre upon:-

Turnover rates of nursing and midwifery staff remains around the 1.7% mark having fluctuated between, 1.5% and 1.9% since April 2024. Sickness absence has returned to winter 2023 levels at 6.3%, with stress and other mental health issues continuing to be the main reason for sickness absence. The percentage rate of agency spend as a proportion of the total pay bill remains static at 4.6% July.

3.3 Access & Activity Performance

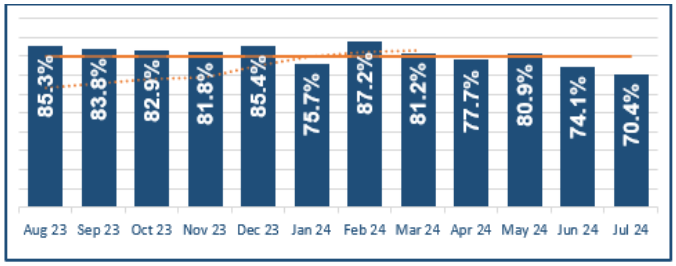
The key areas highlighted centre upon:-

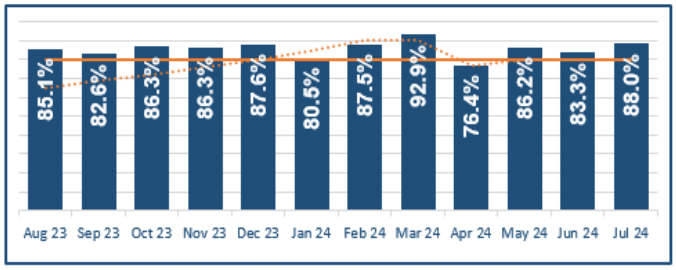
This section contains the greatest number of measures within the report, at 34, noting BCUHB is achieving the target for 4. This is a very concerning picture; however, members are asked to note performance is measured on All Wales criteria that many Health Boards are finding difficult to achieve. The Health Board continues to invest significant time and energy in seeking to improve performance. Implementing additional oversight and escalation within the planned Care space (the Chief Executive Chairing a weekly oversight and escalation meeting).

3.3.1 Adult Mental Health Measures Performance

After the predicted dip in performance in April 2024, as of July 2024, performance is yet to recover to the 80% target rate as posited. Overall BCUHB performance has continued to sustain performance above the 80% target rate with regards to therapeutic interventions.

Measure	WG Target	Internal Target	Position	Wales Rank
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	TBC	70.4%	4th of 7 (at Jun 24)
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80.0%	88.0%	6th of 7 (at Jun 24)

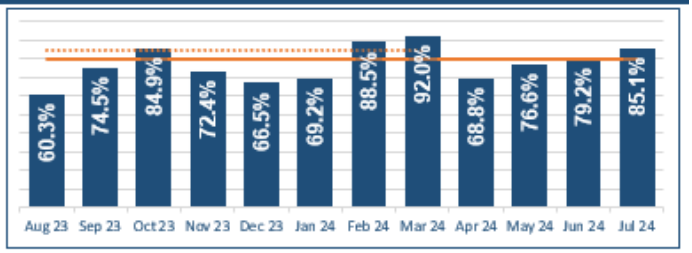


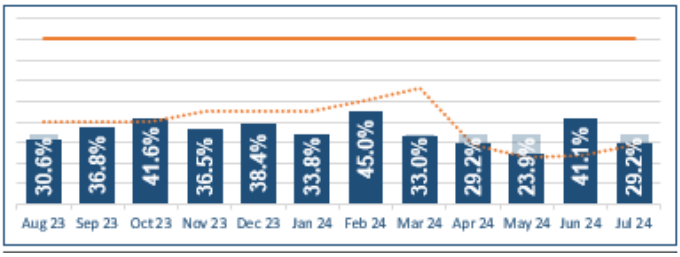


3.3.2 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

Performance against the measures remains below trajectory. After reaching a high of 92% compliance for Part 1a in March 2024, performance dipped to 68.8% in April, but has improved further in July to 85.1%. Part 1b performance has shown some improvement in June and July.

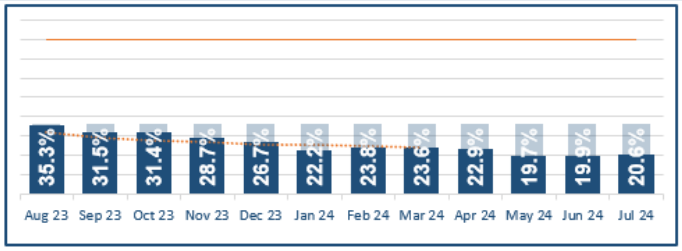
Measure	WG Target	Internal Target	BCU Position	Wales Rank
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80.0%	TBC	85.1%	6th of 7 (at Jun 24)
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80.0%	29.0%	29.2%	5th of 7 (at Jun 24)





Neurodevelopment waiting time compliance has seen improved performance in July (20.6%) but remains a concern. Performance issues is reflected across the national footprint.

Measure	WG Target	Internal Target	Position	Wales Rank
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	TBC	20.6%	6th of 7 (at Jun 24)



3.3.3 Urgent & Emergency Care Performance

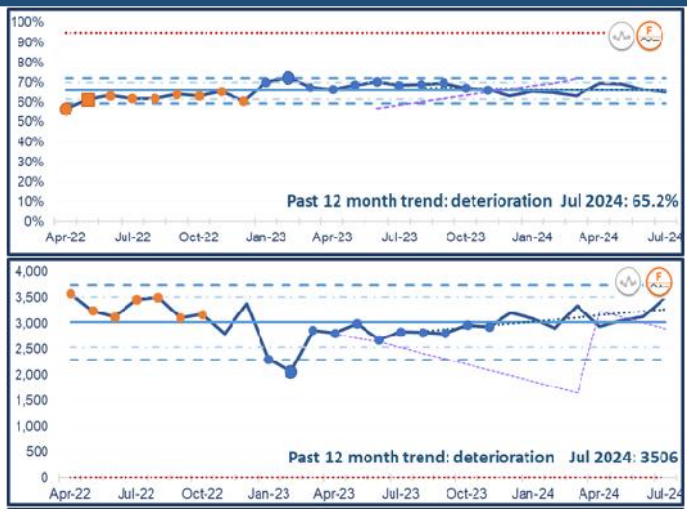
(Corporate Risk 24-10 Urgent and Emergency Care)

Performance through quarter 1 of 2024-25 has remained steady with 65.2% patients experiencing waits over 4 hours in our Emergency Departments.

The number of patients experiencing waits of over 12 hours increased in July with 3,506 patients recorded. This is significantly higher than the same period the previous year.

This remains an area of focus for the Health Board and a separate report on plans for delivery of care is to be shared with members in the September 2024 meeting, with the current performance and forecast delivery articulated below;

Measure	WG Target	Internal Target	Position	Wales Rank
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	65.2%	4th of 7 (at Jun 24)
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2897	3506	7th of 7 (at Jun 24)



3.3.4 Planned Care Performance

(Corporate Risk 24-11 Planned Care)
(Corporate Risk 24-13 Timely Diagnostics)

Our performance against the single cancer pathway (SCP) target remains fragile, with 52.6% at the end of July 2024. Whilst this is below the Welsh Government target rate, it is consistent with our improvement trajectories thus demonstrating the grip and control we have in this sector.

Whilst concerns remain regarding the position with dermatology and urology, the enactment of recent business cases to support (in particular Dermatology) will mitigate these risks and improve performance over the next few months.

Measure	WG Target	Internal Target	Position	Wales Rank
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	56.0%	52.6%	4th of 6 (at Jun 24)

The number of patients waiting over 8 weeks for a diagnostic test has increased to c7,000 but is an improvement of the c8,000 seen in July 2023. The numbers have remained static in recent months. However, the Health Board is re-engaging the market and endorsed placement of over £5m of contracts for insourcing support for this area through utilisation of Planned Care resources. The forecast impact being to reduce these waits for over 8 weeks to 3,000 patients as of 31st March 2025. It is of note this doesn't achieve the Welsh Government targeted improvements by December 2024, but is a realistic and challenging target for the service to deliver when the increase in demand is taken into consideration.

Measure	WG Target	Internal Target	Position	Wales Rank
Number of pathways waiting 8 weeks for specific diagnostic	0	6128	7077	5th of 7 (at Jun 24)

The number of patients experiencing waits over 14 weeks for therapy interventions has reduced in July to 2,834 patients waiting in July 2024. Main pressures in Physiotherapy include high number of vacancies, accommodation capacity in Central and East and increased demand.

The service has reviewed models deployed through other Health Boards and has developed models that will positively impact and seek to reverse this trend in future months.

Measure	WG Target	Internal Target	Position	Wales Rank
Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	2834	7th of 7 (at Jun 24)

The number of patients experiencing waits over 14 weeks for audiology has significantly improved, from 969 in May to 276 in July 2024.

Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	276	Local Metric

The number of patients waiting over 52 weeks for a new outpatient appointment has been deteriorating since April of 2023. However, performance against this measure is an escalation for the Health board, with improvements centring upon clinics adopting Treat-in-Turn methodology and targeting patients seen in clinic at Get It Right First Time (GIRFT) numbers, with greater oversight and the setting of booking rules to deliver improved productivity combined with recruitment to the outpatient's validation and booking team improvements are targeted in the 2024/25 financial year.

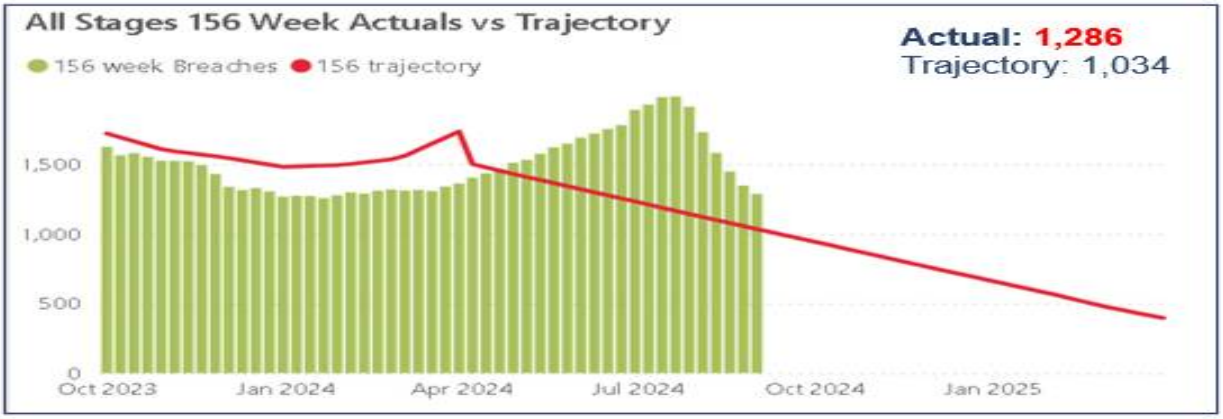
Throughout 2023-24 there was a substantial amount of work undertaken to place focus upon longer waits. 208 weeks waits have been eradicated with all patients being booked for treatment. Patients waiting over 156 weeks and 104 weeks have seen a slight increase due to the focus on the extreme waits.

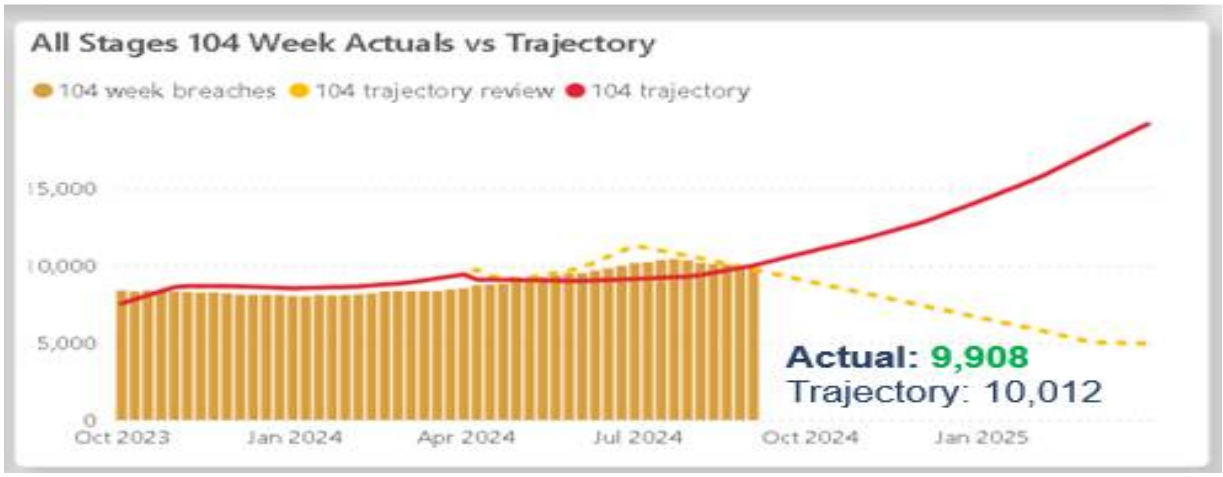
Patients experiencing extreme waits and improved Planned Care performance

This section places focus upon patients waiting in excess of 156 weeks for treatment and patients waits exceeding 104 weeks across all stages 1 to 4 of treatment (1 – New first outpatient appointment, 2 – Diagnostic, 3 – Decision to treat or discharge and 4 - Procedure).

Escalation meetings (Chaired by Chief Executive) with a further weekly Planned Care Delivery Group Chaired by the Executive Director of Finance (IHC leadership and key operational officers in attendance) were initiated, with focus was placed upon (a) prioritisation using treat in turn (b) improve utilisation/productivity (c) identfy solutions through premium working (d) validation.

The Health Board has seen a reduction in extreme waits (week on week) and reversal of a trend that was increasing to that of a 40% reduction in patients waiting over 156 weeks, with patients waiting over 104 weeks across all stages remaining static, with substantial benefits from measures described above (as depicted within the two charts below);





Whilst there is measurable improvement, there remains much to do in delivery of sustained improvement and a need for continued oversight and escalation. However, Operational teams are delivering the improvements, with focus continuing within development of speciality demand and capacity models that is expected to drive productivity gains and enable treatment of more patients within our in house capacity. The Health Board continues to utilise premium working whilst these models are developed across the Health Board.

The Health Board continues to develop the route to delivery of 5,000 patients waiting at close of March 2025 beyond 104 weeks (currently in excess of 10,000) for their treatment with this the target included within revision to plans submitted in May 2024. In the interim, Welsh Government have requested further plans on delivery and possibly improvement on this position should additional funds be available to distribute. A submission has been made and the modelling and progress on discussion with Welsh Government will be shared with the Performance, Finance and Information Governance Committee for oversight.

3.3.5 Summary

The Health Board are targeting use of Planned Care Funds, with the intention of eradication of over 156 week waits and improvements in 104-week waiters, also substantially improving 8 weeks to diagnostic. With further targeted interventions within outpatients (new and follow up) seeking to improve waiting times for patients.

In 2024-25, the Health Board continues to face many challenges and continues to meet these challenges through (a) enhanced utilisation of in-house capacity (b) validation of patients waiting for procedures (c) implementation of Treat-in-Turn methodology and (d) engagement with the commercial sector to offer short term solutions to capacity shortfalls. However, the level of delayed pathways of care continued high emergency demand increased to compound system flow pressures, medical outliers driving continued use of agency and adversely impacting upon capacity to service elective care, with potential impacts upon quality of care.

The Health Board key areas of challenge, centre upon: -

• Patient flow (emergency departments, and delays to discharge)

• Ambulance handover times and performance

• Delivery of planned care recovery

• Achievement of cancer standards

However, the Health Board are targeting use of Planned Care Funds, with the intention of eradication of over 156 week waits by December 2024 and improvements in 104-week waiters (delivering on the May submission of having 5,000 at close of the financial year). Also, to substantially improve timely access to diagnostic tests. With further targeted interventions within outpatients (new and follow-up) seeking to improve waiting times for patients.

3.4 Financial Performance (Month 12 2023-24 and Month 1 2024-25?)

(Corporate Risk 24-05 Financial Sustainability)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. The plan incorporates a £48m recurrent savings requirement, but still has a full year deficit of £19.8m.

Both the savings requirement and the projected deficit are profiled equally across the financial year.

The performance against the plan is shown below, which highlights at the end of August the Health Board is reporting a £8.8m overspend above the planned overspend year to date. This is predominately due to CHC, MH out of area placements, Drug pressures and unidentified savings. The projection reflects an assumption that the full savings target will be delivered in the year, the year-to-date deficit can be recovered and emerging cost pressures can be contained. There are significant risks to these assumptions, which need to be noted and carefully monitored.

Financial Position to date and forecast Position

	Actual Position													
	Apr	May	Jun	Jul	Aug	Total YTD	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(16.8)	(1.5)	(0.6)	(0.4)	(0.4)	(0.1)	0.0	0.0	(19.8)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(8.1)	(1.7)	(1.6)	(1.7)	(1.6)	(1.7)	(1.7)	(1.7)	(19.8)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.7)	(8.8)	0.2	1.0	1.3	1.2	1.6	1.7	1.7	(19.8)

Savings

The graph to the above shows that whilst there is still a significant gap of £5.6m required to meet the target of £48m, the gap has reduced since last month where it previously stood at £13.6m, meaning savings has improved by £8m.

Savings identification, reporting and monitoring has been developed via a Value and Sustainability Thematic Model, which works well to identify opportunities within the organisation. Each theme is assigned an Executive lead and performance is reviewed and managed at IPEDG, which is chaired by the Chief Executive.

This aligns with Welsh Government and other health boards as it enables the sharing of ideas and potential opportunities across Wales.

4. Overall Summary

The Health Board continues to face challenge in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison) and in some instances attains national targeted levels (Adult Mental Health standards).

In addition, plans are developed through use of Planned Care Funds and 'treat in turn' to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

Members are invited to review the detail contained within the performance report to assess areas of key challenge and improvement opportunity, debating delivery on a balanced scorecard.

5. Appendix

Appendix 1 – Integrated Performance Report – to March 2024 (Finance to August 2024)

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Integrated Performance Report

Reporting Period: to 31.07.2024

Presented to **Health Board**

Thursday, 26th September 2024

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

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

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

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

Integrated Performance Escalations Report

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

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

Quality, Safety, Effectiveness & Experience Performance

- There were 2 new **never events** reported in July 2024.
- **NRIs:** There were 19 new national reportable incidents reported in June/July 2024.
- **Complaints**: Remains under escalation until 30 day compliance reaches 75% by mid-October 2024

(The 3 points above are linked to Corporate Risk 24-04 Failure to Embed Learning)

- 6 trainee **clinical coders and a Coding Assurance Lead** commenced in post in July 2024. It will take several months to recover the position.

People & Organisational Development Performance

- **PADR** rate has improved in year but has remained under the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard under development for the organisation.
- **Sickness absence rate** remains below 6.5% however has been steadily increasing over the last three months and was 6.3% for July 2024.
- At 1.7%,**Turnover rate** for nursing aligned with the national and local retention work put in place with a dedicated retention lead coming on-board for the organisation funded by Health Education and Improvement Wales (HEIW).
- At 4.6%, focus continues on reduction of off-contract **agency spend.** Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

(Corporate Risk 24-01 People, Culture and Wellbeing)
(Corporate Risk 24-1 Leadership/Special Measures)

Access & Activity Performance

- **Referral to Treatment (RTT):** 40% reduction in number of patients waiting over 156 weeks due to intense focus. Aim is to have no-one waiting over 156 weeks by 31st October 2024 and reducing numbers of patients from all stages waiting in excess of 104 weeks for care. **(Corporate Risk 24-11 Planned Care)**
- **Cancer:** Whilst performance remains below plan, use of Planned Care funds is expected to attain the Welsh Government ask of a 70% delivery by March 2025. **(Corporate Risk 24-11 Planned Care)**
- **Diagnostics waits over 8 weeks:** The number of patients has increased to 7,077 waiting over 8 weeks. **(Corporate Risk 24-13 Timely Diagnostics)**
- **Therapy waits over 14 weeks:** has continued to increase in numbers. Nearly all breaches are within Physiotherapy in Central and East.
- **Pathways of Care Delays:** Despite ongoing efforts, the measures taken to reduce assessment delays have not had the desired impact.
- **Ambulance handover waits:** The number of ambulance patient handover over 4 hours is higher than any other time in the last 12 months. **(Corporate Risk 24-10 Urgent and Emergency Care)**

Finance

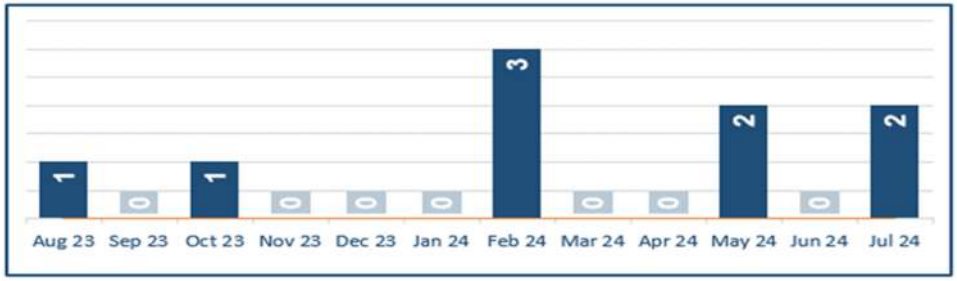
- The financial plan is to attain a £19.8m deficit following receipt of £82m as a one off allocation from Welsh Government. The plan requiring savings of £48m.
- Delivery of the plan would secure the £82m one off allocation for future years.
- At 31st August 2024 the year to date deficit totals £16.8m, £8.8m over plan
- Drivers of the adverse variance remain savings Continuing Healthcare Pressures, Out of Area Mental Health, Managed Practice, capacity and savings.
- The savings reported total £42m (c6m below targeted level)
- Further work continues to reduce costs using the value & sustainability approach (supporting productivity and savings) in mitigation of risks to achievement of outturn (risks valued at c£25m). There remains a substantial risk to not attaining plan and thus securing the one off £82m resource allocation for future years.

(Corporate Risk 24-05 Financial Sustainability)

Our Quality: Escalated Performance Measures

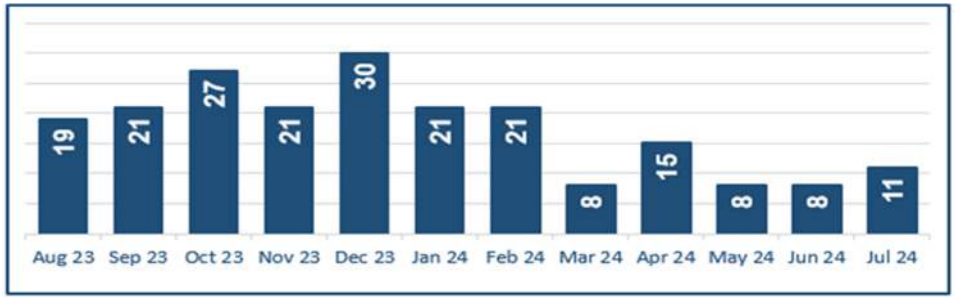
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

New Never Events



New Never Events Corporate Risk 24-04 Failure to Embed Learning
There were 2 new never events in July 2024.

New National Reportable Incidents



New National Reportable Incidents (NRIs) Corporate Risk 24-04 Failure to Embed Learning
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. The top themes remain the same as previous months reporting, they included: Administration errors, Assessing and recognising patient/service user deterioration, Diagnostic testing – Radiology, Maternal, Medical devices, Medication prescribing error, Neonate, Patient injury, Slip, trip or fall, Struck against or by an object, Treatment or procedure issues, Unexpected death, Pressure ulcer category 3.

Clinical Coding Compliance

Clinical coding compliance has and will continue to see a significant reduction as a result of the loss of staff. 6 whole time equivalent (WTE) trainee coders started during July 2024 and some have been transferred from West to East to redress the balance of trainee staff to qualified staff ratio. A recovery plan is to be presented to the Executive team which outlines plans to invest in departmental underspend into agency staffing and collaboration with WOD to address recruitment and retention issues.

Our Quality: Escalated Performance Measures cont.

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Overdue Complaints

Overdue investigations remain a challenge. Of the number of overall complaints made, the sub category of Delay / Lack of treatment has risen significantly due to complaints about the situation with insourcing. A revised trajectory model has been put in place to meet the target trajectory of 75% by 14th October 2024.

The new model shows We must increase the complaints closure rate to a minimum of 64 complaints per week (Current Average 49). We must close at least 277 complaints per calendar month. Complaints being received must remain consistent and not increase (Current average 51). **Corporate Risk 24-04 Failure to Embed Learning**

Access & Activity: Escalated Performance Measures

Planned Care

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern

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Reduction of Extreme Waits (156 Weeks and above)

Escalation meetings (Chaired by Chief Executive) with a further weekly Planned Care Delivery Group Chaired by the Executive Director of Finance (IHC leadership and key operational officers in attendance) were initiated in response to the Ministerial ask of booking all extreme waiting patients, May 2024 evidencing;

- A static number of patients waiting 208 weeks
- An increasing weekly number of patients waiting in excess of 156 weeks

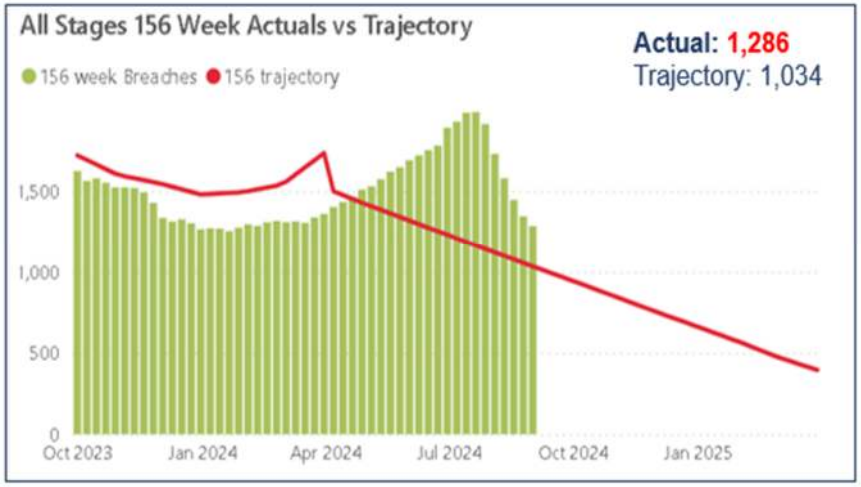
Focus was placed upon (a) prioritisation using treat in turn (b) improve utilisation/productivity (c) identfy solutions through premium working (d) validation. The operational teams engaging with the ask and performance now;

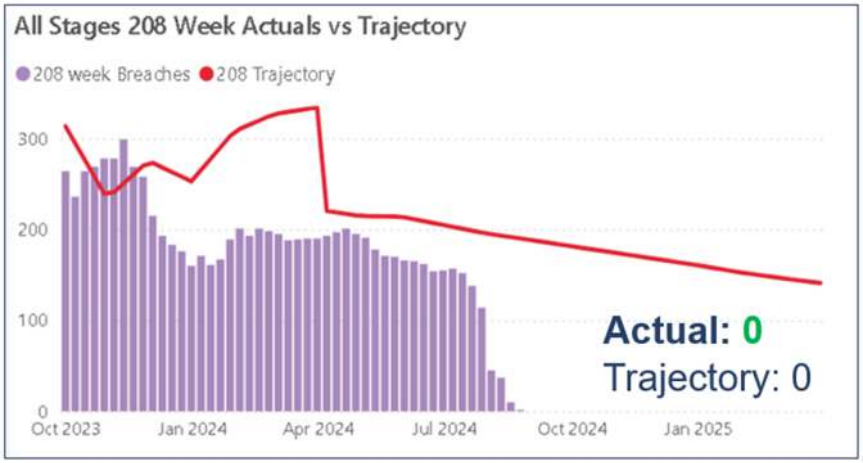
- No 208 week patients waiting for any speciality without a booked appointment for treatment (forecast zero 208 weeks October 2024)
- Material & sustained week on week reduction in patients waiting 156 weeks

The Health Board is continuing with the escalation & oversight, in addition to the above;

- Endoscopy (contract now operating for insourcing)
- Dermatology (whilst specification initially delayed) to operate from October
- Gastroenterology – Additional Locum appointments to commence
- General Surgery – further work continues on sub-speciality performance

Also, Orthodontics (stage 1 focus & insourcing) and Maxillofacial (Premium Working) with projections articulating substantial reductions in patients waiting in excess of 156 weeks.





Access & Activity: Escalated Performance Measures

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Planned Care

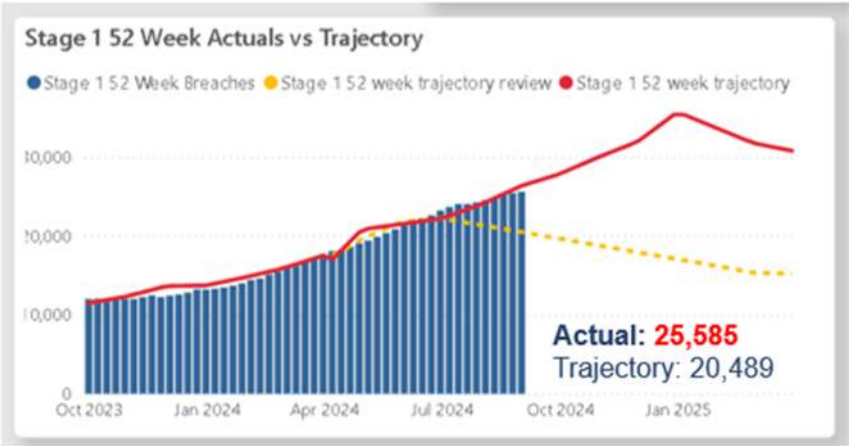
(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern

The use of Planned Care Funds was endorsed through Health Board in May 2024, substantial insourcing contracts approved in July 2024. Welsh Government targeted performance being;

- Zero patients waiting more than 104 weeks for treatment & zero waiting for a first new outpatient appointment by 31st March 2025.

The Health Board submitted an initial plan that excluded benefits of ring fenced Planned Care funds (red line) with a re-submission in May of 2024 (yellow dotted line). Actual performance highlights being;

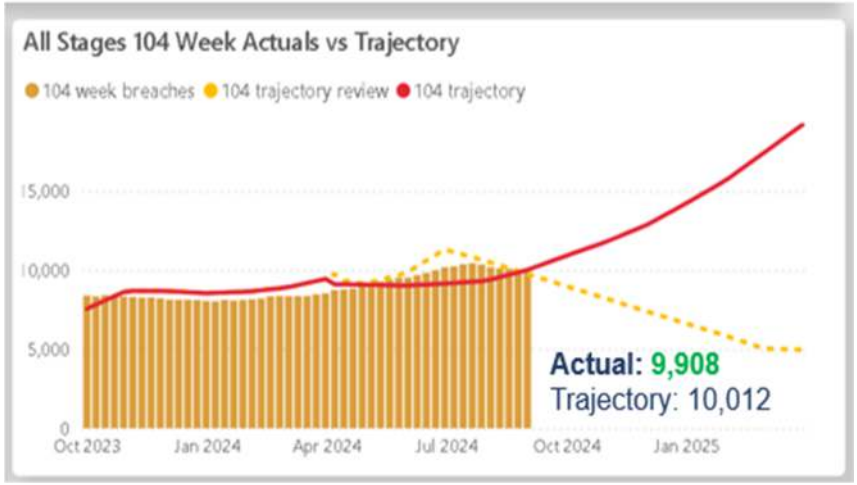
- 52 week appointments continue to grow (number of years)
- Those awaiting treatment over 104 weeks remains now steady



Measures described in tackling extreme waits build on the initiatives that will improve performance in the overall patients waiting times, with the same focus and oversight taking place (in particular emphasis is placed upon patients waiting for in excess of 104 weeks for all stages) with continued oversight as previously described in extreme waits.

The delivery of the plan for 5,000 patients waiting by close of March 2024 (whilst not attaining Welsh Government targeted performance) has been shared alongside a request for additional resources. All Health Boards asked to submit modelling as to how additional resources would support reductions in patients waiting greater than 104 weeks.

The Executive will present an update on Welsh Government approvals and impact to the Performance, Finance & Information Governance Committee, noting plans for use of Planned Care Resource is expected to reduce the number of patients currently waiting in excess of 104 weeks across all stages of care irrespective of receipt from additional funds.



Access & Activity: Escalated Performance Measures

Planned Care

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern

Suspected Cancer Pathway 62 Days Performance

Performance in July fell to 52.6%; this is below trajectory (56%) due to less WLI activity than originally forecast – particularly impacting on breast and skin. Tumour sites under most pressure are urology, colorectal, head and neck, gynaecology, breast and skin.
Substantial Premium working resource is being targeted to improve performance through WLI (Gastro and Dermatology) and insourcing (Endoscopy & Dermatology)

Patients waiting over 8 weeks for Diagnostic tests

Number of pathways waiting 8 weeks for specific diagnostic has decreased by 25% in a year. However, with 7,077 patients currently waiting there has been a slight increase over the previous 3 months.

Key risk area is ultrasound, where the increases in demand in the first few months have not been fully matched by additional activity with MRI and CT demand has also increased, but this is largely being met with additional activity at this time.

Patients waiting over 14 weeks for therapy (excludes Audiology)

Patients waiting over 14 weeks for therapy since November 2023 have increased substantially, with 17,000 patients waiting and 2,834 waiting 14 weeks or longer. Nearly all the long waits experienced are in Physiotherapy Central Integrated Health Community (IHC) and East IHC).

Actions

Physiotherapy – Capacity and staffing constraint impacting. Response to develop demand and capacity models (review of Aneurin Bevan HB models) and use of insourcing to improved diagnostics trajectories committing Planned Care Funds.

Access & Activity: Escalated Performance Measures

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

Urgent & Emergency Care

Number of Delayed Pathways of Care

Pathways of Care Delays - Monthly census data continues to show significant number of delayed discharges for clinically optimised patients with assessment delays consistently reporting as over 50% of total delays. Top delay reasons remain joint assessments, new packages of care and social worker allocation. Ministerial led Care Action Committee has set the ambition for Health Boards to achieve a targeted reduction across Wales i) against total number of delays; ii) against total days delayed and iii) assessment delays by November 2024 and to maintain / further reduce by March 2025. 321 delays in July 2024.

Number of Ambulance Patient Handover Delays of 4 Hours or more

The number of **ambulance patient handover over 4 hours** is reported at 605 in July. Actions taken to improve ambulance handovers, 4- and 12-hour ED waits, pathways of care delays include Weekly updates of performance, with clear focus on actions for the week ahead. Assurances regarding utilisation of internal escalation during peak periods and actions completed alongside removing of SDECs from Hospital full protocols. Reset of WAST (EMS/NEPTS) and BCUHB for week ahead planning commenced..

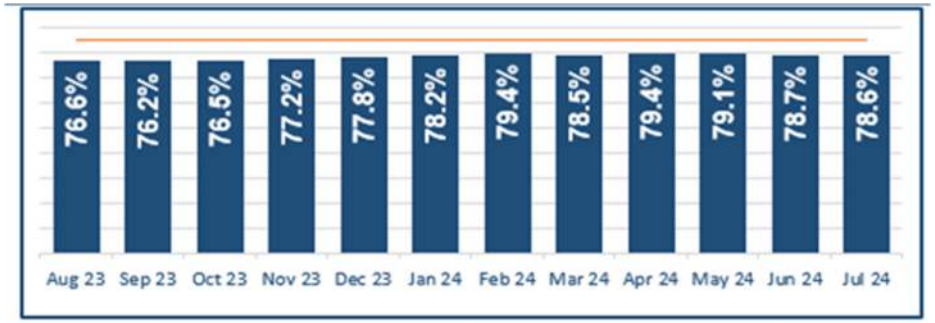
(Corporate Risk 24-10 Urgent and Emergency Care)

People & OD: Escalated Performance Measures

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

Agency spend as Percentage of Staffing Costs

PADR rate at 78.6% remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.



Agency spend as Percentage of Staffing Costs

At 6.3%, the sickness absence as continually increased since March 2024.

Agency spend as Percentage of Staffing Costs

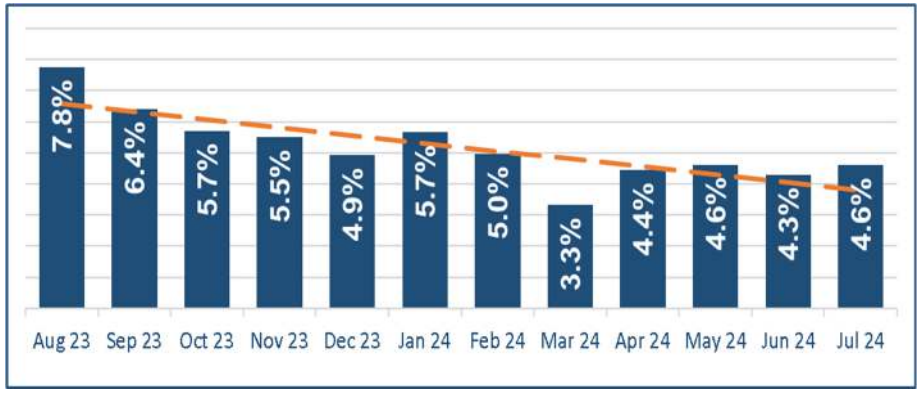
- 1.7% turn-over rate for nursing aligned with the national and local retention work put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW.

People & OD: Escalated Performance Measures

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

Agency spend as Percentage of Staffing Costs

Although the position has remained fairly static between 4.3% and 4.6% since April 2024, focus continues on reduction of off contact agency spend. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.



Finance: Escalated Performance Measures

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

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. The plan incorporates a £48m recurrent savings requirement, but still has a full year deficit of £19.8m. Both the savings requirement and the projected deficit are profiled equally across the financial year.

The below table shows the movement in the deficit per month, and year to date deficit of £8.8m against plan, which is predominantly due to pressures in CHC, MH out of area placements, Drugs pressures and unidentified savings. The projection reflects an assumption that the full savings target will be delivered in the year, the year to date deficit can be recovered and emerging cost pressures can be contained. There are significant risks to these assumptions, which need to be noted and carefully managed. **(Corporate Risk 24-05 Financial Sustainability)**

Financial Position to date and forecast Position

	Actual Position													
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Total YTD £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Forecast year-end position £m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	**(16.8)**	(1.5)	(0.6)	(0.4)	(0.4)	(0.1)	0.0	0.0	(19.8)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	**(8.1)**	(1.7)	(1.6)	(1.7)	(1.6)	(1.7)	(1.7)	(1.7)	(19.8)
Surplus/ (deficit) over plan	**(2.6)**	**(3.2)**	**(2.1)**	**0.9**	**(1.7)**	**(8.8)**	**0.2**	**1.0**	**1.3**	**1.2**	**1.6**	**1.7**	**1.7**	**(19.8)**

The graph to the right shows that whilst there is still a significant gap of £5.6m required to meet the target of £48m, the gap has reduced since last month where it previously stood at £13.6m, meaning savings has improved by £8m.

Savings identification, reporting and monitoring has been developed via a Value and Sustainability Thematic Model, which works well to identify opportunities within the organisation. Many of these opportunities have been converted into deliverable forecasts, with Green Schemes being expected to be fully deliverable and Red Schemes which require further work to be converted to Green.

Each theme has an Executive Lead and is being performance managed at the IPEDG, which is chaired by the Chief Executive.

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About the Integrated Performance Report

Produced on behalf of the **Health Board** by the
Performance Directorate in partnership with our **Health Board Directors**

NHS Wales Performance Framework 2023-24

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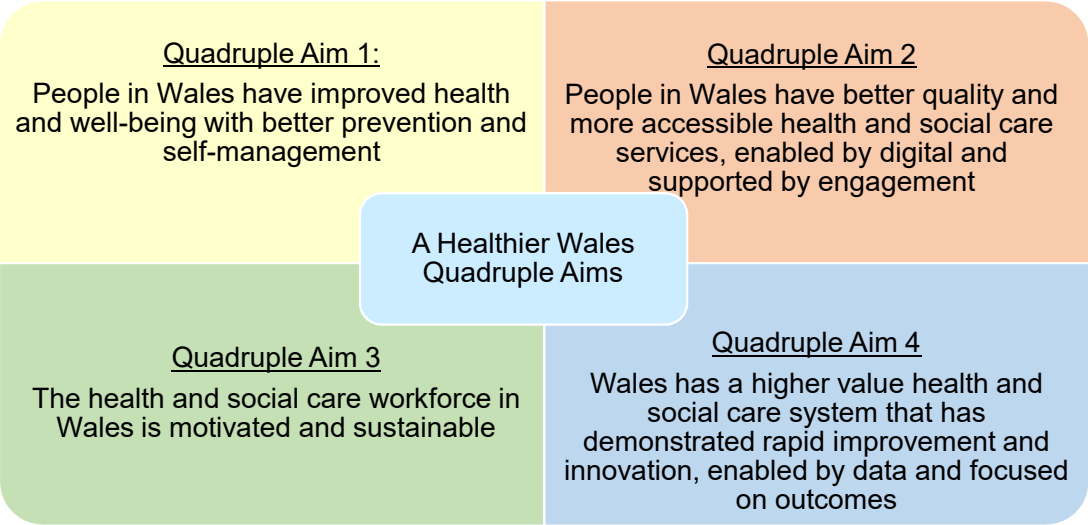
The performance measures in the NHS Wales Performance Framework for 2024-2025 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2024/25 revision now consists of 54 quantitative measures and twelve policy assurance statements where assurance is sought either quarterly or bi-annually.

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



Our Integrated Performance Report

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

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

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

Red, Amber & Green (RAG) Rating System

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

Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.

Green	The latest available data point indicates that performance is at, or better than the target
Blue	It is inappropriate, or not possible, to rate available data against any available target
Red	The latest available data point indicates that performance is worse than the target
Grey	There is no / insufficient data available to rate against the target

Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	**Criteria for escalation**
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.

Interpreting Results of Statistical Process Control (SPC) Charts

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

Variance

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

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

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

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

Legend

Performance	Control Line (Mean)	Upper Control Limit 3σ
Lower Control Limit 3σ	Upper Control Limit 2σ	Lower Control Limit 2σ
National Target	Internal profile	Trend

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

BCU Position | Internal Profile | Trend (Rolling 12 Month) | WG Target

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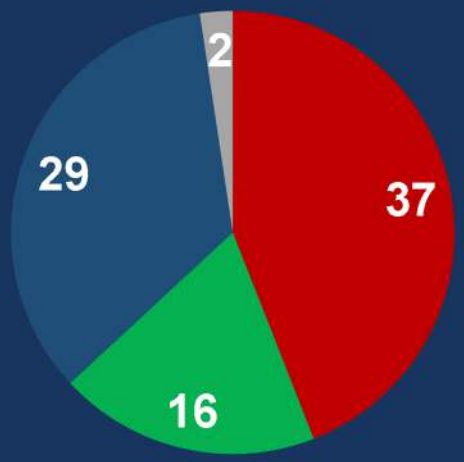
Integrated Performance Report



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Summary of Performance to Month 12

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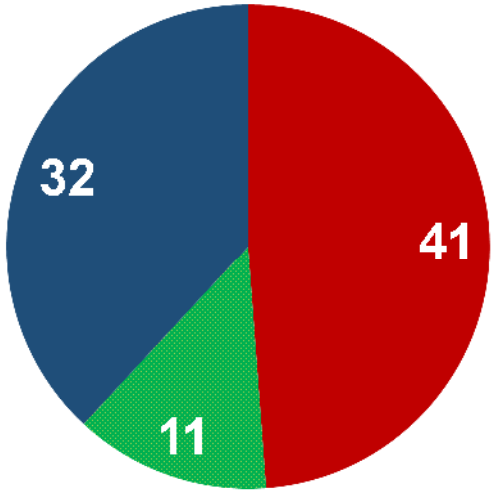
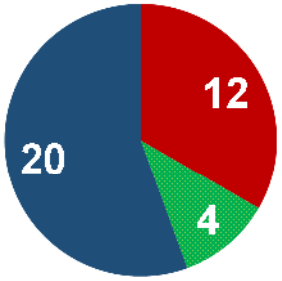
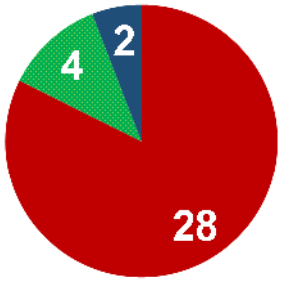


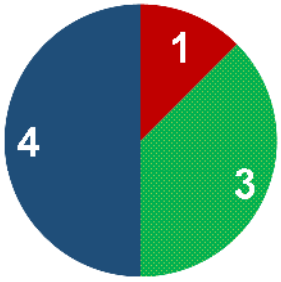
All Sections



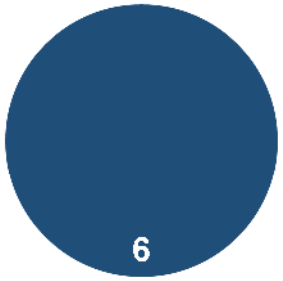
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance



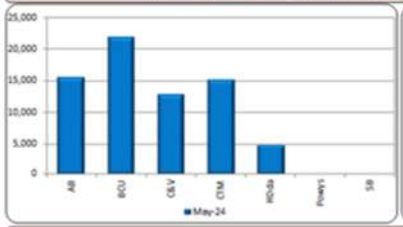
Financial Performance

NHS Wales Performance Dashboard- part 1

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

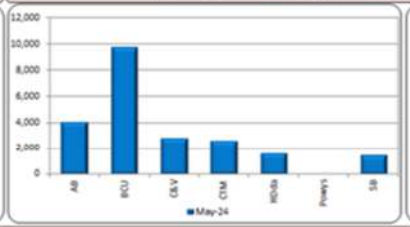
PERFORMANCE DASHBOARD

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



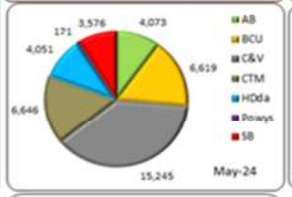
- In May-24, Powys and SB achieved the target of zero for the number of patients waiting over 52 weeks for a new outpatient appointment.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in May-24, when compared to the previous month, by 5,188 to 70,299, an 8.0% increase.
- AB, BCU, C&V, CTM and HDda all saw an increase in May-24 compared to the previous month.
- Powys and SB had no over 52 week new outpatient waits in May-24, BCU had the highest number of waits at 21,898 (31.1% of the total).

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



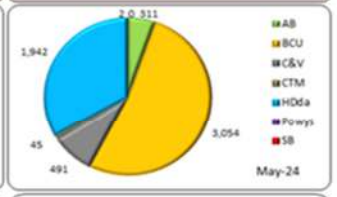
- In May-24, no HB achieved the target of zero for the number of patients waiting over 104 weeks for referral to treatment.
- At an all Wales level, the number of over 104 week referral to treatment waits has increased in May-24, when compared to the previous month, by 1,165 to 22,455, a 5.5% increase.
- Only SB saw a reduction in May-24 when compared to the previous month.
- Powys had the lowest number of over 104 week referral to treatment waits in May-24 at 1, BCU had the highest number of waits at 9,708 (43.2% of the total).

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



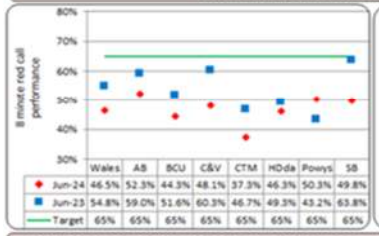
- In May-24, no HB achieved the target of zero for the number of patients waiting over 8 weeks for a specified diagnostic.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has increased in May-24, when compared to the previous month, by 283 to 40,381, a 0.7% increase.
- HDda and SB saw a reduction in May-24 when compared to the previous month.
- Powys had the lowest number of over 8 week waits for specific diagnostics in May-24 at 171, C&V had the highest at 15,245 (37.8% of the total).

Number of patients waiting more than 14 weeks for a specified therapy



- In May-24 only SB achieved the target of zero for the number of patients waiting over 14 weeks for a specified therapy.
- At an all Wales level, the number of over 14 week waits for specific therapies increased in May-24, when compared to the previous month, by 577 to 5,845, an 11.0% increase.
- CTM and Powys saw a reduction in May-24 when compared to the previous month - SB remained the same.
- SB had no over 14 week waits for specific therapies in May-24, BCU had the highest at 3,054 (52.2% of the total).

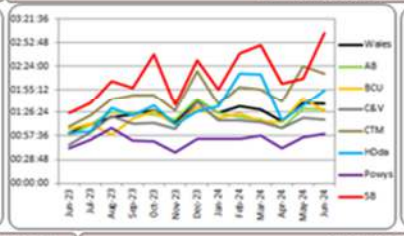
% of emergency responses to red calls arriving within 8 minutes



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Jun-24	46.5%	52.3%	44.3%	48.1%	37.3%	46.3%	50.3%	49.8%
Jun-23	54.8%	59.0%	51.6%	60.3%	46.7%	49.3%	43.2%	63.8%
Target	65%	65%	65%	65%	65%	65%	65%	65%

- In Jun-24, data shows no HB achieved the 65% target for the % of emergency responses to red calls within 8 min.
- At an all Wales level, the % of emergency responses to red calls within 8 minutes has improved in May-24, when compared to the previous month, by 0.7 percentage points to 46.3%.
- Over the last 12 months all HBs have seen a deterioration trend in performance. AB, BCU, Powys and SB all saw an improvement in performance when compared to the previous month.
- AB were the best performing HB in May-24 with performance at 52.3%, CTM were the lowest with performance at 37.3%.

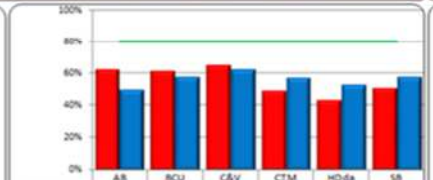
Median emergency response time to amber calls



- In Jun-24, no HB achieved the 12 month reduction trend target for median emergency response time to amber calls.
- At an all Wales level, the median amber response time was quicker in Jun-24, when compared to the previous month, by 51 secs to 1 hr, 37 mins and 12 secs.
- Over the last 12 months all HBs have seen a deterioration trend in performance.
- AB, BCU, C&V and CTM all saw an improvement in performance in Jun-24 when compared to the previous month.
- Powys was the best performing HB in Jun-24 with a median response time of 1 hr and 37 secs, SB had the longest median response time of 3 hrs, 3 mins and 55 secs.

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

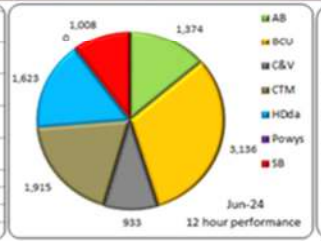
- In May-24, CTM ,HDda and SB achieved the target of a 12 month improvement trend towards a target of 80% by 31 March 2026 for the % of patients starting first definitive cancer treatment within 62 days from point of suspicion.
- At an all Wales level, the % of patients starting first definitive cancer treatment within 62 days from point of suspicion has improved in May-24, when compared to the previous month, by 1.6 percentage points to 55.4%.
- BCU, CTM, HDda and SB all saw an improvement in performance in May-24 when compared to the previous month.
- C&V was the best performing HB in May-24 was C&V with performance at 62.1%, AB had the lowest performance at 49.2%.



	AB	BCU	C&V	CTM	HDda	SB
May-23	61.9%	61.1%	64.4%	49.0%	42.9%	50.6%
May-24	49.2%	57.0%	62.1%	56.5%	52.5%	57.0%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

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

	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Jun-24	69%	75%	67%	63%	65%	65%	100%	78%
Jun-23	72%	74%	71%	75%	68%	70%	100%	76%
Target	95%	95%	95%	95%	95%	95%	95%	95%



- In Jun-24 AB, Powys and SB achieved the target of an improvement compared to the same month in the previous year, towards the target of 95%, for the % of patients who spent less than 4 hours in ED.
- At an all Wales level, the % patients who spent less than 4 hours in ED has deteriorated in Jun-24, when compared to the previous month, by 0.9 percentage points to 68.9%.
- Only HDda saw an improvement in performance in Jun-24 when compared to the previous month.
- SB was the best performing HB in Jun-24 (exc. Powys) at 77.5%, C&V had the lowest performance at 62.6%.
- In Jun-24 AB, Powys and SB achieved the target of a reduction compared to the same month in the previous year, towards the target of zero for the number of patients who spent more than 12 hours in ED.
- At an all Wales level, the number of patients who spent more than 12 hours in ED has reduced in Jun-24, when compared to the previous month, by 525 to 9,989.
- AB, CTM, HDda and SB all saw an improvement in performance in Jun-24 when compared to the previous month.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 933, BCU had the highest at 3,136 (31.4% of the total).

NHS Wales Performance Dashboard – part 2

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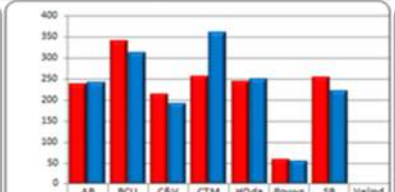
Number of Pathways of Care delayed discharges

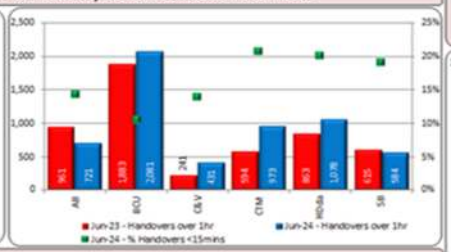
- In Jun-24, AB, Powys and Velindre all achieved the 12 month reduction trend target for the number of pathways of care delayed discharges.
- At all Wales level, the number of pathways of care delayed discharges has increased in Jun-24, when compared to the previous month, by 26 to 1,652, a 1.6% increase.
- All HBs, except BCU, saw a deterioration in performance in Jun-24 when compared to the previous month.
- Powys had the lowest number of pathways of care delayed discharges in Jun-24 at 59, CTM had the highest at 362. Velindre had no pathways of care delayed discharges.



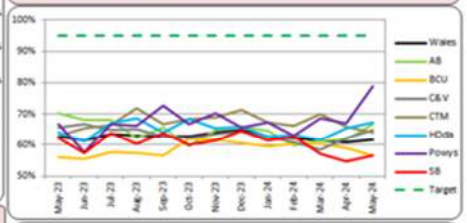
	AB	BCU	C&V	CTM	HDda	Powys	SB	Velnd
Jun-23	241	343	216	258	247	63	256	1
Jun-24	244	315	194	362	253	59	225	0

Number of ambulance patient handovers over 1 hour and % of ambulance patient handovers within 15 minutes

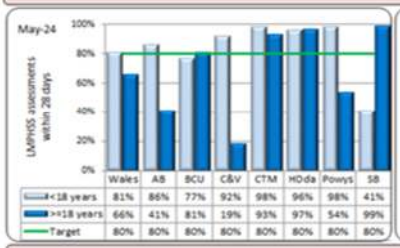
- In Jun-24, no HB achieved the zero target for handovers over 1 hour.
- At all Wales level, the number of over 1 hour handovers has decreased in Jun-24, when compared to the previous month, by 380 to 5,858, a 6.1% decrease.
- Over the last 12 months, AB, C&V and SB saw an improvement trend in performance.
- C&V had the lowest number of over 1 hour handovers in Jun-24 at 431, BCU had the highest at 2,081 (35.5% of the total).
- In Jun-24, no HB achieved the improvement compared to the same month in the previous year, towards the target of 100% for the % of handovers within 15 mins.
- At all Wales level, the % of handovers within 15 mins has remained the same in Jun-24, when compared to the previous month.
- Over the last 12 months all HBs have seen a deterioration trend in performance.
- CTM had the best performance in Jun-24 at 20.7%, BCU had the lowest at 10.6%.



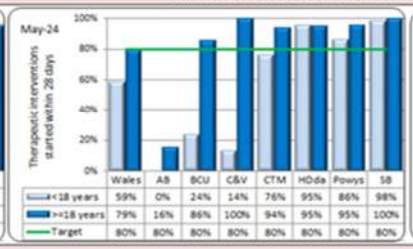
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



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



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
4<18 years	81%	86%	77%	92%	98%	96%	98%	41%
>=18 years	66%	41%	81%	19%	93%	97%	54%	99%
Target	80%	80%	80%	80%	80%	80%	80%	80%



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
4<18 years	59%	0%	24%	14%	76%	95%	86%	98%
>=18 years	79%	16%	86%	100%	94%	95%	95%	100%
Target	80%	80%	80%	80%	80%	80%	80%	80%

<18 years

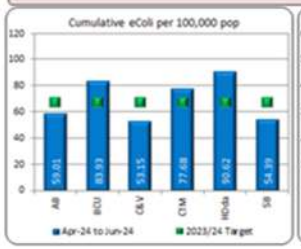
- In May-24, AB, C&V, CTM, HDda and Powys achieved the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 98.1%, SB had the lowest performance at 41.4%. Over the last 12 months, BCU, CTM and HDda saw an improvement trend in performance.
- In May-24, HDda, 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 98.3%, AB had the lowest performance at 0.0%. Over the last 12 months, all HBs, except BCU, saw an improvement trend in performance.

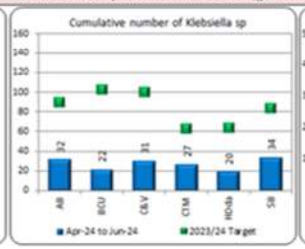
>=18 years

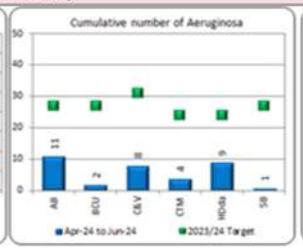
- In May-24, BCU, CTM, HDda and SB achieved the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HB was SB at 98.8%, C&V had the lowest performance at 19.1%. Over the last 12 months, all HBs, except BCU and C&V, saw an improvement trend in performance.
- In May-24, all HBs, except AB, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HBs were C&V and SB at 100%, AB had the lowest performance at 15.6%. Over the last 12 months, BCU, CTM, Powys and SB saw an improvement trend in performance.

- In May-24, BCU and Powys achieved the target of a 12 month improvement trend towards the target of 95% for the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- At all Wales level, the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date has improved in May-24, when compared to the previous month, by 0.7 percentage points to 61.7%.
- In May-24, all HBs, except BCU and CTM, saw an improvement in performance compared to the previous month.
- Over the last 12 months, BCU and Powys saw an improvement trend in performance.
- Powys had the best performance in May-24 at 78.8%, BCU had the lowest at 56.5%.

Health Care Acquired Infections - HCAIs (provisional data)







- For eColi, AB, C&V and SB are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jun-24 period, HDda had the highest rate of eColi at 90.62 per 100,000 population compared to C&V who had the lowest rate at 53.15 per 100,000 population.
- For S.aureus, none of the HBs are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jun-24 period, C&V had the highest rate of S.aureus at 37.29 per 100,000 population compared to BCU who had the lowest rate at 25.06 per 100,000 population.
- For C.difficile, none of the HBs are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jun-24 period, SB had the highest rate of C.difficile at 63.81 per 100,000 population compared to CTM who had the lowest rate at 37.94 per 100,000 population.
- For Klebsiella, all HBs are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jun-24 period, SB had the highest number of cases of Klebsiella at 34 compared to HDda who had the lowest number at 20.
- For Aeruginosa, all HBs are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jun-24 period, AB had the highest number of cases of Aeruginosa at 11 compared to SB who had the lowest number at 1.

Note: Target is for achievement for Mar-24 (awaiting confirmation of the 24/25 targets).

Section 1

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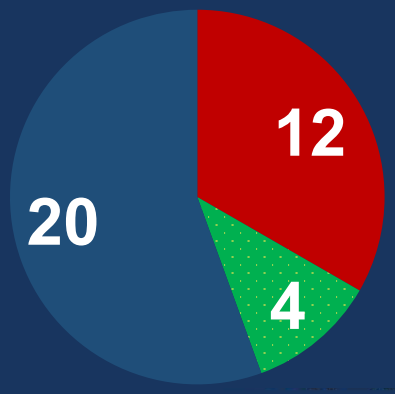
Quality, Safety, Effectiveness and Experience Performance



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Quality: Performance

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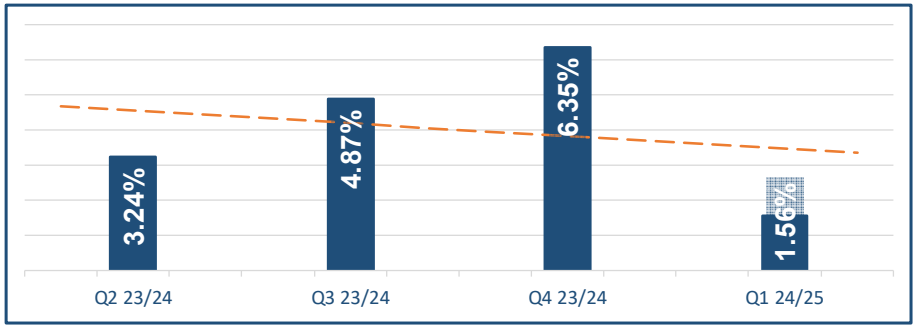
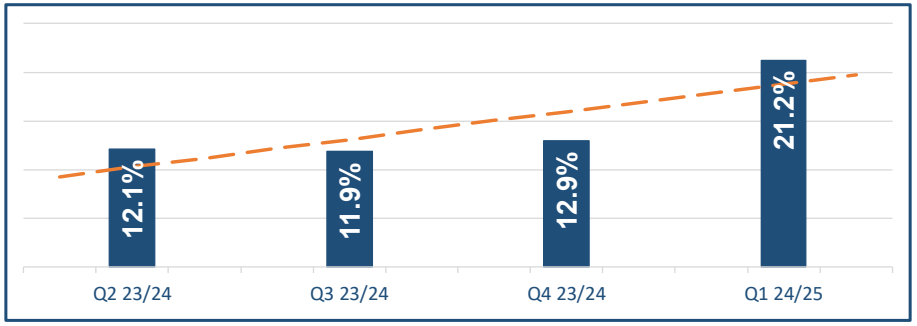
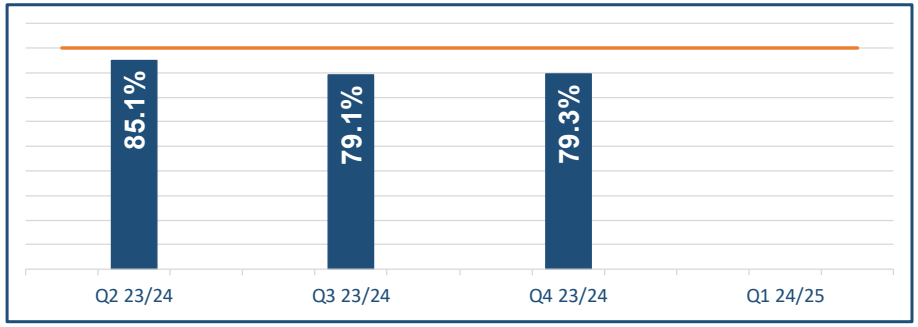
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	1.56%	2nd of 7 (at Mar 24)
-	QSE	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	TBC	21.2%	
-	QSE	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	TBC	79.3%	5th of 7 (at Mar 24)





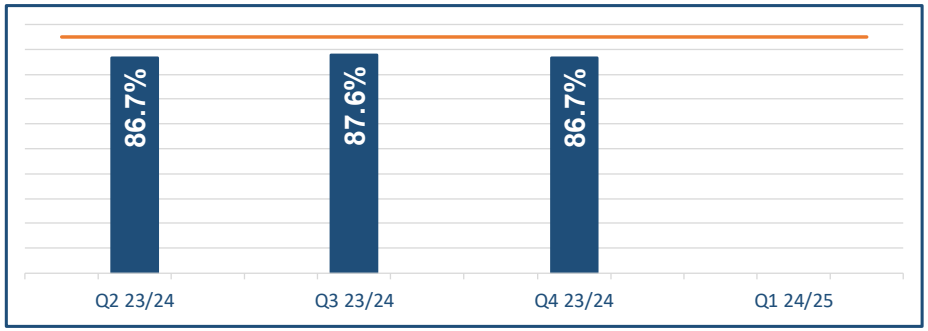


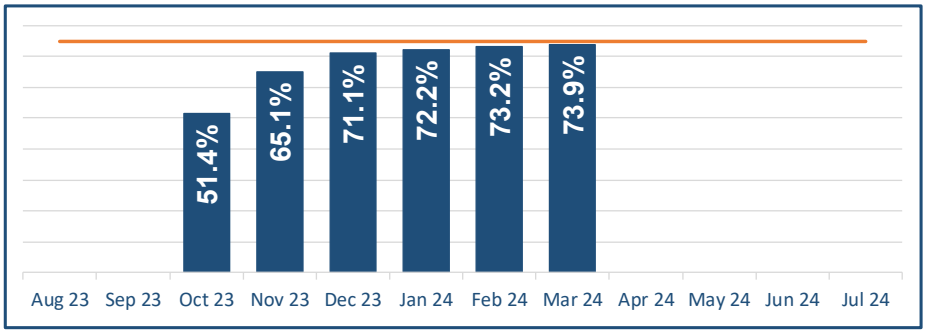
* Wales Ranking may differ as may refer to previous month

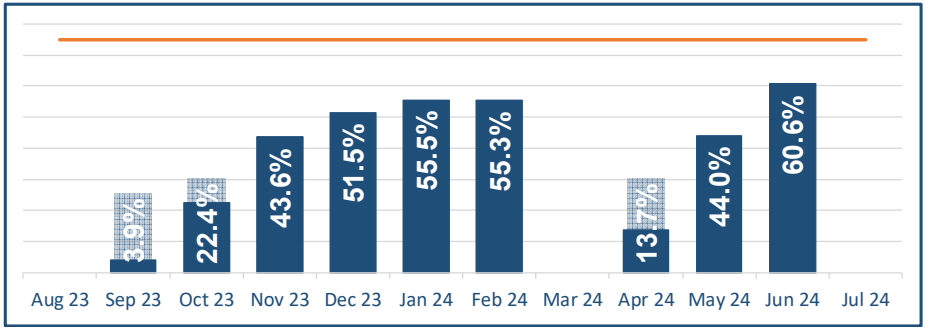
Quality: Performance

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

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	86.7%	2nd of 7 (at Mar 24)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	73.9%	2nd of 7 (at Mar 24)
-	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring Booster 2023: Aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over Autumn Booster 2023: Age range to be confirmed	75%	TBC	60.6%	4th of 7 (at Jun 24)







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Quality: Performance

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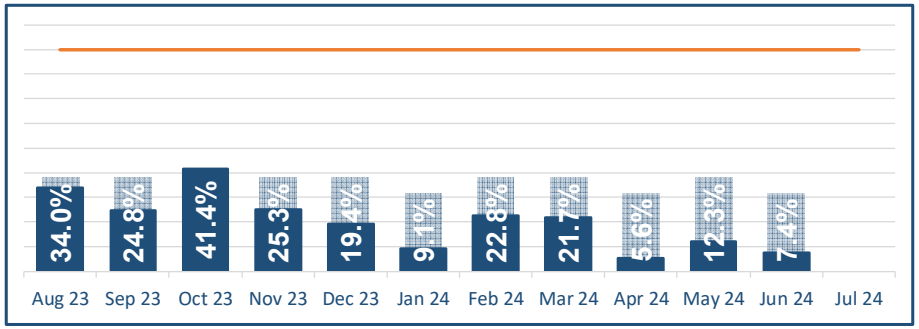
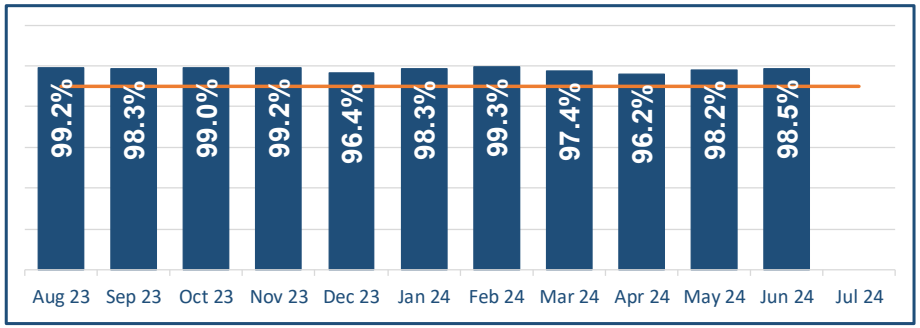
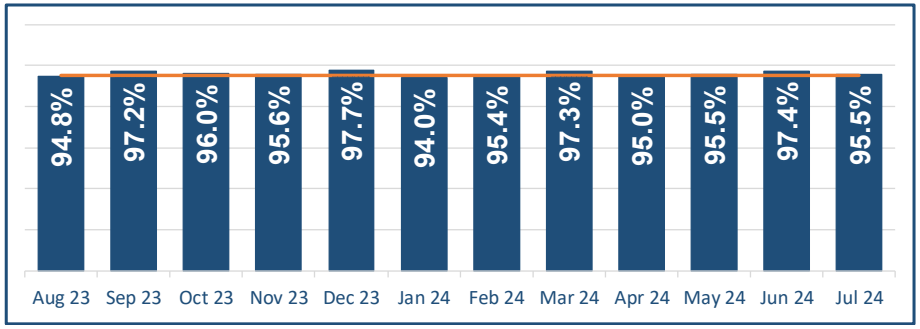
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	7.4%	6th of 7 (at May 24)
-	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	98.5%	2nd of 7 (at May 24)
-	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	95.5%	3rd of 7 (at Jun 24)



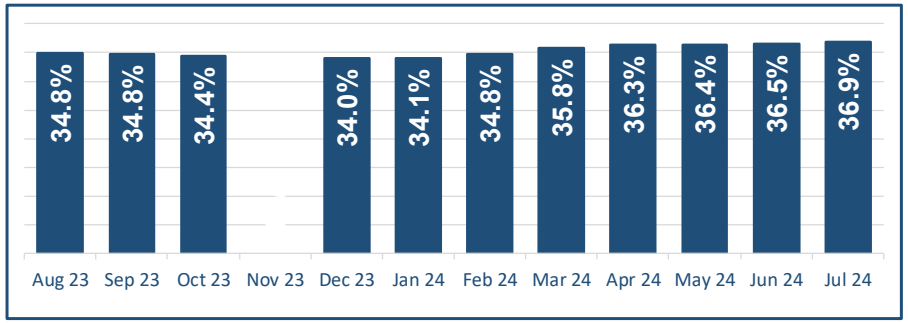


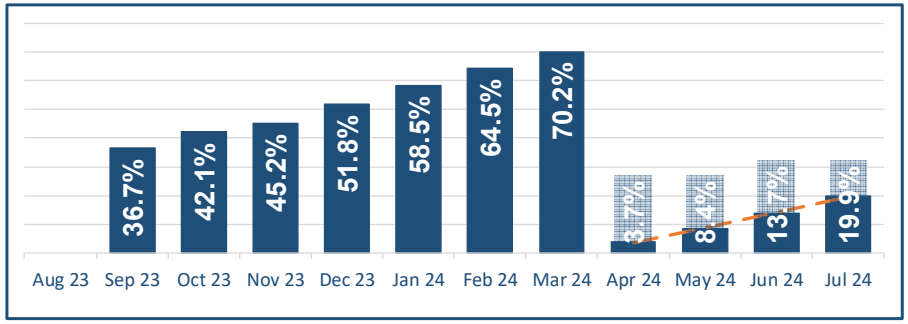


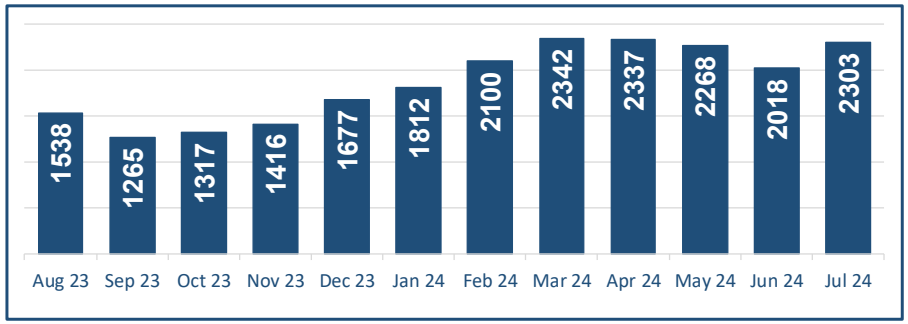
Quality: Performance

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	36.9%	7th of 7 (at Jun 24)
-	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increasing trend (to 30% (end Sept), then 100% (end Mar))	TBC	19.9%	6th of 7 (at Jul 24)
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2024/25 to 2023/24)	TBC	2303	1st of 7 (at May 24)







Quality: Performance

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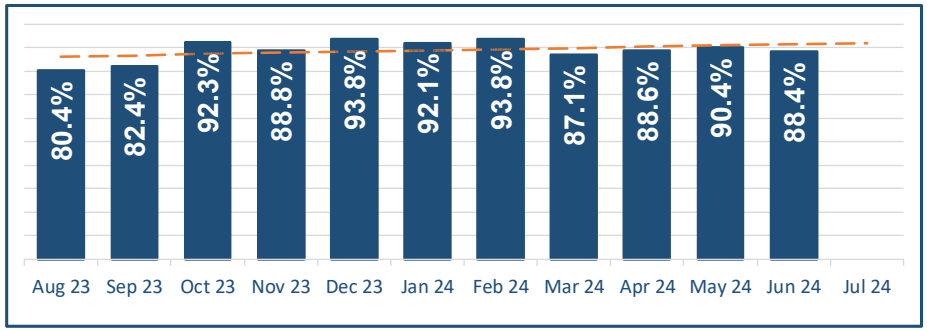
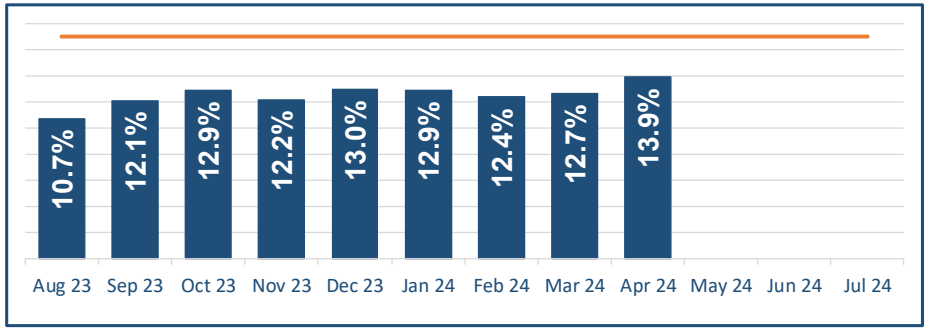
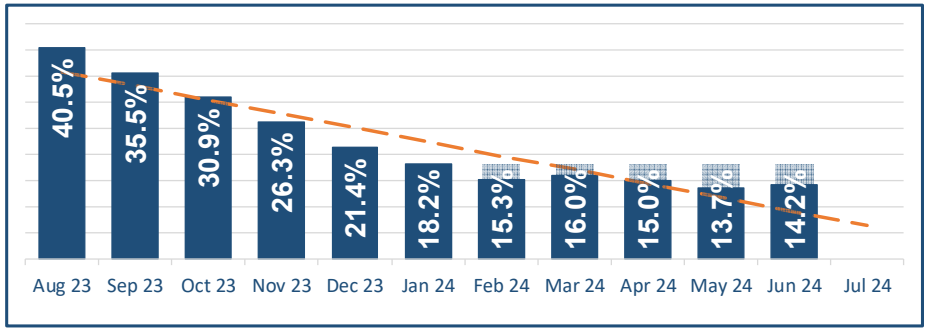
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	88.4%	4th of 7 (at Jun 24)
-	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	>17%	TBC	13.9%	5th of 7 (at Apr 24)
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increas-ing trend (to 95%)	TBC	14.2%	8st of 8 (at May 24)







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Quality: Performance

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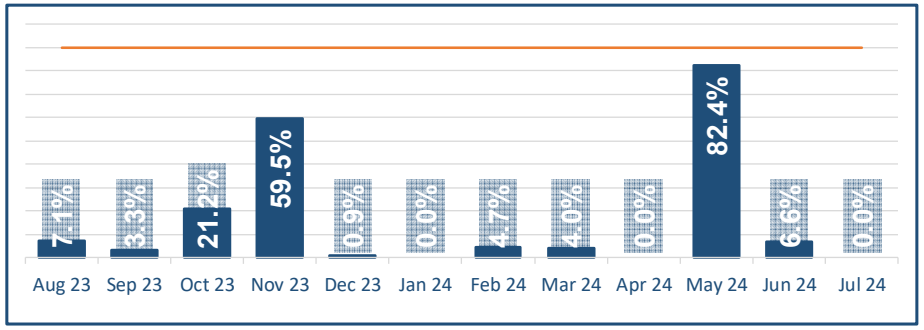
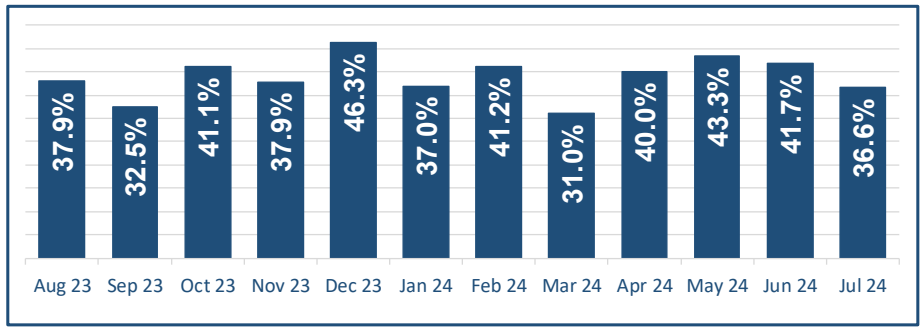
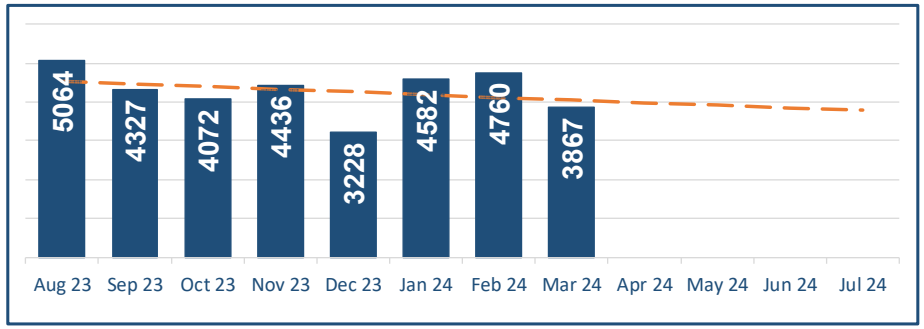
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	0.0%	6th of 8 (at May 24)
-	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Equivalent month reduction (2024/25 to 2023/24)	TBC	36.6%	3rd of 6 (at Jul 24)
-	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increasing trend	TBC	3867	2nd of 10 (at Mar 24)







Quality: Performance

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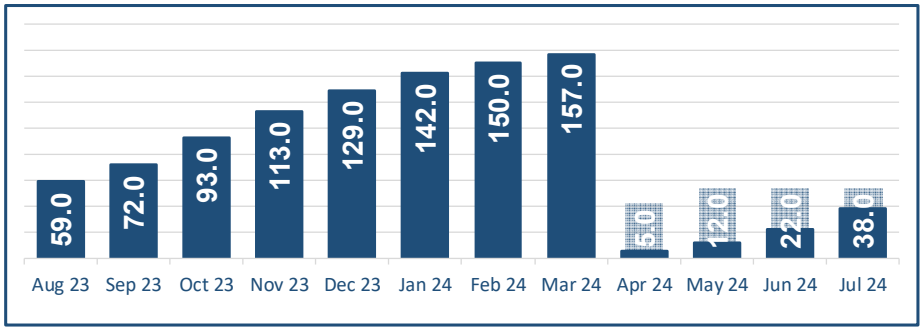
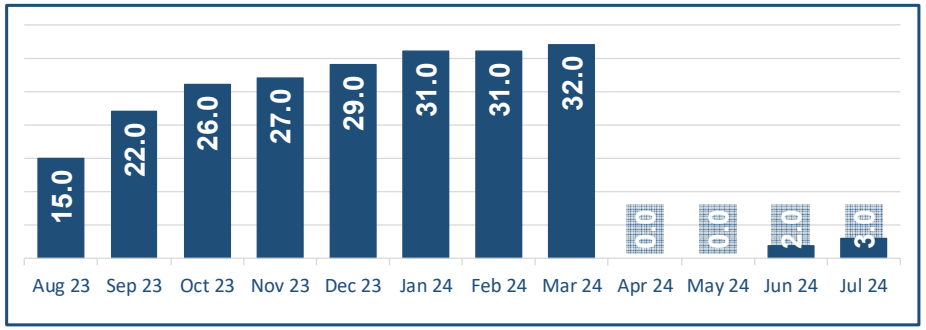
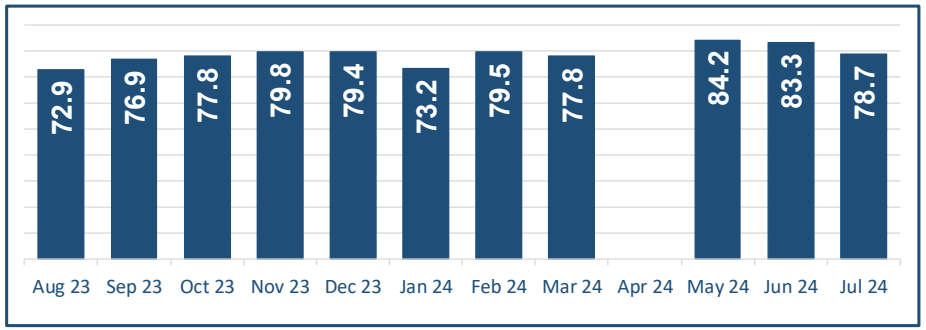
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	Not avail-able	TBC	38	2nd of 6 (at Jul 24)
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	Not avail-able	TBC	3	1st of 6 (at Jul 24)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	Not avail-able	TBC	78.7	4th of 6 (at Jul 24)







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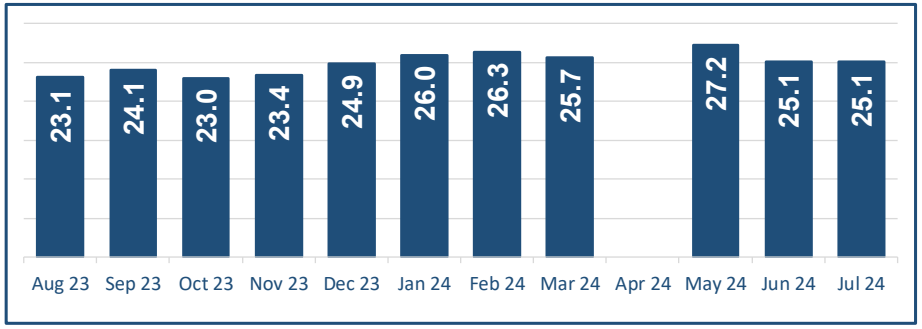
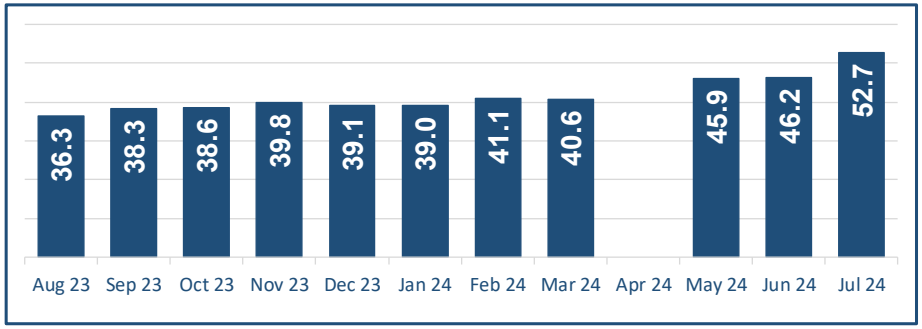
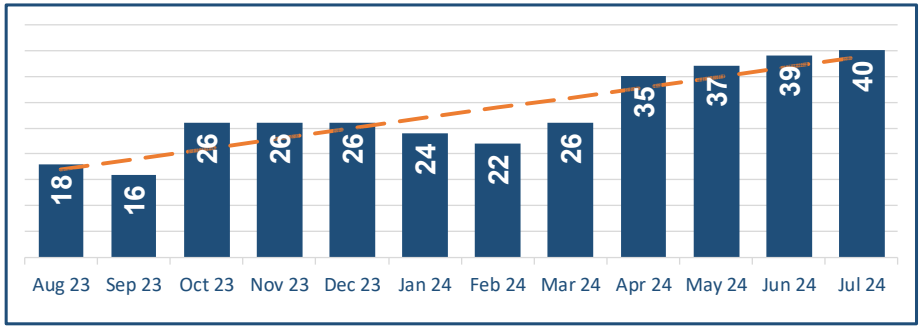
Quality: Performance

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

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	Not avail-able	TBC	25.1	1st of 6 (at Jul 24)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	Not avail-able	TBC	52.7	4th of 6 (at Jul 24)
CRR: 24-04	QSE	Number of National reportable incidents that remain open 90 days or more	Decreas-ing trend	TBC	40	6th of 10 (at Jul 24)







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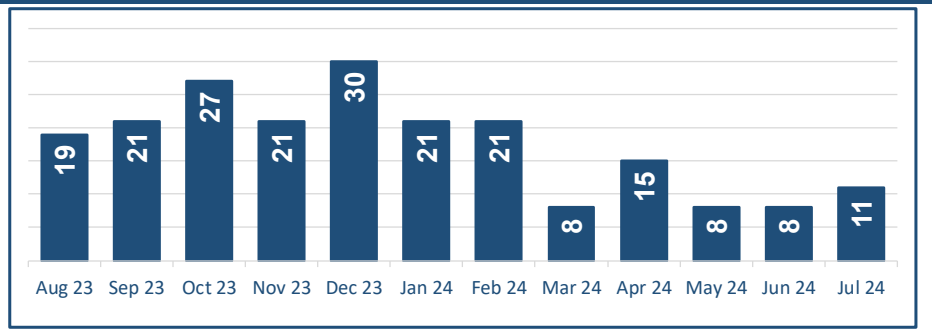
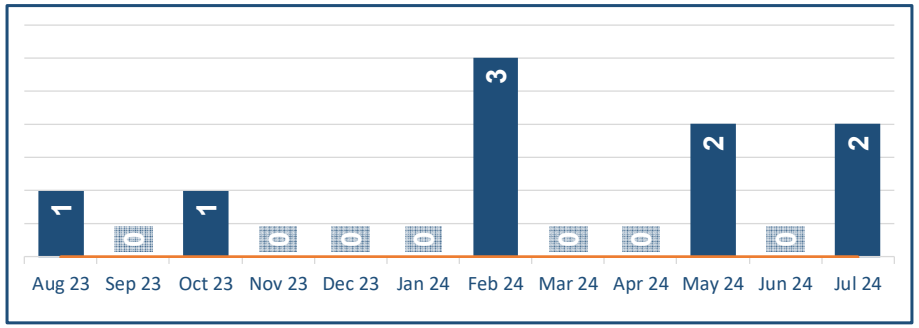
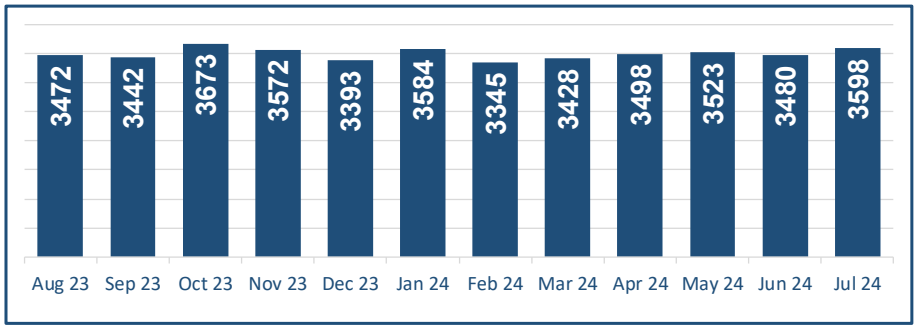
Quality: Performance

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

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new National reportable incidents (NRIs)	N/A	TBC	11	Local Metric
-	QSE	Number of new never events	0	TBC	2	Local Metric
-	QSE	Number of new patient safety incidents	N/A	TBC	3598	Local Metric



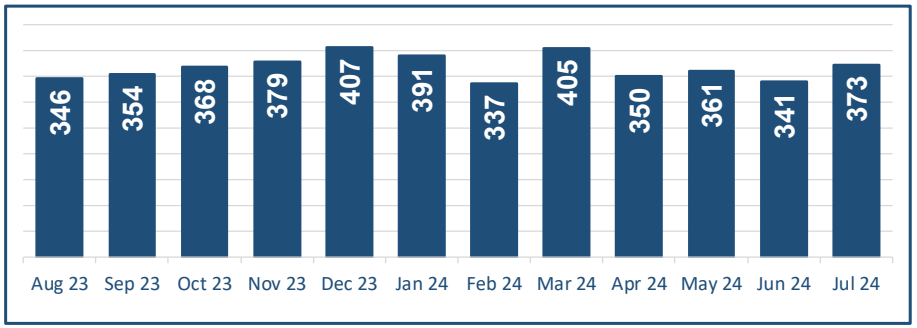


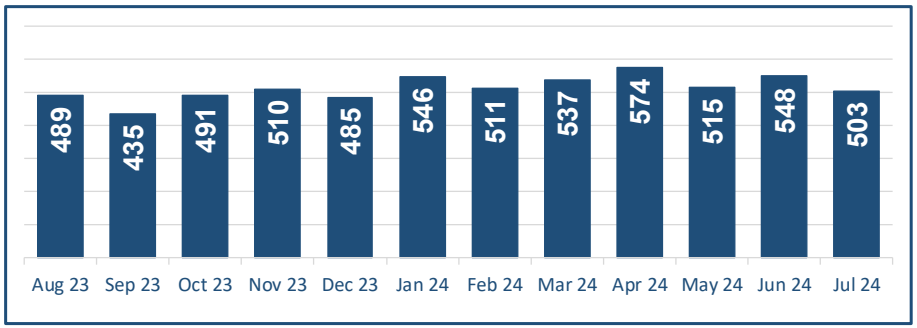


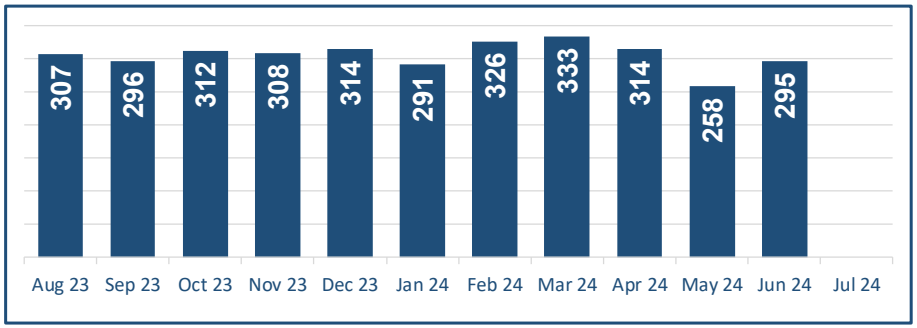
Quality: Performance

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

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new reported falls	N/A	TBC	373	Local Metric
-	QSE	Number of new reported hospital acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	503	Local Metric
-	QSE	Number of new reported medication incidents	N/A	TBC	295	Local Metric







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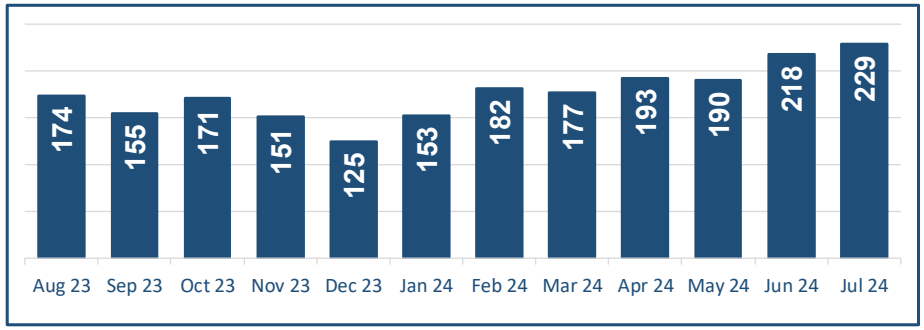
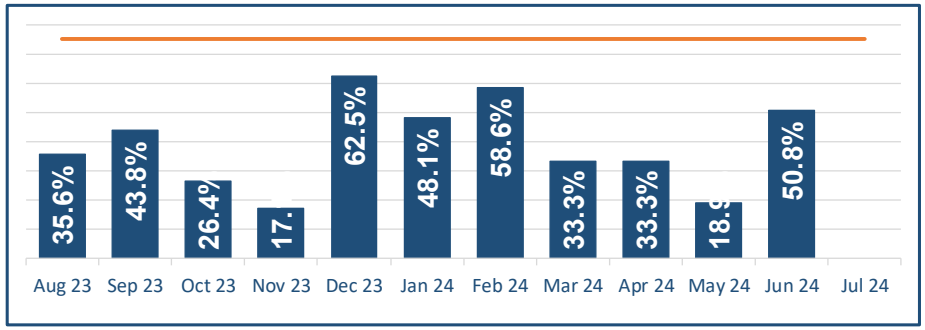
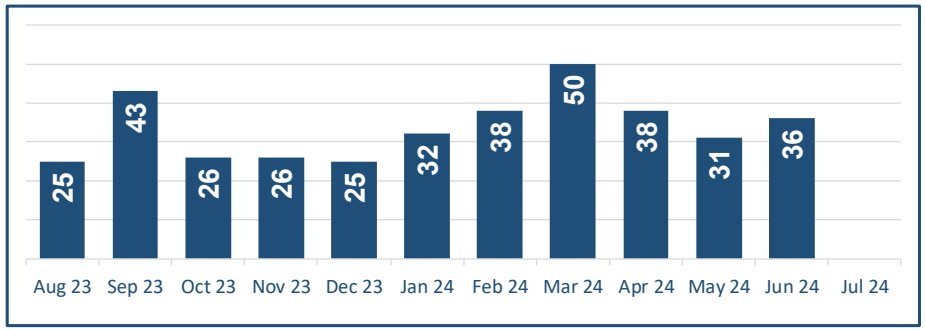
Quality: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new 'Putting Things Right' (PTR) complaints	N/A	TBC	229	Local Metric
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75.0%	TBC	50.8%	Local Metric
-	QSE	Number of new early resolutions	N/A	TBC	36	Local Metric







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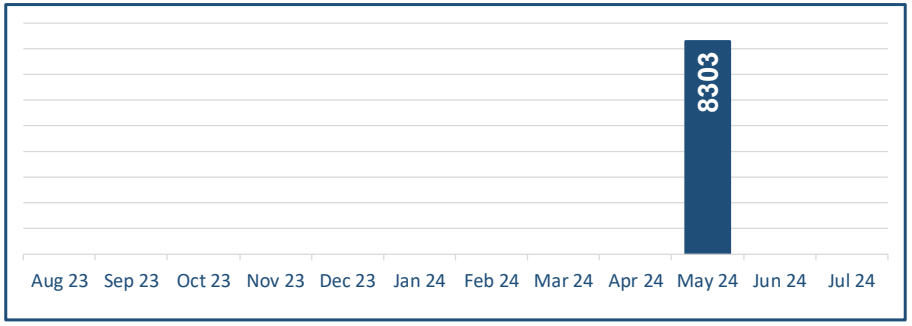
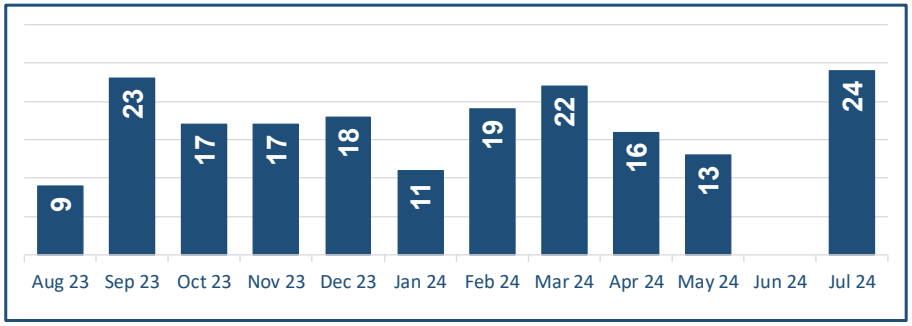
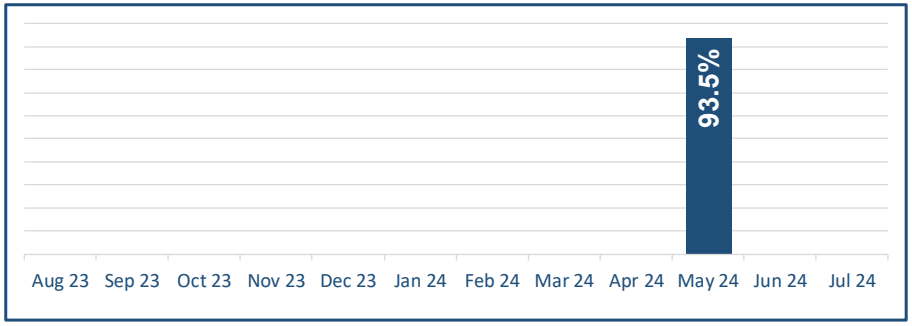
Quality: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new PALS (Patient Advice and Liason Service) contacts	N/A	TBC	8303	Local Metric
-	QSE	Number of new Ombudsman contacts	N/A	TBC	24	Local Metric
-	QSE	Percentage of survey responses rating care as good or very good	N/A	TBC	93.5%	Local Metric



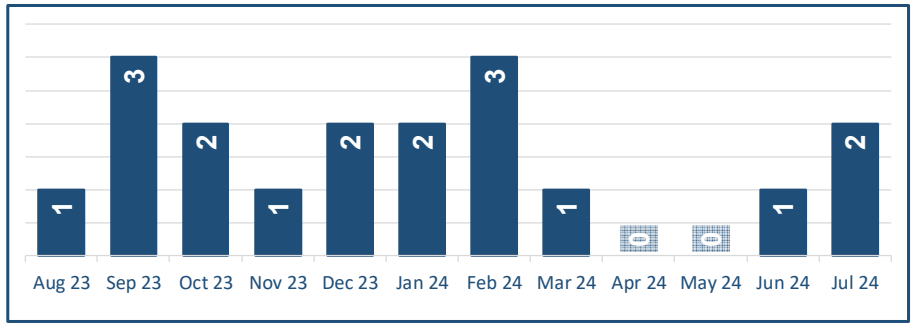


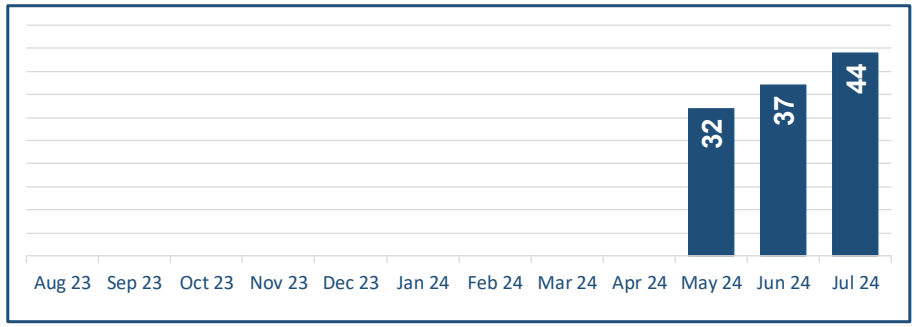


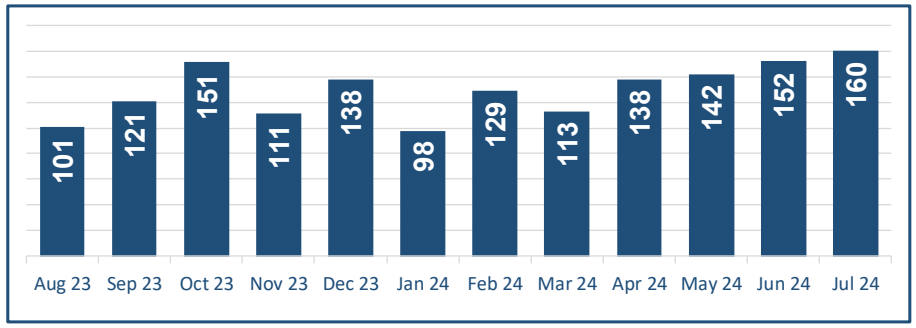
Quality: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of regulation 28 notices	N/A	TBC	2	Local Metric
-	QSE	Number of overdue 'Learning from Event Reports' (LFERs)	N/A	TBC	44	Local Metric
-	QSE	Number of Great-ix submissions	N/A	TBC	160	Local Metric



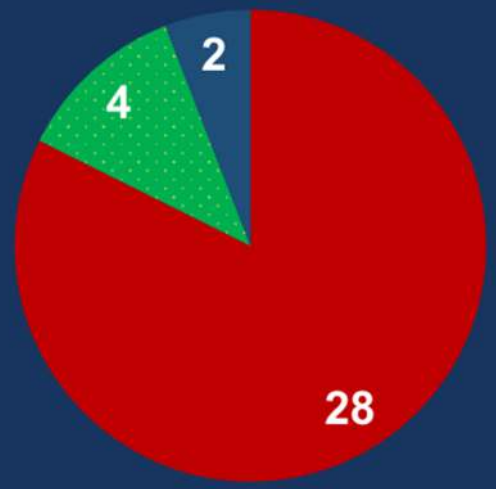




Section 2

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

Access and Activity Performance



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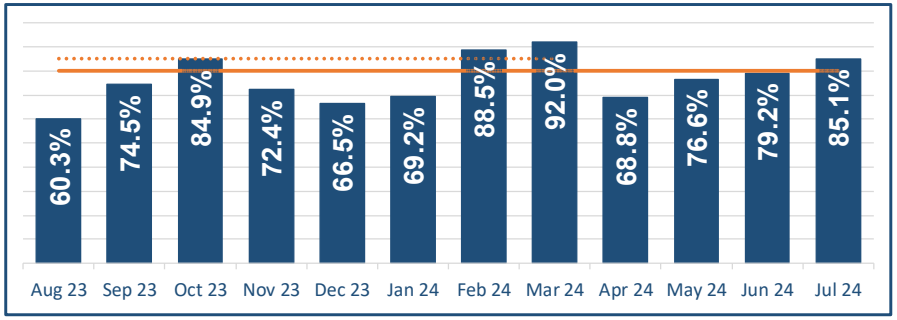
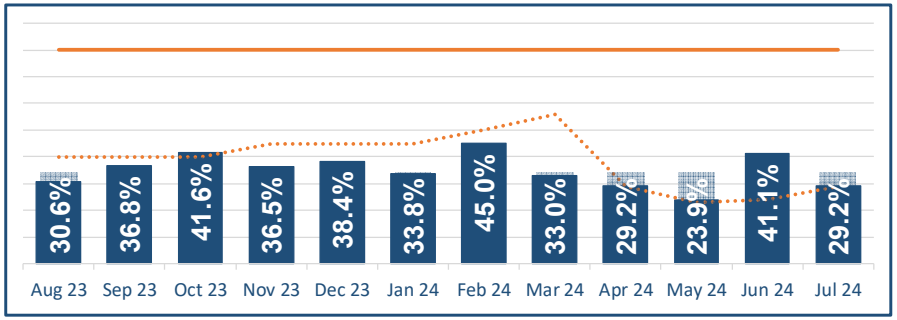
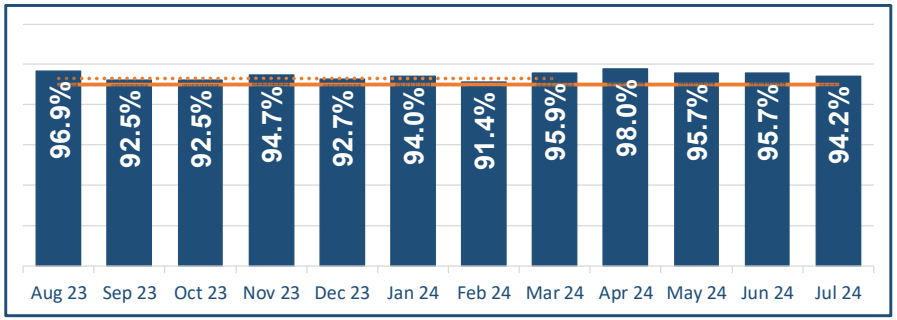
Our Access & Activity: Performance

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

CRR Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
SM: DM1 6	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80.0%	TBC	85.1%	6th of 7 (at Jun 24)
SM: DM1 5	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80.0%	29.0%	29.2%	5th of 7 (at Jun 24)
SM: DM1 6	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	TBC	94.2%	1st of 7 (at Jun 24)







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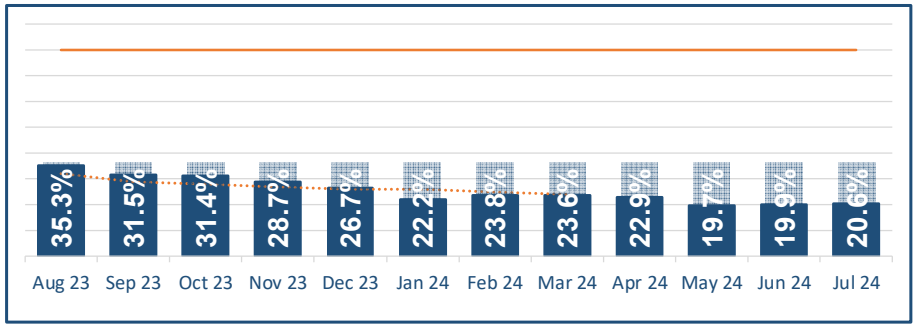
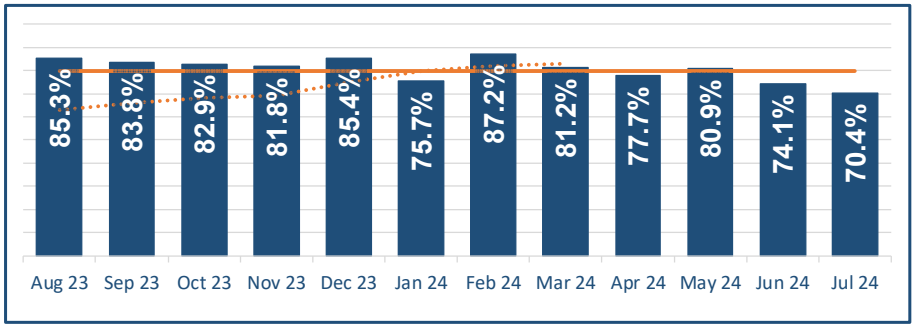
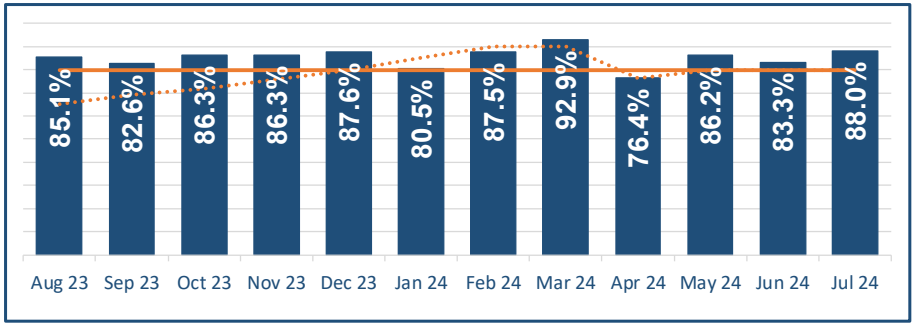
Our Access & Activity: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	TBC	20.6%	6th of 7 (at Jun 24)
SM: DM1 1	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	TBC	70.4%	4th of 7 (at Jun 24)
SM: DM1 2	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80.0%	88.0%	6th of 7 (at Jun 24)







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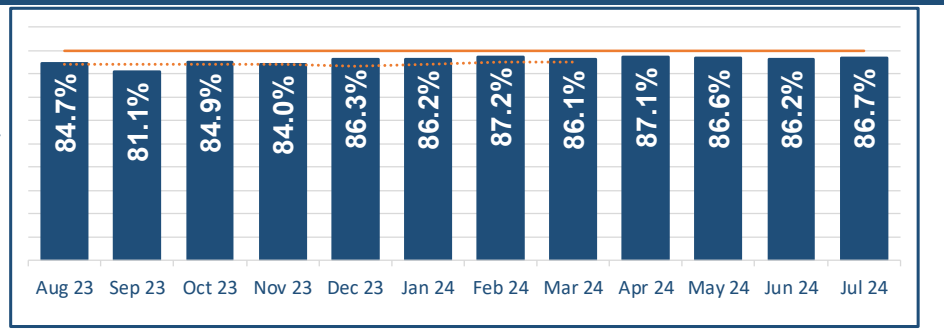
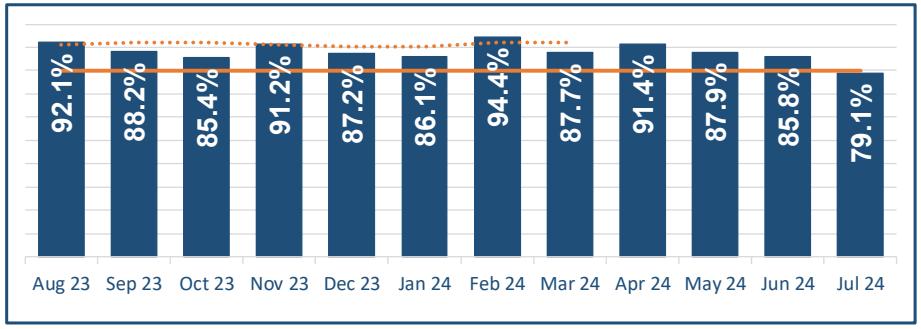
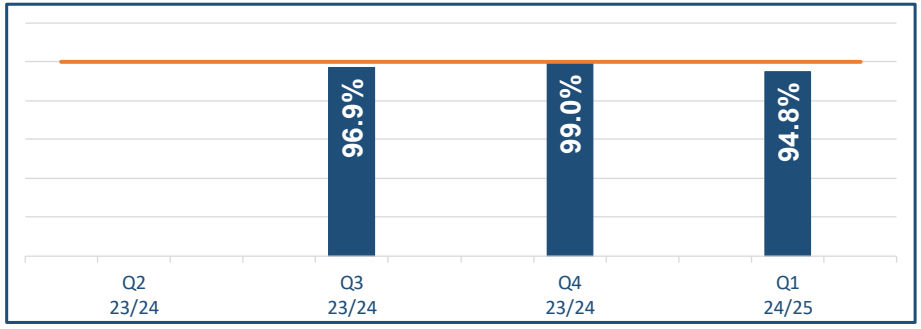
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM13	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	86.7%	5th of 7 (at Jun 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	79.1%	1st of 7 (at Jun 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	94.79%	6th of 7 (at Mar 23)







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Our Access & Activity: Performance

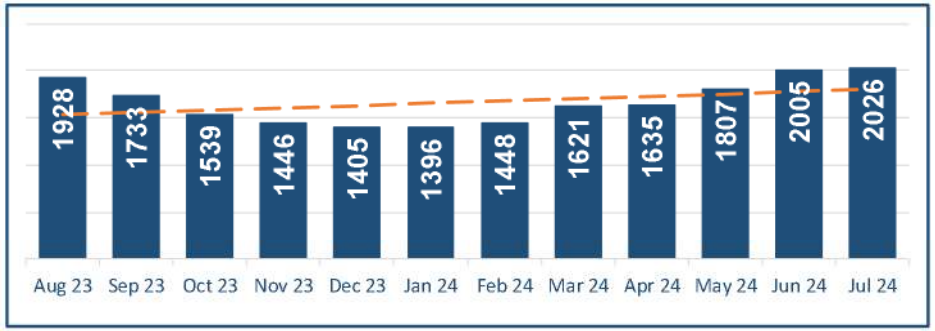
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM01	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	56.0%	52.6%	4th of 6 (at Jun 24)
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	21518	26131	7th of 7 (at Jun 24)
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	TBC	49493	7th of 7 (at Jun 24)

Our Access & Activity: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	10682	10584	7th of 7 (at Jun 24)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	2026	Local Metric
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreas-ing trend (to 0)	TBC	85198	7th of 7 (at Jun 24)



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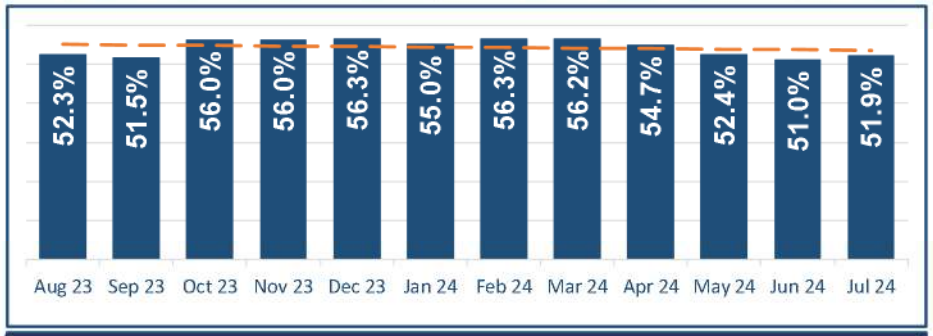
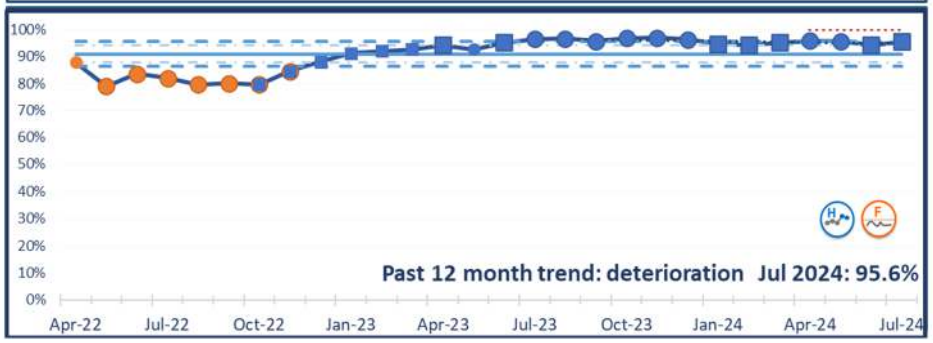
Our Access & Activity: Performance

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	6128	7077	6th of 7 (at Jun 24)
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increas-ing trend (to 95%)	TBC	51.9%	7th of 7 (at Jun 24)
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100.0%	TBC	95.6%	4th of 7 (at Jun 24)





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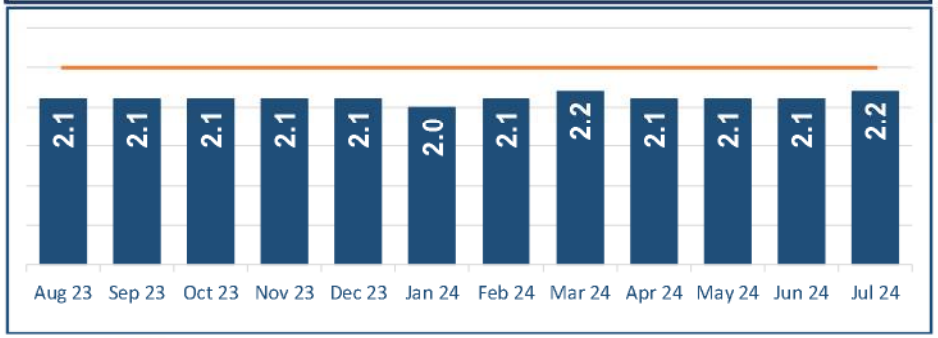
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM05	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	2834	7th of 7 (at Jun 24)
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	276	Local Metric
-	PFIG	Number of cases per theatre session	2.5	TBC	2.2	Local Metric



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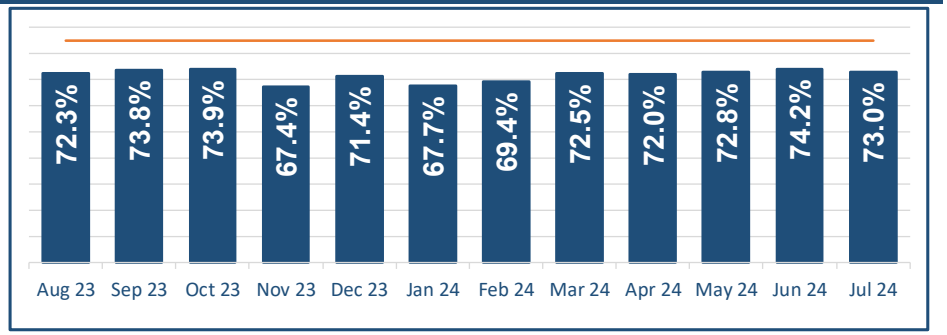
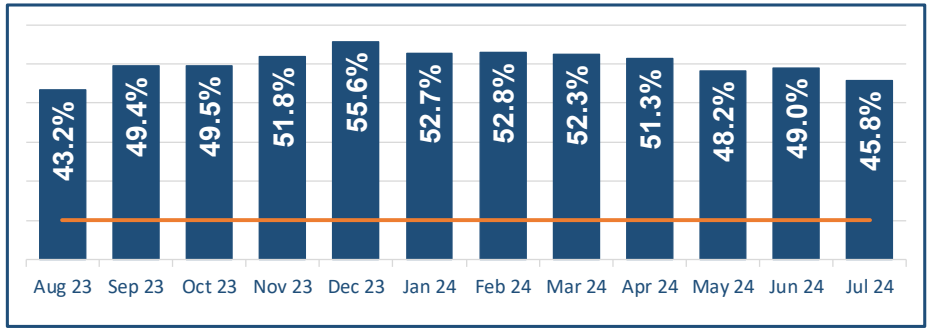
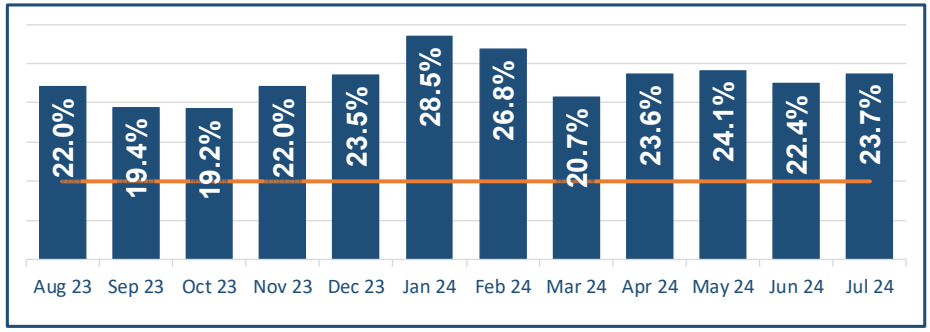
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Theatre utilisation (Capped)	85.0%	TBC	73.0%	Local Metric
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	45.8%	Local Metric
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	23.7%	Local Metric







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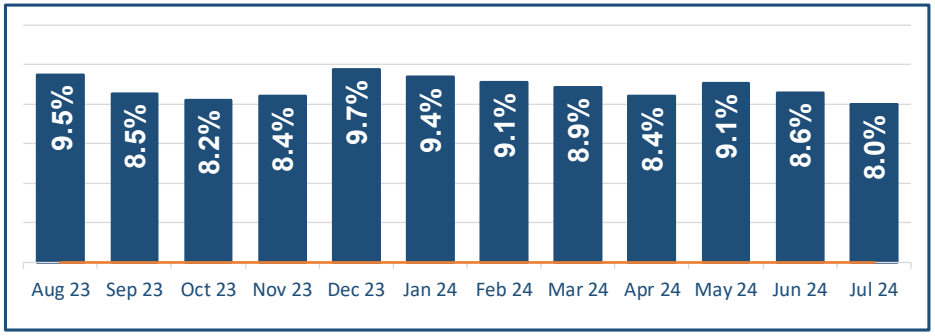
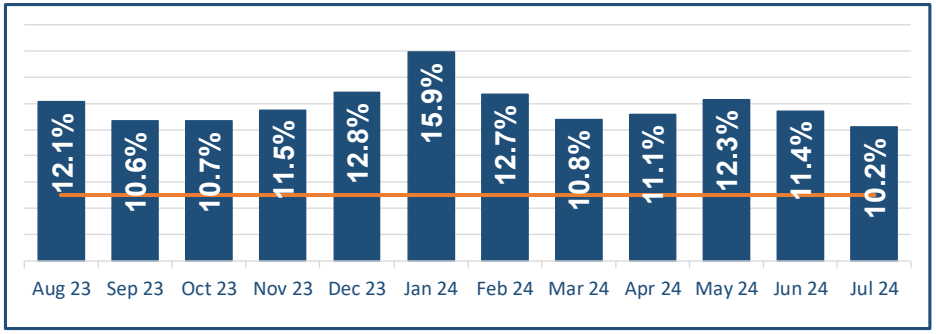
* Wales Ranking may differ as may refer to previous month

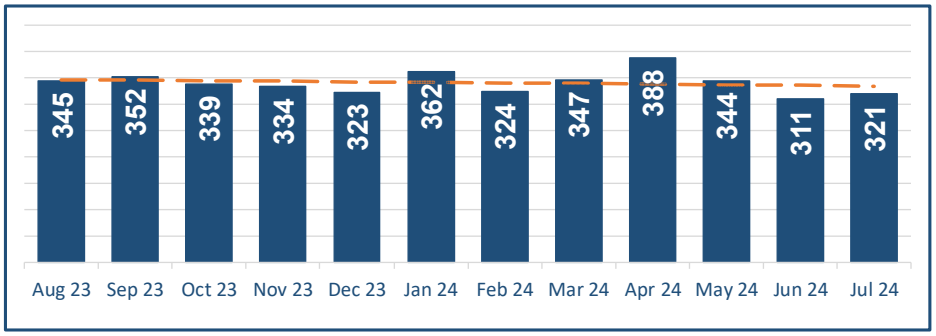
Our Access & Activity: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	8.0%	Local Metric
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	10.2%	Local Metric
-	PFIG	Number of Pathways of Care Delayed discharges	Decreas-ing trend	TBC	321	8st of 8 (at Jul 24)







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Our Access & Activity: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	65.2%	4th of 7 (at Jun 24)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2897	3506	7th of 7 (at Jun 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1454	Local Metric

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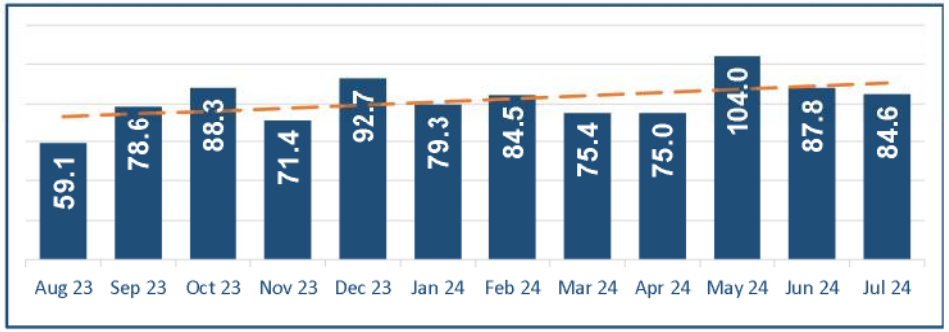
Our Access & Activity: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	19.0	4th of 6 (at Jun 24)
CRR: 24-10 SM: DM07	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	150.0	5th of 6 (at Jun 24)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreas-ing trend	TBC	84.6	3rd of 7 (at Jul 24)



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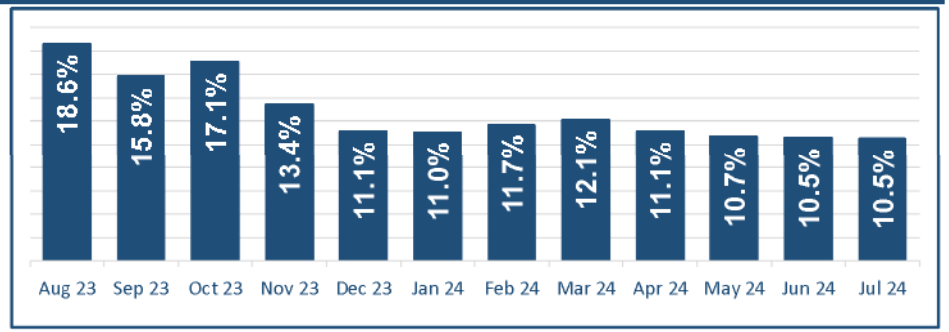
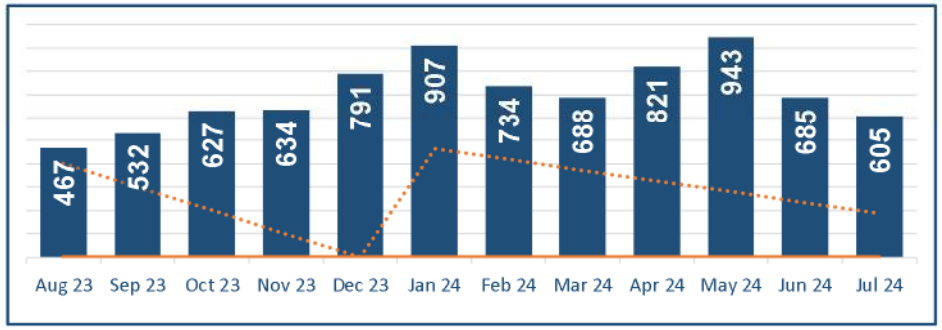
Our Access & Activity: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	10.5%	Local Metric
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	1722	1749	6th of 6 (at Jul 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	188	605	Local Metric





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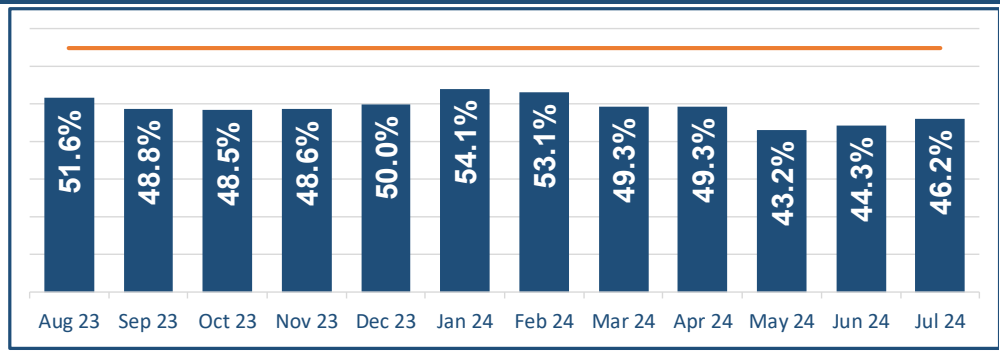
Our Access & Activity: Performance

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

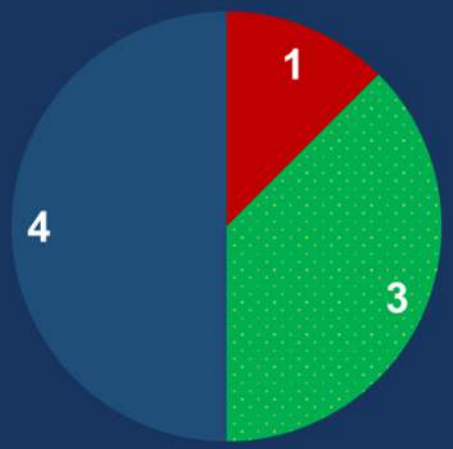
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-10	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	0.65	TBC	46.2%	5th of 7 (at Jul 24)



Section 3

People and Organisational Development Performance

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



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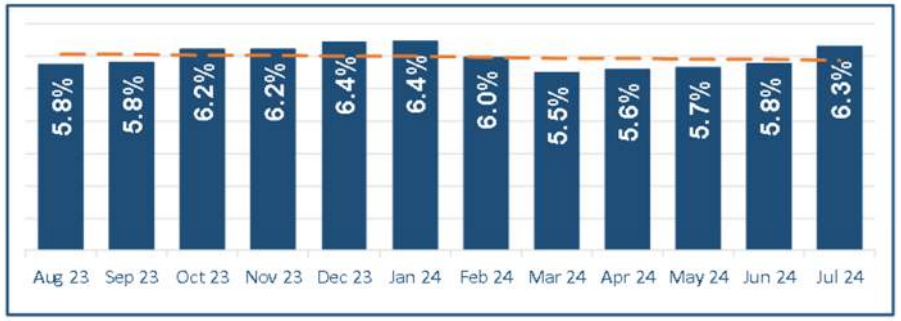
Our People: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	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	78.6%	4th of 13 (at May 24)
-	PFIG	Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	6.3%	7th of 13 (at May 24)
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreas-ing trend against 2019/20	TBC	1.7%	3rd of 11 (at Apr 24)



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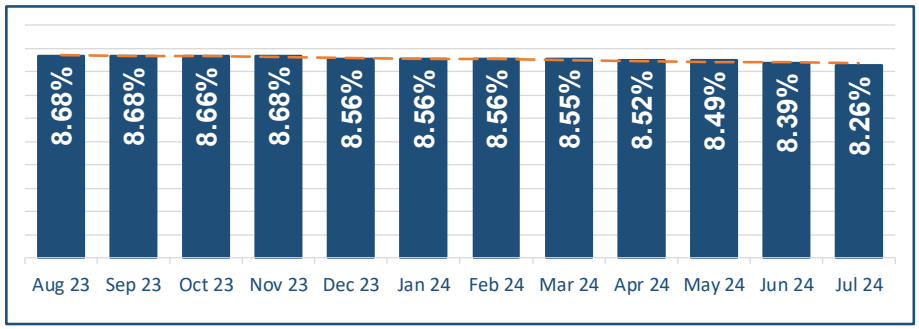
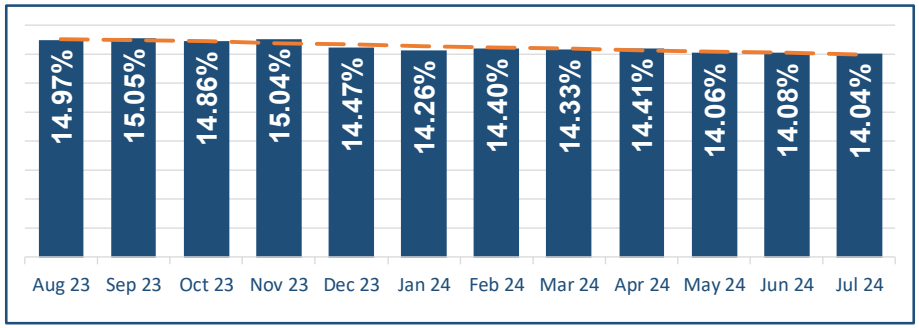
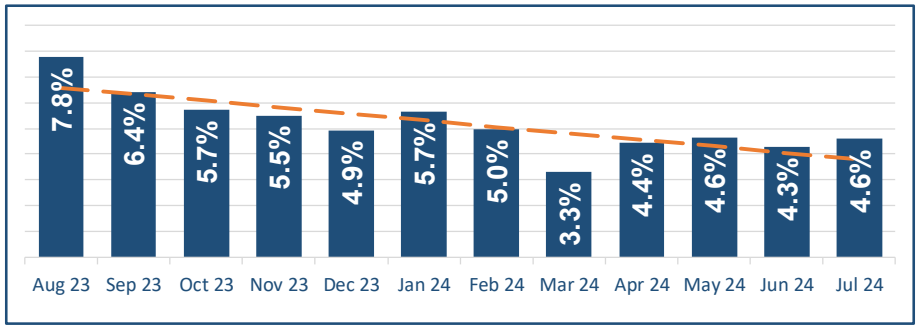
Our People: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	8.26%	Local Metric
-	PFIG	Staff turnover rate for those who had less than 1 year service	N/A	TBC	14.04%	Local Metric
CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreas-ing trend	TBC	4.6%	10th of 12 (at May 24)



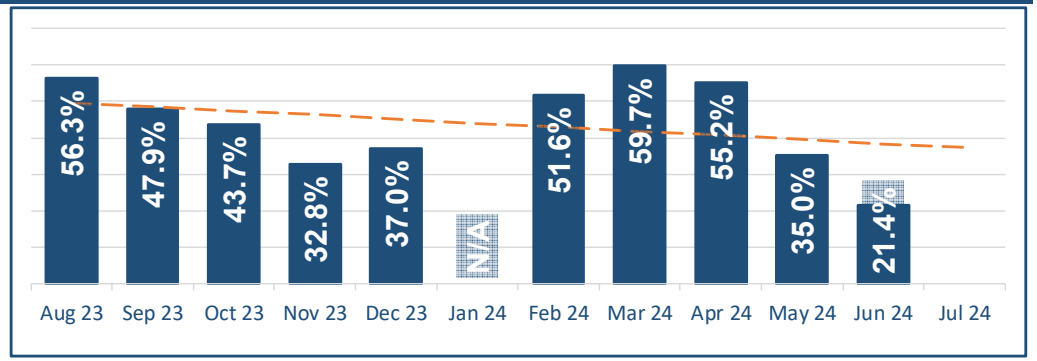


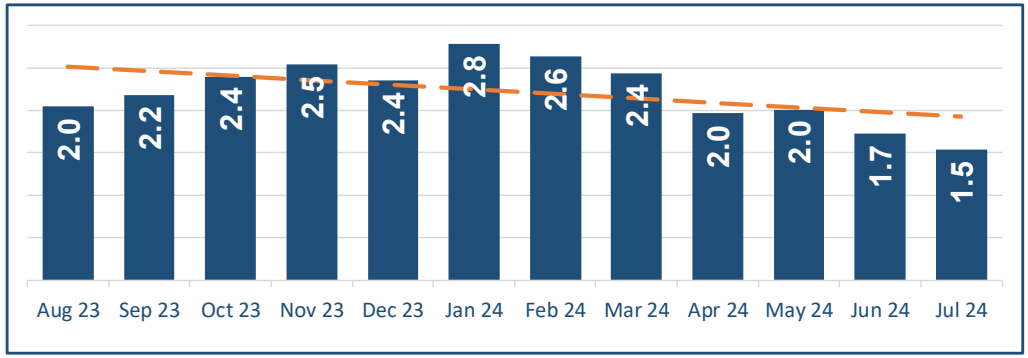


Our People: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Roster compliance	N/A	TBC	21.4%	Local Metric
-	PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	1.5	Local Metric





Section 4

Financial Performance

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

Produced on behalf of the **Health Board** by the
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Finance: Month 5 (August 2024)

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

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. The plan incorporates a £48m recurrent savings requirement, but still has a full year deficit of £19.8m. Both the savings requirement and the projected deficit are profiled equally across the financial year.

The below table shows the movement in the deficit per month, and year to date deficit of £8.8m against plan, which is predominantly due to pressures in CHC, MH out of area placements, Drugs pressures and unidentified savings. The projection reflects an assumption that the full savings target will be delivered in the year, the year to date deficit can be recovered and emerging cost pressures can be contained. There are significant risks to these assumptions, which need to be noted and carefully managed.

Financial Position to date and forecast Position (Corporate Risk 24-05 Financial Sustainability)

	Actual Position													
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Total YTD £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Forecast year-end position £m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	**(16.8)**	(1.5)	(0.6)	(0.4)	(0.4)	(0.1)	0.0	0.0	(19.8)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	**(8.1)**	(1.7)	(1.6)	(1.7)	(1.6)	(1.7)	(1.7)	(1.7)	(19.8)
Surplus/ (deficit) over plan	**(2.6)**	**(3.2)**	**(2.1)**	**0.9**	**(1.7)**	**(8.8)**	**0.2**	**1.0**	**1.3**	**1.2**	**1.6**	**1.7**	**1.7**	**(19.8)**

The graph to the right shows that whilst there is still a significant gap of £5.6m required to meet the target of £48m, the gap has reduced since last month where it previously stood at £13.6m, meaning savings has improved by £8m.

Savings identification, reporting and monitoring has been developed via a Value and Sustainability Thematic Model, which works well to identify opportunities within the organisation. Many of these opportunities have been converted into deliverable forecasts, with Green Schemes being expected to be fully deliverable and Red Schemes which require further work to be converted to Green.

Each theme has an Executive Lead and is being performance managed at the IPEDG, which is chaired by the Chief Executive.

Finance: Performance

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

BCU Wide and Divisional Positions (Red = overspend against plan)	April £m	May £m	June £m	July £m	August £m	YTD £m
West IHC	(1.79)	(1.77)	(1.19)	(1.66)	(1.86)	(8.27)
Central IHC	(2.88)	(2.89)	(2.87)	(2.19)	(2.07)	(12.90)
East IHC	(3.26)	(2.72)	(2.60)	(2.56)	(3.42)	(14.55)
Womens	(0.06)	(0.11)	(0.15)	(0.04)	(0.23)	(0.59)
MH & LD	(1.64)	(1.71)	(1.64)	(1.77)	(1.62)	(8.38)
Commissioning Contracts	(1.66)	(1.95)	0.95	2.40	(0.70)	(0.96)
ICD Primary Care	0.23	0.56	0.26	0.38	0.67	2.10
ICD Regional Services	(1.32)	(0.18)	(1.04)	(1.66)	0.10	(4.11)
Support Functions & Other Budgets	9.77	7.58	6.18	8.04	7.51	39.07
BCU Wide	**(2.62)**	**(3.19)**	**(2.10)**	**0.94**	**(1.63)**	**(8.58)**

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	6.8	1.9	3.6	2.6	1.0
Central Integrated Health Community	10.9	6.2	4.7	4.6	2.8	1.8
East Integrated Health Community	11.2	8.4	2.8	4.7	3.7	1.0
MHLD	4.2	8.5	-4.3	1.8	1.4	0.4
Womens Services	1.4	1.0	0.4	0.6	0.5	0.1
Diagnostic and Specialist Clinical Support	2.1	0.9	1.2	0.9	0.4	0.4
Cancer Services	1.6	1.3	0.3	0.6	0.6	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Sevices	0.2	0.0	0.1	0.1	0.0	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Corporate & Support Services	3.7	2.8	0.9	1.5	1.4	0.1
Reserves	4.0	1.4	2.6	1.7	1.3	0.4
Saving Total	**48.0**	**37.4**	**10.6**	**20.0**	**14.7**	**5.3**
Accountancy Gains		5.1	-5.1		5.1	-5.1
Total		**42.4**	**5.6**	**20.0**	**19.8**	**0.2**

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Finance: Performance

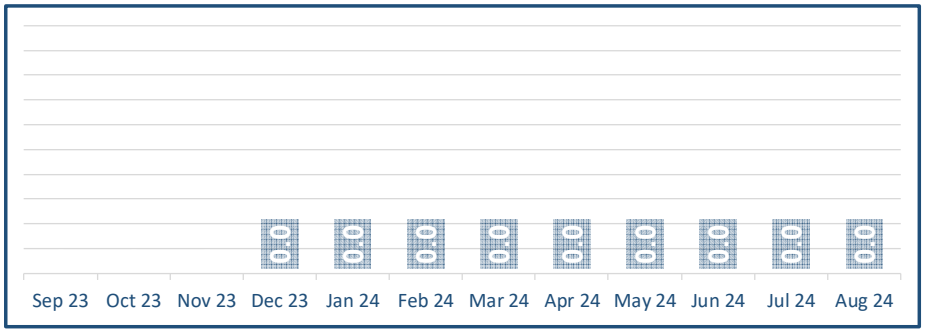
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

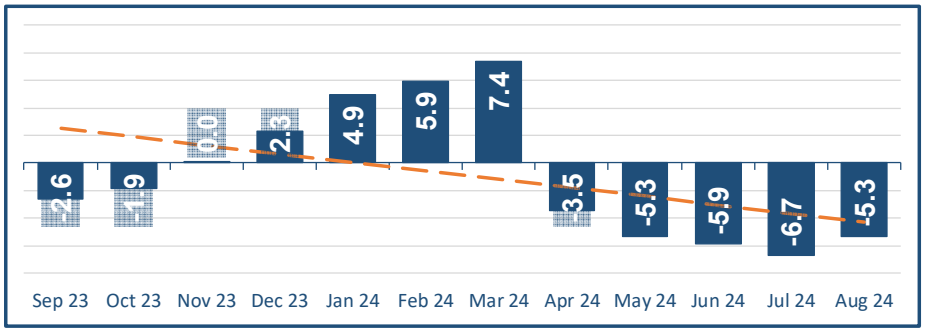
B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	*TYPE*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	49	62	81	70	69	77	77	77	77	77	77	70	331	863
2	Medical & Dental	1,489	1,597	1,428	1,767	1,672	1,734	1,757	1,723	1,723	1,723	1,723	1,723	7,953	20,059
3	Nursing & Midwifery Registered	1,912	1,985	1,902	1,904	1,889	1,919	1,918	1,947	1,947	1,947	1,947	1,947	9,592	23,164
4	Prof Scientific & Technical	10	10	12	10	23	24	24	24	24	24	24	24	65	233
5	Additional Clinical Services	19	23	32	9	27	25	25	25	25	25	25	25	110	285
6	Allied Health Professionals	467	449	378	395	485	476	476	451	432	400	400	400	2,174	5,209
7	Healthcare Scientists	25	15	3	9	11	11	11	11	11	11	11	11	63	140
8	Estates & Ancillary	-1	9	8	1	5	7	5	5	5	5	5	5	22	59
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,970	4,150	3,844	4,165	4,181	4,273	4,293	4,263	4,244	4,212	4,212	4,205	20,310	50,012
11	Agency/Locum (premium) % of pay	4.45%	4.62%	4.29%	4.60%	4.62%	4.66%	4.70%	4.66%	4.62%	4.58%	4.59%	4.58%	4.52%	4.58%

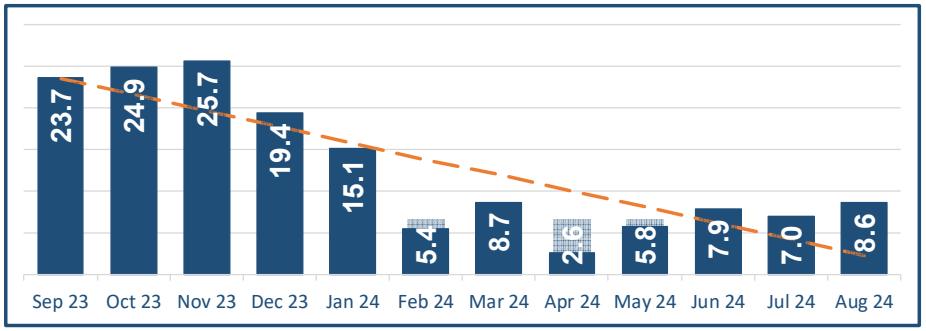
Finance: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	Local Metric
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-5.3	Local Metric
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	8.6	Local Metric



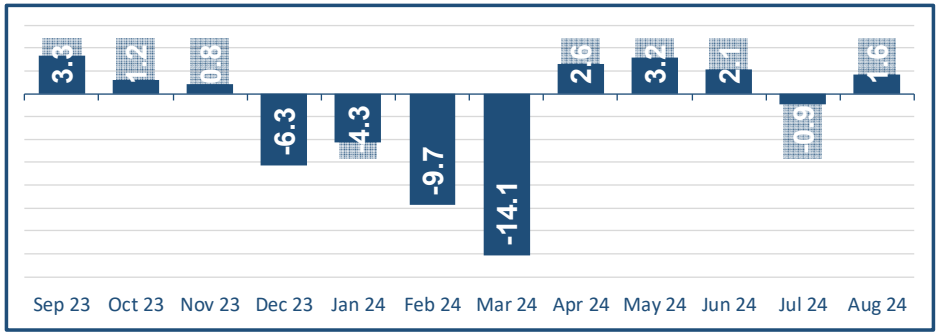


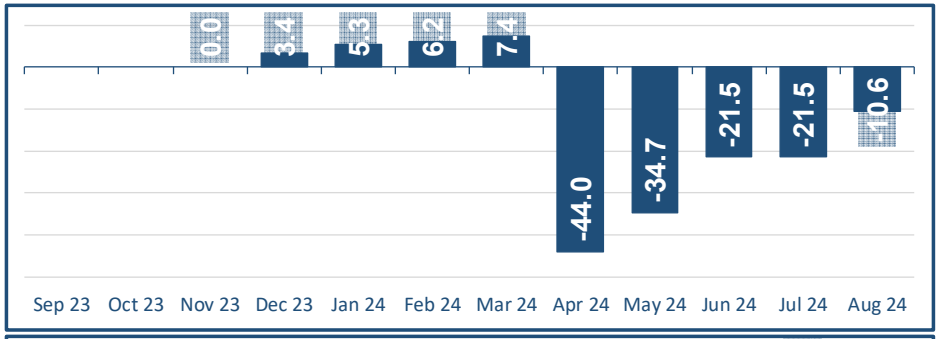


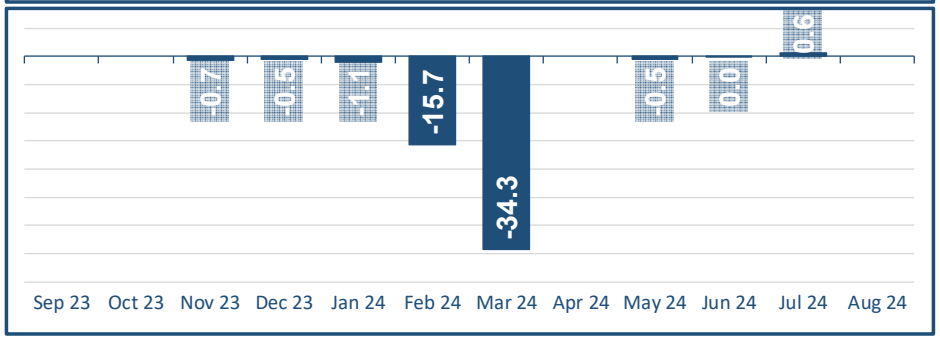
Finance: Performance

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

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	1.6	Local Metric
CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-10.6	Local Metric
CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	0.6	Local Metric







Additional Information

Introduction to Integrated Performance Report (IPR)

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

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

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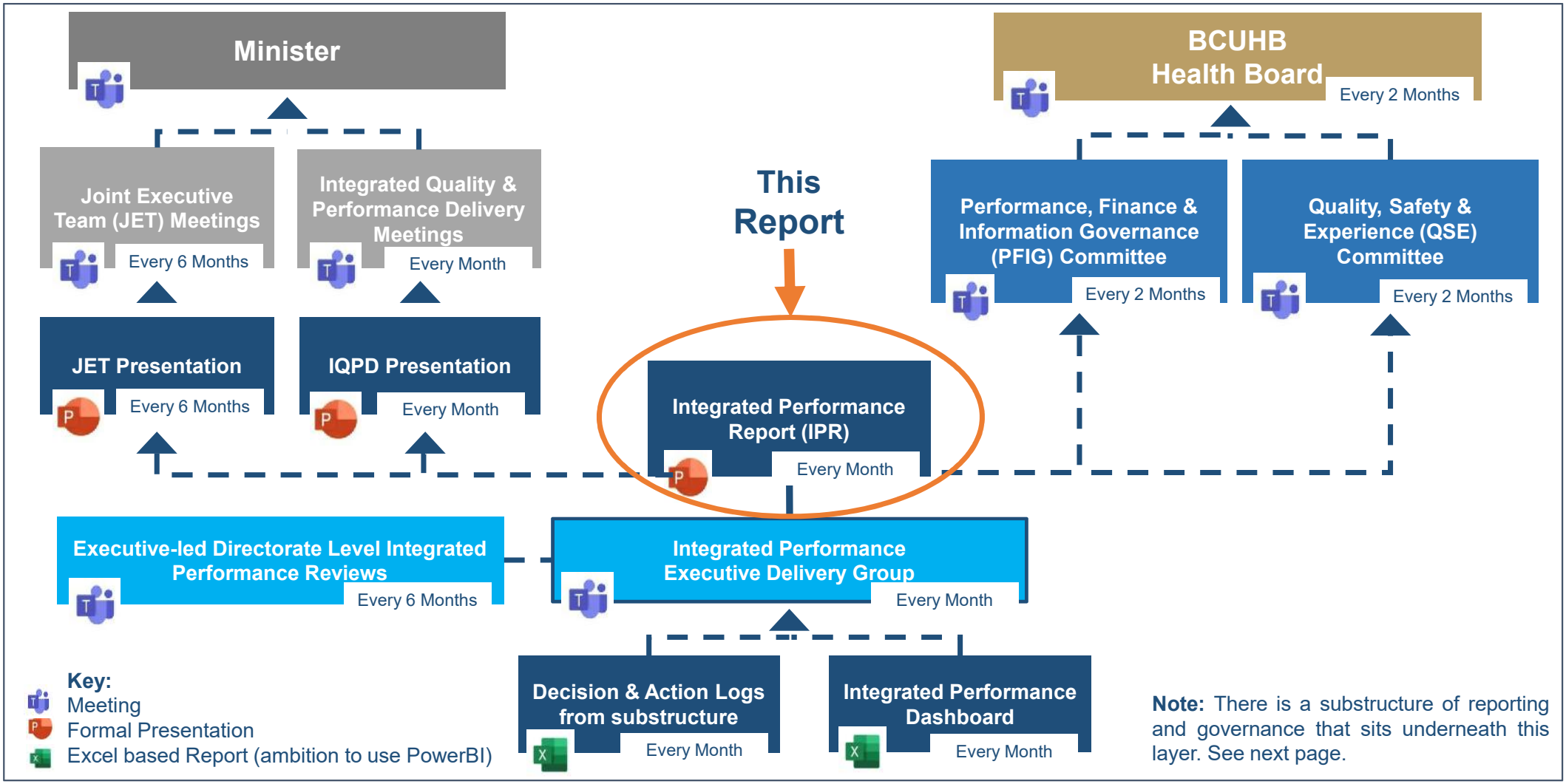

Produced on behalf of the **Health Board** by the **Performance Directorate**

The Integrated Performance Reporting & Governance Substructure

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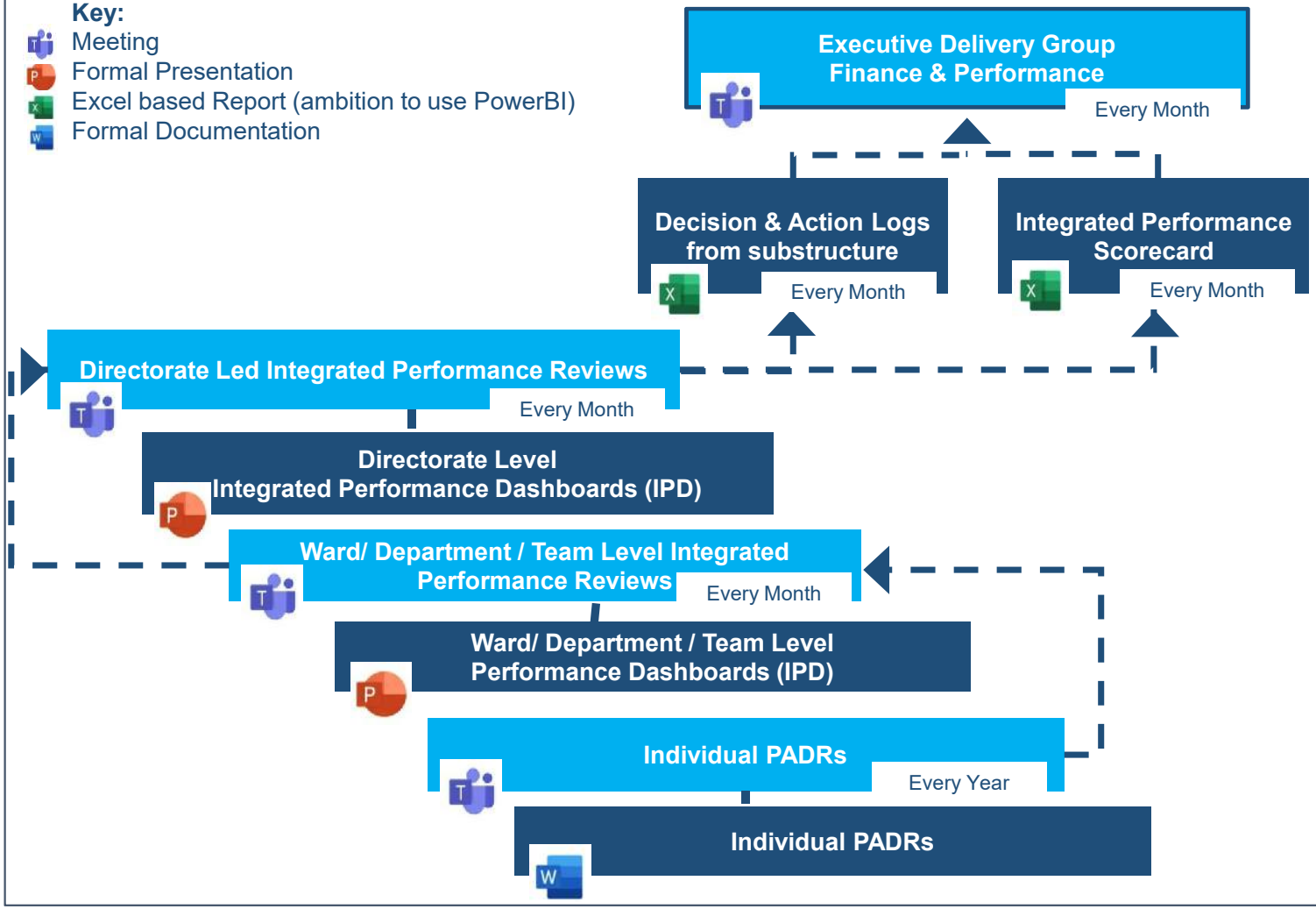
Key:
- Meeting
- Formal Presentation
- Excel based Report (ambition to use PowerBI)
- Formal Documentation



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.

Performance Directorate Outputs

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

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.

Common Acronyms and Abbreviations

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Please see below a list of abbreviations commonly found within the report:

A&E	Accident and Emergency	LPMHSS	Local Primary Mental Health Support Services
AB	Aneurin Bevan Health Board	MH&LD	Mental Health and Learning Disabilities
ADHD	Attention Deficit Hyperactivity Disorder	MMR	Measles, Mumps and Rubella
ASD	Autistic Spectrum Disorder	NHS	National Health Service
BCU/BCUHB	Betsi Cadwaladr University Health Board	NR	non-recurrent
C&V	Cardiff and Vale University Health Board	PADR	Performance Appraisal and Development Review
Cmt	committee	PFIG	Performance, Finance, and Information Governance Committee
CRR	Corporate Risk Register reference	QSE	Quality, Safety, and Experience Committee
CTM	Cwm Taf Morgannwg University Health Board	R	recurrent
ENT	Ear, Nose, and Throat	SB	Swansea Bay University Health Board
GDS	General Dental Services	SM	Special Measures
GP	General Practitioner	WAST	Welsh Ambulance Services NHS Trust
HDda	Hywel Dda University Health Board	WG	Welsh Government
HEIW	Health Education and Improvement Wales	YTD	year to date
IHC	Integrated Health Community		

Our Partners

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

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
- Corporate Risk Management Team
- 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

Further Information

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

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

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

Teitl adroddiad: ***Report title:***	**2024-25 Month 5 Finance, Capital and Savings Report**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report provides a briefing on the financial performance of the Health Board for the year to date position as at the end of Month 5 (August 2024). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target. Finance Report The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with a £48.0m recurrent savings requirement to deliver the £19.8m planned deficit for 2024/25. Both the savings requirement and the projected deficit are profiled equally across the financial year. The forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year. The August position is reporting an in-month deficit of £3.3m, which is £1.6m higher than the monthly profiled Financial Plan deficit of £1.6m. The in-month deficit position has deteriorated by £2.6m in comparison to previous month. Year to date position is reporting a deficit of £16.8m. This represents an £8.6m adverse variance compared to 5/12^{ths} of the full year £19.8m planned deficit. The year to date deficit above plan is driven by additional pressures of CHC increased activity, Commissioned Services including Out of Area Placements, Primary & Secondary Care Drugs, and undelivered savings. The position has benefited from fortuitous accountancy gains of £1.8m in month (£5.1m year to date). As the accountancy gains are one off gains, the underlying trend of expenditure remains extremely challenging, and requires continued significant effort to deliver the remaining savings, keep control of emerging pressures and recover the overspend against plan to-date. Welsh Government has recently confirmed that should the Health Board deliver the Annual Plan Deficit of £19.8m, then the one off £82m Strategic Support Funding (available for 2024/25 only) can be allocated recurrently (the funding secured by the Health Board for future financial years). It is therefore essential that the Health Board gives additional focus on mitigation of cost overruns and delivery of further savings opportunities, to ensure this funding is secured for future financial years. Capital Programme The finance report articulates performance within the Capital Programme which consists of Discretionary funding plus specific funding for Major

	Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £45.4m and is forecast to be spent in full. Year to date expenditure is £4.8m against a year to date plan of £6.5m. Whilst it is normal to have a low planned level of expenditure at commencement of the financial year (allowing for delays in planning and commissioning the works) there is a focus to bring forward as much expenditure as possible to remove risk of underspends caused by delays that may occur late in the financial year. <u>Savings</u> The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. The £48.0m target plan is profiled on an equal twelfth's basis. The 2024/25 Savings Programme has been developed through a Value & Sustainability thematic model which is to be delivered within five core domains (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management. Work has progressed well on identifying opportunities and converting them to deliverable forecasts. The targeted savings for the year totals £48.0m, with the full year forecast currently £42.4m (when including £0.5m additional Income Generation and £5.1m Accountancy Gains). This is an increase of £8.0m from Month 4, with £14.7m classified as non-recurring (a one off saving in year) and £27.7m identified as recurring, with a full year effect of £38.2m (costs that are removed for this and future financial years). The full year plan value of Red schemes totals £0.1m, and the full year plan value of further pipeline opportunities totals £4.1m. The identification and delivery of the savings still to be finalised, alongside the containment and reversal of cost overruns, remains a key risk of circa £25m to attainment of the 2024/25 plan.
Argymhellion: ***Recommendations:***	The Board is asked to • **receive** and scrutinise this report
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott, Interim Executive Director of Finance.
Awdur yr Adroddiad: ***Report Author:***	Andrea Hughes, Finance Director (interim) Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒ | I Benderfynu arno *For Decision* ☐ | Am sicrwydd *For Assurance* ☒
	Arwyddocaol | Derbyniol | Rhannol | Dim Sicrwydd

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

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?***	Naddo N Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	BAF – Financial Stability Current risks and mitigations are shown in Appendix A, Slide 13. From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.

Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	**Appendix A** **BAF risks** BAF SP14 – Estates & Capital *(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.*) **Link to Corporate Risk Register:** CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 24/25 Financial Plan
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: ***List of Appendices:*** A - 2024/25 Finance Report (Revenue, Capital and Savings) - Month 5	

Finance Report
August - Month 5 2024/25

Russell Caldicott
Interim Executive Director of Finance

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

Executive Summary

Objective		• To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.
Key Financial Targets	**Revenue**	• In-Month deficit of £3.3m, a deterioration of £2.6m from Month 4 and is £1.6m higher than the profiled financial plan deficit of £1.6m for Month 5. • Year to date deficit of £16.8m. This represents an £8.6m adverse variance compared to 5/12ths of the planned deficit. • Forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.
	Cash	• Closing cash balance as at 31st August 2024 was £7.7m, which included £3.1m cash held for revenue expenditure and £4.6m for capital projects. Current forecast closing cash balance of (£14.7m) is made up of (£17.2m) revenue cash and £2.5m capital cash.
	Savings	• The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. • As at Month 5, the Health Board has forecast achieving £42.4m (£36.8m savings, £0.5m additional income generation and £5.1m of Accountancy Gains) against the £48m target. This is an increase of £8.0m from Month 4. • Of the forecast £42.4m, £14.7m is non-recurring (one off in year cost reductions) and £27.7m is recurring schemes with a full year effect of £38.2m (costs that can be removed in this and future financial years). • In-month delivery includes Savings of £5.4m, £0.1m Income Generation £1.8m Accountancy Gains totalling 7.3m, against a £4.0m Target.
	Capital	• Approved Capital Resource Limit (CRL) for 2024/25 is £45.4m and is forecast to be spent in full. Year to date expenditure is £4.8m against a year to date plan of £6.5m.
Key Messages		• The 2024/25 financial plan requires delivery of a £48m recurrent savings target to deliver the full year planned deficit of £19.8m. Both the savings requirement and the projected deficit are profiled equally across the financial year. • Welsh Government has recently confirmed that should the Health Board deliver the Annual Plan Deficit of £19.8m, then the £82m Strategic Support Funding allocated for 2024/25 only, will be allocated recurrently (available for future financial years). It is therefore essential that the Health Board continues to focus on mitigation of cost overruns and delivery of further savings opportunities to ensure the funding is secured. • The year to date deficit above plan is driven by undelivered savings and additional pressures of CHC increased activity, Commissioned Services including Out of Area Placements and Primary & Secondary Care Drugs and risks to be managed in delivery of plan are calculated to total c£25m • As the accountancy gains of £1.8m in month (£5.1m year to date) are one off gains, the underlying trend of expenditure remains extremely challenging, and requires continued significant effort to both deliver the remaining savings, keep control of emerging pressures, and recover the overspend against plan.

Key Performance Indicators

Month 5 Position

In Month: £181.8m against plan of £180.2m

£1.6m adverse position

YTD Spend: £890.0m against plan of £881.4m

£8.6m adverse position

Forecast

Projection held at planned deficit but this is subject to risks requiring management (risks valued at c£25m).

£19.8m deficit

Month 5 Divisional Performance

West IHC	£8.3m adverse
Central IHC	£12.9m adverse
East IHC	£14.5m adverse
Womens	£0.6m adverse
MH & LD	£8.4m adverse
Commissioning Contracts	£1m adverse
ICD Primary Care	£2m favourable
ICD Regional Services	£4.1m adverse
Support Functions	£1.6m favourable
Other Budgets	£37.6m favourable

Savings

In-month delivery: £7.3m against target of £4.0m
£3.3m favourable

YTD delivery: £19.8m against a target of £20.0m
£0.2m adverse

Savings Forecast

The Health Board has performed well against the ask of a £48m savings plan, securing £42.4m YTD. However, to attain plan further savings are required.
£5.6m adverse

COVID-19 Impact

£4.0m YTD cost

£12.2m forecast cost
Fully funded by Welsh Government

Year to Date Income

£66.6m against budget of £65.4m

£1.1m favourable

Year to Date Pay

£435.9m against budget of 415.6m

£20.3m adverse

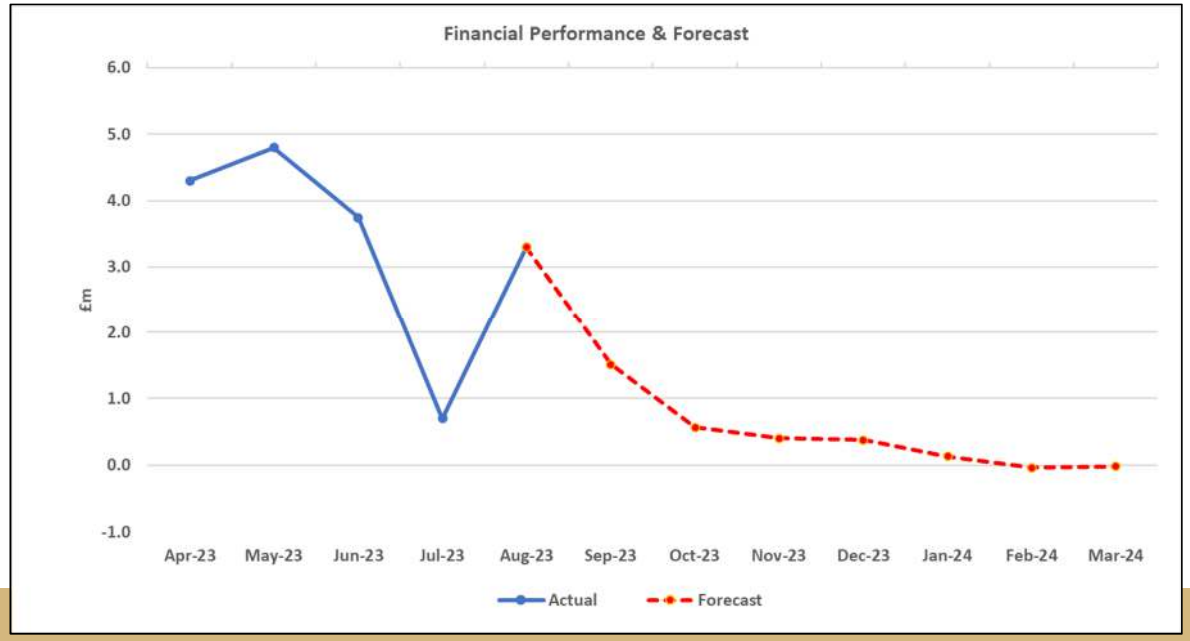
Year to Date Non-Pay

£520.7m against budget of £531.3m

£10.6m favourable

Revenue Position

	Actual					2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	M05	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(873.2)	(873.2)	**0.0**	0.00%	(2114.5)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(65.4)	(66.6)	**-1.1**	1.68%	(159.0)
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	415.6	435.9	**20.3**	4.88%	1,058.7
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	523.1	520.7	**-2.4**	-0.46%	1,234.6
Total Deficit / (Surplus)	**4.3**	**4.8**	**3.7**	**0.7**	**3.3**	**0.0**	**16.8**	**16.8**		**19.8**
Planned Deficit	**1.7**	**1.6**	**1.6**	**1.6**	**1.6**	**8.2**	**0.0**	**8.2**	**100.00%**	
Total Deficit / (Surplus) above Plan	**2.6**	**3.2**	**2.1**	**(0.9)**	**1.6**	**8.2**	**16.8**	**8.6**		



- 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.

- 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 also confirmed that £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed as recurrent for 2024/25; therefore, the opening recurrent underlying deficit position is £178.2m. The Welsh Government have committed to fund £82m of non-recurring funding, on a recurring basis subject to the Health Board achieving the 24/25 financial plan.

- The Health Board has issued savings targeted performance against discretionary budgets and implemented a Value & Sustainability programme to deliver patient benefits and savings within five core domains of (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management. Each theme has an Executive Lead and is being performance managed at the Integrated Performance – Executive Delivery Group, chaired by the Chief Executive.

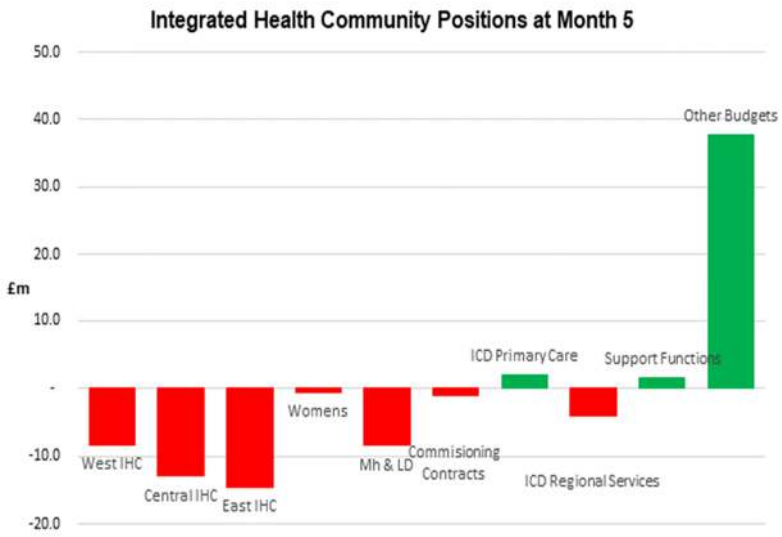
- Month 5 position is reporting an in-month deficit of £3.3m, which is £1.6m higher than the profiled monthly Financial Plan deficit of £1.6m. In-month deficit position has deteriorated by £2.6m in comparison to previous month, despite £1.8m Accountancy Gains being reported in month.

- Year to date position is reporting a deficit of £16.8m. This represents an £8.6m adverse variance compared to 5/12^{ths} of the full year £19.8m planned deficit.

- Risks to delivery of the plan totals £25.4m, however the forecast position remains a deficit of £19.8m, which is in line with the financial plan for the year.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	
WG RESOURCE ALLOCATION	(178,558)	(178,558)	0	0%	(873,204)	(873,204)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	105	96	9	-9%	523	454	69	-13%	145
West Area	15,964	16,727	(764)	-5%	79,129	81,855	(2,725)	-3%	(7,103)
Ysbyty Gwynedd	10,128	11,105	(977)	-10%	50,406	55,451	(5,045)	-10%	(12,538)
Facilities	1,044	1,174	(130)	-12%	5,222	5,789	(567)	-11%	(1,358)
Total West	27,241	29,102	(1,861)	-7%	135,280	143,548	(8,268)	-6%	(20,854)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	91	90	1	-1%	453	410	43	-9%	(3)
Central Area	20,853	21,759	(905)	-4%	102,806	105,943	(3,137)	-3%	(10,570)
Ysbyty Glan Clwyd	13,172	14,186	(1,014)	-8%	62,751	71,959	(9,208)	-15%	(21,940)
Facilities	1,237	1,390	(153)	-12%	6,187	6,789	(602)	-10%	(1,488)
Total Central	35,353	37,424	(2,071)	-6%	172,196	185,101	(12,904)	-7%	(34,001)
EAST INTEGRATED HEALTH COMMUNITY									
Management	87	87	(0)	0%	434	434	(1)	0%	(2)
East Area	22,962	24,957	(1,995)	-9%	114,121	121,328	(7,208)	-6%	(15,500)
Ysbyty Wrexham Maelor	11,130	12,455	(1,325)	-12%	54,520	61,038	(6,519)	-12%	(13,184)
Facilities	1,120	1,216	(96)	-9%	5,598	6,417	(819)	-15%	(1,958)
Total East	35,299	38,715	(3,417)	-10%	174,672	189,219	(14,546)	-8%	(30,644)
Total Midwifery and Women's Services	3,824	4,051	(227)	-6%	19,303	19,890	(587)	-3%	(1,149)
Total Mental Health and LDS	13,972	15,595	(1,623)	-12%	69,729	78,105	(8,376)	-12%	(14,449)
Total Commisioning Contracts	23,471	24,175	(704)	-3%	115,283	116,239	(957)	-1%	(1,158)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	486	374	112	23%	2,720	2,608	112	4%	112
Dental North Wales	2,839	2,350	489	17%	14,193	12,219	1,974	14%	4,200
Community Dental Services	517	520	(3)	-1%	2,583	2,777	(194)	-8%	(600)
Other Primary Care	3,141	3,066	74	2%	9,977	9,881	96	1%	(32)
Total Integrated Clinical Delivery Primary care	6,982	6,310	672	10%	29,473	27,485	1,988	7%	3,680
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,548)	(2,451)	903	-58%	(9,342)	(9,907)	565	-6%	527
Diagnostic and Specialist Clinical Support	6,546	7,008	(462)	-7%	32,699	35,220	(2,521)	-8%	(6,303)
Cancer Services	5,093	5,435	(342)	-7%	25,427	27,585	(2,158)	-8%	(1,297)
Total Integrated Clinical Delivery	10,092	9,993	99	1%	48,784	52,897	(4,113)	-8%	(7,073)
Total Service Support Functions	13,191	12,880	311	2%	64,860	63,306	1,554	2%	(2,194)
Total Other Budgets	10,780	3,586	7,195	67%	51,857	14,229	37,629	73%	107,843
Total Deficit above Plan	1,647	3,272	(1,625)	-99%	8,234	16,814	(8,580)	-104%	0
Planned Deficit	(1,647)	0	(1,647)		(8,234)	0	(8,234)		
Total Deficit	0	3,272	3,727		0	16,814	16,814		



- In-month deficit position of £3.3m which is £1.7m above the monthly profiled financial plan deficit of £1.6m and a decrease of £2.6m from Month 4.
- There has been no significant movement in pay costs between July and August.
- Non pay climbed in month by £3.3m due to increases in Healthcare Services provided by other NHS Bodies, general supplies and CHC which has been offset by reductions in other non-pay.
- Pressures continue within Commissioning, CHC and Drugs.

Expenditure – Pay & Non-Pay

Pay Costs	Actual					Cumulative			Full Year Forecast
	P01-25	P02-25	P03-25	P04-25	P05-25	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	63.4	59.9	3.6	152.9
Medical & Dental	19.7	20.0	19.5	20.3	20.3	89.6	99.8	(10.2)	236.0
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	127.4	134.3	(6.9)	327.1
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	61.3	67.8	(6.5)	161.9
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	19.3	17.6	1.7	41.4
Allied Health Professionals	5.8	5.7	5.6	5.7	5.7	27.5	28.5	(1.0)	70.2
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	7.2	7.4	(0.3)	17.5
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	19.6	20.2	(0.7)	50.5
Students	0.1	0.1	0.1	0.1	0.1	0.4	0.4	(0.0)	1.0
Health Board Total	86.7	87.2	86.7	87.7	87.5	415.6	435.9	(20.3)	1,058.7
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	11.9	13.8	(1.9)	33.1
1,091.8Total Pay	89.3	89.8	89.6	90.5	90.5	427.5	449.6	(22.2)	1,091.8

Non-Pay Costs as per Monitoring Return Table	Actual					Cumulative			Full Year Forecast
	P01-25	P02-25	P03-25	P04-25	P05-25	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractor	19.6	18.6	20.0	19.6	19.6	97.3	97.4	(0.1)	234.2
Primary Care - Drugs & Appliances	10.9	10.5	10.2	10.8	11.6	49.3	54.1	(4.8)	130.9
Provider Services - Non Pay (excl drugs & depreciation)	19.0	16.1	16.6	20.2	19.0	116.2	90.8	25.3	207.5
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	35.1	41.2	(6.1)	99.7
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	143.1	145.1	(2.1)	351.7
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	54.6	57.3	(2.7)	133.2
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	7..0	13.6	(6.6)	30.5
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	1.1	1.3	(0.2)	3.4
Losses, Special Payments and Irrecoverable Debts	0.2	0.3	0.3	0.3	0.5	1.2	1.5	(0.3)	3.6
Non-pay costs	99.9	98.8	99.1	100.6	104.1	504.9	502.5	2.4	1,194.7
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	18.2	18.2	0.0	39.9
Total non-pay	103.1	102.0	103.0	104.5	108.1	523.1	520.7	2.4	1,234.6

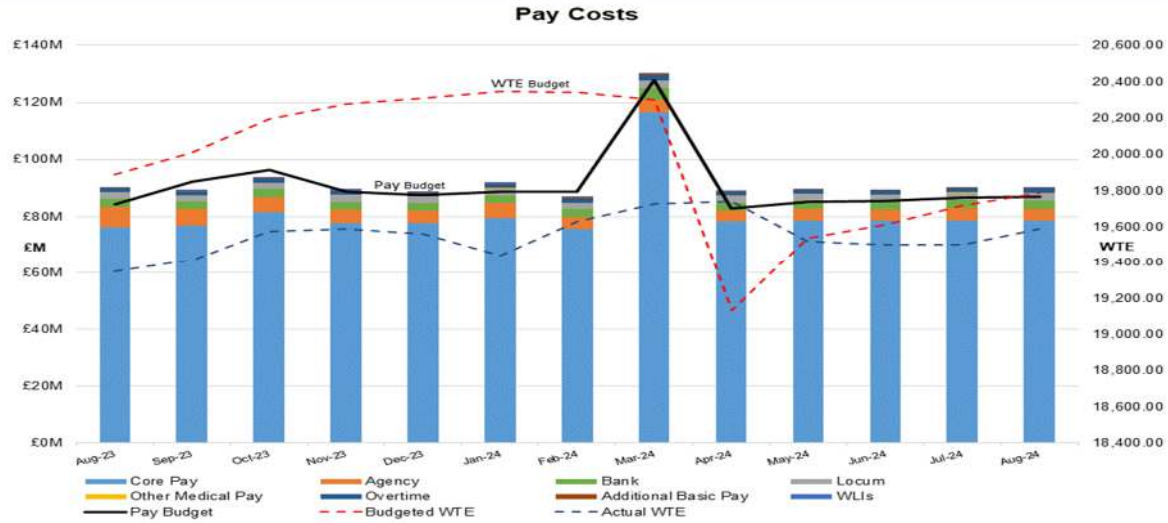
Health Board Pay:

- Month 5 Provider Services Pay expenditure is £0.2m (0.2%) less than reported in Month 4
- Both Bank and Agency expenditure have remained in line with previous month whilst overtime has reduced by £0.1m.

Non-Pay Expenditure (excluding Depreciation):

- Non Pay has increased by £3.5m from previous month due to increases in Healthcare Services provided by other NHS Bodies, general supplies and CHC which has been offset by reductions in other non-pay. Pressures continue within Commissioning, Out of Area Placements, CHC and Drugs.
- Further detail on Non-Pay expenditure movements are reported in Slide 10.

Expenditure – Pay



- Variable Pay totals £11.9m for August, an increase of £0.1m from previous month. Agency spend remains in line whilst overtime costs have decreased by £0.1m from previous month.

Variable Pay	Actual					YTD Total 24/25
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	
	£m	£m	£m	£m	£m	£m
Agency	4.0	4.2	3.8	4.2	4.2	20.3
Overtime	1.1	1.3	1.2	1.4	1.3	6.2
Locum	2.6	2.3	2.3	2.5	2.6	12.2
WLIs	0.3	0.2	0.2	0.3	0.3	1.4
Bank	2.6	2.9	2.8	3.0	3.1	14.4
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2
Additional Hours	0.4	0.3	0.3	0.4	0.4	1.8
Total	11.1	11.1	10.8	11.8	11.9	56.5

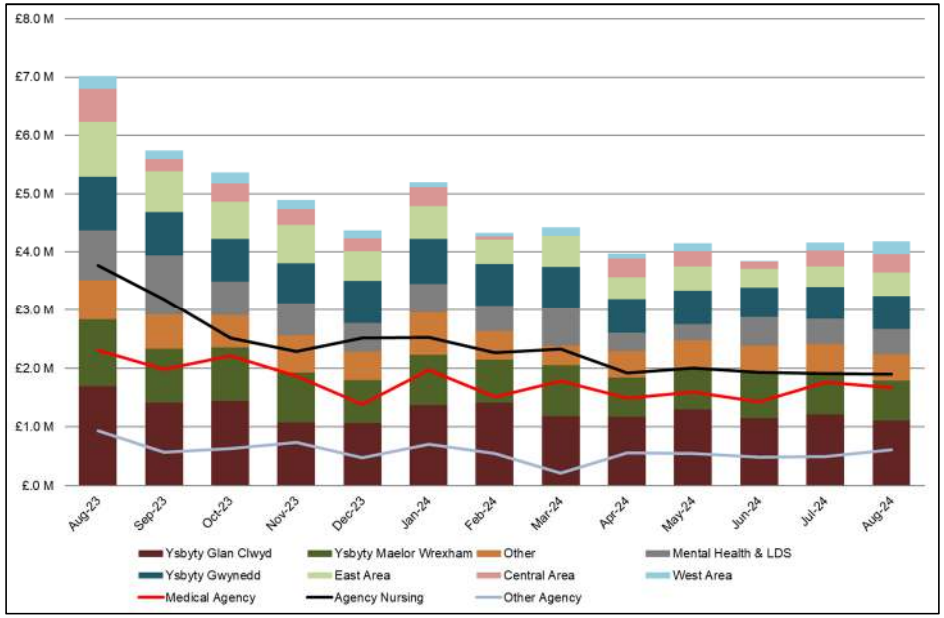
	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Budgeted WTE	19,130	19,537	19,611	19,721	19,789
Actual WTE	19,740	19,518	19,500	19,503	19,590

- Actual worked in August is 19,590 WTE, an increase of 87 WTE from July. Budgeted WTE increased by 68 WTE in August,
- Below Table provides a breakdown of Budgeted WTE movement by Division:

	Jul WTE	Aug WTE	Movement M5 v M4
West IHC	3,700	3,716	17
Centre IHC	4,758	4,798	40
East IHC	4,567	4,581	14
Covid Response	134	134	0
Dental GDS	16	16	0
Dental CDS	173	173	0
Womens	694	697	3
Diagnostics & Specialist Clinical Support	974	977	4
Cancer Services	399	400	1
Mental Health & LDS	2255	2,262	7
Other Primary Care	15	15	0
Corporate	2,037	2,020	-17
Total	**19,721**	**19,789**	**68**

Pay Costs – Agency

	2024-25 Agency Spend £000												Total Year to Date £'000	Total Forecast £'000
	Actual M01	Acutal M02	Actual M03	Actual M04	Actual M05	Forecast M06	Forecast M07	Forecast M08	Forecast M09	Forecast M10	Forecast M11	Forecast M12		
West Area	82	131	3	133	216	216	216	216	216	216	216	216	565	2,075
Central Area	321	261	123	273	318	269	269	269	269	269	269	269	1,297	3,180
East Area	382	421	331	360	403	390	390	390	390	390	390	390	1,898	4,626
Ysbyty Gwynedd	577	586	505	554	577	577	577	577	577	577	577	577	2,799	6,840
Ysbyty Glan Clwyd	1,168	1,298	1,151	1,215	1,114	1,194	1,241	1,236	1,236	1,236	1,236	1,236	5,947	14,560
Ysbyty Maelor Wrexham	672	686	776	724	672	672	672	672	672	672	672	672	3,529	8,230
Mental Health & LDS	319	268	498	431	431	436	436	436	436	436	436	436	1,947	5,002
Womens	128	181	170	208	220	186	165	165	165	165	165	165	907	2,083
Other incl pan BCU Cancer Servcies and Corporate	321	319	286	266	231	333	328	303	284	252	252	245	1,422	3,418
Total Agency	**3,970**	**4,150**	**3,844**	**4,166**	**4,181**	**4,273**	**4,293**	**4,263**	**4,244**	**4,212**	**4,212**	**4,206**	**20,311**	**50,013**



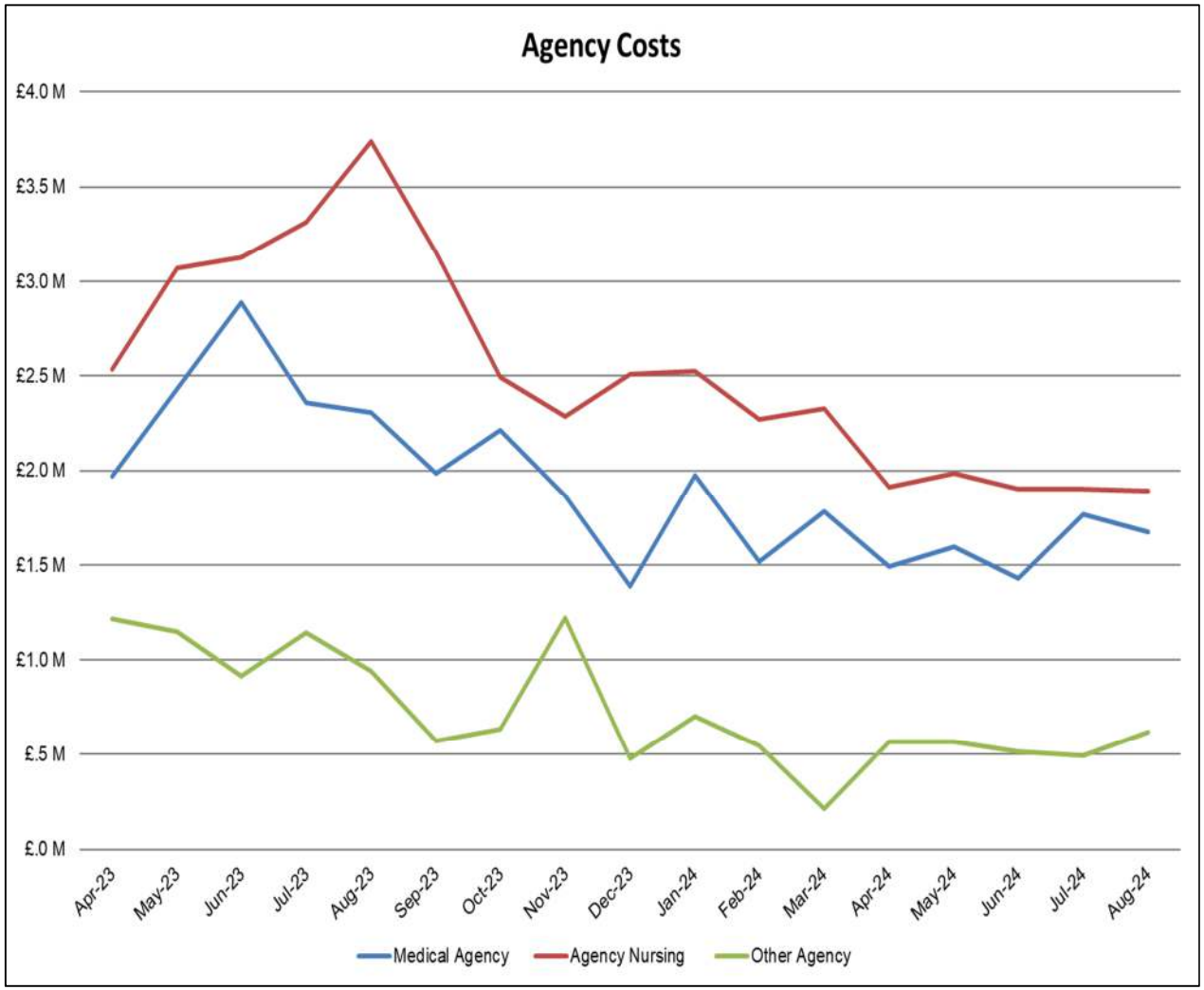
- Agency expenditure for Month 5 is £4.2m representing 4.6% of total pay, and is in line with previous month spend. 2024/25 average monthly spend to date is £4.1m compared to a monthly average of £5.6m in 2023-24. 2024/25 Agency year end forecast outturn is £50.0m, a decrease of £0.3m from the £50.3m reported at Month 4.

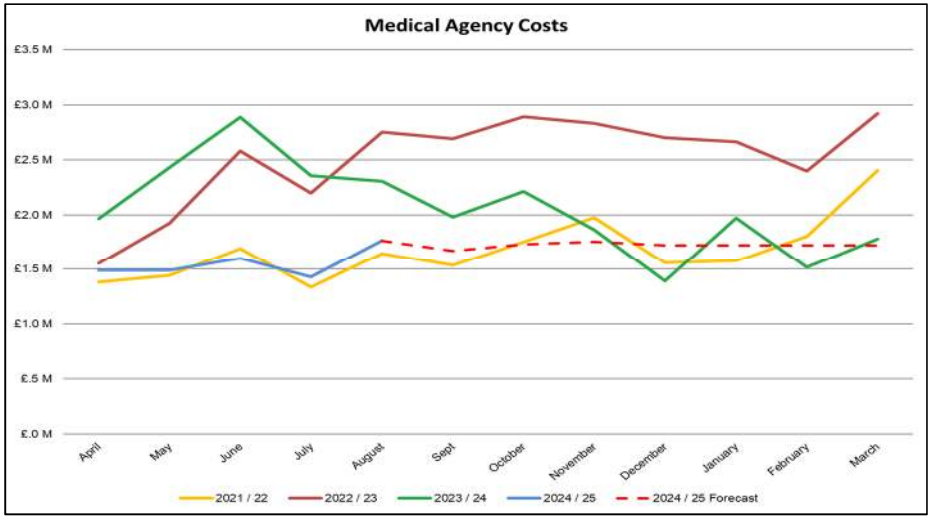
- Month 5 Medical Agency expenditure is £1.7m, which is in line with previous month spend. The monthly average medical agency expenditure for 2023/24 was £2.1m. The use of agency medical is predominantly within Ysbyty Glan Clwyd (£0.4m), Mental Health (£0.3m), Ysbyty Gwynedd (£0.3m), Ysbyty Maelor Wrexham (£0.2m), Womens (£0.2m), and West Area (£0.2m).

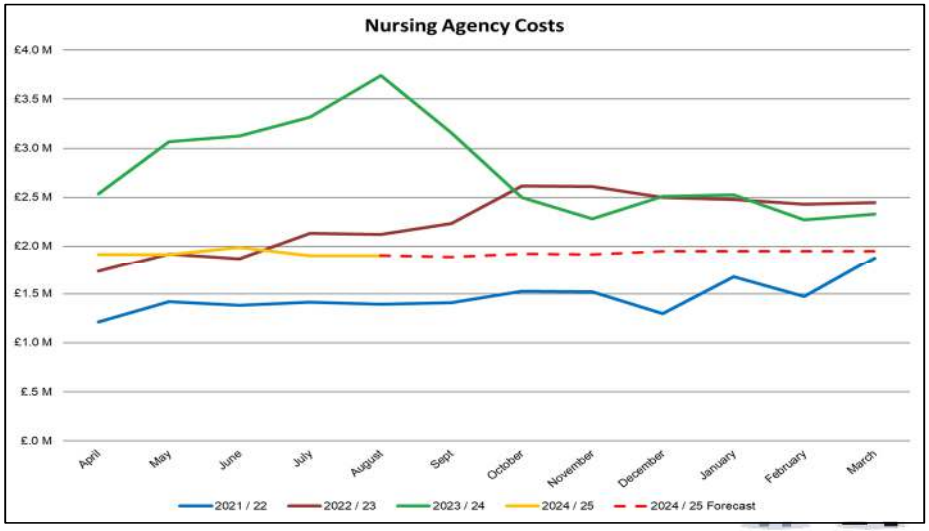
- Nurse agency costs totalled £1.9m for the month, and is also in line with previous month spend. Month 5 Nurse Agency spend is £0.9m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.7m), Ysbyty Maelor Wrexham (£0.4m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.2m), East Area (£0.1m) and Central Area (£0.1m). Nurse Agency is predominantly used to cover vacancies and sickness to ensure that Nurse Staffing Act Ward staffing levels are maintained.

- Other agency costs totalled £0.6m in Month 5 which is also in line with previous month spend. Other Agency costs mainly consists of Allied Health Professionals (£0.5m) and Admin & Clerical (£0.1m).

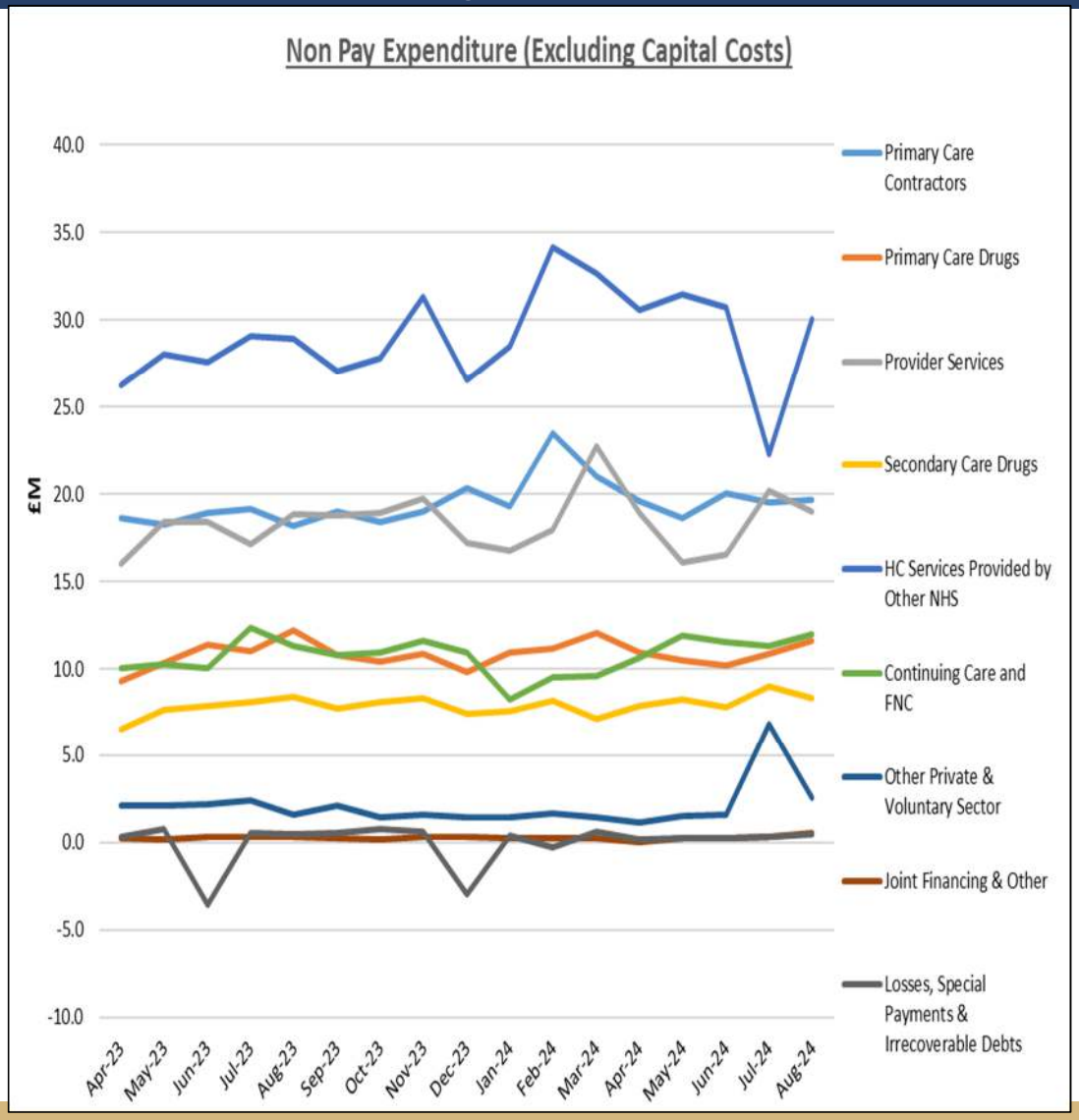
Pay Costs – Agency







Expenditure - Non Pay



- **Primary Care Contractor:** Month 5 expenditure is £0.1m (0.4%) higher than previous month, due to GMS Enhanced Services backdated claims and Managed Practices Locum costs.

- **Primary Care Drugs:** Expenditure is £0.8m (7.3%) higher than previous month. Following receipt of June prescribing data, an under-accrual of £0.5m relating to previous months has been included within the Month 5 prescribing position.

- **Secondary Care Drugs:** Expenditure is £0.6m (7.1%) less than previous month, of which £0.5m is a reduction within Cancer Services Secondary Care Drugs expenditure due to a stock issue correction.

- **Healthcare Services provided by Other NHS Bodies**: Expenditure has increased by £7.7m (34.5%) from previous month, however £6.3m related to the backdated element (Month 1-3) of the re-categorisation adjustment in Month 4 from Healthcare Services provided by Other NHS Bodies to Other Private & Voluntary Sector and Provider Services Non Pay, thus distorting the in-month movement. Excluding this adjustment, the in-month movement is an increase of £1.4m, of which £1.8m is an increase in the English contracts, offset by a £0.4m accountancy gain.

- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £0.7m (5.8%) higher than previous month which is driven by an increase in MHLD packages of care, an additional high cost Childrens Care package and additional EMI placements costs.

- **Other Private & Voluntary Sector:** Expenditure is £4.3m less than previous month of which £3.8m relates to the backdated Month 1-3 re-categorisation of Out of Area Placements spend from Healthcare Services Provided by Other NHS Bodies to Other Private and Voluntary Sector adjustment in Month 4. Excluding the Month 1-3 backdated adjustment, the underlying in-month movement is a reduction of £0.4m, of which £0.1m is a reduction in Voluntary Sector spend and a £0.3m reduction in Private Providers insourcing/outsourcing spend due to reduced number of Bed Days.

Allocations

Description	£m
Allocations Received	2,106.5
Total Allocations Received	**2,106.5**

Description	£m
Allocations anticipated	
Capital Depreciation - Impairment	2.5
Removal of IFRS-16 Leases (Revenue)	-4.6
Real Living Wage (Care Homes)	3.5
IM&T Refresh Programme	1.9
Six Goals	1.4
Increase in Real Living Wage – Band 2 and Certain Points Band 3	3.4
WRP Top Slice for 24/25 as per IMTP	-5.7
Early Years and Prevention 24/25	1.2
EPMA DPIF Funding	0.8
Other	3.6
Total Allocations Anticipated	**8.0**

	£m
Total Allocations Received	2,106.5
Total Allocations Anticipated	8.0
Total Welsh Government Income	**2,114.5**

- The Health Board is funded in the main from Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is £2,114.5m. £873.2m of the RRL has been profiled into the cumulative position, which is £7.8m less than an equal 12th. This is due to the performance & Transformation and Planned & Unscheduled Care Sustainability funding allocations not phased in equal 12ths due to specific programmes of work being profiled into future months.

- Confirmed allocations to date is £2,106.5m. This includes £12.2m allocation for COVID-19, with £4.0m of the funding profiled into the cumulative position.

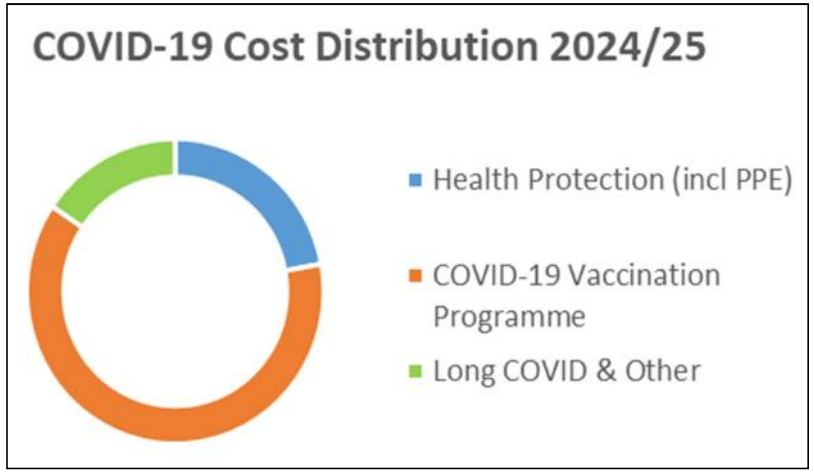
- Further anticipated allocations in year totals £7.9m, consisting mainly of £1.4m Six Goals, £3.5m Real Living Wage (Care Homes), £3.4m 24/25 Increase in real Living Wage Band 2&3, £1.2m 24/25 Early Years and Prevention, £0.8m EPMA DPIF Funding, £1.3m EASC funding, £0.3m RIF Carers Short Break, £0.4m Consultant CEA's, £0.4m Colman SPR's and £0.3m Tier 4 CAMHS Strategy WHSCC Funding.

- Also, included within the anticipated allocations is £5.6m 24/25 Welsh Risk Pool (WRP) top slice contribution and £4.6m removal of IRFS-16 Leases Revenue Recovery.

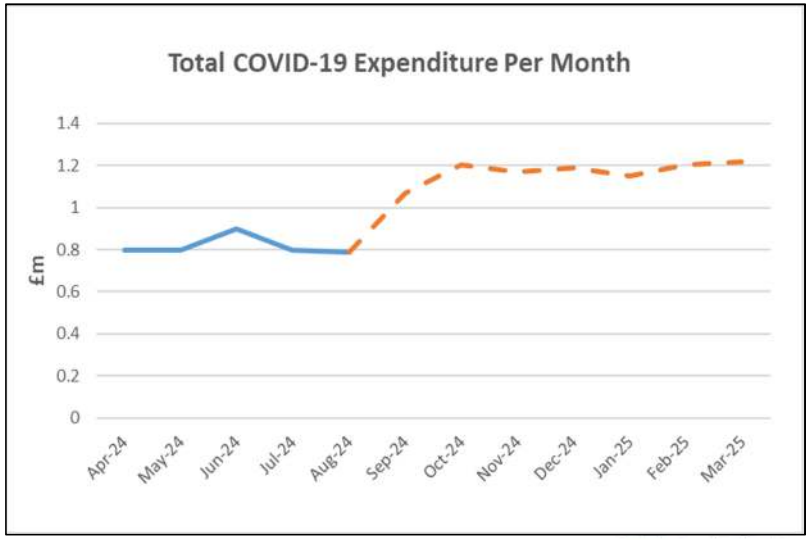
- The anticipated income for Real Living Wage for CHC & FNC was refreshed in Month 2 and is based upon a calculation of National Living Wage £11.44, and the Real Living Wage of £12.00 applied to the estimated affected hours.

Impact of COVID-19

	Actual					Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.9	2.7
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	2.6	7.6
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.5	1.9
Total COVID-19 Expenditure	**0.8**	**0.8**	**0.8**	**0.8**	**0.8**	**4.0**	**12.2**
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	4.0	12.2
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**



- Total COVID expenditure for WG funded programmes in Month 5 is £0.8m, with a year-to-date cost of £4.0m. Total full year forecast spend is £12.2m against a COVID funding allocation of £12.2m for 2024/25. The monitoring return currently reflects full expenditure in line with funding allocation against each category.
- Month 5 Health Protection expenditure is £0.2m with an annual forecast spend of £2.7m.
- COVID-19 Vaccination Programme expenditure for Month 5 is £0.5m and annual forecast spend is £7.6m, which is in line with the funding allocation.
- Month 5 Long COVID expenditure is £0.1m and annual forecast expenditure is £1.9m. The plans for utilising the allocation in full are still being assessed and therefore at this early stage it is forecast that the funding allocation will be spent in full, however early indications suggest this may have a small underspend. Service colleagues will engage with WG Policy Leads to discuss any potential slippage.



Risks and Opportunities (not included in position)

- The below are risks to the Health Board's financial position for 2024/25. Where we are clear of specific costs for both risks and opportunities, these are incorporated within the forecast position.
- Whilst the saving risk has reduced, the concern on the year to date run rate is now incorporated within the below risks:

	Risks	£m	Level
1	Continuing Healthcare - Continued patient number growth and risk relating to fees.	£5.0m	Medium
2	Prescribing - growth above original plan expectation. April actual data has increased compared to March.	£5.0m	Medium
3	Other Contract Performance	£1.0m	Medium
4	Dental Ringfenced – Risk of clawback.	£4.0m	Medium
5	Under Delivery against Savings Plan - 50% of unidentified savings.	£2.8m	Medium
6	Risk on recovery of mitigating actions	£7.6m	Medium
	Total Quantifiable Risks	£25.4m	

Balance Sheet

- The closing cash balance as at 31st August 2024 was £7.7m, which included £3.1m cash held for revenue expenditure and £4.6m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2024-25 of (£14.7m) made up of (£17.2m) revenue cash and £2.5m capital cash. Strategic Cash Support will be requested from WG later in the year, as per normal timeframes.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Aug-24 £m	Forecast Closing Balance End of Mar-25 £m
Non-Current Assets			
Property, plant and equipment	724.0	711.0	730.8
Intangible assets	1.2	1.0	1.2
Trade and other receivables	84.6	84.6	84.6
Non-Current Assets sub total	**809.7**	**796.6**	**816.5**
Current Assets			
Inventories	20.9	20.4	20.9
Trade and other receivables	107.7	115.1	122.4
Cash and cash equivalents	5.0	7.7	-14.7
Non-current assets classified as held for sale	0.4	0.4	0.0
Current Assets sub total	**134.0**	**143.5**	**128.6**
TOTAL ASSETS	**943.7**	**940.1**	**945.2**
Current Liabilities			
Trade and Other Payables	209.6	186.8	201.1
Provisions	47.1	60.8	61.8
Current Liabilities Sub Total	**256.7**	**247.6**	**262.9**
NET ASSETS LESS CURRENT LIABILITIES	**687.1**	**692.5**	**682.3**
Non-Current Liabilities			
Trade and Other Payables	27.5	27.5	27.5
Provisions	85.9	85.9	85.9
Non-Current Liabilities Sub Total	**113.4**	**113.4**	**113.4**
TOTAL ASSETS EMPLOYED	**573.7**	**579.2**	**568.9**
FINANCED BY: **Taxpayers' Equity**			
General Fund	353.6	359.1	348.9
Revaluation Reserve	220.1	220.1	220.1
Total Taxpayers' Equity	**573.7**	**579.2**	**568.9**

Capital

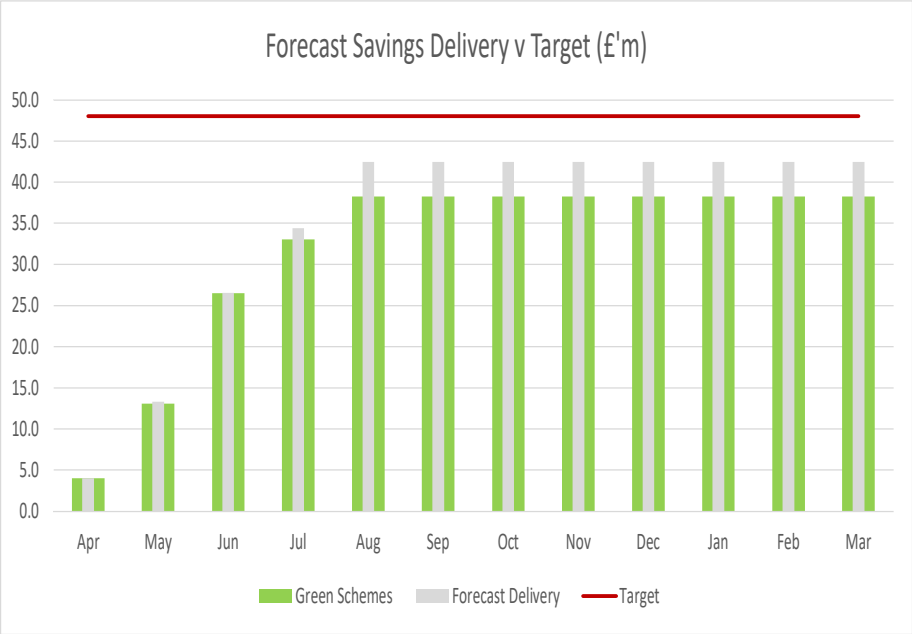
BUDGET 2024/25					
1) Capital Resource Limit 2024/25	**£m**	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and 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	12.448				
All Wales Scheme	32.983				
Total CRL	**45.431**				
CAPITAL PROGRAMME 2024/25	**Initial Programme taking into account 25% reduction (£m)**	**Year to Date (£m)**	**Forecast Outturn (£m)**	**Current Over/Under Commitment (£m)**	**Comments**
Divisions	4.924	0.367	4.924	0.000	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.392	0.090	1.392	0.000	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	1.897	1.214	1.897	0.000	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.386	0.641	3.386	0.000	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	0.849	0.000	0.000	0.849	Brokerage managed within the programme.
WG Discretionary Capital	**12.448**	**2.312**	**11.599**	**0.849**	**Under Commitment**
MAJOR CAPITAL SCHEMES (with in year spend)	**Programme (£m)**	**Year to Date (£m)**	**Forecast Outturn (£m)**	**Current Over/Under Commitment (£m)**	**Comments**
Conwy & Llandudno Junction Health & Social Care Centre	0.820	0.026	0.914	-0.094	Preferred option to be progressed in development of OBC.
Estates Facilities Advisory Board (EFAB) - Infrastructure	2.770	0.236	2.616	0.154	Estate leads confirmed that project works will complete and meet CRL.
Estates Facilities Advisory Board (EFAB) - Fire	0.710	0.238	1.322	-0.612	Estate leads confirmed that project works will complete and meet CRL.
Estates Facilities Advisory Board (EFAB) - Decarbonisation	0.360	0.020	0.440	-0.080	Estate leads confirmed that project works will complete and meet CRL.
Regional Orthopaedic Hub at Llandudno Hospital	18.177	1.853	18.397	-0.220	Contractors on site and programme of works are progressing to handover in 2025/26. Cashflow revised accordingly.
Substance Misuse Building, Llandudno	1.405	0.060	1.402	0.003	Completion of project in 25/26.
CAMHS Crisis Hub	0.320	0.017	0.320	0.000	Project target completion November 2024.
24-25 Diagnostic Equipment Ysbyty Gwynedd Computed Tomography Scanner	2.920	0.052	2.920	0.000	Allocation for YG CT, fully implemented in the last quarter of the financial year.
Development of Flucloxacillin OPAT (Outpatient Parenteral Antibiotic Therapy) and Automation	0.125	0.000	0.125	0.000	The capital purchase of equipment to be delivered in quarter 3.
Backlog Maintenance	4.976	0.028	4.976	0.000	Programmed planned works progressing supported by tenders/purchase orders.
DPIF - Electronic Precribing and Medicines Administration (EPMA) Implementation	0.400	0.000	0.400	0.000	The EPMA project implementation is over 2 years. The CRL allocation is forecast to spend in year.
All Wales Capital	**32.983**	**2.530**	**33.832**	**-0.849**	**Over commitment**
Total Capital Funding Available	**45.431**	**4.842**	**45.431**	**0.000**	

The approved Capital Resource Limit (CRL) for 2024/25 is £45.4m and is forecast to be spent in full. Year to date expenditure is £4.8m against a year-to-date plan of £6.5m.

Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts, with Green schemes (expected to be fully deliverable) totalling £37.4m and Red schemes which still need further work to convert to Green schemes totalling £0.1m. The full year value of further pipeline opportunities totals £4.1m.
- Full year forecast value of Green Schemes totals £42.4m (including £36.8m Savings, £0.5m Income Generation and £5.1m Accountancy Gains), a forecast increase of £8.0m from Month 4. Of these, £27.7m have been identified as recurring, with a full year effect of £38.2m, and £14.7m are non-recurring savings. Accountancy Gains of £5.1m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year.
- In-month delivery includes Savings of £5.4m, £0.1m Income Generation and £1.8m Accountancy Gains totalling 7.3m, against a £4.0m Target
- The combined year to date delivery is £19.8m, of which £9.6m is recurring, against a £20.0m Target.

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	6.8	1.9	3.6	2.6	1.0
Central Integrated Health Community	10.9	6.2	4.7	4.6	2.8	1.8
East Integrated Health Community	11.2	8.4	2.8	4.7	3.7	1.0
MHLD	4.2	8.5	-4.3	1.8	1.4	0.4
Womens Services	1.4	1.0	0.4	0.6	0.5	0.1
Diagnostic and Specialist Clinical Support	2.1	0.9	1.2	0.9	0.4	0.4
Cancer Services	1.6	1.3	0.3	0.6	0.6	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Sevices	0.2	0.0	0.1	0.1	0.0	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Corporate & Support Services	3.7	2.8	0.9	1.5	1.4	0.1
Reserves	4.0	1.4	2.6	1.7	1.3	0.4
Total Cash Releasing Savings	**48.0**	**37.4**	**10.6**	**20.0**	**14.7**	**5.3**
Accountancy Gains		5.1	-5.1		5.1	-5.1
Total		**42.4**	**5.6**	**20.0**	**19.8**	**0.2**



Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery									Delivery v Target (+ve = adverse) £m
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	2.4	2.8	0.5	0.7	0.0	0.0		0.4	6.8	1.9
Central Integrated Health Community	10.9	2.0	3.1	0.3	0.7	0.0	0.0		0.0	6.2	4.7
East Integrated Health Community	11.2	3.3	3.7	0.6	0.7	0.0	0.0		0.1	8.4	2.8
MHLD	4.2	0.9	0.1	0.1	2.5		4.9			8.5	-4.3
Womens Services	1.4	0.9	0.0	0.0						1.0	0.4
Diagnostic and Specialist Clinical Support	2.1	0.1		0.8					0.0	0.9	1.2
Cancer Services	1.6	0.4	0.9	0.0						1.3	0.3
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Sevices	0.2	0.0		0.0						0.0	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Corporate & Support Services	3.7	1.8	0.0	1.0	0.0	0.0	0.0	0.0	0.0	2.8	0.9
Reserves	4.0		0.4	0.9						1.4	2.6
Total Cash Releasing Savings	**48.0**	**11.9**	**11.1**	**4.3**	**4.7**	**0.0**	**4.9**	**0.0**	**0.5**	**37.4**	**10.6**
Accountancy Gains		0.1	1.7	0.9	0.3		1.8	0.3		5.1	-5.1
Total		**12.0**	**12.8**	**5.1**	**4.9**	**0.0**	**6.7**	**0.3**	**0.5**	**42.4**	**5.6**

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
Recurring	48.0	27.7	20.3	20.0	9.6	10.4
Non Recurring	0.0	14.7	-14.7		10.2	-10.2
Total	**48.0**	**42.4**	**5.6**	**20.0**	**19.8**	**0.2**

Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	56,261	56,261	0	56,261	56,261	0
Cancer	Biosimilar Initation, switching	R	17,952	48,900	30,948	7,480	13,311	5,831
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	34,086	-5,070	16,315	18,491	2,176
Cancer	Medical Agency	R	83,865	96,551	12,686	37,518	50,856	13,338
Cancer	National agreed contracts for secondary care drugs	R	888,869	602,816	-286,053	292,699	261,228	-31,471
Cancer	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	33,366	-6	13,905	2,781	-11,124
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	3,900	1,950	-1,950
Cancer	Outsourcing savings (homecare)	R	325,110	203,300	-121,810	135,461	113,301	-22,160
Contracts & Income	NCA unused 23/24 provision	NR	400,000	400,000	0	400,000	400,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	161,250	161,250	0
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	80,430	80,430	0
Corporate	Finance Departement Staff Savings 24/25	R	60,988	60,988	0	24,406	24,406	0
Corporate	Finance Departement Staff Savings 24/25	NR	239,477	239,477	0	162,326	162,326	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	339,136	339,136	0
Corporate	VAT Recovery	NR	949,783	949,783	0	949,783	949,783	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	21,950	21,950	0
DSCS	LINC Project	NR	453,000	564,000	111,000	188,750	269,750	81,000
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	15,961	15,961	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	26,065	26,065	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	4,790	4,790	0
DSCS	Toxicology Service	R	29,202	29,202	0	12,168	12,168	0
Estates	23/24 Gas energy accruals	NR	348,483	348,483	0	348,483	348,483	0
Estates	Director of Estates (vacancy)	NR	176,716	176,716	0	98,176	98,176	0
Estates	Disposal of Ala Road	R	60,738	26,984	-33,754	13,498	0	-13,498
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	1,104	1,104	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initation, switching	R	538,273	777,234	238,961	262,583	406,284	143,701
HC - Centre	CAMHS OOA Acccountancy Gains	NR	626,000	626,000	0	626,000	626,000	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	20,416	20,416	0
HC - Centre	Continuing Health Care Schemes	R	734,000	734,000	0	305,835	374,518	68,683
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	643,160	-37,654	85,102	47,448	-37,654
HC - Centre	DOAC prescribing	R	1,353,976	1,316,126	-37,849	796,780	753,345	-43,434
HC - Centre	Dressings review	R	80,000	11,747	-68,253	33,333	11,747	-21,586
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	50,837	-85,131	39,991	19,006	-20,985
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	270,831	2,126	33,588	35,714	2,126
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	38,496	51,289	12,793	16,040	23,643	7,603
HC - Centre	Optomisation of generic prescribing	R	121,666	108,559	-13,107	69,587	64,753	-4,834

Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	Polypharmacy medication reviews	R	300,000	607,074	307,074	125,000	300,469	175,469
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	12,301	-123,131	56,430	12,301	-44,129
HC - Centre	Review of Blood glucose test strips, optomise product selection	R	40,084	64,007	23,923	3,083	11,720	8,637
HC - Centre	Scriptswitch & Optomise savings	R	250,000	133,401	-116,599	104,167	133,401	29,234
HC - East	Biosimilar Initation, switching	R	442,735	385,962	-56,773	47,528	17,370	-30,158
HC - East	Catering Consumables	R	92,169	92,169	0	35,000	35,000	0
HC - East	Cease inco sheet usage	R	4,215	4,215	0	1,265	1,265	0
HC - East	CHC Cost containment	R	604,512	604,376	-136	254,512	254,376	-136
HC - East	Childrens - Medical Agency Reduction	R	250,000	250,000	-0	104,167	104,166	-0
HC - East	Childrens CHC Package Review	R	120,000	126,463	6,463	67,500	73,963	6,463
HC - East	DOAC prescribing	R	1,489,958	1,469,652	-20,306	919,226	894,420	-24,806
HC - East	Dressings review	R	60,000	12,344	-47,657	25,000	5,697	-19,303
HC - East	Increase of catering income	R	88,698	88,698	0	36,955	36,955	0
HC - East	Medical Agency Reduction - Community Services	R	261,163	261,162	-1	108,818	108,817	-1
HC - East	National agreed contracts for secondary care drugs	R	157,451	131,888	-25,563	48,160	47,474	-686
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	85,349	44,645	16,960	45,972	29,012
HC - East	Optomisation of generic prescribing	R	223,666	232,188	8,522	131,252	127,205	-4,047
HC - East	Outsourcing savings (homecare)	R	118,128	177,510	59,382	14,766	75,248	60,482
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	5,365	5,365	0
HC - East	Polypharmacy medication reviews	R	350,004	607,794	257,790	145,835	345,352	199,517
HC - East	Portering Staffing	R	30,996	30,996	0	12,915	12,915	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	52,578	-7,422	25,000	17,578	-7,422
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	2,915	2,915	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	2,375	2,375	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	303,729	134,729	92,000	128,729	36,729
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	475,310	235,310	100,000	195,310	95,310
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	377,904	147,185	109,276	167,904	58,628
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	54,514	-42,170	40,285	10,625	-29,660
HC - East	Review of Blood glucose test strips, optomise product selection	R	47,125	74,361	27,236	3,625	14,012	10,387
HC - East	Scriptswitch & Optomise savings	R	350,004	377,901	27,897	145,835	182,595	36,760
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	7,484	7,484	0
HC - East	Urology Scope Stacker	R	75,000	75,000	0	9,375	9,375	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	172,609	-71,960	99,585	57,375	-42,210
HC - West	BCU Accommodation for CHC West team	R	9,876	9,876	0	0	0	0
HC - West	Biosimilar Initation, switching	R	169,915	285,663	115,749	30,159	82,954	52,795
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	139,266	5,178	39,519	44,697	5,178
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	41,667	41,667	0
HC - West	Continence Products	R	50,000	29,165	-20,835	20,835	0	-20,835

Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	Continuing Health Care (CHC) AG	NR	64,469	64,469	0	64,469	64,469	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	96,500	0	60,240	45,000	-15,240
HC - West	DOAC prescribing	R	1,095,519	1,091,714	-3,804	540,737	499,005	-41,731
HC - West	Dressings review	R	30,000	2,606	-27,394	12,500	2,606	-9,894
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	199,000	-49,000	87,000	87,000	0
HC - West	Grip and control measures - pay SDEC	R	241,500	168,000	-73,500	0	38,000	38,000
HC - West	Home Enteral Tube Feeding (Ancilliary items)	NR	20,000	20,000	0	8,330	2,500	-5,830
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	90,000	0	0	0	0
HC - West	Increase of catering income	R	218,024	254,000	35,976	90,840	105,250	14,410
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	94,000	14,000	10,000	24,000	14,000
HC - West	National agreed contracts for secondary care drugs	R	165,855	162,954	-2,901	50,571	53,318	2,746
HC - West	Neurodevelopment Service Relocation - Estates rationalisation	R	9,319	9,319	0	0	0	0
HC - West	Ophthalmology Private Patient Income	R	53,000	111,000	58,000	22,083	49,000	26,917
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	238,128	207,328	12,833	66,510	53,676
HC - West	Optomisation of generic prescribing	R	107,361	98,577	-8,784	64,279	60,670	-3,609
HC - West	Outsourcing savings (homecare)	R	28,893	67,444	38,551	12,039	31,110	19,071
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	439,651	189,651	104,167	238,470	134,304
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	186,000	0	62,500	53,000	-9,500
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	8,995	-39,161	20,065	3,110	-16,955
HC - West	Review of Blood glucose test strips, optomise product selection	R	24,375	47,234	22,859	1,875	13,243	11,368
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	309,000	149,000	20,000	126,000	106,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	401,000	141,000	40,000	156,000	116,000
HC - West	Scriptswitch & Optomise savings	R	200,000	345,968	145,968	83,333	86,492	3,159
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	629,210	-31,790	275,417	207,842	-67,575
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	14,243	14,243	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	75,099	3,134	0	0	0
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	55,913	-5,083	25,415	20,332	-5,083
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	254,388	-0	105,995	93,873	-12,122
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	4,906,573	-543,971	780,912	236,941	-543,971
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	847,222	791,819	-55,403
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	4,395	4,395	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	7,312	7,312	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	2,693	2,693	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	16,775	16,775	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	42,019	10,997	6,637	22,777	16,140
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction Womens BFI Accreditaiton	NR	11,400	11,400	0	4,750	4,750	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	65,076	0	27,115	22,000	-5,115
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	266,652	0	215,268	215,268	0
Midw & Womens	Vacancy Factor	R	500,000	500,000	0	208,333	208,333	0
Primary Care	Accountancy Gain - Integrated Clinical Delivery Primary Care	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
Subtotal			**34,169,717**	**34,941,377**	**771,660**	**16,087,039**	**16,547,773**	**460,734**
Procurement			1,208,051	1,313,877	105,826	456,741	557,342	100,602
Close of PO's AG			371,317	371,317	0	371,317	371,317	0
Enhanced mileage rates			229,230	280,968	51,738	95,512	147,250	51,738
Enhanced Recruitment Control Savings			2,272,251	5,528,648	3,256,397	1,893,543	2,170,103	276,560
Telephone Line Rental			12,914	12,981	67	5,381	5,405	24
Total			**38,263,480**	**42,449,168**	**4,185,688**	**18,909,532**	**19,799,189**	**889,657**

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

Teitl adroddiad: ***Report title:***	Holyhead Integrated Health & Wellbeing Hub Development - Strategic Outline Case
Adrodd i: ***Report to:***	**Public Board**
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	The Health Board will be considering the Strategic Outline Case (SOC) for the development of a Holyhead Integrated Health & Wellbeing Hub today. This will be in private session due to commercial sensitivity reasons related to future tender exercises, and so this present paper shares the key points of the development in public. The proposal is to create an integrated Health and Wellbeing Hub in the centre of Holyhead and has been developed in close partnership with Isle of Anglesey County Council (IACC), third sector partners and others. The proposed capital development aims to locate the integrated hub on a central site in Holyhead and it will provide a single point of access to health, social care and wellbeing services helping to support the regeneration of the town centre. From a health care perspective the existing situation in Holyhead is unsustainable: ▪ Primary Care services in Holyhead are constrained due to significant estate challenges. ▪ Ysbyty Penrhos Stanley (YPS) Community Hospital is space constrained, and also cannot deliver the range of services that it could. It is also important to note that, going forwards, the effective delivery of good health and well-being services will depend increasingly upon services and partners working more closely together. This proposal addresses this by providing more suitable facilities from which a more integrated service can be provided. In summary, this proposal aims to bring together, onto a single site in the centre of Holyhead, ▪ GP services

- Services from the Ysbyty Penrhos Stanley (YPS) Community hospital that are better suited to a primary care setting, including a range of outpatient services[1]
- The Holyhead Community Resource Team (CRT)
- A range of prevention and well-being services
- Anglesey Council Social Services Teams (Adults & Children's)
- Third sector services including social prescribing

[1]At this stage it is not possible to specify exactly which services will move from Ysbyty Penrhos Stanley and into this new development, as that will be further refined at the Outline Business Case and Full Business Case. Space freed up in Ysbyty Penrhos Stanley will be deployed to improve the provision of services that need to be on a hospital site.

It is important for the Health Board to note that this development will play an important role in investing and regenerating the town centre, with Holyhead being one of the most deprived areas of Anglesey.

Strategic alignment
The development is in alignment with a number of national and local organisational strategic policies:

- Betsi Cadwaladr University Health Board (BCUHB) and Isle of Anglesey County Council (IACC) strategy
- Anglesey Cluster priorities
- Welsh Government (WG) "A Healthier Wales"
- Welsh Government (WG) Regeneration / Transforming Towns agenda
- Programme for Government to develop 50 integrated health and social care hubs across Wales
- Primary Care Estate improvement
- Co-location and integration of health, social care & voluntary services
- Estate rationalisation
- Regeneration of town centres
- Re-location of services from the acute to the community setting
- Opportunities for social prescribing activity

	Next steps This development is being undertaken in line with the 'Green Book 2022' guidelines for Public Sector capital developments. The Health Board will be considering the Strategic Outline Case (SOC) today. If supported the SOC will be submitted to Welsh Government (WG) for consideration. If supported by WG at SOC stage, the next stage will be to produce and submit an Outline Business Case (OBC) which will outline a greater level of detail, before completion of a Full Business Case (FBC) in due course.
Argymhellion: ***Recommendations:***	In the public session, the Board is asked to NOTE the work undertaken to create this Strategic Outline Case with partners. In the later private session, the Board will be asked to: *Endorse the Strategic Outline Case for the Integrated Holyhead Health and Wellbeing Centre for onward submission to Welsh Government to:* ▪ *Confirm commitment to the identified capital requirements of the scheme (IRCF & Transforming Towns) including the funding necessary to complete the required outline business case;* ▪ *Proceed to next stage business case (OBC);*
Arweinydd Gweithredol: ***Executive Lead:***	Dr Chris Stockport, Executive Director Transformation & Strategic Planning
Awdur yr Adroddiad: ***Report Author:***	Quod (Planning Consultancy) in conjunction with West IHC Planning Team (Christine Rudgley lead) & IACC.

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Care Closer to Home
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Detailed analysis will take place within the next stage (OBC) business case. Issues to be considered include: procurement strategy, required services, design, infection prevention and control, fire safety, security, sustainability / decarbonisation, Building Research Establishment Environmental Assessment Method (BREEAM), digital and IM&T strategy, land leases, acquisitions and potential disposals, planning approval, potential risk allocation, construction programme, personnel implications (including TUPE), and IFRS5 & 16 accountancy treatment.
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?***	Yes an EQIA screening has been undertaken and is included within the appendices.
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?***	No, will be completed at Outline Business Case stage
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this***	Ranked risks have been included within the private Board paper.

paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Anticipated capital and revenue costs have been included within the private Board paper.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	None
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Previous scrutiny: • Scoping document CIG – endorsed April 2022 • Regional Partnership Board IRCF prioritisation – Oct 23 • CIG – endorsed 13th June 2024 • West IHC FP&P – endorsed 25th June 2024 • Exec team – endorsed 17th July 2024 • PFIG – endorsed 27th August 2024
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)***	
Next Steps: Implementation of recommendations leading to submission to WG for consideration to proceed to Outline Business Case stage.	
Rhestr o Atodiadau: ***List of Appendices:***	

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

Teitl adroddiad: ***Report title:***	Update on Continuing NHS Health Care Annual Fees 2024/2025
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	The Health Board agreed the CHC fee for 2024/25 at the May meeting. A further update was given at the July meeting. Following further regional discussions with Care Forum Wales and providers, this paper provides recommendations on a recalculated uplift and intention of the Health Board to work with Care Forum Wales and other providers to develop a strategic approach to commissioning.
Argymhellion: ***Recommendations:***	The Board is asked to: 1. **NOTE** the negotiations with Care Forum Wales since the Board decision in May 2024 2. **APPROVE** the re-calculated CHC fee rate of 6% 3. **APPROVE** the development of a strategic approach to the development of new models for commissioning CHC provision
Arweinydd Gweithredol: ***Executive Lead:***	Dr Chris Stockport - Executive Director Transformation and Strategic Planning
Awdur yr Adroddiad: ***Report Author:***	Jane Trowman – Assistant Director for Care Homes and CHC Commissioning (Acting)

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☒	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Building an effective organisation – Value and sustainability (Continuing Health Care) Unscheduled and Emergency Care
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Compliance with the Continuing NHS Healthcare Framework Compliance with the Health Board Scheme of Reservation and Delegation
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?***	EqIA is not required
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?***	SEIA is not required
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)***	Risks include:- • Reputation • Fee setting methodolgy • Financial / Affordability • Impact on patient flow including safety and Quality
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Additional cost pressure of £2.53 million
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Welsh Government requirement to meet the Real Living Wage for commissioned packages of care
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Care Forum Wales, providers and families have continued to challenge the HB on their published fee uplift since publication in June 2024.

Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Care home Fees CRR23-40
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: ***List of Appendices:***	

NHS Continuing Health Care Annual Fees 2024/ 2025

Introduction

The Board approved the NHS Continuing Healthcare Fees (CHC) for 2024/25 at its meeting in May 2024. The fee uplift was in line with the uplift in general funding provided to the health board by the Welsh Government. Providers of care to patents eligible for NHS Continuing Healthcare for whom the health board has ongoing responsibility, have made representation that the current costs of providing care cannot be met by the 3.7% uplift.

It has therefore been necessary for further conversations with providers to take place regarding CHC Fees for 2024/25. Providers state that the uplift approved in May 2024 does not reflect the true cost of care and in particular the requirement to meet the real living wage (RLW). Some providers in the sector are represented by Care Forum Wales (CFW) who had suggested that a blended rate of around 9.2% would be needed to meet the combined increases in inflation and RLW.

This paper presents a revised proposal to care fees for 2024/25 and indicates that strategic work to consider different approaches to commissioning is commenced.

Different levels of care

There are 3 main levels of care for people who receive that care within either their own home or a care home:

1. Residential care – primarily funded either by the individual (means tested) or by the Local Authority. NHS care is provided by general access often in-reaching into the care setting (primary care, district nursing etc).

2. Nursing Care – if a patient is within their own home, there will often by a mix of domiciliary care, provided/sourced by the local authority and means tested and either paid for by the individual or by the local authority. Healthcare in provided by primary and community services in the main (e.g. district nursing services), or if the person is in a care home setting, the health board provides a set fee each week for the care home to secure registered nursing care. Tis is termed 'Funded Nursing Care – FNC).

3. NHS Continuing Healthcare – if a persons need are such that they meet a threshold whereby the NHS is wholly responsible for the provision of care. This care can be provided by the NHS itself or commissioned from other providers, such as registered care homes. It is this level of provision that is subject of the proposal in this paper.

CHC Fee setting approach 2024/25

At the private Health Board meeting on 30th May 2024, the issue of fee setting was considered. This included the role care providers have in care provision across the region and to a significant number of patients; the financial allocation provided by the Welsh Government in terms of uplift to the health board budget; and the slowing rise in inflation.

The Board determined that it would:

- Agree to apply the overall inflationary uplift received by the Health Board from Welsh Government of 3.7% across CHC rates (with a cost of £4.9m which has been identified within the HBs financial plan), and back dated to 1st April 2024.

A further update to the Board was made in July 2024 with the recommendations of:

- Note the ongoing discussions with CFW and providers since the Board decision in May 2024
- Give support for further negotiations regionally

A twin track approach to the work was proposed going forwards; the first being to discuss the current base increase in core fees issued and the second being to deepen discussions about the potential of developing a longer-term approach to commissioning sustainable care.

Assessment & Analysis

Discussions have been held between the Health Board (HB) and Care Forum Wales (CFW), which have involved the Chair and Policy Lead for CFW, and the HB Chief Executive, Interim Executive Director of Finance and the Executive Director of Executive Director Transformation and Strategic Planning. Throughout the meetings there continued to be a strong commitment to working together, with the intention of offering a consistent and clear signal to the sector of the value the HB places on their contribution to health and wellbeing. The meetings have also recognised the very difficult financial and workforce environment that exists.

Track 1: Recalculation of the current CHC base-rate fee for 2024/25

CFW concerns have continued to focus on the pressures due to staffing costs, the impact of the Real Living Wage and ongoing inflationary cost pressures. Following the discussions referenced above it is proposed that the initial uplift of 3.7% uplift is increased to 6.0%. Moving from the original rate to a 6% represents an additional cost pressure of £2.53m to the HB. The total CHC uplift for 2024/25 will be £7.47m.

There is no national methodology for agreeing CHC fees. A number of factors may impact upon the CHC weekly rate set and the HB is not required to set its fee by reference to the LA rate. The recalculated increase will provide a higher CHC rate compared to the LA rate plus FNC across five out of the six counties in North Wales.

For general nursing, the CHC enhancement will be between £50 and £107 / week depending upon the LA:

Weekly rates comparison – General Nursing				
	LA Rate £	**FNC[1, 2] £**	**Base LA+FNC rate £**	**Base CHC[1] rate £**
Anglesey	851.81	213.18	1064.99	1163.26
Gwynedd	877.68	213.18	1090.86	1163.26
Conwy	1029.21	213.18	1242.39	1163.26
Denbighshire	851.81	213.18	1064.99	1163.26
Flintshire	899.42	213.18	1112.60	1163.26
Wrexham	842.7	213.18	1055.88	1163.26

[1] Note that the Health Board is responsible for paying FNC and CHC rates
[2] The figure used here is the interim rate agreed by the Health Board in May 2024. FNC rates are set nationally, and the rate for 24/25 has not yet been received.

For EMI Nursing the CHC enhancement will be between £65 and £159 / week:

Weekly rates comparison – EMI Nursing				
	LA Rate £	**FNC[1, 2] £**	**Base LA+FNC rate £**	**Base CHC[1] rate £**
Anglesey	1005.03	213.18	1218.21	1282.94
Gwynedd	987.39	213.18	1200.57	1282.94
Conwy	1084.72	213.18	1297.90	1282.94
Denbighshire	920.05	213.18	1133.23	1282.94
Flintshire	968.17	213.18	1181.35	1282.94
Wrexham	910.94	213.18	1124.12	1282.94

[1] Note that the Health Board is responsible for paying FNC and CHC rates
[2] The figure used here is the interim rate agreed by the Health Board in May 2024. FNC rates are set nationally, and the rate for 24/25 has not yet been received.

Track 2: Developing a longer-term approach to commissioning for sustainable care

Due to the urgency of agreeing changes to in-year fee uplifts the conversations that have occurred in the last few months have prioritised the recalculation of the 2024/25 fee. However throughout those discussions it has been clear that the Health Board considers this to be contingent upon then moving forwards with track 2 and progressing this longer-term approach to commissioning sustainable care. This will progress in line with the new statutory Code of Practice on the National Framework for the Commissioning of Care and Support in Wales which has now come into force (September 2024) and also take account of different forms of commissioning care.

CHC fees are 'right sized' to individual patient requirements and contain a range of elements that have experienced differing inflationary pressures in recent years and so it was important that discussions did not focus around this headline figure alone. For example, the overall CHC spend last year rose disproportionately to the number of placements in part due to an increase in right-sizing add-ons to packages, such as for 1:1 care or other supplements. The complexity of the commissioning arrangements on individual care is an area for further exploration as the more strategic work gets underway.

Recommendations

The Health Board is asked to:-

1. **NOTE** the negotiations with Care Forum Wales since the Board decision in May 2024
2. **APPROVE** the re-calculated CHC fee rate of 6%
3. **APPROVE** the development of a strategic approach to commissioning for sustainable care and the development of new models for commissioning CHC provision

Teitl adroddiad: ***Report title:***	Welsh Language Services Annual Monitoring Report 2023-2024
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	26/9/2024
Crynodeb Gweithredol: ***Executive Summary:***	This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account on the compliance with the Welsh Language Standards to the Welsh Language Commissioner (the Commissioner). The Health Board became subject to the Welsh Language Standards on 30 May 2019. Standard 120 which deals with Supplementary Matters stipulates that the Health Board must produce an annual report in relation to each financial year, which describes the compliance in the Health Board with the standards. The annual report must include the following information: • The number of complaints received in relation to compliance with the standards • The Welsh language skills of employees • The number of new and vacant posts advertised during the year and the level of Welsh required • Training to improve the Welsh language skills of the workforce This report provides both qualitative and quantitative information and data as required by the Commissioner. It also provides an overview of the strategic direction with regard to Welsh language, supported by quantitative information on the actions undertaken to mainstream and further progress Welsh language projects and initiatives. This year has seen the Health Board recognised at a national level with two national awards, and a shortlisted nomination for the *NHS Wales Awards* 2024. The first award was for *Best Promoter of Welsh in the Workplace* at this year's *Careers Wales Valued Partner Awards*, for our work in inspiring and motivating young people to make the most of their bilingual skills, whilst also informing them about employment opportunities within the health sector in north Wales. The second was a special recognition award by the *National Centre for Learning Welsh*, for our strategic planning and innovative and progressive techniques to ensure Welsh learning opportunities for the workforce and the consequential effect on patients.

Our Language Choice Scheme has been shortlisted for the *NHS Wales Equitable Care Award* category in the *NHS Wales Awards 2024*. The scheme ensures that as an organisation, we are actively offering patients services in Welsh by identifying language choice.

The delivery of the Welsh Language Standards continues to be at the forefront of our planning. However, we are also fully committed to delivering the Welsh Government's *More than just words* Five-Year plan. Following an internal mapping exercise, it was pleasing to note that out of the 16 actions assigned to Health Boards, we are at a favourable level, with six actions achieved, and eight in progress. Further information is provided within the report and the work already achieved to progress these. We have also identified actions beyond the Health Boards' remit, as these are activities that we have adopted as part of our wider work programme.

As part of the *More than just words* agenda, the Health Board embraces the "Active Offer" principle, meaning the provision of a Welsh medium service without the service user having to request it, by continuing to embed the "Active Offer" in service delivery with the Language Choice Scheme, operational in our acute and community settings.

Additional priorities have been aligned with the main themes of *More than just words*, such as:

- embedding Welsh language planning in guidance and policy
- implementing a targeted Welsh language training and workforce strategy to support our current staff
- working in partnership to raise awareness of the importance and advantages of Welsh language skills when considering the health sector as a career, supporting the creation of a bilingual future Workforce

This report reflects additional policies that have been implemented to support delivery of the Standards at all levels within the Health Board. Operational support has been provided to services, with detailed highlight reports showcasing areas of compliance and achievements. The East Integrated Health Community has been proactive in adopting this approach, and demonstrable achievements are highlighted within this report.

Information detailed within this report expands on how we have significantly advanced our services during 2023-2024, setting the platform for further evolvement over the next reporting year.

An additional report is also presented as part of the Welsh Government's *More than just words* Five-Year Plan reporting requirements. The *More than just words* Update Report 2023-2024 provides an overview of actions achieved during the reporting year to address the objectives within the plan.

	As the Welsh Government has somewhat aligned the objectives with the Welsh Language Standards, the Health Board's Welsh Language Services annual plan has been updated to incorporate these objectives. Therefore, the content of both reports are aligned. The reporting formats differ slightly as reporting mechanisms are set by the Welsh Language Commissioner and the Welsh Government respectively.
Argymhellion: ***Recommendations:***	The Board is asked to approve the Annual Report for publication and submission to the Welsh Language Commissioner's Office. The Board is also asked to approve the *More than just words* for submission to the Welsh Language Policy Unit at the Welsh Government's Health and Social Services Department.
Arweinydd Gweithredol: ***Executive Lead:***	Teresa Owen, Executive Director of Allied Health Professionals and Health Science
Awdur yr Adroddiad: ***Report Author:***	Eleri Hughes-Jones, Head of Welsh Language Services

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	All
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.

	This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales. The Measure also: • created the procedure for placing duties on organisations in the form of Welsh Language Standards ("the Standards") • established the role of the Welsh Language Commissioner ("the Commissioner") to scrutinise compliance • gave the Commissioner power to investigate any allegations of interference with someone's freedom to use the Welsh language
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the risk register. Welsh Language Services actions have been identified to control and mitigate any potential areas of concern. This matter is currently logged on the Welsh Language Services Risk Register and is at its target moderate risk level with a score of six. Actions have been identified to control and mitigate any potential areas of concern. The Risk Register is scrutinised quarterly and any issues of significance or concern are escalated to the Welsh Language Strategic Forum for consideration.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith*	There are no immediate financial implications.

Financial implications as a result of implementing the recommendations	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no immediate workforce implications.
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:
Implementation of recommendations

- Publish the Annual Report on the Health Board's website and submit to the Welsh Language Commissioner's Office
- Submit the *More than just words* Update Report to the Welsh Language Policy Unit at the Welsh Government's Health and Social Services Department

List of Appendices:
Appendix 1 – Welsh Language Services Annual Monitoring Report 2023-2024
Appendix 2 – *More than just words* Update Report 2023-2024

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

Welsh Language Services Annual Monitoring Report 2023-2024

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Executive Summary

This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards (the Standards) over the reporting year.

The report reflects the requirements and content as stated within Standard 120 of the Standards:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

This report also gives an overview of progress including service developments and key achievements from April 2023 to March 2024.

This year has seen the Health Board recognised at a national level with two national awards, and a shortlisted nomination for the *NHS Wales Awards* 2024.

The first award was for *Best Promoter of Welsh in the Workplace* at this year's *Careers Wales Valued Partner Awards*, for our work in inspiring and motivating young people to make the most of their bilingual skills, whilst also informing them about employment opportunities within the health sector in north Wales.

The second was a special recognition award by the *National Centre for Learning Welsh*, for our strategic planning and innovative and progressive techniques to ensure Welsh learning opportunities for the workforce and the consequential effect on patients.

Our Language Choice Scheme has been shortlisted for the *NHS Wales Equitable Care Award* category in the *NHS Wales Awards 2024*. The scheme ensures that as an organisation, we are actively offering patients services in Welsh by identifying language choice.

The delivery of the Welsh Language Standards continues to be at the forefront of our planning. However, we are also fully committed to delivering the Welsh Government's *More than just words* Five-Year plan. Following an internal mapping exercise, it was pleasing to note that out of the 16 actions assigned to Health Boards, we are at a favourable level, with six actions achieved, and eight in progress. Further information is provided within the report and the work already achieved to progress these. We have also identified actions beyond the Health Boards' remit, as these are activities that we have adopted as part of our wider work programme.

As part of the *More than just words* agenda, the Health Board embraces the "Active Offer" principle, meaning the provision of a Welsh medium service without the service user having to request it, by continuing to embed the "Active Offer" in service delivery with the Language Choice Scheme, operational in our acute and community settings.

Additional priorities have been aligned with the main themes of *More than just words*, such as:

- embedding Welsh language planning in guidance and policy
- implementing a targeted Welsh language training and workforce strategy to support our current staff
- working in partnership to raise awareness of the importance and advantages of Welsh language skills when considering the health sector as a career, supporting the creation of a bilingual future Workforce

This report reflects additional policies that have been implemented to support delivery of the Standards at all levels within the Health Board. Operational support has been provided to services, with detailed highlight reports showcasing areas of compliance and achievements. The East Integrated Health Community has been proactive in adopting this approach, and demonstrable achievements are highlighted within this report.

Information detailed within this report expands on how we have significantly advanced our services during 2023-2024, setting the platform for further evolvement over the next reporting year.

Background and Current Position

This report not only reflects the Health Board's progress against the requirements noted in Standard 120, it also demonstrates how we design our services to address the needs of our population.

The Welsh Language Services of the Health Board

The Health Board's Welsh Language Team has been structured to ensure its workstreams provide the necessary support to meet the linguistic needs of the population. It consists of four services that support the organisation to both deliver legislative requirements and to address our patients' needs.

1. Legislative Compliance
   Ensuring that we support the organisation to deliver its obligations under the Welsh Language (Wales) Measure 2011.

2. Promotion and Engagement
   In line with the operational elements of delivering the *More than just words*

Five-year plan, we actively support services and initiate projects and schemes that will increase understanding and awareness of our culture, and the impact on patient care and satisfaction.

3. Training Provision
   Our Welsh Language Training Programme is tailored to address the requirements of various services, along with additional support provided by the *National Centre for Learning Welsh* with our Work Welsh agreement.

4. Translation Services
   Our Translation Team ensures that the organisation is able to provide information to patients in their preferred language, and is also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Self-regulation and Governance

Overall Board Accountability

Our structural accountability has been maintained, with our Welsh Language Strategic Forum, chaired at Executive Director level, establishing our internal governance arrangements. The Terms of Reference steers our strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. There is a scrutiny route for escalating any issues of significance, as well as annually reporting to the Board on compliance and achievements.

Welsh Language Services Risk Register

It is essential that the Health Board recognises possible areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current potential risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the “Active Offer” principle in line with *More than just words,* and delivering the *Bilingual Skills Policy and Procedure*.

All risks have been reviewed during 2023-2024, with all three risk ratings currently at moderate or minor. In assessing our current position, no risks required escalation.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Internal Performance Assurance

In order to scrutinise the Health Board's own performance and the availability and standard of Welsh-medium services across the organisation, the Welsh Language Team continued to conduct quarterly quality assurance surveys during this reporting year.

Through a combination of 'secret shopper' surveys and site visits, BCUHB's Bilingual Services Monitoring Scheme measures the quality and availability of Welsh-medium services within hospitals and surgeries under the management of the Health Board. When these surveys were restarted following the COVID-19 pandemic, it became clear that standards had generally slipped during the previous year or two. As a result of this, the Welsh Language Team members set out to collaborate directly with relevant managers and administrators across North Wales during the summer of 2023, in order to identify weaknesses and put relevant actions in place to ensure improvements could be made. As a first step, a series of walkabouts were held at community hospitals throughout north Wales, to ensure that all temporary signage was displayed bilingually and in accordance with the requirements of the Standards. The success of these walkabouts, which were conducted alongside managerial / administrative staff, was clearly reflected in the results of the subsequent 'secret shopper' surveys that were held during 2023-24, as a marked improvement in the quality of signage was recorded at a number of our hospitals and sites. This demonstrates that internal performance reviews provide assurances that the Health Board is achieving compliance.

Welsh Language Standards

The Standards have now been in operation since the imposition date of 30 May 2019. Significant progress has been made within the Health Board, with the Welsh Language Standards Compliance Officer providing organisation-wide directive on implementing the Standards, as well as supporting and facilitating delivery at grass roots level.

During the last year, the Health Board has provided further investment to the Welsh Language Team, which enabled the appointment of a Welsh Language Standards Support Officer. This was a significant appointment as it has allowed the team to continue to develop tighter monitoring controls to scrutinise compliance with the Standards.

Support has been focused primarily on working with the three Integrated Health Communities (IHCs) across North Wales (East, West and Central) on completing a self-assessment questionnaire on their compliance with the Standards. East IHC completed this piece of work in January 2024, and the Welsh Language Standards Support Officer has since provided feedback on compiling actions plans to address any shortfalls.

A more detailed report on the results for East IHC East is included below.

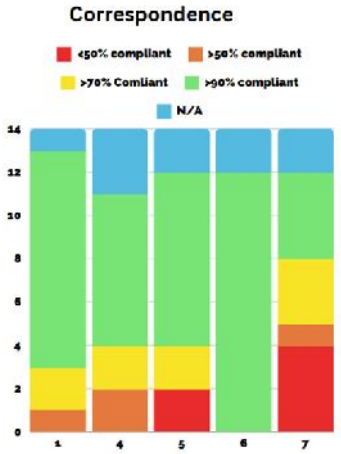
Welsh Language Standards Data Analysis

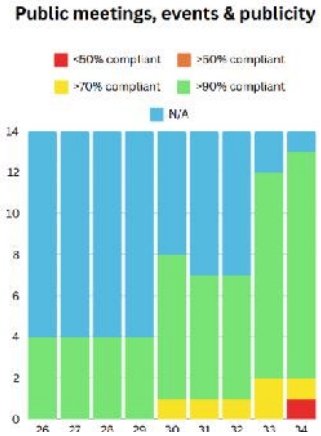
The evaluation exercise completed by East IHC allowed for a broader understanding of their compliance with the Standards. A self-assessment form was circulated for each department to complete to note their current compliance with each Standard as well as providing evidence to support their answers. This is a working document which every department will need to update annually.

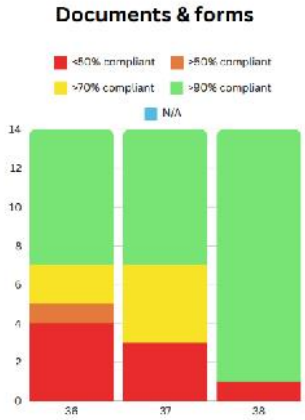
In reviewing the outcomes, a few running trends were identified. The areas that seemed to be most compliant were:

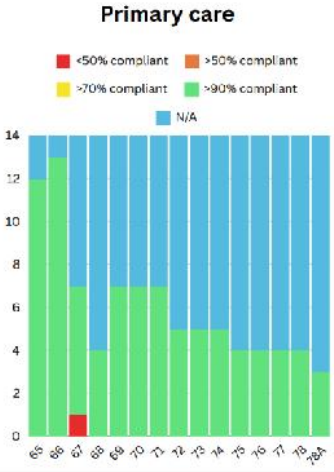
- Correspondence (Standards 1-7)
- public meetings, events and publicity (Standards 26-34)
- documents and forms (Standards 36-38)
- website and online resources (Standards 39-43)
- signage (Standards 47-49)
- primary care (Standards 65-68)
- use of Welsh language internally (Standards 79-82)
- record of Welsh language skills of staff, opportunities for training, Welsh language awareness and resource provision (Standards 96-105)
- workforce and recruitment planning (Standards 106-109)
- clinical consultations (Standard 110)
- record keeping (Standards 115-117)

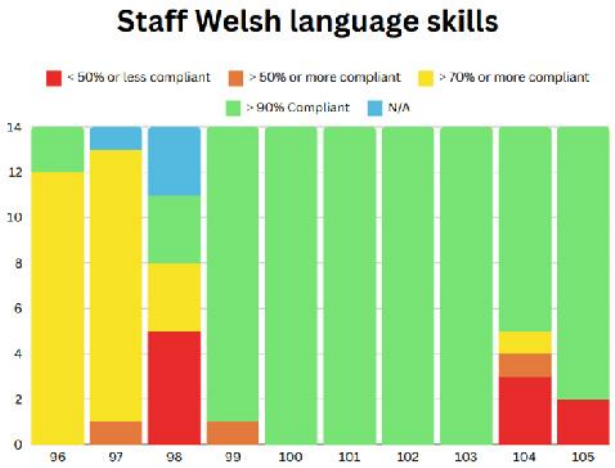
This is a significant proportion of the Standards, which is encouraging and demonstrates the impact of the work undertaken since the imposition date.

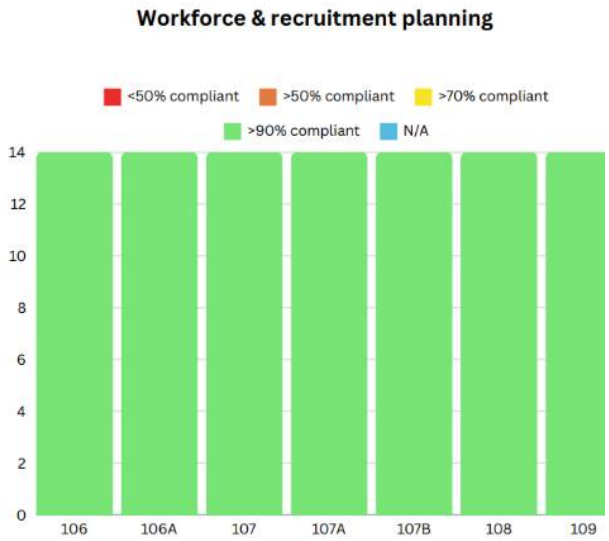


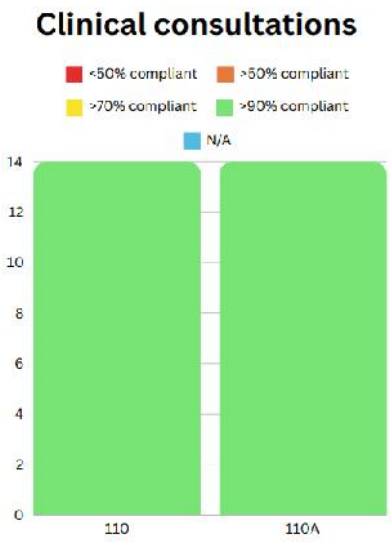


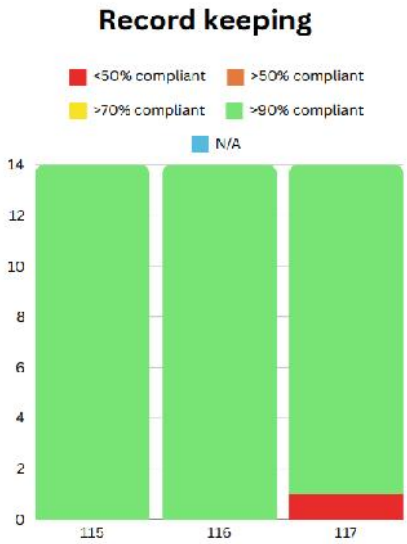








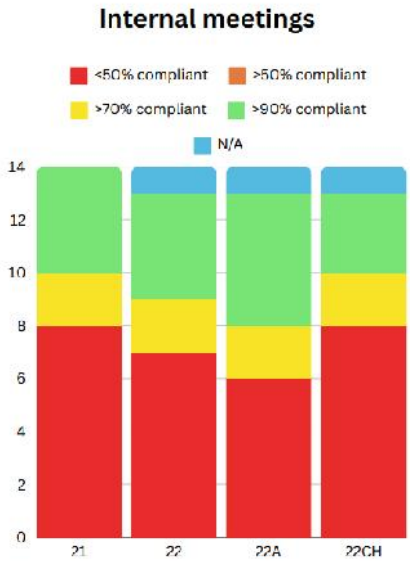


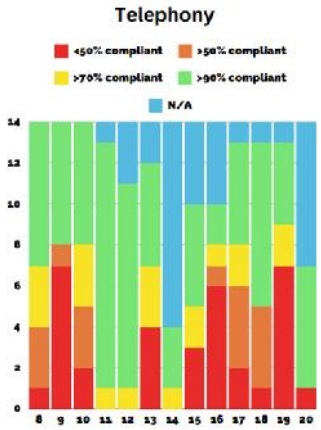


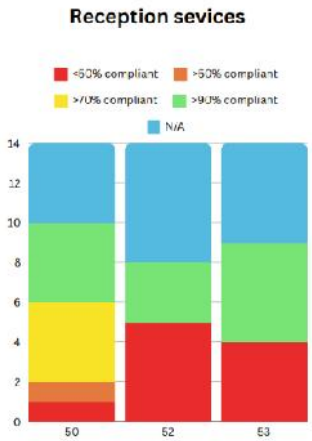
This activity also identified areas that required further support:

- Internal meetings (Standards 21-22)
- Telephony (Standards 8-20)
- Reception Services (Standards 50-53)

One of the running trends we saw as an area of non-compliance was internal meetings. As a result, the Welsh Language Team has developed a Standard Operating Procedure focusing on the protocol for internal meetings to use as guidance and a form of check list.







Telephony and reception services were areas of mixed compliance. These areas continue to be a priority for the Team as they are first points of contact for many patients and their families. Our Bilingual Skills Policy and Procedure supports this work, as it identifies front line posts where the ability to speak Welsh is an essential criteria. If services have not been successful in appointing Welsh speakers, following a robust approval process, posts can be advertised with Welsh language skills as a desirable criteria, with the proviso that the successful candidate learns Welsh within the first 12 months of employment. A training programme has been put in place to support this.

Establishing a consistent approach to the delivery of the Standards

Work has also continued to provide advice and support to the organisation with various aspects of complying with the Standards, including developing bilingual Apps, instructional videos, and bilingual documentation. In order to provide a more consistent approach to the delivery of the Standards, the Team has focussed on creating Standard Operating Procedures (SOPs) on specific Standards, to provide a more detailed guidance for staff to ensure full understanding and compliance. SOPs have been created for Standard 7 (a statement for welcoming correspondence in Welsh), and Standards 8, 9, 10 (Answering the Phone). An instructional video has also been created to aid staff further with regards to complying with Standards 8, 9 and 10. Further SOPs will be produced during the next reporting year, focusing on any shortfalls identified in the self-assessment questionnaires. All SOPs are approved by the Welsh Language Strategic Forum, and published on the Welsh Language BetsiNet site.

Impact of service developments on the Welsh language

Following the strengthening of the Equality Impact Assessment document and the wider Integrated Assessment Screening Tool last year, a Scrutiny Group was reconvened looking at Equality Impact Assessments for key policies and strategies. During the reporting year, the Welsh Language Team has contributed to the development of the Digital Strategy, to ensure that the Standards are embedded into any new digital developments.

A representative from the Welsh Language Team is a member of the Patient and Carer Experience group. The meetings are held monthly, for each of the three IHCs in the East, West and Central. It provides an opportunity to discuss any themes arising from complaints about non-compliance with the Welsh Language Standards. It is also a valuable opportunity to learn and provide input into various other developments across the Health Board.

Any complaints or comments received via various feedback mechanisms are utilised as opportunities to make positive changes to working practices, and to increase awareness on the positive impact of providing care to patients in their preferred language. Following a complaint to the Health Visiting Team in the West area (as detailed in the Complaints section at the end of the report), positive changes were made to the service, including a Welsh Language Awareness session arranged as part of the wider staff team meeting. The 'Cymraeg i Blant' initiative was also invited to the session, and gave an informative talk on their work, and how that intertwines with the important role of Health Visitors in conveying messages about bilingualism to parents.

The relationship with Primary Care has continued during the reporting year with awareness and information sharing sessions held with Primary Care Contracting Teams and at Practice Managers' meetings. The East Primary Care Contracting Team subsequently informed all Primary Care Contractors of the six Welsh Language Primary Care Duties that they are required to comply with. The impact of this work was favourable, with the team providing further assistance, resource and guidance directly to providers.

Welsh Language Awareness

In January 2023, a new Welsh Language Awareness e-learning package, created by the Health Board's Welsh Language Team was launched nationally on the Electronic Staff Record (ESR). This is part of the Mandatory Training Programme which is required to be completed by all staff, and repeated every three years. The figures below demonstrate that 87.14 per cent of the workforce have completed this training. This is above the 85 per cent target for any Mandatory Training within the Health Board and is an increase of nearly 20 per cent since last year. A Mandatory Training Day is planned for later on in the year to provide this training face to face for those with a low compliance rate, or those who have access issues.

Comp Matrix - Default

Division	Compliant	Non-Compliant	Compliance %
Health Community Centre (HCCX)	4330	789	84.59%
Health Community East (HCEX)	4372	778	84.89%
Health Community West (HCWX)	3706	430	89.60%
Integrated Clinical Delivery - Primary Care (ICDP)	441	22	95.25%
Integrated Clinical Delivery - Regional Care (ICDR)	1252	236	84.14%
Mental Health & LDS (MX00)	1941	166	92.12%
Midwifery and Womens Services (WXXX)	684	127	84.34%
Corporate Services	1825	189	90.62%
Total	**18551**	**2737**	**87.14%**

The “Active Offer” - Betsi at its Best!

Individual contribution to ensuring bilingual services at Community Hospitals

Through a combination of 'mystery shopper' inspections and site visits, BCUHB Monitoring Bilingual Services Scheme measures the standard and availability of Welsh-medium services within hospitals and GP surgeries managed by the Health Board. When these inspections recommenced following the COVID-19 pandemic, it became apparent that standards had elapsed in general over the past couple of years and subsequently, members of BCUHB Welsh Language Team began working collaboratively with relevant managers and administrators across North Wales during the summer of 2023, in order to identify weaknesses and implement relevant actions, in order to put improvements in place.

One of the managers who agreed to work closely with the Welsh Language Team in this respect was Maureen Roberts, Site Administrator, who is responsible for a number of community hospitals in the Central Area. As a first step, the focus was ensuring that temporary signs were in place and Maureen led on the process of updating and replacing these notices in Colwyn Bay, Denbigh, Ruthin Community Hospitals and Royal Alexandra Hospital, in Rhyl, so that they are displayed bilingually and in accordance with the requirements of the Welsh Language Standards.

Following these initial changes, Maureen has been exceptionally proactive - and has worked independently of the Welsh Language Team - in order to ensure that all staff working on the four sites overseen by her are aware of the requirements in relation to displaying signage and providing bilingual services more generally.

At the same time, she has also been working diligently - on her own initiatve - to monitor the standard and availability of Welsh-medium services at the locations in question, in order to ensure that standards do not lapse again. With respect to this, Maureen has kept in frequent contact with the Welsh Language Team and the translation unit over the past year, in order to ensure that relevant support is available to all staff at the four community hospitals, as required and that any issues which arise with respect to the Welsh language are able to be addressed quickly and efficiently.

In light of Maureen's tireless work - and her ability and willingness to encourage and motivate others - the standard and availability of Welsh-medium services in Conwy and Denbighshire community hospitals has increased to be better than pre-pandemic levels. This improvement has gone beyond signage alone, as our latest 'mystery shopper' inspections demonstrate that the availability and standard of bilingual reception and telephone services have also been greatly developed on the Health Board's sites in Colwyn Bay, Denbigh, Ruthin and Rhyl. This is down to Maureen's guidance, as - in addition to monitoring signage - she has also worked collaboratively with other members of staff, in order to put specific procedures in place to optimise the linguistic skills of the workforce and to facilitate the process of providing services bilingually. Undoubtedly her tireless work - and her infectious enthusiasm - has led to exceptionally positive developments with respect to the Welsh language within the hospitals she oversees and the outcome of this, ultimately, is to improve the standard of care provided to our patients.

Monitoring and encouraging improvements with respect to the Welsh language are not Maureen's only duties, by any means, and she is not able to speak much Welsh herself. But her efforts over the past year have proven that all Health Board staff are able to make a positive contribution to providing services bilingually (regardless of their roles and standard of Welsh). Indeed - as Maureen has already demonstrated - such efforts can lead to positive and profound changes overall, which are then cascaded through our workforce.

Welsh Language Training Programme

The Welsh Language Training Team has had another successful year of creating and delivering a variety of Welsh language courses to meet the needs of our staff. Whilst most of our teaching is virtual, it has been pleasing to be able to deliver some face to face sessions across North Wales this year with various groups of staff.

With the appointment of a new Welsh Language Tutor in September 2023, we have been able to maintain and answer to the demand of the increasing number of Welsh language learners.

Over the past year, the In-house Tutor has delivered:

- Standard courses open to all staff groups at various level, from Entry Level to Advanced
- Tailored sessions for specific services – for example, the Anaesthetic department at Ysbyty Gwynedd were eager to develop the Welsh language skills and capacity within the team, and provided a list of commonly used words and phrases. A course was delivered to the team so that they would be in a position to discuss anaesthetic procedures with patients.

- *Tystysgrif Sgiliau Iaith* - this is a recognised and accredited qualification by the *Coleg Cymraeg Cenedlaethol* and the *Welsh Joint Education Committee* developed to enable applicants to acquire a certificate evidencing their Welsh language skills and ability to work through the medium of Welsh. It also aims to boost the ability to communicate confidently and professionally in Welsh, in written and verbal form in order to respond to the needs of the local population and service users.
- Learner of the Month / Dysgwr y Mis
- Learners Facebook page
- Nominations and participation at the Llŷn and Eifionydd National Eisteddfod

Joint working with the National Centre for Learning Welsh

The Welsh Language Training team renewed a twelve-month contract with the *National Centre for Learning Welsh* under the Welsh Government-funded *Work Welsh Scheme*. This ensured the continuation of opportunities and collaborative working as well as employing our Support Officer.

The scope of the agreement includes:

- Access to online courses at various levels
- Residential courses at Nant Gwrtheyrn
- A 'Fast-track' Welsh Language Learners' Course
- Cinio Clebran
- Mechanisms to support opportunities to use the language in informal sessions

Evaluation and Impact of courses

Evaluations are undertaken at the end of each cohort, seeking feedback on accessibility of courses, content, delivery approach and method. Findings from the evaluation stated that 94 per cent of learners were ' very happy' with the provision of learning and 100 per cent of the learners enjoyed attending the courses.

83 per cent of learners stated that they felt that they had made progress with their Welsh, and that they were more likely to use their new Welsh language skills with patients, colleagues and in the community. This is very encouraging as the ability to communicate in Welsh at any level brings comfort to our first language Welsh speaking service users.

A high percentage of learners who complete the courses enrol with the next advance course to continue with their development. This demonstrates course and delivery satisfaction, and the commitment of staff to develop their skills.

Dysgwr y Flwyddyn Award / Learner of the Year Award

A highlight for the Health Board was the Learner of the Year competition, with the ceremony being held on 7 March 2024.

Staff were invited to nominate their colleagues who had made an impression on them by learning Welsh to a high standard and using their new found skills to provide a better service to the Welsh speaking patients and service users of north Wales.

Following evaluation of the competition in 2022, it was decided that the nominations would be divided into two separate categories:

- Entry / Foundation Levels category
- Intermediate / Higher Levels

This ensured that all learners on every level had the opportunity to be included in the competition. Another welcomed additional category was “The Tutor’s Choice Award”, which was introduced to reward an outstanding learner who had made an impression on the tutors for their hard work and dedication to learning Welsh through the Health Board’s internal training programme.

There were forty nominations in total, with three judges, Teresa Owen, Health Board Executive Lead for the Welsh Language, Helen Prosser, Director of Teaching and Learning at the National Centre for Learning Welsh, and Manuela Niemetscheck, art psychotherapist and winner of BCUHB Welsh Learner of the Year 2022, whittling the high number down to a short list of three learners per category.

On the evening, we were joined by 80 guests led by our guest speaker, Aled Hughes, Radio Cymru, who addressed the audience in an inspiring and rousing manner. The event afforded the opportunity to strengthen partnership working ties with community groups, with numerous stalls on display including booksellers, Menter Iaith and Nant Gwrtheyrn.

All six short listed were interviewed and filmed prior to the ceremony and the winners were:

- Melanie Hayes – Entry / Foundation
- Leanne Parry – Intermediate / Higher
- Ian Day – Tutor’s Choice Award

All nominees who were short listed were awarded with many prizes generously given to us by our sponsors.

We were also joined by Radio Ysbyty Gwynedd for live coverage of the event. Both Wynne Roberts and Sarah Wynne Griffiths interviewed the winners and many of the attendees for a special feature, maximising the media attention for the event on social media beyond the learners’ Facebook page and BetsiNet.

Special Recognition for Welsh Language Training Team

This year, the *National Centre for Learning Welsh* held an event for the first time, 'Celebrating Learning Welsh', to recognise the successes of the sector and learners in particular and to celebrate and show the progress made towards achieving the Welsh Government's Strategy 'A million Welsh speakers: 2050'.

The Health Board was chosen amongst hundreds of employers linked to the *Work Welsh* scheme, as the winner of a special recognition award for our work.

It was won predominantly for our strategic planning and innovative and progressive techniques to ensure Welsh learning opportunities for the workforce and the consequential effect on patients.

Betsi's Welsh Learners' Case Study

I am a Consultant Clinical Psychologist and Head of Child Psychology in IHC West. I have worked for the NHS in North Wales for almost 19 years, initially starting as a Nursing Support Worker in Bryn y Neuadd, completing my Doctoral training with Bangor University and subsequently working in Learning Disability Services, CAMHS and Child Neurodevelopment.

I was raised on the outskirts of London, and did not know a great deal about this beautiful place until I met my now husband, who is from South Wales, at the University of London. I had the opportunity to get to know many places in South Wales, and I would visit his family in North Wales when I was able to do so. I immediately fell in love

with North Wales, and very quickly wanted to know how to pronounce all of the bilingual signs and to know about the meaning of those names.

I did a Welsh course for beginners in the evenings (Wlpan) with Bangor University and subsequently progressed to an intermediate (further) course. A few years ago, I was fortunate enough to have a week at Nant Gwrtheyrn through "Work Welsh" with some fantastic people, and this immersion was a great deal of help. I am so grateful for this grounding in understanding and speaking Welsh. Subsequently, I have been trying to use the Welsh I have constantly, beginning each conversion in Welsh. This meant putting the feelings of awkwardness and frustration that I had with myself for not being fluent to one side, and making the decision to use the Welsh that I have. This then became easier in the community from the outset, and afterwards I also felt more confident to use Welsh in work.

I love to read Welsh-language stories with my children. I am very proud to be able to switch between English and Welsh with them, and to help them to think about their homework, often in Welsh. I am very grateful to my Welsh-speaking colleagues who have supported and encouraged me over the years, and who have given their time for me to speak to them, slowly, without reverting to English. It is a privilege to be able to speak naturally with my children, people in the community, my colleagues and people accessing Children's Services, in Welsh or bilingually according to their requirements and language preference. This has opened to door to the lives, perspectives and ideas of others that I would perhaps otherwise have missed out on.

My favourite Welsh words include "bendigedig", "terfysg" and "pendramwnwgl"!

I would encourage anyone and everyone to learn Welsh and to take pride in using the Welsh that they have.

The Translation Service

The Translation Service provides translation support in the form of written translation and interpretation services for staff and service users in order to ensure that the Welsh language is treated no less favourably than English, in accordance with the Welsh Language (Wales) Measure 2011.

The Team continues to provide support for all departments in the form of written translations and interpretation services and has seen an increase in demand for its services over the past year. Demand for translation services overall has continued to grow. This is regarded as a positive outcome as it demonstrates the Health Board's commitment to providing a bilingual service in line with its statutory requirements.

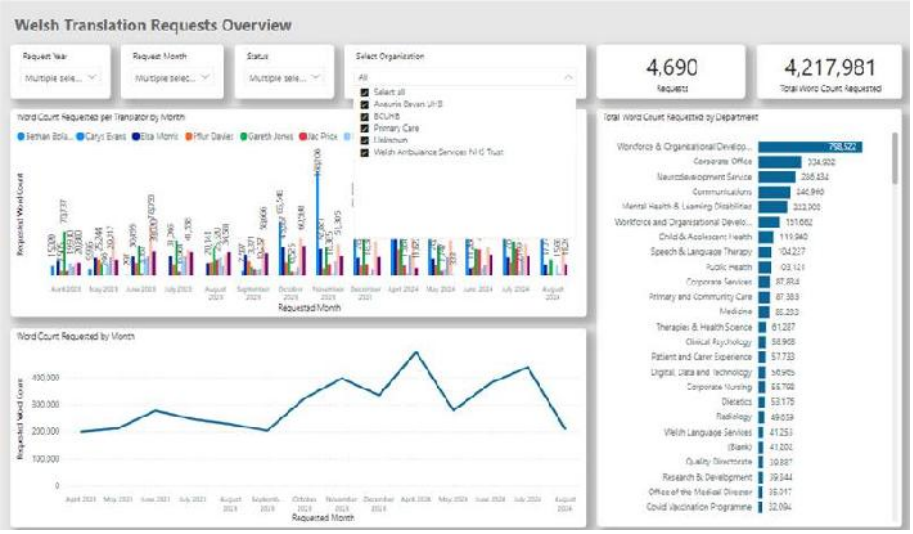
The Health board continues to adopt the approach of assessing documents for translation in line with Standard 37, applying this approach to the Board papers, with an increased number of papers now available bilingually.

Urgent requests for translations have also included press releases, patient letters, information leaflets and public health information for social media. An out of hours service is also available for urgent communications, and is a means to ensuring that bilingual information is issued in a timely manner.

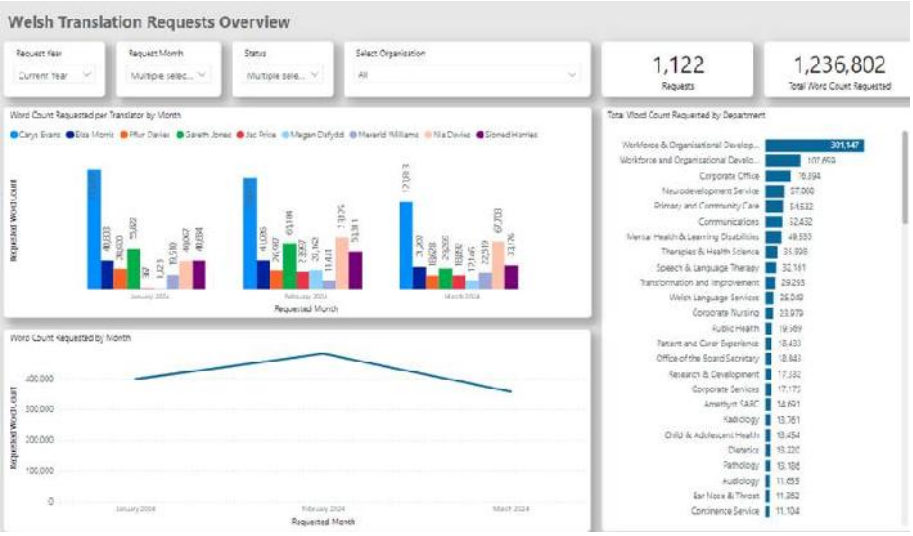
Overall number of words translated during the reporting year was 3,721,696, compared to 2,912,344 during 2022-2023. This is an increase of 28 per cent for 2023-2024.

The graph below demonstrates usage per service area, with Workforce and Organisational Development being the highest service demand, predominantly in request for the translation of job descriptions, in line with Standard 107 which requires all job descriptions to be available bilingually.

Service demand from 1 April 2023 to 31 December 2023



Service demand from 1 January 2024 to 31 March 2024



Demand for simultaneous translation has also increased, with the team supporting a wide variety of stakeholder events, forums, meetings and conferences. Support has also been provided at interviews for applicants who wish to have their interviews in Welsh.

The Translation Service entered into a Service Level Agreement with Aneurin Bevan University Health Board in February 2024, supporting the organisation in translating much of their public facing documents and correspondence.

Translation support continues to be provided to the primary care sector, both privately managed GP Practices, and independent contractors.

The Translation Service has an online Welsh Translation Portal, leading to improved accessibility in which service users are able to access the service via BetsiNet to upload their translation requests in a user-friendly manner. The Team has been working with the Informatics Department to explore potential enhancements to the current analytics function of the Portal for the purposes of obtaining more detailed statistical data regarding service usage. This has included the addition of work categories in which the team are able to record the nature of the request in question (press releases, job descriptions, information leaflets etc) to identify areas of greatest need and prioritise requests accordingly. The team has trialled use of this enhanced system and are working with the Informatics Team to implement it upon review.

The Team use a translation memory software in their daily work in which text fed into the system is captured and recorded into central terminology banks. This is a means of advancing performance and efficiency, leading to improved turnaround times and ensuring consistency of translations. The Team has been exploring the potential for employing machine-assisted translation, which is used increasingly within the field, as a means of further improving service efficiency and turnaround times. The Team is actively exploring training opportunities in this regard and intends to implement a pilot of this software with the view to further enhancing service provision.

Meetings are held regularly to discuss terminology and the Team is now actively working to ensure the development of comprehensive terminology lists, in order to ensure that the terminology used is appropriate for the target audience and consistent with that employed by others within the healthcare field.

Advantages of bilingual skills for the future workforce

Our partnership working approach has led to key achievements and successes over the past year. The Team has supported numerous jobs fairs and careers events. Investing in the workforce of the future is crucial if we are to nurture local bilingual talent, simultaneously increasing our capacity as an organisation to deliver services in Welsh. For a number of years, the Welsh Language Team has been pro-active within this area, and this vision has now been shared within the objectives of the *More than just words* Five-Year plan.

Welsh Language Schools Roadshow culminating in national award

The Health Board's Welsh Language Team was named the *Best Promoter of Welsh in the Workplace* at this year's *Careers Wales Valued Partner Awards*.

The national awards were presented during a ceremony at Senedd Cymru in November 2023, which celebrated the efforts of employers from all over the country, who work in partnership with *Careers Wales* to help young people prepare for the world of work.

The Welsh Language Team was nominated for the work its members have done to inspire and motivate young people to make the most of their bilingual skills, whilst also informing them about employment opportunities within the health sector in North Wales.

After the Team contributed to a number of Careers Wales-arranged events at various schools across the north earlier this year, further collaborative work resulted in the organisation of a large-scale secondary school tour, which was specifically arranged to coincide with the Health Board's Welsh Language Week 2023 in October.

Over a ten-day period, more than twenty sessions were held at thirteen different (Welsh and English-medium) secondary schools across north Wales.

The main purpose of these events was to inform pupils about the importance of Welsh-medium healthcare service provision and the advantages of bilingualism as an employability skill, more generally.

Alongside an initial presentation by a member of the Welsh Language Team, each of the sessions that were held as part of the recent tour also included contributions from members of the Public Health Team and short presentations by clinical staff (including physiotherapists, a dentist and a medical student), who discussed their own personal experiences of working bilingually within the Health Board.

Working Bilingually in the Health Sector: A Betsi Cadwaladr University Health Board Guidebook for Young People

By working in partnership with members of the Health Board's Workforce and Organisational Development and partners from Bangor University's new North Wales Medical School, the Welsh Language Team has created a new booklet, which provides information to school pupils and young people about with the increasing number of opportunities that are available to work bilingually within the health sector.

The main purpose of the new resource is to inform young people about the various types of jobs that are available within the Health Board and about the benefits of bilingual skills for individuals who are considering careers within the sector in Wales.

The new booklet also includes case studies of two young members of staff who work bilingually in north Wales, in addition to positive experiences that our patients and their families have had as a direct result of receiving services through the medium of Welsh from the Health Board.

An event was held to officially launch the booklet at Ysgol y Creuddyn, in Penrhyn Bay, on 20 March, with short presentations on the importance of Welsh-medium healthcare services and the benefits of bilingualism. Opportunities were provided to Year 10 pupils to discuss their future plans with representatives from a number of the Health Board's key partners, including *Careers Wales*, the *Coleg Cymraeg Cenedlaethol*, the *North Wales Medical School* and *Wrexham University.*

The booklet has now been shared with all secondary schools and further education colleges in north Wales.

Partnership working with Wrexham University

The Health Board collaborated with *Wrexham University* to hold an Interprofessional Education Day on "Care and Language Hand in Hand". This event was arranged by the University to promote bilingualism within the Health Care sector. First and second year students on a variety of courses including Occupational Therapy, Adult and Children Nursing and Paramedical Sciences attended the Education Day.

There were guest speakers during the morning, including the Welsh language Team, CAMHS “Ffrindiau “(Friends) Programme Co-ordinator, a Physiotherapist at Llandudno General Hospital the Director of Allied Health Professionals for IHC East. Patient related stories were discussed, showcasing how the “Active Offer” plays an instrumental role in patients’ care pathways.

During the afternoon, students attended Welsh taster lessons at all levels delivered by members of Health Board’s Welsh Language Team. A discussion panel was also held to afford students the opportunity to ask questions and discuss any areas of interest.

The feedback for the event was excellent, with a number of students testifying that they had a better understanding of why language is important to patents. We hope to maintain the relationship between ourselves and Wrexham University by taking part in similar interprofessional days in the future.

Celebrating our Culture

The Health Board takes every opportunity provided by national celebration days to highlight culture and awareness within the organisation. This year we celebrated St. David’s Day on all our acute sites, and to celebrate Santes Dwynwen Day, staff were given the opportunity to say why they loved working for the NHS.

Welsh Language Week

However, the Health Board takes this approach further annually, with its Welsh Language Week, held this year between 16 and 20 October. A wide variety of events were arranged to promote the importance of bilingual healthcare provision and celebrate the fantastic work that continues to be done by our staff, in order to ensure that Health Board services can be delivered through the medium of Welsh.

The week’s events included:

- The launch of BCUHB’s Welsh Language Learner of the Year 2024 competition
- Staff engagement BCUHB Welsh Language Team stalls at the three acute sites, Glan Clwyd (Friday), with advice and resources for staff
- A North Wales School Roadshow (in collaboration with Careers Wales and Public Health Wales)

- Story sessions by Cymraeg i Blant
- Childrens' Wards' visits by Mudiad Meithrin's DEWIN
- Interviews on Radio Ysbyty Gwynedd

National Eisteddfod

The Health Board's presence at this year's Llŷn and Eifionydd National Eisteddfod in Boduan, was led by the Engagement Team. It provided the opportunity to share information and health advice, by working with various partners and colleagues. It was an also an opportunty to engage with the public, and we conducted surveys to gain an insight into availability of Welsh medium services across North Wales.

The Training Team had nominated some of our learners for the Learner of the Year title and it was a great pleasure to see that Manuela Niemetscheck, Art Psychotherapist was amongst the top four nominees, along with Alison Roberts, Healthcare Assistant, who won the first prize in this competition. Many of our learners were very keen to come and support their colleagues during the ceremony, and a Betsi Learners' Trip was arranged to attend the ceremony.

The Welsh Language Team was also invited to participate at events held by other organisations, including a discussion panel with the Welsh Language Commissioner on how strategic planning led to innovative approach to service delivery within the Health Board in addition to a Welsh Government-led event focusing on *More than just words* and how we had implemented a training programme to support and increase our capacity to deliver services bilingually.

Key Performance Indicators

The data included below are in accordance with Standard 120 of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Workforce Planning

- ***Number and percentage of the organisation's employees:***
  - ***whose Welsh language skills have been assessed;***

Count of Employee Number	2021/22		2022/23		2023/24	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 – No Skills / Dim Sgiliau	8324	41.7%	9101	46.9%	9645	46.25%
1 – Entry/ Mynediad	2652	13.3%	2914	15%	2781	13.34%
2 – Foundation / Sylfaen	1298	6.5%	1410	7.3%	1371	6.57%
3 – Intermediate / Canolradd	1307	6.6%	1456	7.5%	1438	6.9%
4 – Higher / Uwch	1596	8%	1700	8.7%	1588	7.62%
5 – Proficiency / Hyfedredd	2573	12.0%	2829	14.6%	2743	13.15%
Total	17,750	89%	19,410	91%	19,566	93.8%
Total number of staff	19,955		21,326		20,852	

2023 / 2024 Data:

93.8 per cent of the entire workforce had recorded their Welsh language skills on ESR

2022 / 2023 Data:

91 per cent of the entire workforce had recorded their Welsh language skills on ESR

Training to Improve Welsh Language Skills

- ***Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level***

2023 / 2024 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 771*

This total equates to 3.6 per cent of the Health Board's current workforce

Please note this figure is in addition to the number of staff who accessed training during the last reporting year, as per noted below

2022 / 2023 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 1201 *

This total equates to 5.6 per cent of the Health Board's current workforce

Please note this figure is in addition to the number of staff who accessed training during the last reporting year, as per noted below

Recruitment

- ***Number and percentage of new and vacant posts advertised with the requirement that:***

2023 / 2024 Data:

- **Welsh language skills are essential - 298 (5.5 per cent)**
- **Welsh language skills are desirable - 5048 (93 per cent)**
- **Welsh language skills to be learnt - 66 (1.2 per cent)**
- **Welsh not a required skill - 14 (0.2 per cent)**
- **Total number of vacancies advertised - 5426**

2022 / 2023 Data:

- **Welsh language skills are essential - 474 (5.4 per cent)**
- **Welsh language skills are desirable - 8177 (93.4 per cent)**
- **Welsh language skills to be learnt - 80 (0.9 per cent)**
- **Welsh not a required skill - 16 (0.18 per cent)**
- **Total number of vacancies advertised - 8747**

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Standards***

The Health Board received six new complaints in relation to compliance with the Welsh Language Standards during the reporting year, three via the Welsh Language Commissioner, and three received directly by the Welsh Language Team or via the Complaints team.

All complaints were fully addressed under the Welsh Language Measure complaints timeframe or under the Putting Things Right Regulations.

One complaint was escalated to investigation status by the Welsh Language Commissioner, and related to a telephone query by a member of the public which was dealt with in English only. After providing evidence and remedial steps to deal with the matter, the investigation was closed.

The other two complaints via the Welsh Language Commissioner were dealt with fully after the initial letter, and were not escalated to investigation status. One complaint related to an English only service at one of the Health Board's reception desks. The second related to English only signage and reception service in another Department.

The first of the complaints sent directly to the Health Board was regarding errors on the Health Board's website. There were incorrect links as well as incorrect spelling and a 'Staff Zone' site which was not replicated on the Welsh site. These errors were corrected immediately.

Another complaint was from a member of the public sharing her experience of receiving an English only service from the Health Visiting team in the West. This led to positive discussions with the Service who went on to make changes to the way they identified patients' first language at initial contact. They also arranged a Welsh Language awareness session for their staff.

The last complaint related to errors made within the Speech and Language Service in which the targets set for a patient did not match what had been discussed and the targets differed between the Welsh and the English version. Also, the service the family had received in general had been mainly in English. The service was able to resolve the issues raised leading to a positive outcome.

Five other investigations from the previous reporting year were closed during this reporting year.

Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

- improving the quality of care that we provide through the language of choice
- increasing compliance with legal and statutory requirements
- identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care
- improving organisational development in terms of how we are able to support the workforce to be able to deliver services through the medium of Welsh

However, the Health Board is excited about the initiatives and opportunities in development for the next reporting year. Further site-based programmes are included

within our annual work plan, in addition to extending our support to primary care colleagues. Our main objectives are focused in line with our vision to fully embrace the culture of our organisation, and increasing our capacity t deliver services bilingually.

Delivering the actions in the More than just words Plan 2022-27: For the period April 2023-March 2024

Short Term Actions (by 2023) and Medium Term Actions (by 2025)

NHS Organisation	Betsi Cadwaladr University Health Board

Completed by:	Eleri Hughes-Jones	Date: June 2024

Ref	Description of Short Term and Medium Term Action	Lead Accountability	Progress Report for 2023/24 (reporting period 1/4/23 – 31/3/24)	Priorities 2024/25	Examples of best practice/ work done in partnership.
Culture and Leadership					
1	We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). *(Short term))*	All health and social care bodies Welsh Government to lead on objectives for Chairs.	Welsh language Services Annual Operating Plan outlines requirements at all levels within the organisation. Welsh language included in the staff Performance Appraisal Development Review (PADR) – relevant to all staff.	Actional allocated to service leaders via the Welsh Language Standards monitoring mechanisms.	
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that	Welsh Government/ HEIW/ SCW	N/A for Health Boards. However, the Health Board has undertaken a lot of work to inform the future workforce of the	Work with North Wales Medical School on a training and awareness programme as part of the teaching curriculum. Working	

	learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. (*Short to medium term*)		benefits of Welsh language skills when entering the health sector. As part of this work, awareness has been raised amongst the future workforce of the importance of providing language appropriate care to patients. Our partnership working approach has led to key achievements and successes over the past year. The Team has supported numerous jobs fairs and careers events. Investing in the workforce of the future is crucial if we are to nurture local bilingual talent, simultaneously increasing our capacity as an organisation to deliver services in Welsh. For a number of years, the Welsh Language Team have been pro-active within this area, and this vision has now been shared within the objectives of the *More than just words* Five-Year plan. **Welsh Language Skills roadshow culminating in national award** The Health Board's Welsh Language Team was named the *Best Promoter of Welsh in the Workplace* at this year's *Careers Wales Valued Partner Awards*. The national awards were presented during a ceremony at Senedd Cymru in November 2023, which celebrated the efforts of employers from all over the country, who work in partnership with *Careers Wales* to help young people prepare for the world of work. The Welsh Language Team was nominated for the work its members have done to inspire and motivate young people to make the most of their bilingual skills, whilst also informing them	in partnership with Canolfan Bedwyr. Work with Careers Wales and Coleg Cymraeg Cenedlaethol to deliver a training experience day at a secondary school, focusing on Welsh language skills in the workplace, and real-life positive outcomes of using Welsh at work.	

			about employment opportunities within the health sector in North Wales. After the Team contributed to a number of Careers Wales-arranged events at various schools across the north earlier this year, further collaborative work resulted in the organisation of a large-scale secondary school tour, which was specifically arranged to coincide with the Health Board's Welsh Language Week 2023 in October. Over a ten-day period, more than twenty sessions were held at thirteen different (Welsh and English-medium) secondary schools across north Wales. The main purpose of these events was to inform pupils about the importance of Welsh-medium healthcare service provision and the advantages of bilingualism as an employability skill, more generally. Alongside an initial presentation by a member of the Welsh Language Team, each of the sessions that were held as part of the recent tour also included contributions from members of the Public Health Team and short presentations by clinical staff (including physiotherapists, a dentist and a medical student), who discussed their own personal experiences of working bilingually within the Health Board. **Working Bilingually in the Health Sector – A BCUHB Guidebook for Young People** By working in partnership with members of the Health Board's Workforce and Organisational Development and partners from Bangor University's new North Wales Medical School,		

			the Welsh Language Team has created a new booklet, which provides information to school pupils and young people about with the increasing number of opportunities that are available to work bilingually within the health sector. The main purpose of the new resource is to inform young people about the various types of jobs that are available within the Health Board and about the benefits of bilingual skills for individuals who are considering careers within the sector in Wales. The new booklet also includes case studies of two young members of staff who work bilingually in north Wales, in addition to positive experiences that our patients and their families have had as a direct result of receiving services through the medium of Welsh from the Health Board. An event was held to officially launch the booklet at Ysgol y Creuddyn, in Penrhyn Bay, on 20 March, with short presentations on the importance of Welsh-medium healthcare services and the benefits of bilingualism. Opportunities were provided to Year 10 pupils to discuss their future plans with representatives from a number of the Health Board's key partners, including *Careers Wales*, the *Coleg Cymraeg Cenedlaethol*, the *North Wales Medical School* and *Wrexham University.* The booklet has now been shared with all secondary schools and further education colleges in north Wales. **Partnership working with Wrexham University**		

			The Health Board collaborated with *Wrexham University* to hold an Interprofessional Education Day on "Care and Language Hand in Hand". This event was arranged by the University to promote bilingualism within the Health Care sector. First and second year students on a variety of courses including Occupational Therapy, Adult and Children Nursing and Paramedical Sciences attended the Education Day. There were guest speakers during the morning, including the Welsh language Team, CAMHS "Ffrindiau "(Friends) Programme Co-ordinator, a Physiotherapist at Llandudno General Hospital the Director of Allied Health Professionals for IHC East. Patient related stories were discussed, showcasing how the "Active Offer" plays an instrumental role in patients' care pathways. During the afternoon, students attended Welsh taster lessons at all levels delivered by members of Health Board's Welsh Language Team. A discussion panel was also held to afford students the opportunity to ask questions and discuss any areas of interest. The feedback for the event was excellent, with a number of students testifying that they had a better understanding of why language is important to patents. We hope to maintain the relationship between ourselves and Wrexham University by taking part in similar interprofessional days in the future.		
3	We'll expect those in leadership roles to take part	Chairs and Chief	Initial course was full. Awaiting confirmation for an additional course in 2024 / 2025.		

	in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. *(Medium term)*	Executives of health and social care bodies			
Theme 1: Welsh language planning and policies including data					
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are	HEIW/SCW/ DHCW/ health and social care bodies including independent primary care contractors	The Health Board continues to encourage staff to complete or update their language skills on ESR. During 2023-2024, the Welsh language Team undertook an online campaign to inform staff of the requirement to complete this, and developed guidelines to assist staff. All staff who achieve in Welsh language training are reminded to update their skills on ESR, whether it be via online or face to face courses.	Breakdown to be provided to each IHC and pan-North Wales services as part of a Welsh Language Standards monitoring cycle. Gaps in data to be addressed locally.	As at 31 March, 2024, the percentage of staff who had recorded their language skills on ESR was 93.8 per cent. This is well above the 85 per cent target. It is also a 2.8% increase from 2022-2023.

	provided in Welsh *(Medium term)*				
9	An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards (*Short to medium term*)	HEIW/SCW, health and social care bodies	Please see above.		
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need	HEIW/Social Care Wales	**Workforce Planning** The Health Board's Bilingual Skills Policy and Procedure is now established, with main delivery areas focused on: • Welsh language training requests given same consideration as all other training requests in the Health Board's Study Leave Policy • All front line posts must be advertised with the ability to speak Welsh as an essential criteria • If, after three failed recruitment attempts, a Welsh speaking candidate is not available for the role, the post with be readvertised as Welsh desirable with the proviso that the successful candidate learn Welsh to Level 1 within a year of appointment. The Health Board's Welsh Language	Bilingual Skills Policy and Procedure currently being updated to strengthen Welsh language Essential posts, in addition to offering guidance on the use of Welsh medium advertising platforms.	298 posts (5.5 per cent) of posts were advertised with the ability to speak Welsh as an essential criteria. 771 members of staff have accessed training to improve their Welsh language skills during 2023-2024.

	identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (*Short term*)		Training Team have a programme in place to support this • The use of a flow chart to determine whether all other posts are to be advertised as Welsh Essential or Welsh Desirable with a formula based on current skill mix within the team and population needs • Training opportunities included in PADR objectives **Workforce Development - Welsh Language Training** The Welsh Language Training Team has had another successful year of creating and delivering a variety of Welsh language courses to meet the needs of our staff. Whilst most of our teaching is virtual, it has been pleasing to be able to deliver some face to face sessions across North Wales this year with various groups of staff. With the appointment of a new Welsh Language Tutor in September 2023, we have been able to maintain and answer to the demand of the increasing number of Welsh language learners. Over the past year, the In-house Tutor has delivered: • Standard courses open to all staff groups at various level, from Entry Level to Advanced • Tailored sessions for specific services – for example, the Anaesthetic department at Ysbyty Gwynedd were eager to develop the Welsh language skills and capacity within the team, and provided a list of commonly used words and phrases. A course was		

			delivered to the team so that they would be in a position to discuss anaesthetic procedures with patients. • *Tystysgrif Sgiliau Iaith* - this is a recognised and accredited qualification by the *Coleg Cymraeg Cenedlaethol* and the *Welsh Joint Education Committee* developed to enable applicants to acquire a certificate evidencing their Welsh language skills and ability to work through the medium of Welsh. It also aims to boost the ability to communicate confidently and professionally in Welsh, in written and verbal form in order to respond to the needs of the local population and service users. • Learner of the Month / Dysgwr y Mis • Learners Facebook page • Nominations and participation at the Llŷn and Eifionydd National Eisteddfod Evaluation and Impact of courses Evaluations are undertaken at the end of each cohort, seeking feedback on accessibility of courses, content, delivery approach and method. Findings from the evaluation stated that 94 per cent of learners were ' very happy' with the provision of learning and 100 per cent of the learners enjoyed attending the courses. 83 per cent of learners stated that they felt that they had made progress with their Welsh, and that they were more likely to use their new Welsh language skills with patients, colleagues and in the community. This is very encouraging as the ability to communicate in Welsh at any		

			level brings comfort to our first language Welsh speaking service users. A high percentage of learners who complete the courses enrol with the next advance course to continue with their development. This demonstrates course and delivery satisfaction, and the commitment of staff to develop their skills. **Welsh Learner of the Year Award** A highlight for the Health Board was the Learner of the Year competition, with the ceremony being held on 7 March 2024. Staff were invited to nominate their colleagues who had made an impression on them by learning Welsh to a high standard and using their new found skills to provide a better service to the Welsh speaking patients and service users of north Wales. Following evaluation of the competition in 2022, it was decided that the nominations would be divided into two separate categories: • Entry / Foundation Levels category • Intermediate / Higher Levels This ensured that all learners on every level had the opportunity to be included in the competition. Another welcomed additional category was "The Tutor's Choice Award", which was introduced to reward an outstanding learner who had made an impression on the tutors for their hard work and dedication to learning Welsh through the Health Board's internal training programme.		

			There were forty nominations in total, with three judges, Teresa Owen, Health Board Executive Lead for the Welsh Language, Helen Prosser, Director of Teaching and Learning at the National Centre for Learning Welsh, and Manuela Niemetscheck, art psychotherapist and winner of BCUHB Welsh Learner of the Year 2022, whittling the high number down to a short list of three learners per category. On the evening, we were joined by 80 guests led by our guest speaker, Aled Hughes, Radio Cymru, who addressed the audience in an inspiring and rousing manner. The event afforded the opportunity to strengthen partnership working ties with community groups, with numerous stalls on display including booksellers, Menter Iaith and Nant Gwrtheyrn. All nominees who were short listed were awarded with many prizes generously given to us by our sponsors. We were also joined by Radio Ysbyty Gwynedd for live coverage of the event. Both Wynne Roberts and Sarah Wynne Griffiths interviewed the winners and many of the attendees for a special feature, maximising the media attention for the event on social media beyond the learners' Facebook page and BetsiNet.		
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual	Health and social care bodies, HEIW and SCW	In-house training courses are tailored to address requirements of individual services, e.g. course for Anaesthetics Department. Please see above (Action 10) for further information.	Internal training programme for 2024-2025 in operation. Provision includes courses at all levels (Level 1 – 5), in addition to 1:1 sessions, and additional tailored bitesize courses for specific service areas.	Please see above (Action 10) for detailed information.

	organisations and involve close working with HEIW and SCW. *(Medium term)*				
14	We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training. *(Medium term)*	Health and social care bodies	In January 2023, a new Welsh Language Awareness e-learning package, created by the Health Board's Welsh Language Team was launched nationally on the Electronic Staff Record (ESR). This is part of the Mandatory Training Programme which is required to be completed by all staff, and repeated every three years. The figures below demonstrate that 87.14 per cent of the workforce have completed this training. This is above the 85 per cent target for any Mandatory Training within the Health Board and is an increase of nearly 20 per cent since last year. Language awareness is already part of the Health Board's orientation programme.	Face to face sessions to be offered to all staff to ensure those who have restricted access to online training modules can attend session. These will be delivered across the Health Board.	87.14 per cent of the workforce have completed this training. This is above the 85 per cent target for any Mandatory Training within the Health Board and is an increase of nearly 20 per cent since last year.
15	The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and	Welsh Government/ National Centre for Learning Welsh	The Welsh Language Training team renewed a twelve-month contract with the *National Centre for Learning Welsh* under the Welsh Government-funded *Work Welsh Scheme*. This ensured the continuation of opportunities and collaborative working in addition to the funding of a Support Officer post. The scope of the agreement includes: • Access to online courses at various levels • Residential courses at Nant Gwrtheyrn	New agreement for 2024-2025 now in operation. Additional Gaining Confidence Programme to be implemented with the Speech and Language Therapy Services. Additional working relationship to include the provision of internal courses, 1:1 sessions, and a tailored course for front line staff in partnership with the 111 service.	This year, the *National Centre for Learning Welsh* held an event for the first time, 'Celebrating Learning Welsh', to recognise the successes of the sector and learners in particular and to celebrate and show the progress made towards achieving the Welsh Government's Strategy 'A million Welsh speakers: 2050.

	apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (*Medium term*)		• A 'Fast-track' Welsh Language Learners' Course • Cinio Clebran • Mechanisms to support opportunities to use the language in informal sessions	Work ongoing with Speech and Language Therapy to raise confidence and improve skills to deliver services bilingually within this area.	The Health Board was chosen amongst hundreds of employers linked to the *Work Welsh* scheme, as the winner of a special recognition award for our work. It was won predominantly for our strategic planning and innovative and progressive techniques to ensure Welsh learning opportunities for the workforce and the consequential effect on patients. Please see detailed report attached, outlining work undertaken, data and monitoring evidence specifically on our work with the National Centre for Learning Welsh. Extended Work Welsh Report 23-24B
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities *(Medium term – guidance to be*	Health and social care bodies	The Health Board's Bilingual Skills Policy and Procedure is now established, with main delivery areas focused on: • Welsh language training requests given same consideration as all other training requests in the Health Board's Study Leave Policy	Language Skills framework in development to extend Welsh Essential / Welsh to be learned to all senior level posts advertised within the Health Board. Support programme in place to deliver this(with training opportunities	

	developed and shared in the short term)		• All front line posts must be advertised with the ability to speak Welsh as an essential criteria • If, after three failed recruitment attempts, a Welsh speaking candidate is not available for the role, the post with be readvertised as Welsh desirable with the proviso that the successful candidate learn Welsh to Level 1 within a year of appointment. The Health Board's Welsh Language Training Team have a programme in place to support this • The use of a flow chart to determine whether all other posts are to be advertised as Welsh Essential or Welsh Desirable with a formula based on current skill mix within the team and population needs • Training opportunities included in PADR objectives	offered via online courses, tutorials, or formal lessons.	
17	Gradual introduction of a minimum "courtesy" level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, **all staff** working in health and social care should have courtesy level Welsh. *(Short term- introduction)*	Health and social care bodies	Awaiting course.		

18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) *(Medium term)*	Health and social care bodies	The Health Board's Bilingual Skills Policy and Procedure is now established, with main delivery areas focused on: • Welsh language training requests given same consideration as all other training requests in the Health Board's Study Leave Policy • All front line posts must be advertised with the ability to speak Welsh as an essential criteria • If, after three failed recruitment attempts, a Welsh speaking candidate is not available for the role, the post with be readvertised as Welsh desirable with the proviso that the successful candidate to learn Welsh to Level 1 within a year of appointment. The Health Board's Welsh Language Training Team have a programme in place to support this • The use of a flow chart to determine whether all other posts are to be advertised as Welsh Essential or Welsh Desirable with a formula based on current skill mix within the team and population needs • Training opportunities included in PADR objectives	Speech and Language Therapy identified as a priority group. Work ongoing with Speech and Language Therapy to raise confidence and improve skills to deliver services bilingually within this area.	
26	Every provider of health and social care training in Wales prepares a medium-term plan on developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body.	Health and social care training providers	N/A		

	These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the medium-term plans. *(Short term)*				
Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. *(Short term)*	Welsh Government/ Welsh language officers	The Health Board consistently shares good practice across Wales.	Provide examples of good practice to be included in the Welsh Language Hub.	
30	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. *(Short term)*	DHCW/NHS Wales organisations	Following the strengthening of the Equality Impact Assessment document and the wider Integrated Assessment Screening Tool last year a Scrutiny Group was reconvened looking at Equality Impact Assessments for key policies and strategies. During the reporting year, the Welsh Language Team has contributed to the development of the Digital Strategy, to ensure that the Standards are embedded into any new digital developments. A representative from the Welsh Language Team is a member of the Patient and Carer Experience group. The meetings are held monthly, for each of the three IHCs in the East, West and Central. It provides an opportunity to discuss any themes arising from complaints		

			about non-compliance with the Welsh Language Standards. It is also a valuable opportunity to learn and provide input into various other developments across the Health Board.		
31	We'll provide the required structured and resourced support for More than just words regional forums and professional networks to have space that enables learning and the sharing of best practice on consistency of care across communities with particular attention to Integration of health and social care *(Medium term)*	Welsh Government and Chairs of Regional Forums, clinical networks, Royal Colleges, British Association of Social Workers	The North Wales More than just words Forum has worked collaboratively to develop resources that will support the use of Welsh in the workplace. These include: • Answering the telephone bilingually cards • Tailored phrases for staff in various sectors • Additional speak Welsh orange logo magnets		
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. *(Short term)*	Welsh Government, Health and social care bodies	Welsh Government-led.		
33	We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active	Health Boards and Primary Care Clusters	The Health Board has developed content for a Welsh Language Primary Care Hub which will be launched during 2023-2024.	Launch primary care Hub with a dedicated Primary Care Work Programme to address More than just words requirements.	

	Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters *(Medium Term)*		In the meantime, the relationship with Primary Care has continued during the reporting year with awareness and information sharing sessions held with Primary Care Contracting Teams and at Practice Managers' meetings. The East Primary Care Contracting Team subsequently informed all Primary Care Contractors of the six Welsh Language Primary Care Duties that they are required to comply with. The impact of this work was favourable, with the team providing further assistance, resource and guidance directly to providers.		
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional	Welsh Government/ DHCW/ health and social care bodies	The Language Choice Scheme has now been in operation within the Health Board since 2017. We have been shortlisted at the NHS Wales Our Language Choice Scheme has been shortlisted for the *NHS Wales Equitable Care Award* category in the *NHS Wales Awards 2024*. The scheme ensures that as an organisation, we are actively offering patients services in Welsh by identifying language choice.	Formalise the scheme by incorporating into the five-year plan on delivering clinical consultations bilingually (as part of Standard 110). Promotional Events and Activities to raise awareness of the Welsh language, with a patient-focused approach. Engage with patients and service users to create understanding on patient experiences, determining current level of satisfaction and gaps in provision	

	funding / resources to enable this to be delivered.) (*Short term*)				
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. *(Short term- joint working on developing standard terms)*	Welsh Government / health and social care bodies	The Health Board's Translation Service provides translation support in the form of written translation and interpretation services for staff and service users in order to ensure that the Welsh language is treated no less favourably than English, in accordance with the Welsh Language (Wales) Measure 2011. The Team continues to provide support for all departments in the form of written translations and interpretation services and has seen an increase in demand for its services over the past year. Demand for translation services overall has continued to grow. This is regarded as a positive outcome as it demonstrates the Health Board's commitment to providing a bilingual service in line with its statutory requirements. The Health Board continues to adopt the approach of assessing documents for translation in line with Standard 37, applying this approach to the Board papers, with an increased number of papers now available bilingually. Urgent requests for translations have also included press releases, patient letters, information leaflets and public health information for social media. An out of hours service is also available for urgent communications, and is a means to ensuring that bilingual information is issued in a timely manner. Overall number of words translated during the reporting year was 3,721,696, compared to 2,912,344 during 2022-2023. This is an increase of 28 per cent for 2023-2024.	Use of machine-assisted translation in order to enhance service provision and improve turnaround times. Review potential to create service-specific terminology banks to promote use of Welsh language terms in areas where Welsh language terms may be more obscure to service-users and may require development (Speech & Language Therapy, Equalities etc)	See column to the left.

			Demand for simultaneous translation has also increased, with the team supporting a wide variety of stakeholder events, forums, meetings and conferences. Support has also been provided at interviews for applicants who wish to have their interviews in Welsh. The Translation Service entered into a Service Level Agreement with Aneurin Bevan University Health Board in February 2024, supporting the organisation in translating much of their public facing documents and correspondence. Translation support continues to be provided to the primary care sector, both privately managed GP Practices, and independent contractors. The Translation Service has an online Welsh Translation Portal, leading to improved accessibility in which service users are able to access the service via BetsiNet to upload their translation requests in a user-friendly manner. The Team has been working with the Informatics Department to explore potential enhancements to the current analytics function of the Portal for the purposes of obtaining more detailed statistical data regarding service usage. This has included the addition of work categories in which the team are able to record the nature of the request in question (press releases, job descriptions, information leaflets etc) to identify areas of greatest need and prioritise requests accordingly. The team has trialled use of this enhanced system and are working with the Informatics Team to implement it upon review. The Team use a translation memory software in their daily work in which text fed into the		

			system is captured and recorded into central terminology banks. This is a means of advancing performance and efficiency, leading to improved turnaround times and ensuring consistency of translations. The Team has been exploring the potential for employing machine-assisted translation, which is used increasingly within the field, as a means of further improving service efficiency and turnaround times. The Team is actively exploring training opportunities in this regard and intends to implement a pilot of this software with the view to further enhancing service provision. Meetings are held regularly to discuss terminology and the Team is now actively working to ensure the development of comprehensive terminology lists, in order to ensure that the terminology used is appropriate for the target audience and consistent with that employed by others within the healthcare field.		

Additional/general comments (expand box as necessary)

The Health Board's Welsh Language Services
The Health Board's Welsh Language Team has been structured to ensure its workstreams provide the necessary support to meet the linguistic needs of the population. It consists of four services that support the organisation to both deliver legislative requirements and to address our patients' needs.

1. Legislative Compliance
   Ensuring that we support the organisation to deliver its obligations under the Welsh Language (Wales) Measure 2011.

2. Promotion and Engagement
   In line with the operational elements of delivering the *More than just words* Five-year plan, we actively support services and initiate projects and schemes that will increase understanding and awareness of our culture, and the impact on patient care and satisfaction.

3. Training Provision
   Our Welsh Language Training Programme is tailored to address the requirements of various services, along with additional support provide by the *National Centre for Learning Welsh* with our Work Welsh agreement.

4. Translation Services

Our Translation Team ensures that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Self-regulation and Governance
Our structural accountability has been maintained, with our Welsh Language Strategic Forum, chaired at Executive Director level, establishing our internal governance arrangements. The Terms of Reference steers our strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. There is a scrutiny route for escalating any issues of significance, as well as annually reporting to the Board on compliance and achievements.

Welsh Language Services Risk register
It is essential that the Health Board recognises possible areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current potential risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the "Active Offer" principle in line with *More than just words,* and delivering the *Bilingual Skills Policy and Procedure*.

All risks have been reviewed during 2023-2024, with all three risk ratings currently at moderate or minor. In assessing our current position, no risks required escalation.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Internal Performance Assurance
In order to scrutinise the Health Board's own performance and the availability and standard of Welsh-medium services across the organisation, the Welsh Language Team continued to conduct quarterly quality assurance surveys during this reporting year.

Through a combination of 'secret shopper' surveys and site visits, BCUHB's Bilingual Services Monitoring Scheme measures the quality and availability of Welsh-medium services within hospitals and surgeries under the management of the Health Board. When these surveys were restarted following the COVID-19 pandemic, it became clear that standards had generally slipped during the previous year or two. As a result of this, the Welsh Language Team members set out to collaborate directly with relevant managers and administrators across North Wales during the summer of 2023, in order to identify weaknesses and put relevant actions in place to ensure improvements could be made. As a first step, a series of walkabouts were held at community hospitals throughout north Wales, to ensure that all temporary signage was displayed bilingually and in accordance with the requirements of the Standards. The success of these walkabouts, which were conducted alongside managerial / administrative staff, was clearly reflected in the results of the subsequent 'secret shopper' surveys that were held during 2023-24, as a marked improvement in the quality of signage was recorded at a number of our hospitals and sites. This demonstrates that internal performance reviews provide assurances that the Health Board is achieving compliance.

Welsh Language Standards
The Standards have now been in operation since the imposition date of 30 May 2019. Significant progress has been made within the Health Board, with the Welsh Language Standards Compliance Officer providing organisation-wide directive on implementing the Standards, as well as supporting and facilitating delivery at grass roots level.

During the last year, the Health Board has provided further investment to the Welsh Language Team, which enabled the appointment of a Welsh Language Standards Support Officer. This was a significant appointment as it has allowed the team to continue to develop tighter monitoring controls to scrutinise compliance with the Standards.

Support has been focused primarily on working with the three Integrated Health Communities (IHCs) across North Wales (East, West and Central) on completing a self-assessment questionnaire on their compliance with the Standards. East IHC completed this piece of work in January 2024, and the Welsh Language Standards Support Officer has since provided feedback on compiling actions plans to address any shortfalls.

Welsh language Standards Data Analysis

The evaluation exercise completed by East IHC allowed for a broader understanding of their compliance with the Standards. A self-assessment form was circulated for each department to complete to note their current compliance with each Standard as well as providing evidence to support their answers. This is a working document which every department will need to update annually.

In reviewing the outcomes, a few running trends were identified. The areas that seemed to be most compliant were:

- Correspondence (Standards 1-7)
- public meetings, events and publicity (Standards 26-34)
- documents and forms (Standards 36-38)
- website and online resources (Standards 39-43)
- signage (Standards 47-49)
- primary care (Standards 65-68)
- use of Welsh language internally (Standards 79-82)
- record of Welsh language skills of staff, opportunities for training, Welsh language awareness and resource provision (Standards 96-105)
- workforce and recruitment planning (Standards 106-109)
- clinical consultations (Standard 110)
- record keeping (Standards 115-117)

This is a significant proportion of the Standards, which is encouraging and demonstrates the impact of the work undertaken since the imposition date.

This activity also identified areas that required further support:

- Internal meetings (Standards 21-22)
- Telephony (Standards 8-20)
- Reception Services (Standards 50-53)

One of the running trends we saw as an area of non-compliance was internal meetings. As a result, the Welsh Language Team has developed a Standard Operating Procedure focusing on the protocol for internal meetings to use as guidance and a form of check list.

Telephony and reception services were areas of mixed compliance. These areas continue to be a priority for the Team as they are first points of contact for many patients and their families. Our Bilingual Skills Policy and Procedure supports this work, as it identifies front line posts where the ability to speak Welsh is an essential criteria. If services have not been

successful in appointing Welsh speakers, following a robust appoval process, posts can be advertised with Welsh language skills as a desirable criteria, with the proviso that the successful candidate learns Welsh within the first 12 months of employment. learn A training programme has been put in place to support this.

Establishing a consistent approach to the delivery of the Standards
Work has also continued to provide advice and support to the organisation with various aspects of complying with the Standards, including developing bilingual Apps, instructional videos, and bilingual documentation. In order to provide a more consistent approach to the delivery of the Standards, the Team has focussed on creating Standard Operating Procedures (SOPs) on specific Standards, to provide a more detailed guidance for staff to ensure full understanding and compliance. SOPs have been created for Standard 7 (a statement for welcoming correspondence in Welsh), and Standards 8, 9, 10 (Answering the Phone). An instructional video has also been created to aid staff further with regards to complying with Standards 8, 9 and 10. Further SOPs will be produced during the next reporting year, focusing on any shortfalls identified in the self-assessment questionnaires. All SOPs are approved by the Welsh Language Strategic Forum, and published on the Welsh Language BetsiNet site.

Celebrating our Culture
The Health Board takes every opportunity provided by national celebration days to highlight culture and awareness within the organisation. This year we celebrated St. David's Day on all our acute sites, and to celebrate Santes Dwynwen Day, staff were given the opportunity to say why they loved working for the NHS.

Welsh Language Week
However, the Health Board takes this approach further annually, with its Welsh Language Week, held this year between 16 and 20 October. A wide variety of events were arranged to promote the importance of bilingual healthcare provision and celebrate the fantastic work that continues to be done by our staff, in order to ensure that Health Board services can be delivered through the medium of Welsh.

The week's events included:

- The launch of BCUHB's Welsh Language Learner of the Year 2024 competition
- Staff engagement by holding stalls at the three acute sites, with advice and resources for staff
- A North Wales School Roadshow (in collaboration with Careers Wales and Public Health Wales)
- Story sessions by Cymraeg i Blant
- Childrens' Wards' visits by Mudiad Meithrin's DEWIN
- Interviews on Radio Ysbyty Gwynedd

National Eisteddfod
The Health Board's prescence at this year's Llŷn and Eifionydd National Eisteddfod in Boduan, was led by the Engagement Team. It provided the opportunity to share information and health advice, by working with various partners and colleagues. It was an also an opportunity to engage with the public, and we conducted surveys to gain an instight into availability of Welsh medium services across North Wales.

The Training Team had nominated some of our learners for the Learner of the Year title and it was a great pleasure to see that Manuela Niemetscheck, Art Psycholtherapist was amongst the top four nominees, along with Alison Roberts, Healthcare Assistant, who won the first prize in this competition. Many of our learners were very keen to come and support their colleagues during the ceremony, and a Betsi Learners' Trip was arranged to attend the ceremony.

	The Welsh Language Team was also invited to participate at events held by other organisations, including a discussion panel with the Welsh Language Commissioner on how strategic planning led to innovative approach to service delivery within the Health Board in addition to a Welsh Government-led event focusing on *More than just words* and how we had implemented a training programme to support and increase our capacity to deliver services bilingually.

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

Teitl adroddiad: ***Report title:***	Three Yearly Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act 2016 for Welsh Government
Adrodd i: ***Report to:***	BCUHB Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This paper introduces the Betsi Cadwaladr University Health Board (BCUHB) three yearly assurance report for the period 6th April 2021 - 5th April 2024. 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 detailing: 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: 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. Due to the reporting time frame, and in line with national guidance, a caveated three-yearly report was submitted to Board in March 2024 which included the nurse staffing and reportable patient harm incidents up to 31st January 2024. This final report includes all reportable patient harm incidents occurring between 6th April 2021 - 5th April 2024 and will be submitted to Welsh Government in October 2024. 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.
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 Alison Griffiths, Director of Nursing Workforce, Staffing and Professional Standards Miss Joanna Brown, Nurse Staffing Programme Lead

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	*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. *A Healthier Wales: Our Plan for Health and Social Care* identifies a requirement to "*drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales*" Recruitment and retention are key themes within these plans, and notes that while health and social care services have capability to attract the best talent in the world, there is evidence of fragility in

	specific services that have affected the delivery of quality care to patients. *A Healthier Wales: Our Workforce Strategy for Health and Social Care* draws a direct link between vacancy rates and high agency expenditure. *The priorities of the Chief Nursing Officer* includes an ambition to *attract, recruit, train, educate and retain the nursing and midwifery workforce so that the nursing and midwifery vacancy factor is reduced, working towards no vacancies over 3-5 years*
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Statutory reporting requirements aligned to the Nurse Staffing Act (Wales) 2016 *"duty to calculate and take steps to maintain nurse staffing levels" and* to provide a Three Yearly Assurance report on compliance with the Nurse Staffing Levels (Wales) Act 2016 to the Welsh Ministers
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	Not applicable

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)***	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. 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. This could be further exacerbated by the impact on the resilience of the workforce due to; 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. CRR15 Recruitment & Retention (this applies to all staff across the Health Board but the nursing workforce is a significant element of the risk). 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
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Financial assessments arising from the organisations statutory duty to calculate nurse staffing levels will be considered within the financial planning cycle for 2024/25.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Workforce implications relate to the ability to both finance and recruit a sufficient workforce of both registered nurses and healthcare assistants
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	

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: Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016 (reporting period 6th April 2021 – 5th April 2022) Appendix 2: Annual Assurance Report, Summary of Required Establishment (reporting period 6th April 2021 – 5th April 2022) Appendix 3: Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016 (reporting period 6th April 2022 – 5th April 2023) Appendix 4: Annual Assurance Report, Summary of Required Establishment (reporting period 6th April 2022 – 5th April 2023) Appendix 5: Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016 (reporting period 6th April 2023 – 5th April 2024) Appendix 6: Annual Assurance Report, Summary of Required Establishment (reporting period 6th April 2023 – 5th April 2024) Appendix 7: Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016 (reporting period 6th April 2023 – 5th April 2024 updated August 2024)	

	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	Executive Meeting 28th August 2024 Board Meeting 26th September 2024 The reporting period is 6th April 2021 - 5th April 2024. As per the requirements of the Nurse Staffing Levels (Wales) Act 2016[1] 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, a caveated three-yearly report was submitted to Board in March 2024 which included information up to 31st January 2024 only. This final, updated report, including all serious incident reports which occurred between 6th April 2021 - 5th April 2024, is presented to the Board in September 2024, following which and as per the Act requirements, the report will be submitted to Welsh Government in October 2024. Amendments to the paper presented to Board in March 2024 are contained within the following sections only: • Extent to which the planned roster has been maintained within adult acute medical and surgical inpatients wards • Extent to which the planned roster has been maintained within paediatric inpatient wards • Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards • Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards

[1] Nurse Staffing Levels (Wales) Act 2016 (legislation.gov.uk)

	2021/2022	2022/2023	2023/2024
Date annual assurance report of compliance with the Nurse Staffing Levels (Wales) Act presented to Board	13th June 2022 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. Report attached as appendices 1 & 2.	25th May 2023 The Board received the annual assurance report on 25th May 2023. The link to the Board papers is: BCUHB Health Board Meeting 25th May 2023 Report attached as appendices 3 & 4.	May 2024 The Board received the annual assurance report on 30th May 2024. The link to the Board papers is: BCUHB Health Board Meeting 30th May 2024 Report attached as appendices 5 & 6.
Number of adult acute medical inpatient wards where section 25B applies	Lowest number of medical wards: 24 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8 Highest number of medical wards: 25 Ysbyty Gwynedd 8 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8	Lowest number of medical Wards: 24 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8 Highest number of medical wards: 25 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9	Lowest number of medical Wards: 25 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9 Highest number of medical wards: 26 Ysbyty Gwynedd 8 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9
Number of adult acute surgical inpatient wards where section 25B applies	Lowest number of surgical wards: 14 Ysbyty Gwynedd - 4 Ysbyty Glan Clwyd – 5 Ysbyty Wrexham Maelor - 5 Highest number of surgical wards: 19 Ysbyty Gwynedd - 6 Ysbyty Glan Clwyd – 6 Ysbyty Wrexham Maelor – 7	Lowest number of surgical Wards:15 Ysbyty Gwynedd 4 Ysbyty Glan Clwyd 5 Ysbyty Wrexham Maelor 6 Highest number of surgical wards = 17 Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6	Adult acute surgical inpatient wards remained unchanged/static during the reporting period: Surgical wards = 17 Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6

Number of paediatric inpatient wards where section 25B applies	Paediatric inpatient wards remained unchanged/static during the reporting period: Ysbyty Gwynedd – 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor – 1	Paediatric inpatient wards remained unchanged/static during the reporting period: Ysbyty Gwynedd – 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor – 1	Paediatric inpatient wards remained unchanged/static during the reporting period: Ysbyty Gwynedd – 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor – 1
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 medical inpatient wards 2 • Aran YG • Bromfield YWM	Adult acute medical inpatient wards 1 • Prince of Wales (formerly ENT)	Adult acute medical inpatient wards 2 • Aran YG • Tryfan YG
	Adult acute surgical inpatient wards 1 • SAU Glyndwr YWM	Adult acute surgical inpatient wards 3 • ENT (now Prince of Wales) • Bromfield • Ffrancon	Adult acute surgical inpatient wards 0
	Paediatric inpatient wards 0	Paediatric inpatient wards 0	Paediatric inpatient wards 0
Changing the purpose of section 25b wards to support the management of COVID or opening new COVID wards.	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. As per the Nurse Staffing Levels (Wales) Act 2016 Statutory Guidance[2] 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. 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		

[2] Nurse Staffing Levels (Wales) Act 2016: statutory guidance (version 2) [HTML] | GOV.WALES

	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. 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.
Informing patients	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. 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. Further consideration has been needed in regard to informing patients of nurse staffing levels and ensuring a comprehensive approach to this particular element of the Act. Patients are encouraged to ask questions on the ward and staff advocate an open and honest approach to nurse staffing levels. Ward staff endeavour to support the use of tablets and mobile phones in order to encourage regular communication between patients and their friends and families. Ward 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.

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 last 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 adult acute medical and surgical inpatients wards			**2021/2022**	**2022/2023**	**2023/2024**
	Required establishment (WTE) of adult acute medical and surgical inpatients wards calculated during first cycle (May)	**Number of wards:**	**37**	**39**	**42**
		RN (WTE):	**756.76**	**803.58**	**813.94**
		HCSW (WTE):	**554.04**	**687.81**	**730.47**
	WTE of required establishment of adult acute medical and surgical inpatients wards funded following first (May) calculation cycle	**Number of wards:**	**35**	**39**	**42**
		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 calculated 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 funded 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**

Accompanying narrative:

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.

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.

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.

Financial implications of the bi-annual nurse staffing calculations are considered within the health boards annual financial planning cycle. However, if the nurse staffing calculations determine the need for change in the ward establishment i.e., an increase or decrease in the number of nurses required, this can be taken forward with the agreement of the Executive Director of Nursing to ensure the delivery of sensitive and timely nursing care to patients. All wards pertaining to Section 25B are able to recruit and staff to the calculated nurse staffing levels, 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.

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 All-Wales International Nurse Recruitment Programme with 230 FTE Internationally Educated Nurses recruited since October 2022. Prior to the All-Wales International Nurse Recruitment Programme, but still within the reporting period, BCUHB welcomed a further 178 FTE international nurses between April 2021 to September 2022.
- Establishment of pastoral support officers to ensure International Nurses 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. • Development of a Nursing & Midwifery Workforce Optimisation Standard Operating Protocol and the introduction of Executive quarterly nursing workforce optimisation reviews with a focus on workforce key performance measures such as staffing establishments, vacancies, recruitment, rostering compliance and temporary staffing utilisation. • Roll out of RL Datix SafeCare to all community hospitals inpatient wards, acute paediatric inpatient wards, and acute Mental Health inpatient wards. • Introduction of Wagestream to provide financial flexibility and 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 organisation has welcomed the support of a HEIW 2-year fixed term dedicated retention lead to support the organisation in delivered objectives aligned to the national retention plan. 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 wards[3] 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 wards[3] 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).

	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			
Extent to which the required establishment has been maintained within paediatric inpatient wards Note: The 1st calculation within paediatrics was presented to the Board in September 2021 prior to extension of the 2nd duty			**2021/2022**	**2022/2023**	**2023/2024**
	Required establishment (WTE) of paediatric inpatient wards calculated 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 funded 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 calculated 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**
		Number of wards:	**3**	**3**	**3**
		RN (WTE):	**65.5**	**79.45**	**80.98**

[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.

to the Act on 1st October 2021.	**WTE of required establishment of paediatric inpatient wards funded following second (Nov) calculation cycle**	**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.

The number of Section 25B wards within paediatrics has not changed during the reporting period and there have been no changes made to the required staffing establishments. Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices.

Financial implications of the reviews 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.

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	38385	14451 (31.03%)	4216 (9.05%)	12150 (26.09%)	10862 (23.32%)	89.49%

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[4]	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	3142	2066 (65.75%)	145 (4.61%)	578 (18.40%)	151 (4.81%)	93.57%

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

[4] As the Act was not extended to Paediatrics until 1st October 2021 this report contains information from the 1st October 2021 onwards

	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	46	12	0	3
Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	TOTAL	20	1	0	3
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was not maintained	Year 1	0	1	0	0
	Year 2	24	2	0	0
	Year 3	8	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	3	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 Candour[5] set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020[6] 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
- 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

[5] The NHS Duty of Candour | GOV.WALES
[6] Health and Social Care (Quality and Engagement) (Wales) Act: summary | GOV.WALES

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.

As investigations into incidents of harm can often take a period of time to conclude, there were incidents from the latter quarter of the May 2024 annual assurance report (appendix 5) which remained open at the time of submission. Incidents initially reported as open and have since been closed are now reflected within the report[7]. For completeness the May 2024 annual assurance report that went to Board is included in appendix 7 with noted changes to reflect the current reported position. Those incidents which remain open (as at August 2024) will be included within the next reporting cycle.

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	0[9]

[7] Section 25E Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards and paediatric inpatient wards

[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

[9] Initially reported as 2 in caveated March 2024 paper however on further review it was identified these had been incorrectly reported and subsequently removed

Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	**TOTAL**	0	0	0	0	0
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained	**Year 1[8]**	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 1[8]**	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 have 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	Appendices 1 to 7 are available within the supporting pack on line Health Board Meetings - Betsi Cadwaladr University Health Board (nhs.wales)

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

Teitl adroddiad: ***Report title:***	Update on the UK Covid-19 Inquiry Module 1 recommendations to support discussions on next steps
Adrodd i: ***Report to:***	Health Board – public session
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide the Board with: • an update on the lessons learnt identified in the first report and recommendations of Module 1 of the Inquiry • an update on the arrangements to be taken forward by the Health Board to address actions from the UK Covid-19 Inquiry and other public inquiries, reviews or major incidents • an update on the progress and developments in the UK Covid-19 Inquiry.
Argymhellion: ***Recommendations:***	The Board is asked to: • **NOTE** the lessons learnt from the first report and recommendations of Module 1 of the UK Covid-19 Inquiry • **NOTE** the creation of a Health Board Steering Group to address actions from the UK Covid-19 Inquiry, and other public inquiries, reviews or major incidents • **NOTE** the latest update on the UK Covid-19 Inquiry.
Arweinydd Gweithredol: ***Executive Lead:***	Pam Wenger, Director of Corporate Governance Dr Jane Moore, Acting Executive Director Public Health
Awdur yr Adroddiad: ***Report Author:***	Glesni Driver, Head of Covid-19 Inquiry and Thirlwall Inquiry Sharon Scott, Head of Emergency Preparedness, Planning and Response

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☒	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: **Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:**	
The purpose of this report is to provide the Board with an overview of the lessons learnt and recommendations from Module 1 of the UK Covid-19 Inquiry, and the steps being taken by the Health Board to ensure that these lessons and recommendations are captured and actioned where necessary, for this Inquiry, its other modules, as well as any other public inquiry, review or major incident so that the Health Board learns from such investigations. This report aims to deliver the Annual Delivery Plan commitment to 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.	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	• Improving quality, outcomes and experience • Establishing an effective environment for learning
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Compliance with the statutory requirements of the national inquiry
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?***	The Equality duty is not applicable. This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
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?***	The Socio-Economic duty is not applicable. This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (the report does not relate to a decision, strategic or otherwise).
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 risks relating to the UK Covid-19 Inquiry are dealt with according to the Health Board Risk Management Framework.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not applicable as this paper is for update and noting only.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable as this paper is for update and noting only.

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This paper has been produced following updates from the UK Covid-19 Inquiry and the NHS Shared Services Partnership (NWSSP) Legal and Risk team on the UK Covid-19 Inquiry, and the publication of the UK Covid-19 Inquiry Module 1 recommendations. The report has been approved by both the Director of Corporate Governance as Senior Responsible Officer (SRO) for the UK Covid-19 Inquiry, and the Executive Director of Public Health as the Executive lead for Emergency Preparedness, Planning and Response. An update was provided to the Executive Team on 11th September 2024, with the recommendations approved at that time.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not applicable.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations*** Any feedback received from the Board relating to this report will be actioned as necessary.	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1 – Active and Future Covid-19 Modules	

UPDATE ON THE UK COVID-19 INQUIRY MODULE 1 RECOMMENDATIONS TO SUPPORT DISCUSSIONS ON NEXT STEPS

1. INTRODUCTION

The purpose of the report is to present a summary of the findings and recommendations after the UK Covid-19 Inquiry published its first report and recommendations following its investigation into 'Module 1 - Resilience and preparedness' on 18th July 2024.

In addition, there is a succinct synopsis of the current Health Board Emergency Preparedness, Planning and Response (EPRR) draft work programme and connections to the recommendations, as well as next steps proposal for discussion.

The report also includes an update on the progress and developments in the remaining UK Covid-19 Inquiry Modules, and a list of acronyms to assist the reader.

2. BACKGROUND

Since 1889 and 2019, there have been 11 major epidemics and pandemics. The risk of an influenza pandemic has been calculated as a very high risk for a number of years. Preparedness has been focussed on an influenza pandemic rather than equal consideration of other potential pathogen outbreaks and a consequent civil emergency and so being prepared for a global pandemic.

The UK Covid-19 Inquiry has been set up to independently examine the UK's preparedness and response to the Covid-19 pandemic, and to learn lessons for the future. The Inquiry has been established under the Inquiries Act 2005, and therefore the Inquiry Chair has the power to compel the production of documents and call witnesses to give evidence on oath.

The UK Covid-19 Inquiry, which began on 28th June 2022 is being run in the form of a Panel rather than a single Chair to ensure that the Inquiry has access to the full range of expertise to complete this important work. The Inquiry is led by the Rt Hon Baroness Heather Hallett DBE, who was announced as Chair on 15th December 2021.

Its investigations are organised into Modules, and throughout each of these Modules, the Inquiry will hear evidence from witnesses, experts and Core Participants through a series of corresponding hearings.

Module 1 was opened on 21st July 2022 and investigated the UK's resilience and preparedness for the pandemic. It considered whether the pandemic was properly planned for and whether the UK was ready for that eventuality. This module touched on the whole system of civil emergencies including resourcing, risk management and pandemic readiness. It scrutinised government decision-making relating to planning and produced a set of recommendations.

3. SUMMARY OF FINDINGS

The overarching theme of the published report entitled '*UK Covid-19 Inquiry – Module 1: The resilience and preparedness of the United Kingdom',* a report by The Rt Hon the Baroness Hallett DBE, Chair of the UK Covid-19 Inquiry is improved preparedness, with significant flaws noted that impacted on financial, economic and human costs during the Covid-19 pandemic, and that the "*system of building preparedness for the pandemic, to deal with it, suffered significant flaws*". The report recommends reducing complexities, increased national exercising, robust risk assessment and a real change in UK Emergency Preparedness, Resilience and Response.

A summary of findings and lessons learnt from the published report on UK Covid-19 Module 1 is included below, and a summary of recommendations included within Section 4 of this report.

a) Despite planning for an influenza (also known as flu) outbreak, our preparedness and resilience was not adequate for the global pandemic that occurred
b) Emergency planning was complicated by the many institutions and structures involved
c) The approach to risk assessment was flawed, resulting in inadequate planning to manage and prevent risks, and respond to them effectively
d) The UK government's outdated pandemic strategy, developed in 2011, was not flexible enough to adapt when faced with the pandemic in 2020
e) Emergency planning failed to put enough consideration into existing health and social inequalities and local authorities and volunteers were not adequately engaged
f) There was a failure to fully learn from past civil emergency exercises and outbreaks of disease
g) There was a lack of attention to the systems that would help test, trace, and isolate. Policy documents were outdated, involved complicated rules and procedures which can cause long delays, were full of jargon and were overly complex
h) Ministers, who are often without specialised training in civil contingencies, did not receive a broad enough range of scientific advice and often failed to challenge the advice they did get
i) Advisers lacked freedom and autonomy to express differing opinions, which led to a lack of diverse perspectives. Their advice was often undermined by "groupthink" - a phenomenon by which people in a group tend to think about the same things in the same way.

The report concluded with "*If we had been better prepared, we could have avoided some of the massive financial, economic and human cost of the Covid-19 pandemic*".

4. SUMMARY OF RECOMMENDATIONS

a) A radical simplification of the civil emergency preparedness and resilience systems. This includes rationalising and streamlining the current bureaucracy and providing better and simpler Ministerial and official structures and leadership
b) A new approach to risk assessment that provides for a better and more comprehensive evaluation of a wider range of actual risks
c) A new UK-wide approach to the development of strategy, which learns lessons from the past and from regular civil emergency exercises, and takes proper account of existing inequalities and vulnerabilities
d) Better systems of data collection and sharing in advance of future pandemics, and the commissioning of a wider range of research projects
e) Holding a UK-wide pandemic response exercise at least every three years and publishing the outcome
f) Bringing in external expertise from outside government and the Civil Service to challenge and guard against the known problem of groupthink
g) Publication of regular reports on the system of civil emergency preparedness and resilience
h) Lastly and most importantly, the creation of a single, independent statutory body responsible for whole system preparedness and response. It will consult widely, for example with experts in the field of preparedness and resilience, and the voluntary, community and social sector, and provide strategic advice to government and make recommendations.

The overarching recommendation is that there is a requirement for "*a major overhaul of how the UK government and devolved administrations in Northern Ireland, Scotland and Wales prepare for whole system civil emergencies*" designed to produce real change in how the UK prepare for emergencies. There is an expectation that all recommendations are acted upon and implemented in the timeframes set out in the recommendations

Table1 below sets out the current status of the Health Board's EPRR arrangements and preparedness aligned to the UK Covid-19 Inquiry Module 1 key recommendations, with potential future requirements across the Health Board and National Executive.

***Table1* – Health Board EPRR aligned to Covid-19 Module 1 report recommendations – key points:**

Below is the list of recommendations from the UK Covid-19 Inquiry Module 1, together with the Health Board's current status against those recommendations, and the potential future requirements for both the Health Board and nationally.

Module 1 Summary of Recommendation	Health Board current state	Potential Health Board future requirements	Potential national future requirements
1. A radical simplification of the civil emergency preparedness and resilience systems. This includes rationalising and streamlining the current bureaucracy and providing better and simpler Ministerial and official structures and leadership	• EPRR Governance Structures • Civil Contingencies Assurance • Group and supporting sub groups • Appropriate senior HB leadership and representation at pan Wales meeting/forums	• Governance structures are under review to strengthen and align leadership, membership and reporting arrangements	• Wales Resilience Framework in development, awaiting publication, focus group in place. • NHS EPRR Executive established • Inaugural meeting (September 2024) of organisational EPRR SROs (Acting Executive Director Public Health as SRO is a member) • Governance reviews underway at local and national level – Wales and regional resilience structures may change
2. A new approach to risk assessment that provides for a better and more comprehensive evaluation of a wider range of actual risks	• EPRR risks aligned to revised National Security and Risk Assessment (NRSA)	• Review EPRR risks and governance monitored via Datix/Dashboard – ensure risks are reviewed against the NRSA • EPRR work programme 2024/25 and EPRR strategic plan to reflect the risk review to ensure appropriate mitigation. • Review the Health Board High Consequence Infectious Disease (HCID) pathways, Personal Protective Equipment (PPE), procurement and training	• Pending review of multi-agency pandemic tactical procedure – awaiting publication of updated UK guidance • Pending publication of UK Pandemic Framework and High Consequence Infectious Disease Guidance

Module 1 Summary of Recommendation	• Health Board current state	• Potential Health Board future requirements	• Potential national future requirements
3. A new UK-wide approach to the development of strategy, which learns lessons from the past and from regular civil emergency exercises, and takes proper account of existing inequalities and vulnerabilities	• Learning from incidents and events aligned to current debrief processes.	• Health Board lessons-identified register to be developed with appropriate performance monitoring, in line with NHS Wales process for capturing learning and actions.	• More systematic capture of identified lessons from pan Wales exercises
4. Better systems of data collection and sharing in advance of future pandemics, and the commissioning of a wider range of research projects	• Key learning identified from Health Board Covid-19 Module 1 pandemic response	• Health Board links at national level to further improve on this work, with appropriate signposting of Health Board expertise.	• Further guidance arising from the publication of the UK Pandemic Framework
5. Holding a UK-wide pandemic response exercise at least every three years and publishing the outcome	• Health Board participation in multi-agency, national and regional exercises remain a priority.	• EPRR process to map lessons identified to inform awareness, training, exercising and update of procedures • EPRR training and exercising strategy and schedule, mapped to resilience standards and competencies • Training and exercising will be further informed by the launch of the Wales Resilience Risk and Preparedness Register and identified gaps.	• Tier 1 cross Government exercises are directed through UK Government and Devolved Administration.
6. Bringing in external expertise from outside government and the Civil Service to challenge and guard against the known problem of groupthink	• HB response structures and EPRR include HB wide and appropriate multi-agency stakeholder engagement to ensure associated expertise in planning and response from a breadth of disciplines.	• HB participation in Wales Resilience and Local Resilience Forum structures to allow engagement and independent challenge as required.	

Module 1 Summary of Recommendation	• Health Board current state	• Potential Health Board future requirements	Potential national future requirements
7. Publication of regular reports on the system of civil emergency preparedness and resilience	• National NHS system assurance through annual EPRR report submission • Debrief and sharing of reports, within and external to the HB.	• Governance structures are under review to strengthen and align leadership, membership and reporting arrangements • National reports discussed in multi-agency fora and highlighted reports collated and shared internally as appropriate.	
8. The creation of a single, independent statutory body responsible for whole system preparedness and response. It will consult widely, for example with experts in the field of preparedness and resilience, and the voluntary, community and social sector, and provide strategic advice to government and make recommendations	• EPRR is actively engaged in national structures, and this will remain in place during future reviews.	• Welsh Government Civil Contingencies Framework and subsequent reviews underway.	• Statutory and non-statutory requirement detailed in accompanying guidance to the Civil Contingencies Act
9. Overarching	• A key focus of the 24-25 EPRR work programme and strategic plan will includes preparedness, prevention and resilience together with the associated training and exercising strategy	• Constant drive across the Health Board in relation to business continuity management; there is not full compliancy in all areas	

5. NEXT STEPS

Following publication of the UK Covid-19 Public Inquiry Module 1 Report, it is understood that there will be a national structure established to take the programme of work forward.

Whilst this is being put in place, the Health Board has already considered the recommendations, and also the resulting requirement to be ready to rapidly take forward the actions that ensue, which will require a multi-specialty and operational focus.

In addition, the respective Health Board Heads of EPRR are meeting to consider the recommendations and agree some standardised principles to advise next steps.

A proposal was submitted to the Executive Team on 11th September 2024 to establish a Steering Group and infrastructure within the Health Board to both proactively discuss the outcome of the Module 1 report, as well as outcomes from subsequent UK Covid-19 modules, other public inquiries, reviews and major incidents. This proposal was approved by the Executive Team, and therefore, it is requested that the Board note the establishment of this Steering Group, with appropriate corporate membership from a number of specialties, in order to ensure specific focus but also allowing flexibility, and to be prepared for the proposed actions that will ensue. This will align with the Health Board's strategic objectives of 'Establishing an effective environment for learning, and 'Improving quality, outcomes and experience.

This Steering Group will receive recommendations and lessons from all public inquiries where relevant, including from review and major incidents, and respond accordingly with the appropriate membership and focus. The focus of each public inquiry will differ, but each recommendation and lesson will be fully considered and actioned as necessary. Whereas the recommendations from the UK Covid-19 Inquiry Module 1 are more or less EPRR-focused, other inquiries, such as the Infected Blood Inquiry lessons and recommendations focus more around patient care.

This Steering Group will also liaise directly with and receive direction and actions from this or any nationally-formed structure involved with the respective inquiry, review or major incident.

In addition, the Health Board will take forward the development of high consequence infectious disease (HCID) pathways and associated management support structures such as training and equipment for the purpose of daily management of this Steering Group. Once complete, this work will be referenced in the Health Board Pandemic Response arrangements to support a response to large scale emergencies.

The Steering Group will provide monitoring reports to the Planning, Population Health and Partnerships Committee.

6. RISK MANAGEMENT IMPLICATIONS

Discussion and review of the corporate risk register will continue to ensure that all appropriate Civil Contingency risk themes are appropriately recorded, the two overarching Civil Contingency risk themes are below:

a) Risk of Major Incident
b) Risk of Business Continuity Incident

Included under the umbrella of the two above themes are a number of EPRR-related risks aligned to the National Risk and Security Assessment and Local Resilience Forum Risk Register.

There is consideration of the vulnerabilities and challenges, direct and indirect emergency risks, and some of the trans-national changes that are being encountered as crises. These are managed via the Datix system, and will be discussed and pro-actively monitored via the EPRR Civil Contingencies Assurance Group, strengthening our overall resilience. The risk of a pandemic remains the highest UK risk.

7. BUDGETARY/FINANCIAL IMPLICATIONS

The financial implications to take forward recommendations from the UK Covid-19 Inquiry are unknown at present, but further expectations may be placed on EPRR at a national, regional, and local level as further scrutiny and assurance is sought.

Also, the financial and budgetary requirements surrounding the Steering Group are unknown at present, but further expectations may be placed on a number of different areas, on a national, regional and local level from recommendations and learning from other public inquiries, reviews or major incidents.

8. EQUALITY AND DIVERSITY IMPLICATIONS

The Equality duty is not applicable to the content of this report as it is purely administrative in nature and submitted for information only.

However, Equality and Diversity compliance will be considered in every aspect of the Steering Group's work, including if implementing changes to processes and procedures in line with the requirements of the lessons and recommendations.

9. RECOMMENDATIONS

Members are asked to:

- **NOTE** the lessons learnt from the first report and recommendations of Module 1 of the UK Covid-19 Inquiry
- **NOTE** the latest update on the UK Covid-19 Inquiry, and the Health Board's involvement to date
- **NOTE** the creation of a Steering Group to address actions from the UK Covid-19 Inquiry, as well as other public inquiries, reviews or major incidents.

APPENDIX 1 – ACTIVE AND FUTURE COVID-19 MODULES

1. ACTIVE MODULES

As of the date of this paper, the following are active modules within the Inquiry:

1.1 Module 2 - Core UK decision-making and political governance

Module 2 opened on 31st August 2022 and is split into parts. First, it will investigate core political and administrative governance and decision-making for the UK. It will include the initial response, central government decision making, political and civil service performance as well as the effectiveness of relationships with governments in the devolved administrations and local and voluntary sectors. Module 2 will also assess decision-making about non-pharmaceutical measures and the factors that contributed to their implementation.

Modules 2A, B and C will address the strategic and overarching issues from the perspective of Scotland, Wales and Northern Ireland. These will be treated as individually separate modules and public hearings for them will be held in the nations that they concern.

Module 2 held its first Preliminary Hearing on 31st October 2022 and held further Preliminary Hearings in 2023, with oral evidence hearings completed on 23rd May 2024.

1.1.1 Module 2A - Core UK decision-making and political governance – Scotland

Module 2A held its first Preliminary Hearing on 1st November 2022 and held further Preliminary Hearings in 2023, with oral evidence hearings completed on 1st February 2024.

1.1.2 Module 2B - Core UK decision-making and political governance – Wales

Module 2B held its first Preliminary Hearings on 1st November 2022 and held further Preliminary Hearings in 2023, with oral evidence hearings completed on 14th March 2024.

1.1.3 Module 2C - Core UK decision-making and political governance – Northern Ireland

Module 2C held its first preliminary hearing on 2nd November 2022 and held further Preliminary Hearings in 2023, with oral evidence hearings completed on 16th May 2024.

1.2 Module 3 – Impact of covid-19 pandemic on healthcare systems in the 4 nations of the UK

Module 3 opened on 8th November 2022. It will investigate the governmental and societal response to Covid-19 as well as dissecting the impact that the pandemic had on healthcare systems, patients and health care workers. This will include healthcare governance, primary care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long covid diagnosis and support.

The public hearings for Module 3 will run for 10 weeks in London split by a two-week break between 9th September and 28th November 2024 (break from 14th to 25th October 2024).

The Inquiry has identified four areas which it proposes to examine in more detail within Module 3 in order to assess the impact of the pandemic on those requiring healthcare for reasons other than Covid-19. These are:

a) Colorectal cancer, the second most common cause of cancer death in the UK;
b) Ischaemic (coronary) heart disease, as an example of a serious chronic condition that may require acute medical intervention;
c) Hip replacement, as an example of a common elective surgery; and
d) Inpatient Child and Adolescent Mental Health Services (also now known as Children and Young People's Mental Health Services) as a specific service within mental health.

In addition to these four non-Covid conditions, the Inquiry will examine maternity and antenatal care including matters such as:

a) the ability to maintain ante-natal care such as screening, scans and other appointments
b) the use of technology to access maternity care and services;
c) the availability of staff and resources needed to provide maternity care;
d) guidance or advice for pregnant women; and e. visitor restrictions.

1.3 Module 4 – Vaccines and Therapeutics

This module will consider and make recommendations on a range of issues relating to the development of Covid-19 vaccines and the implementation of the vaccine rollout programme in England, Wales, Scotland and Northern Ireland. Issues relating to the treatment of Covid-19 through both existing and new medications will be examined in parallel. There will be a focus on lessons learned and preparedness for the next pandemic.

Thematic issues relating to unequal vaccine uptake will be examined, to include the identification of groups which were the subject of unequal uptake, potential causes of such unequal uptake and the Government response.

The module will address issues of recent public concern relating to vaccine safety and the current system for financial redress under the UK Vaccine Damage Payment Scheme.

The Inquiry plans to hear evidence for this investigation in London across three weeks, between 14th January and 30th January 2025.

1.4 **Module 5 – Procurement**

Module 5 opened on 24th October 2023. This module will consider and make recommendations regarding the procurement and distribution to end-users across the four nations of the United Kingdom of key healthcare related equipment and supplies, including PPE, ventilators and oxygen.

The module will assess the robustness and effectiveness of procurement processes, the adequacy of the items obtained (including their specification, quality and volume) and the effectiveness of their distribution to the end-user. It will also consider the UK-wide procurement of lateral flow tests and PCR tests.

Module 5 will explore pandemic procurement across the UK across four weeks of public hearings, from 3rd March to 3rd April 2025.

1.5 **Module 6 – Care Sector**

Module 6 opened on 12th December 2023. This module will investigate the impact of the pandemic on the publicly and privately funded adult social care sector in England, Scotland, Wales and Northern Ireland. It will consider the consequences of government decision-making – including restrictions imposed – on those living and working within the care sector, as well as decisions concerning capacity in hospitals and residents in adult care and residential homes.

It will also address the steps taken in adult care and residential homes to prevent the spread of Covid-19 and examine the capacity of the adult care sector to respond to the pandemic.

The Inquiry is aiming to hold preliminary hearings for Module 6 in 2025, with public hearings taking place from 30th June to 31st July 2025.

1.6 **Module 7 - Test, Trace and Isolate**

Module 7 will look at, and make recommendations on, the approach to testing, tracing and isolation adopted during the pandemic.

Module 7 opened on 19th March 2024. This module will look at, and make recommendations on, the approach to testing, tracing and isolation adopted during the pandemic.

The module will consider the policies and strategies developed and deployed to support the test, trace and isolate system by the UK Government and the Devolved Administrations. It will consider the decisions made by key bodies, other options or technologies that were available and factors that may have influenced public compliance.

Module 7 hearings will take place from 12th May to 30th May 2025

2 ANNOUNCED MODULES

2.1 Module 8 - Children and Young People

Module 8 opened on 21st May 2024, and will examine the impact of the pandemic on children and young people in England, Wales, Scotland and Northern Ireland.

The module will consider the impact of the pandemic on children across society including those with special educational needs and/or disabilities and from a diverse range of ethnic and socio-economic backgrounds.

2.2 Module 9 - Economic response

Module 9 will examine the economic interventions taken by the UK Government and Devolved Administrations in response to the Covid-19 pandemic, and opened on 9th July 2024. This module will look at, and make recommendations on, the economic support for business, jobs, the self-employed, vulnerable people, and those on benefits, and the impact of key economic interventions.

The module will also consider additional funding given to relevant public services and the voluntary and community sectors. More details of the areas of investigation are included in the provisional scope for Module 9.

The first Preliminary hearing for Module 9 will be held on 23rd October 2024

3 FUTURE MODULES

Further modules will be announced in the coming months:

ACRONYMS

EPRR	Emergency Preparedness, Planning and Response
HCID	High Consequence Infectious Disease
NRSA	National Security and Risk Assessment
PPE	Personal Protective Equipment

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

Teitl adroddiad: ***Report title:***	Emergency Preparedness, Resilience and Response (EPRR) – Annual Report 2023/24 and Strategic Update
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	This paper outlines the main points of the BCUHB NHS EPRR Annual Report 2023/24 together with a look ahead of EPRR priorities.
Argymhellion: ***Recommendations:***	The Board is asked to: **Note** the content of this paper and support the following recommendations: 1. To continue to support the EPRR Service 2. Support the affirmative EPRR Assurance Statement (referenced in section 2.3) 3. Support the 9 key EPRR priorities (referenced in section 2.4)
Arweinydd Gweithredol: ***Executive Lead:***	Dr Jane Moore – Acting Executive Director Public Health
Awdur yr Adroddiad: ***Report Author:***	Sharon Scott – Emergency Preparedness, Resilience and Response (EPRR) Lead

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☒	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Civil Contingencies Act 2004
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?***	Do/Naddo *N* Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn *berthnasol* *If no please provide an explanation as to why the duty does not apply* Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7 *WP7 Procedure for Equality Impact Assessments*
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 *N* Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn *berthnasol* *If no please provide an explanation as to why the duty does not apply* Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol. *WP68 Procedure for Socio-economic Impact Assessment.*
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	(crynodeb o'r risgiau a rhagor o fanylion yma) To be reviewed to ensure the Health Board Corporate Risk Register aligns with EPRR Civil Contingencies risks as outlined in the Wales and Local Resilience National Security Risk Assessment (NSRA)
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Unknown at the time of this report
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	Unknown at the time of this report

Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Discussion held at Formal Executive Team Meeting (July 2024) with support received. Paper shared by correspondence with Operational Leadership Team (OLT)
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF 1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users BAF 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience BAF 4.1 Significant risk of avoidable harm to patients and staff, due to a failure by the Health Board provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: Dim ***List of Appendices:*** *None*	

HEALTH BOARD MEETING
26 SEPTEMBER 2024
EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) – ANNUAL REPORT 2023/24 AND STRATEGIC UPDATE

1. Introduction/Background

The purpose of this paper is to provide Board with an overview of the main points contained within the BCUHB EPRR Annual Report 2023/24 together with a look ahead of EPRR priorties.

BCUHB are required to submit an NHS EPRR Annual Report to NHS Executive which has been signed off by Boards of NHS organisations

The content of the Annual Report has previously been discussed, with support received, at the Executive Team meeting on 31 July 2024 with a draft copy shared with NHS Executive prior to formal Board sign off.

It should be noted that a Covid-19 Independent Inquiry Module 1 paper will also be shared with Board at the September meeting. This paper has therefore attempted to not replicate the separate Module 1 paper but given the interdependencies between the EPRR Service and the Covid-19 Inquiry, it is recommended that papers are read together.

2. Background/History

The NHS EPRR is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. Boards of NHS organisations are required to sign off the annual report from across the system, seeking assurance that organisations:

- Mitigate where possible against the risks identified within the National Security Risk Assessment (NSRA);
- Have a robust emergency plan in place for major incidents (Chemical, Biological, Radiological, Nuclear (CBRN), terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);
- Have appropriate business continuity arrangements in place;
- Regularly test the efficacy of organisational plans through training and exercise; and
- Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through Continuing Professional Development (CPD) opportunities.

2.1 Approach - Review of Literature and Assessment

The Health Board appointed an Emergency Preparedness, Resilience and Response (EPRR) Lead whom commenced in post on 1 July 2024.

To complete the EPRR Annual Report, assurance assessment and priority setting, the EPRR Lead undertook an initial literature review, this includes the EPRR pages on

BetsiNet, all available EPRR Planning and Response documentation, assurance and committee papers available to her at the time.[1]

The review of documentation as described above, together with introductory meetings and informal discussion with the Associate Director of Urgent and Unscheduled Care, the Acting Executive Director of Public Health and many Directors, Senior Managers, site and service leads, during site visits across IHCs West, Central and East, has provided an early opportunity for the new EPRR Lead to review resilience and preparedness across the Health Board.

This review and discussion has been used to formulate the EPRR 2023/24 and associated assurance statement. The content of the report was developed using a pre-set list of questions provided by Welsh Government.

Within the timescale available, the Health Board has aimed to provide a balanced view of current preparedness and future priorities as identified from the information available at this time.

2.2 The EPRR Annual Report 2023/24 - Content

34 questions were raised around preparedness and response each relating to EPRR arrangements across the following themes:

- Governance
- Major Incident Plan
- Business Continuity
- Terrorism
- Power Outage
- Mass Casualties
- Cyber Attack
- Communicable Diseases and Pandemics
- Chemical, Biological, Radiological and Nuclear (CBRN)
- Training and Exercise
- Communication

Detail of current preparedness was provided within the Annual Report against the questions relating to each theme above.

[1] Business Continuity and Emergency Planning update paper to Strategy, Partnership and Population Health (SPPH) Committee, dated 10 December 2020
Civil Contingencies Group / Emergency Preparedness, Resilience and Response (EPRR) – paper to Planning Population Health and Partnership (PPH&P) Committee dated 23 April 2024
Minutes of the PPH&P Committee dated 23 April 2024
BCUHB Annual Report and Accounts 2023/24 (EPRR extract)
Annual Delivery Plan 2024/25
2024/27 Three Year Plan
Available informaiton held on BetsiNet EPRR pages

2.3 Assurance

The Health Board is required to provide assurance that it is "*satisfied in fulfilling the principles required by the Civil Contingencies Act 2004*" as follows:

1. Assess risks to inform contingency arrangements
2. Put in place Emergency Plans
3. Put in place Business Continuity Management arrangements
4. Share information with other organisations to enhance coordination and efficiency
5. Cooperate with other organisations to enhance coordination and efficiency
6. Have appropriate arrangements to warn, inform and advise the public/others, in an emergency
7. EPRR lessons identified and lessons learned procedure within the organisation that feeds into NHS Wales Emergency Planning Advisors Group (EPAG)

It should be noted that whilst the organisation has responded "Yes" to the 7 assurance questions above, a continuous cycle of review and gap analysis of existing EPRR arrangements including plans, policies training and exercise programmes against the statutory requirements detailed within the Civil Contingencies Act, EPRR Core Competencies and all other such EPRR national guidance/ policy will continue.

A comprehensive 2024/25 EPRR work programme with supporting governance structure and longer term EPRR strategic plan will be implemented to support improved and ongoing compliance, statutory accountability and associated guidance.

2.4 Priority Setting / Looking Ahead

Whilst the EPRR Annual Report aims to provide an honest, reliable assessment of current preparedness, 9 urgent priorities have been identified for 2024 / 25 to reinvigorate, improve and strengthen the organisations EPRR arrangements.

Due to the current resource restrictions within the service, whilst all are considered to be essential and many have commenced, a further assessment of urgency is being undertaken to ensure focus and attention with current capacity constraints is able to be applied robustly.

9 key priorities, as outlined in the Annual Report 2024/25, are described below:

1. The current EPRR structure is under review having appointed a new EPRR Lead with commencement date of July 2024 the intention is to then allow the new starter to develop their service going forward.

2. On-going deep dive into current BCUHB preparedness, plans, external reviews (eg R King July 2021) and governance arrangements to identify immediate priorities and gaps.

3. To support priority 2 above, seek urgent confirmation from IHC Directors to confirm IHC EPRR Director, Operational and Clinical leads. Once fully established

the EPRR service will support IHC leads to identify priorities and rectify gaps in resilience at IHC level across all sites and services.

4. Review the Health Board's EPRR Governance arrangements and re-establish the Health Board's Civil Contingencies Assurance Group and its sub-groups to strengthen governance arrangements across the Health Board, identifying risks, immediate priorities and longer-term goals.

5. Further develop stakeholder relationships and multi-agency partnerships including local area teams, other health board and national teams.

6. Develop the 2024/25 EPRR work programme to include but not limited to:

    a. Major Incident Plans and all associated policies and guidance
    b. Business Continuity Plans and all associated policies and guidance
    c. Risk assessment & Horizon scanning
    d. Training and Exercise programme
    e. Strategic training (Gold)
    f. Tactical training (Silver)
    g. Operational training (Bronze)
    h. EPRR specialist training
    i. Loggist training
    j. Governance
    k. Collaboration and information sharing
    l. Warning and informing
    m. Pandemic Preparedness and learning from the Covid-19 Inquiry (a separate Board paper responding to EPRR recommendations stemming from the Covid-19 Inquiry Module 1 is being taken to September Board for awareness)

7. Work alongside operational and clinical teams to embed year-round surge and escalation resilience strategies across IHCs in support of operational flow and provision of safe services.

8. Once fully established, develop a strategic plan for the service, which will be informed by activity, along with developing a business case to ensure appropriate staffing to support the system requirements.

9. Once fully established and stability has been assured, to move towards achieving excellence in EPRR across all statutory legislation and supporting guidance.

3. / *Budgetary / Financial Implications*

No current financial implications however, the outcome of the Covid enquiry and other inquiries may change this position in future.

4. Risk Management

The current risk assessments/BAF are undergoing review with BCUHB risk team to identify any risks that need review along with any additional new risks to be uploaded. There is also some work on going with the North Wales Resilience Forum (NLRF) to identify any joint risks that need to be managed through the all-Wales risk pool.

5. *Equality and Diversity Implications*

Not applicable to this paper

6. Recommendations:

6.1 To continue to support the EPRR Service
6.2 Support the affirmative EPRR Assurance statement (referenced in Section 2.3)
6.3 Support the 9 key priorities (referenced in Section 2.4)

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

Teitl adroddiad: ***Report title:***	**Corporate Governance Report**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 26 September 2024
Crynodeb Gweithredol: ***Executive Summary:***	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: • Chairs Actions • Joint Commissioning Committee (Governance Framework) • Approved clinicians and Section 12(2) Doctors across Wales
Argymhellion: ***Recommendations:***	The Board is asked to: • **NOTE** the contents of the report; • **RATIFY** the Chair's Action dated 13 September 2024; • **NOTE** the matters considered in the Private Board meeting on 25 July 2024; • **RECEIVE** the Minutes of the Joint Committees of the Board (Appendix 1); • **RATIFY** the Joint Commissioning Committee Governance documentation for inclusion in the JCC Governance Framework; and • **RATIFY** the approved Clinicians and Section 12(2) Doctors across Wales
Arweinydd Gweithredol: ***Executive Lead:***	Pam Wenger – Director of Corporate Governance
Awdur yr Adroddiad: ***Report Authors:***	Philippa Peake-Jones – Head of Corporate Affairs

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau /	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth

	High level of confidence/evidence in delivery of existing mechanisms/objectives	mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	*No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this. It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd 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)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith*	The effective management of Governance has the potential to leverage a positive financial dividend for

Financial implications as a result of implementing the recommendations	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
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	CRR-16 – Leadership/Special Measures
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:

- To continue to improve and report on Corporate Governance

List of Appendices:

Appendix A – Board Business Cycle

Supporting Pack
Appendix 1 – Joint Commissioning Committee Briefing July 2024
Appendix 2 – Joint Commissioning Committee Governance documentation
Appendix 3 – Approved Clinicians and Section 12(2) Doctors
Appendix 4 – Section 12(2) Doctors (All Wales).

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

The purpose of this report is to provide the Board with an update on key corporate governance matters.

2. ANNUAL BUSINESS CYCLE

The Business Cycle for the Board is attached for information (Appendix A).

3. URGENT ACTION

The Health Board Standing Order 2.1 allows for urgent action to be taken whereby it would not be practical to call an urgent meeting of the Board.

Since the last meeting, there has been one Chair's Action as follows:

Date	Subject	Additional Information	Supported by
13th August 2024	**Emergency Medical Retrieval and Transfer Service (EMRTS) Service**	The Board received an update on the pre-action protocol in relation to the decision by the Joint Commissioning Committee (JCC) of the Emergency Retrieval and Transfer Service discussed at the July Private Health Board meeting. In accordance with the Schedule of Matters Reserved to the Board in Standing Orders, the Board is required to approve action on litigation against the Health Board, therefore it was agreed with the Chair to take urgent action, by means of Chairs Action. The Board was asked to: • **Approve** a response to the Claim via the Court and so commence litigation on this matter; • **Agree** that the Claim form will be approved by the Chair and CEO as part of the process; and • **Recognise** Cwm Taf Morgannwg UHB as the correct Defendant in this matter as the host organisation to JCC. The application is now with the courts to determine whether permission is given to proceed, alongside the collective submission of the defendants and the separate submission of the independent charity. Should permission be given, the matter will proceed to a court hearing.	Chair Chief Executive 8 Independent Members

4. SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 25TH JULY 2024

In accordance with Standing Orders 7.5.3 the Health Board is required to report any decisions made in private session, to the next available public meeting of the board.

The following items were discussed during the private board meeting held on 25 July 2024:

- **Planned Care Fund – 2024/25 utilisation - Insourcing**
  The Board noted the revised trajectories for performance submitted to Welsh Government, and the continued use of Planned Care Funds to support delivery through commissioning of Waiting List Initiatives (WLI) and endorsed the placements for contracts for insourcing and outsourcing for Endoscopy, Diagnostics and Dermatology.
- **Abdominal Aortic Aneurysm (AAA)**
  The Board noted challenges in providing aortic surgery in North Wales and supported the preferred approach identified in the report to address this, ensuring that ongoing scrutiny was in place for aortic surgery.
- **Sensitive Quality matters**
  An update on key sensitive quality matters was provided.
- **High Value Claim**
  The Board approved two high value claims
- **Substance Misuse residential detoxification contract (Hafan Wen) - approval of extension terms until 31st May 2025**
  The Board approved an extension of the lease, the associated costs and the reduction in beds.
- **Acute Out Of Area (OOA) Bed costs and payments MHLD**
  Approved the funding for 'Out of Area Placements' with each of the providers and approved onward submission to Welsh Government for their approval.
- **Dental procurement**
  The Board noted the planned dental improvement programme of work and approved the proposed tender and associated governance requirements.
- **Continuing Healthcare (CHC) 2024/25**
  The Board received an update on ongoing discussion and supported further regional negotiations
- **Wrexham Maelor Business Continuity and Ysbyty Gwynedd Immunology Refurbishment Major Capital Projects**
  The Board discussed both matters and agreed to support both moving to the next phase.
- **Paolo Alto Cyber Security software investment**
  The Board approved the contract renewal.
- **Emergency Medical Retrieval and Transfer Service (EMRTS) Service**
  The Board were updated on the likelihood of a Judicial Review following receipt of a pre-action letter addressed to all seven health boards.

5. BOARD ASSURANCE FRAMEWORK

Five strategic risks were approved by the Board in July 2024 as part of the re-alignment of the Board Assurance Framework. Further work will be carried out to fully develop the risks following any feedback from Committee and Board. An update was provided to the Audit Committee in September and it was agreed that the re-alignment of the Board Assurance Framework will be considered by the Audit Committee in November 2024.

6. JOINT COMMISSIONING COMMITTEE (JCC)

As agreed at the July Board meeting the Minutes of the Joint Committees of the Board will be shared as soon as available and attached to this report as an appendix. The briefing from the Joint Commissioning Committee held on 16th July 2024 is attached in the **supporting pack** at **Appendix 1.**

The 7 x HBs approved the JCC Standing Orders (SOs) and Standing Financial Instructions (SFIs) in March 2024, and the Joint Committee adopted the JCC Standing SO's and SFIs at its inaugural meeting on 8 April 2024, and they were included as a schedule to each of the Health Boards (HBs) own SOs and have effect as if incorporated within them.

The Joint Committee was advised that work was ongoing during the transition phase to finalise other elements of the governance framework including the Hosting Agreement (HA), the Memorandum of Agreement (MoA) and the Scheme of Delegation (SoD).

The Joint Commissioning Committee (JCC) at its meeting on 17th September recommended approval of the following documents to the Health Boards. These documents are available in the **supporting pack** at **Appendix 2.**

- Memorandum of Agreement
- Hosting Agreement
- Terms of Reference for the new established JCC Sub-Committees

7. APPROVED CLINICIANS AND SECTION 12(2) DOCTORS - JULY 2024

The Board is asked to **note** and **ratify** the approvals in line with the requirements of the Welsh Government Guidance Document "Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians", the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the "All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals" document.

The following appendices are included in the **supporting pack**.

- **Appendix 3:** Approved Clinicians (All Wales)
- **Appendix 4:** Section 12(2) Doctors (All Wales).

8. RECOMMENDATIONS

The Board is asked to:

- **NOTE** the contents of the report;
- **RATIFY** the Chair's Action dated 13 September 2024;
- **NOTE** the matters considered in the Private Board meeting on 25 July 2024;
- **RECEIVE** the Minutes of the Joint Committees of the Board (Appendix 1);
- **RATIFY** the Joint Commissioning Committee Governance documentation for inclusion in the JCC Governance Framework; and
- **RATIFY** the approved Clinicians and Section 12(2) Doctors across Wales

Health Board – Annual Cycle of Business

(1st April 2024 to the 31st March 2025)

The Annual Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a "Non-Routine Board Business (Forward Work Plan)" for 'one-off' Ad-hoc items raised during the course of meetings.

The role of the Health Board is set out in the standing orders which are available here: Standing Orders and Financial Instructions - Betsi Cadwaladr University Health Board (nhs.wales)

The **Health Board** meets bi-monthly.

Board Chair Dyfed Edwards **Board Vice Chair** Gareth Williams	**Independent Members** Karen Balmer Clare Budden Urth Felda Chris Field Dyfed Jones Mike Larvin Billy Nichols Caroline Turner Rhian Watcyn Jones **Associate Members** Mike Parry Fôn Roberts Jane Wild	**Executive Members** Russell Caldicott (Executive Director of Finance – Interim) Teresa Owen (Executive Director of Allied Health Professionals & Health Nick Lyons (Executive Medical Director / Deputy Chief Executive) Jane Moore (Executive Director Public Health – Interim) Carol Shillabeer (Chief Executive) Chris Stockport (Executive Director Transformation & Strategic Planning) Angela Wood (Executive Director Nursing & Midwifery) Vacant (Executive Director Operations)	**In Attendance** Jason Brannan (Deputy Director People Services) Helen Stevens-Jones (Director Partnerships, Engagement & Communications) Dylan Roberts (Chief Digital & Information Officer) Imran Devji (Chief Operating Officer – Interim) Pam Wenger (Director Corporate Governance)	**Preliminary matters to be included on agenda:** Welcome & Apologies Declarations of Interest Unconfirmed minutes of meeting held on xxxx Matters Arising & Action Log Patient Story Citizens Experience Report (alternate meetings) Report of the Chair Report of the Chief Executive Report of the Vice Chair

ITEM	MAY (Q1)	JULY (Q2)	SEPTEMBER (Q2)	NOVEMBER (Q3)	JANUARY (Q4)	MARCH (Q4)
PRELIMINARY MATTERS						
STRATEGIC PRIORITIES						
Urgent & Emergency Care (4G)			■			
Three Year Plan 2025-28			■			
Operating Model (1C)				■		
Prioritisation Policy (2F)				■		
10 Year Strategy (2A)						
North Wales Medical School						■
QUALITY						
Royal College of Psychiatry (RCP) Progress Report (4I)		■			■	
Health Board Charter for Children and Youth Leadership Board (4L)			■			■
Women's Services (4K)				■		
Approve Clinical Services Plan (2B)						■
Currently Challenged Services (4J) (Items to be escalated by QSE Committee)	#	#	#	#	#	#
GOVERNANCE & ASSURANCE						
Integrated Performance Report	■	■	■	■	■	■
Quality Report	■	■	■	■	■	■
Finance Update	■	■	■	■	■	■
Corporate Risk Register	■	■	■	■	■	■
Annual Delivery Plan		■	■	■		■
Corporate Governance Report		■	■	■		■
Board Assurance Framework			■			■
Nurse Staffing Act	■			■		
Capital Priorities (2D) Schemes:		■	■		■	■

ITEM	MAY (Q1)	JULY (Q2)	SEPTEMBER (Q2)	NOVEMBER (Q3)	JANUARY (Q4)	MARCH (Q4)
Holyhead Health and Wellbeing Centre Royal Alexander Hospital – potentially May 25 Llandudno Hospital Ablett Unit MH – potentially Jan-March 25 Ysbyty Glan Clwyd Electrical Infrastructure						
Board Policies for Approval (as required)	#	#	#	#	#	#
Business Cases for Approval (as required)	#	#	#	#	#	#
Digital, Data & Technology(2E) (Major Programmes as required) Via PPHP	#	#	#	#	#	#
ANNUAL REPORTING						
Annual Report to Board (inc Performance Report, Accountability Report and Remuneration Report)*		Extra Ordinary Board				
Annual Statutory Accounts*		Extra Ordinary Board				
Head of Internal Audit Reporting (as part of the Annual Reporting Submission)*		Extra Ordinary Board				
Public Health Annual Report						
Research & Development Annual Report						
Equality Annual Report						
Risk Management Framework						
Annual Quality Report (inc Duty of Quality, Duty of Candour & Putting Things Right Annual Reports)						
Welsh Language Annual Report						
Health & Safety Policy and Annual Report						
Infection Prevention & Control Annual Report (inc Quality Report)						
Cancer Annual Report						
Emergency Preparedness, Resilience & Response (EPPR)						
Clinical Education Annual Report						
Winter Plan						
Ombudsman Annual Letter						
Llais Annual Report						
Annual Audit Report & Structured Assessment						
Charitable Funds Annual Report & Accounts						
Regional Partnership Board (RPB) / Public Service Boards (PSB) Annual Reports						
FOR INFORMATION						
Committee & Advisory Group Chairs' Reports						
Board Forward Workplan						
Cycle of Business						
CLOSING BUSINESS						
Review of Meeting Effectiveness						
Date of the Next Meeting						
Resolution to Exclude the Press and Public						
PRIVATE AGENDA						
Business Cases (Commercial and Confidence) #						
Contracts for Approval #						

ITEM	MAY (Q1)	JULY (Q2)	SEPTEMBER (Q2)	NOVEMBER (Q3)	JANUARY (Q4)	MARCH (Q4)
Quality Report						

= As required
*These items will be part of the Extra Ordinary Health Board held 10.07.24

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

Reporting Committee:	**Audit Committee**
Committee Chair:	Karen Balmer, Independent Member
Date of last meeting:	18th July 2024
Paper prepared by:	Jody Evans, Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the Audit Committee met on 18th July 2024.

The Committee considered following items;

The Committee noted the items that were considered in the Private Audit Committee, held on the 7th May 2024

- Details of Breaches of Standing Financial Instructions (SFIs), Scheme of Delegation and Standing Orders.
- Independent Review Management Response (Contract Procurement Review).
- Local Counter Fraud Report.
- Development of the Annual Governance Statement 2023/24.

AC24.94 Effective Governance – Integrated Health Community (IHC) Central - Final Internal Audit Report

The Integrated Health Community Director (Central) presented the Limited Assurance Report to the Committee, along with a summary of the *Limite*d status recommendations. It was recorded that a number of actions had been completed to date and that work was ongoing to progress recommendation actions. The Committee ***noted*** the update and asked for an update on the impact of the actions being taken with regard to the reduction of outstanding complaints responses.

AC24.95 NHS Wales Shared Services Partnership – Annual Assurance Report (Procurement) 2023/24

The Committee ***noted*** the inaugural Annual Assurance Report (Procurement) for 2023/24 The report included key updates on National Procurement initiatives and outcomes that had a direct bearing on the Health Board, the report provided the summary of procurement activity undertaken.

AC24.96 Risk Management

The Committee received an update position on the, Limited Internal Audit Report, Corporate Risk Register, Risk Management arrangements, and the proposal to the role of Risk Management Group.

The Committee ***agreed to endorse***;

- The management response of the Internal Audit report.
- Recommendations to updating of the Risk Management Group (3 x a year Risk Forum and monthly Risk Scrutiny Group).
- Key updates and changes to the Risk Framework and Procedures.
- The Corporate Risk Register updates.

AC24.98 Standards of Business Conduct - Standards of Business Conduct, Declarations of Interest, Gifts and Hospitality

The Limited Assurances Report was presented to the Committee, along with a plan to address the recommendations raised within the report. The Audit Committee therefore

noted the Internal Audit and the actions proposed to address the issues raised requesting a further update at the November Committee meeting.

AC24.99 Annual Report from NHS Shared Services Partnership on Post Payment Verification 2023/2024
The NHS Wales Shared Services Partnership presented the detailed Post Payment Verification (PPV Annual Assurance Report, for 2023/24 to the Audit Committee.
The report related to work undertaken on behalf of the Health Board in verifying claims from General Medical Services, General Ophthalmic Services and General Pharmaceutical Services. The Committee ***reviewed, noted*** and were ***assured*** that the PPV cycle was being managed appropriately but requested prior year/ prior period comparative data going forward.

AC24.100 SFI Conformance Report – Quarter 1 24/25 & AC24.97 Breaches of SFIs and Scheme of Delegation
The conformance report for April to June 2024 provided the Committee with an overview of regulatory compliance, assurance, and good practice expectations. The Audit Committee noted and discussed the elements of performance and approved the report.

AC24.101 To receive the Internal Audit Progress Report
The Committee ***received*** the Progress Report for the period April to June 2024, and ***approved*** the changes to the plan in relation to Grievance Management and Business Cases, along with Capital and Revenue reviews. The progress report summarised ten assurance reviews finalised since the last Committee meeting. The report also detailed the reports issued as draft, and work in progress. The committee noted a slight decline in the management response times but were assured this was a glitch and overall response rates were still green.

AC24.102 Internal / External Audit Tracking Progress Report - Report
The Committee received the update report on the current status of recommendations, including proposed changes to the process and completion of audit recommendations. The briefing also covered updates on recommendations with 'none' or 'limited' assurances.
The Committee approved;
- Changes to the proposed process around the introduction of new Internal Audit Reports.
- Changes to the new audit recommendation closure process.

The Committee noted:
- The 'no' or 'limited' assurance recommendations.
- The current update position to all open recommendations, which were awaiting Internal Audit approval for final closure approval.
- The position and review of all Audit Reports included on Audit Tracker and next steps and the need to provide more detail to provide the relevant assurance to the Audit Committee without the need to provide very detailed trackers which were often difficult for Members to review.
- The AC Chair and the Director of Corporate Governance will meet to consider future reporting details

AC24.103 Audit & Risk Committee Update – External Audit
The Committee received the update, in relation to current and planned audit work within the Health Board (*namely* - Accounts and Performance Audits), along with the detailed focus and status of each review.
Attention was also drawn to recent publications by the Auditor General;

- Community Pharmacy Data Matching Pilot | Audit Wales
- From firefighting to future-proofing – the challenge for Welsh public services | Audit Wales
- Board Effectiveness Follow-up - Betsi Cadwaladr University Health Board | Audit Wales

AC24.104 National audit reports - for information – External Audit
The Committee ***received*** and discussed the following Audit Reports:

- Discharge Planning Progress (Update) BCUHB
- Urgent and Emergency Care~:Flow out of Hospital (North Wales region)

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

N/A

NEXT MEETING

The next meeting of the Audit Committee will be held on 2nd September 2024

V1.0

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

Reporting Committee:	**Planning, Population Health and Partnerships Committee**
Committee Chair:	Clare Budden, Independent Member
Date of last meeting:	20th August 2024
Paper prepared by:	Laura Jones, Project Support Manager (Corporate Governance)

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Planning, Population Health and Partnerships Committee held on 20th August 2024 in the Boardroom, Carlton Court.

Developing our Partnerships (Perspective from our Voluntary Services)
Tom Barham, Chief Officer for Denbighshire Voluntary Services Council joined the meeting to provide an opportunity to hear from a partner perspective and have a discussion around building networks and partnerships. The Committee was made aware of the Bevan Commission report on the values and value of the third sector focusing on collaboration with the statutory sector to delivery health and social care in Wales. There are approximately 12,000 third sector organisations across Wales who deliver health and wellbeing in some form and are therefore a major partner. There was discussion around the need for direct partnership working with the Health Board to address areas including service pressures, financial issues, prevention, and early intervention. The Denbigh and Flint Show was highlighted as a recent event where BCU and the third sector joined together and provided a piece of engagement work that was very successful. The opportunities for joint working were also referenced in relation to the development of the Royal Alexandra Hospital. It was agreed that this is the time for the organisation to maximise the resource available within the local communities highlighting the need to be clear on what channels exist at strategic level to ensure the Health Board include third sector community groups as part of the planning process. There is a need to engage from an early stage to ensure the third sector are a central part of our strategic planning and also be clear on the funding and delivery of outcomes. There was further discussion around the importance of early dialogue, funding and engaging with hard to reach communities. It was agreed that this needs to feed up to the Board and there is a need to involvement partners in our longer term planning.

Becoming an Intelligence Led Organisation
The Committee received a presentation on Becoming an Intelligence Lead Organisation which focused on using data more effectively to inform decisions. The aim of the work completed to date has been to produce data that meets the needs of the organisation to allow this to be used in the right way to gain the biggest impact. There is a need to ensure that the data being reviewed internally is also the data that is being shared externally therefore the data needs to feed through the organisation in the right way to maintain one source of the truth. It was suggested that the Board need to lead on this and ensure that the information being shared with the Board includes reference to the supporting data as a standard requirement. It was suggested that this work also needs to link in with the Cultural Change Programme in terms of capturing relevant public health data to allow the Health Board to identify issues within communities that require service transformation to maximise benefits for patients.

Digital, Data and Technology Strategic Workstreams Update
The Committee received a paper referencing the relationship between Digital Health & Care Wales (DHCW) and the Health Board. The Committee understood the issues that had been discussed suggesting that going forward this could be managed on an individual project basis ensuring that the Board are kept informed of any issues that arise. The priority of the Health Board is the health and wellbeing of the population and it was agreed that the Health Board will continue to work positively with DHCW bearing in mind there may be occasions where the Board will need to review business critical issues. An update was provided against the current workstreams confirming that funding had been secured to further develop the business case for an electronic healthcare record system and the Health Board will now go forward with an individual case to be presented to Welsh Government. A big risk was highlighted in relation to cyber attack, work is taking place in relation to business continuity arrangements and this is also due to be included as part of the Board Development session in October. Reference was made to the challenges around resource and the risks of not tackling this issue stating that investment in this area will help to deliver efficiencies in the longer term as well as improving services and performance.

Emerging Approach to Refreshing the Strategy
The Committee received a report on the progress to date including discussion at a Board Development session and an Executive Workshop. Work has commenced in terms of identifying the gap, the current touch points have been established and further work is required to determine the additional touch points required. The importance of this work was highlighted along with the need to focus on the journey to creating the strategy both internally and externally to ensure this is completed collaboratively.

Decarbonisation Action Plan (DAP) and Programme Progress Paper
The Committee received a report on the decarbonisation action plan with the aim of becoming net zero by 2030. The plans include vehicles used by the Health Board to meet ultra-low emissions standards and the current fleet is in the process of moving across to electric vehicles. There is a plan to convert all lighting to LED by 2025 and also move some buildings to low carbon heating. In relation to electricity consumption, options are being explored including discussions with Bangor University on the use of a potential solar farm.

ITEMS TO BE ESCALATED TO THE BOARD

- No items were raised

NEXT MEETING

The next meeting of the Committee will be held on 22nd October 2024

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

Reporting Committee:	Mental Health Legislation Committee
Committee Chair:	Gareth Williams
Date of last meeting:	1 August 2024
Paper prepared by:	Gareth Williams, Vice Chair

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the meeting held on 1 August 2024 at Carlton Court:

- **Mental Health Assurance Report**
  The Committee discussed and noted the report and appendices, noting the need for further consideration of the timescale within which in-patients should be informed of their rights.

- **Mental Capacity Assurance Report**
  The Committee accepted the Deprivation of Liberty Standards (DoLS) and Mentaal Capacity Act (MCA) Report and the DoLS and MCA Action Plan and noted the progress in reducing the backlog while noting that the current system required by legislation was unwieldy.

- **Healthcare Inspectorate Wales (HIW) Assurance Report**
  The Committee noted that no HIW Inspections had taken place

- **Associate Hospital Managers Update Report**
  The Committee received the Associate Hospital Managers update report and expressed appreciation for their important work.

- **Report from the Power of Discharge (Associate Managers) Group**
  The Committee received and noted the Power of Discharge report

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to the Board

NEXT MEETING

Thursday 7 November 2024

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

Reporting Committee:	**Remuneration Committee**
Committee Chair:	Dyfed Edwards, BCUHB Chair
Date of meetings since the last Board meeting:	24/07/24, 19/08/24 and 11/09/24
Paper prepared by:	Llinos Roberts, Executive Business Manager (Chair's Office)

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Committee meetings held in private sessions on 24th July 2024, 19th August 2024 and 11th September 2024:

- In accordance with Health Board's Standing Orders, the full Board is required to ratify the appointment of officer members. At the Remuneration Committee meeting on 19th August 2024, the following appointments were approved for onward reporting to the Board:
  - Executive Director of Allied Health Professionals and Health Sciences
  - Interim Chief Operating Officer
- Executive and senior management updates, approving actions to progress where required
- Update on senior agency and interim appointments and extensions,
- Approval of the Hybrid Working Allowance protocol
- Appointments Advisory Committee (AAC) Panel Decision Report confirming appointments of Consultant staff
- Quarterly report on the termination of fixed term contracts

ITEMS TO BE ESCALATED TO THE BOARD

None

NEXT MEETING

28th October 2024

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

Reporting Committee:	**Charitable Funds Committee**
Committee Chair:	Dyfed Jones, Independent Member
Date of last meeting:	13/08/24
Paper prepared by:	Kirsty Thomson, Charitable Support Team

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

At the 13/08/24 meeting the Charitable Funds Committee (CFC):
Received the Quarter 1 Investment and Finance reports and the Charitable Support Team Update. Key points raised:

- Total income (donations, fundraising, legacies and investment income) for the quarter ending 30 June 2024 is £407,000, a decrease of £10,000 on the same quarter last year due to reduction in donations and fundraising income.
- Total expenditure in the quarter was £644,000 compared to £446,000 in quarter 1 last year.
- Grant funded expenditure can be particularly variable depending on the projects approved in any period. Expenditure in quarter 1 was £124,000 compared to £217,000 in 2023/24 quarter 1.
- Long term investments were valued at £11,133,000 at 30 June 2024 compared to £11,032,000 at 31 March 2024.
- Creditors and committed grants expenditure totalled £1,190,000 at 30 June 2024 and therefore there was sufficient cash held to meet these liabilities.

Approved revised Charity Procedures, 2024/25 Cycle of Business and new Terms of Reference for the Charitable Funds Grants Decision Panel. Key points raised:

- The revised Charity Procedures now include additional sections to provide clarity and guidance on using charitable funding for vouchers, conferences and awards ceremonies and research and development funding requests.
- The Charitable Funds Committee have set up the Charitable Funds Grants Decision Panel (CFGDP) to meet outside of the formal Charitable Funds Committee meetings on a regular basis to scrutinise and take timely decisions on all grant applications over £5,000 and all other charitable funding requests which require Charitable Funds Committee approval in accordance with the Committee's Terms of Reference. The detailed operating arrangements in respect of this group are set out in the new CFGDP Terms of Reference.

ITEMS TO BE ESCALATED TO THE BOARD

No items for escalation.

NEXT MEETING

The next Charitable Funds Committee will take place on Tuesday, 12th November.

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

Reporting Committee:	**Local Partnership Forum**
Committee Chair:	Carol Shillabeer, Chief Executive
Date of last meeting:	10th September 2024
Paper prepared by:	Fiona Lewis (Corporate Business Officer)

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Local Partnership Forum Meeting on 10th September 2024:

- **Patient's Story – Trans Voice Service**
  It was reported that outcome measures for the service had been very positive, with reduced waiting times and increased clinical times for patients; that access to virtual clinics linked into the strategic objective (Improving Quality, Outcomes and Experience) and that the Communications Team were doing a great deal of work on social media encouraging feedback.
- **Update on Special Measures, September 2024**
  The report was well received. It was noted that the Independent Review into Human Resources, which had incorporated Workforce planning, equality and staff well-being was to be revisited and to be considered on a future agenda.
- **Finance Report – Month 4**
  Members received an update on the financial position and noted that confirmation had been received from Welsh Government that whatever was agreed in the pay award, they would provide an additional allocation to support this, however there was a risk that the allocation would not support the total pay award. Ongoing concerns around recruitment and retention and the pressures this puts on the Health Board were discussed. Members noted that work was ongoing, aimed at providing a substantive workforce model, and that the Health Board had to continue to have good financial control of resources and maximise technology.

- **Corporate Planning Update, September 2024**
  The Update was well received. Discussions took place concerning certain Members who felt that corporate strategies contained within the Annual Plan were rarely, if ever, referred to when creating their own departmental strategies, despite the Annual Plan being shared with them. The Director of Transformation and Improvement confirmed that his team was already aware of the situation and one objective for the forthcoming year was to work out the best ways of cascading information, to overcome this problem.
- **Culture and Leadership Programme Update, September 2024**
  Members thanked he Head of Organisational Development and her team for carrying out this very important work.
- **Update on Operating Model Review, September 2024**
  Trade Union Members were asked to discuss with colleagues what they felt might be the best way to engage staff in the upcoming Design Phase.
- **NHS Wales Protocol for Recognising Continuous Service**
  Members welcomed this Protocol and were appreciative of the formalisation of the process.

- **Issues Raised by Trade Union Colleagues**
  Various items were raised, including mileage claims and the Expenses policy. It was agreed to discuss outside of the meeting.
- **Workforce Report, September 2024**
  The report was well received however, with regards to the Workforce Partnership Group, it was noted that more encouragement was required to get Management to offer their support to it.
- **Equality Team update, September 2024**
  The report contained some very positive information, however it was also acknowledged as raising some very difficult questions the Health Board needed to address and that further work would be required in this area.
- **Strategic Occupational Health and Safety Group (Issues of Significance)**
  Members were advised that the Health and Safety Annual Report and Policy were due to considered at the Health Board meeting in September. Members were also advised of that the All-Wales procurement of a new software system to be used by the Occupational Health Service, had not progressed as planned, leaving the service unable to access certain information. This had resulted in the Health Board joining a UK-wide forum for other similarly affected NHS Health Boards and Trusts, which it was hoped would provide a solution within the coming few weeks.

KEY ADVICE / FEEDBACK FOR THE BOARD

Members were very positive, with all attendees appreciative of the encouraging changes taking place in the Health Board – both by staff and management alike. There was also acknowledgement and appreciation of the continued hard work required to ensure patients and staff receive the treatment they need and deserve.

ITEMS TO BE ESCALATED TO THE BOARD

It was agreed that that the Terms of Reference require a refresh to enable the Local Partnership Forum to move forward in a more pro-active manner. Carol Shillabeer, Pam Wenger and Jan Tomlinson to discuss.

NEXT MEETING

The next meeting of the Local Partnership Forum will be held on 6th November 2024.