Bundle Health Board 28 September 2023

1 09:30 - HB23.206 Welcome, introductions and apologies for absence
HB23.206 HB Agenda 28 September 2023 vf

2 09:32 - HB23.207 Declarations of interest relating to agenda

3 09:34 - HB23.208 Minutes of the previous meetings held on 31 July 2023 and 24 August 2023
HB23.208a Draft Health Board Minutes 31.07.23 Public v.04.2 Chair reviewed_final version
HB23.208b Health Board Minutes 24.08.23 Public draft v.04 final

4 09:44 - HB23.209 Action Tracker
HB23.209 Action Tracker HB 28 Sept 2023 board vf

5 09:49 - HB23.210 Patient Experience/Story
HB23.210 Patient Story - A patient journey through cancer services

6 10:09 - HB23.211 Chairs Report
HB23.211 Chairs Report 28.09.23 CYM

7 10:24 - HB23.212 Chief Executive Officers Report
HB23.212 Board CEO report Sept 2023

8 10:39 - HB23.213 Questions from the Public

9 HB23.214 ITEMS FOR APPROVAL/RATIFICATION/DECISION

10 10:44 - HB23.215 Special Measures - Full 90-day cycle Report
HB23.215 FINAL 2023-09-28 - Special Measures Cycle 1 Closure and Cycle 2 Commencement Report v02

11 HB23.216 The Development of an Elective Orthopaedic Surgical Hub at Llandudno Hospital - Single Stage Business Case
HB23.216a BCv23.2-coversheet
HB23.216b BCv23.2-excl capital figures

12 10:59 - HB23.217 Framework for Approval: Risk Management Framework
HB23.217a Risk Framework - Coversheet - Developmental Board Session Risk Sept Board V2 (003)
HB23.217b Appendix 1 Risk Appetite 2023 V5
HB23.217c Risk Management Framework final V4 for Board AC mark up
HB23.217d EqIA RM01 2023_

13 11:09 - HB23.218 Framework for Approval: Performance Framework
HB23.218a HB - Header Integrated Performance Framework - fin
HB23.218b HB - Integrated Performance Framework - fin sept

14 11:19 - HB23.219 Framework for Approval: Planning Framework
HB23.219a Integrated Planning Framework
HB23.219b Integrated Planning Framework-E1Final
HB23.219c 2Eng-Planning timeline
HB23.219d 3Eng-IAST IPF

15 11:29 - HB23.220 Corporate Governance Report: •Common seal applications and Chairs Actions update •Standing Orders - New model Standing Orders received from the minister •Proposal for Board Committees and Advisory Groups -Report of Audit Committee -Report of Remuneration Committee
HB23.220a Corporate Governance Report Final v2 21 Sept
HB23.220e Committee Terms of Reference Summary V5
HB23.220f Audit Committee Chairs Report
HB23.220g RemCom Chairs Report

16 HB23.221 ITEMS FOR DISCUSSION/ASSURANCE

17 11:49 - HB23.222 Financial Performance 2023/24
-
HB23.222a Board Report Coversheet - M5
HB23.222b HB Report M05
HB23.222c BCU M05 2023-24 MR Report
HB23.222d Savings Summary Month_PFIGv3
HB23.222e BCUHB - Capital Dashboard Mth 5 - HB
HB23.222f PFIG Chairs Assurance Report

18 11:59 - HB23.223 Integrated Performance Report
HB23.223a HB Performance Report - 28092023 with Narrative
HB23.223b Health Board 28-9-23 FINAL

19 12:09 - HB23.224 Integrated Quality Report -Report of the Quality, Safety and Experience Committee
HB23.224a Quality Report - September 2023
HB23.224b Copy of HB - Quality Report - Appendix - Sept 2023
HB23.224c QSE Chair Assurance Report 22.08.23 v3

20 12:19 - HB23.225 Culture, Leadership and Engagement Report
HB23.225 Board Report on Culture Leadership and Engagement

21 12:29 - HB23.226 Welsh Language Annual Monitoring Report
HB23.226a Welsh Language Services Annual Monitoring Report 2022-2023
HB23.226b Welsh Language Services Annual Monitoring Report 2022-2023
HB23.226c BCUHB - MNG_MJW NHS Annual Update Report 2022-23

22 12:39 - HB23.227 Report of Partnerships -Regional Partnership Board -Public Service Board
HB23.227 Board - Partnerships Report September 2023

23 12:49 - HB23.228 Report of Joint Committees: -EASC -WHSCC
HB23.228a Report of Joint Committees
HB23.228b Quality Patient Safety Committee Chairs Report August 2023
HB23.228c Summary of Services in Escalation

24 12:54 - HB23.229 Reports from Advisory Fora: -Health Professions Forum -Stakeholder Reference Group -Local partnership Forum (Trades Unions)
HB23.229a HPF Chairs Assurance Report - 01 September 2023 v1.0 ENG
HB23.229b Stakeholder Reference Group Report vf
HB23.229C Local Partnership Forum Report

25 13:04 - HB23.230 OTHER MATTERS

26 HB23.231 Any other business

27 HB23.232 Date of Next Meeting

BETSI CADWALADR UNIVERSITY HEALTH BOARD

BOARD MEETING
THURSDAY 28 SEPTEMBER 2023
9.30 – 13.30
VENUE CYMRU, LLANDUDNO

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

AGENDA BOARD				
1. PRELIMINARY MATTERS				
9.30	1.1	Welcome, introductions and apologies for absence	Verbal	Chair
9:32	1.2	Declarations of interest relating to agenda	Verbal	Chair
9:34	1.3	Minutes of the previous meetings held on 31 July 2023 and 24 August 2023	Attached	Chair
9:40	1.4	Action Tracker	Attached	Chair
9:45	1.5	Patient Experience/Story	Presentation	Director of Nursing and Midwifery
10:05	1.6	Chairs Report	Attached	Chair
10:20	1.7	Chief Executives Report	Attached	Chief Executive
10:35	1.8	Questions from the Public	Verbal	Chair
2. ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.45	2.1	Special Measures – *Full 90-day cycle Report*	Attached	Chief Executive Officer
10:55	2.2	The Development of an Elective Orthopaedic Surgical Hub at Llandudno Hospital - Single Stage Business Case	Attached	Executive Director of Transformation and Strategic Planning
11:05	2.3	Framework for Approval: • Risk Management Framework	Attached	Chief Executive Officer and Interim Board Secretary
11:20	2.4	Framework for Approval • Performance Framework	Attached	Director of Finance
11:35	2.5	Framework for Approval • Planning Framework	Attached	Director of Strategy and Strategic Planning
11:50	2.6	Corporate Governance Report • Common seal applications and Chairs Actions update • Standing Orders – New model Standing Orders received from the Minister • Proposal for Board Committees and Advisory Groups - Report of Audit Committee - Report of Remuneration Committee	Attached Attached Attached	Board Secretary Chair – Audit Chair-Remuneration

3. ITEMS FOR DISCUSSION/ASSURANCE				
12:10	3.1	Financial Performance 2023/24 - Month 05 - Report of the Performance, Finance and Information Governance Committee	Attached Attached	Director of Finance Chair – PFIG Committee
12:20	3.2	Integrated Performance Report	Attached	Director of Finance
12:30	3.3	Integrated Quality Report - Report of the Quality, Safety and Experience Committee	Attached Attached	Director of Therapies and Health Science Chair – QSE Committee
12:40	3.4	Culture, Leadership and Engagement Report	Attached	Deputy Director of People
12:50	3.5	Welsh Language Annual Monitoring Report	Attached	Director of Public Health
13:00	3.6	Report of Partnerships - Regional Partnership Board - Public Service Board - Shared Services Partnership	Attached	Director of Communication, Engagement and Partnerships
13:10	3.7	Report of Joint Committees: - EASC - WHSCC	Attached	Chief Executive Officer
13:15	3.8	Reports from Advisory Fora: - Health Professions Forum - Stakeholder Reference Group - Local Partnership Forum (Trades Unions)	Attached	Associate Members
4.OTHER MATTERS				
13:25	4.1	Any other business	Verbal	Chair
13:30	4.2	Date of Next Meeting	Verbal	Chair

Resolution to Exclude the Press and Public - "Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

BOARD MEMBERS	POSITION
Dyfed Edwards	Independent Member/Chair
Karen Balmer	Independent Member
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Gareth Evans	Acting Executive Director of Therapies & Health Services
Adele Gittoes	Interim Executive Director of Operations
Cllr Dyfed Jones	Independent Member
Dr Mike Larvin	Independent Member
Dr Nick Lyons	Executive Medical Director
Teresa Owen	Executive Director of Public Health
Jane Wild	Associate Member, Healthcare Professions Forum
Fôn Roberts	Associate Member, Director of Social Service member

Carol Shillabeer	Interim Chief Executive Officer
Chris Stockport	Executive Director of Transformation & Strategic Planning
Rhian Watcyn Jones	Independent Member
Gareth Williams	Independent Member
Angela Wood	Executive Director of Nursing and Midwifery
IN ATTENDANCE	
Jason Brannan	Deputy Director of People
Richard Coxon	Interim Head of Corporate Affairs (minutes)
Phil Meakin	Interim Board Secretary
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Dylan Roberts	Chief Digital Information Officer

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 31 July 2023 at Conference Room, Optic Centre, St Asaph and
via zoom livestream

Board Members Present	
Name	**Title**
Dyfed Edwards	Chair
Jason Brannan	Deputy Director of People
Clare Budden	Independent Member
Russell Caldicott (RC)	Interim Executive Director of Finance
Gareth Evans	Acting Executive Director of Therapies & Health Science
Prof Mike Larvin	Independent Member
Dr Nick Lyons (NL)	Executive Medical Director/Deputy Chief Executive
Phil Meakin (PM)	Interim Board Secretary
Teresa Owen	Executive Director of Public Health
Carol Shillabeer	Interim Chief Executive Officer
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Dr Chris Stockport (CS)	Executive Director of Transformation and Planning
Rhian Watcyn Jones	Independent Member
Gareth Williams	Independent Member
Angela Wood (AW)	Executive Director of Nursing and Midwifery

In Attendance	
Richard Coxon	Interim Head of Corporate Affairs (for minutes)
Jody Evans	Corporate Governance Officer (remote Live stream support)
Lowri Gwyn	For translation
Fiona Lewis	Corporate Business Officer
Marty Mcauley	Deputy Director Corporate Governance/Deputy Board Secretary
Llinos Roberts	Executive Business Manager (Managing zoom link)
Rebecca Sands	Team Leader, 111 press 2 Service (Item HB23.154 only)
Observing	
Barbara Cummings	Interim Director of Performance
Adele Gittoes	Interim Executive Director of Operations (designate)
David Jenkins	Welsh Government Advisor
Matthew Joyes	Deputy Director of Quality
Geoff Ryall-Harvey	Chief Officer, North Wales Community Health Council
Iain Wilkie	Interim Director of Mental Health and Learning Disabilities (MHLD)
Members of the Public	

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Agenda Item	Action
OPENING BUSINESS	
HB23/150 Welcome, introductions and apologies for absence **HB23/150.1** The Chair welcomed everyone to the Board meeting. **HB23/150.2** Apologies were received from: • Dylan Roberts, Chief Digital and Information Officer • Fôn Roberts, Associate Member • Jane Wild, Associate Member	
HB23/151 Declarations of Interest on current agenda No declarations of interest were received.	
HB23/152 Draft minutes of the previous meetings held on 25 May 2023 and 22 June 2023 **HB23/152.1** The draft minutes of the meeting held on the 25 May 2023 were approved. The minutes of the 22 June 2023 were approved subject to the following *amendments*: • HB23.137.18 Prof Mike Larvin stated that the *mandated national curriculum* for trainee doctors now included how to deal with patients challenging behaviours • He also reported that Bangor University was increasing the number of students for dental *hygienists* • An Independent Member noted that the smoke free policy was not as clear on vaping as it could have been, therefore the policy was approved *subject to the inclusion of reference to vaping*.	
HB23/153 Action Log **HB23/153.1** The Acting Board Secretary, highlighted the actions that had been completed. It was noted that remaining open items would be addressed at the meeting to be held on 28 September 2023. **HB23/153.2** The action HB23.137.16 would be updated to provide greater clarity on the request for the Executive Director of Public Health to provide feedback on the use/training of Health Advocates following discussion with Universities.	

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It was resolved that the Board noted the updated action log. **ACTION: The Interim Board Secretary advised that action HB23/137.18 would be assigned to the correct minute for ease of understanding.**	**PM**
HB23/154 Patient Experience – Mental Health Service '111 press 2' **HB23/154.1** The Executive Director of Public Health introduced the patient story which focussed on the NHS 111 Press 2 Service launched across North Wales on 17 January 2023 providing 24/7 telephone support for the urgent mental health concerns of individuals or those known to them. **HB23/154.2** The Executive Director of Public Health reported that the NHS 111 Press 2 Service was based in the East Region within the Heddfan Unit, although the service covered the North Wales area. The service had been utilised extremely well by citizens across North Wales and positive feedback had been received from partner agencies both internally and externally including feedback from GP Clusters, Welsh Ambulance Service Trust and North Wales Police. **HB23/154.3** The Board viewed a digital story about the service and heard from Gareth who shared his journey of accessing the service when his wife was terminally ill and the subsequent ongoing support following the sad passing of his wife. Gareth expressed his deepest gratitude to all of the Call Handling staff who had supported him and described the service as a 'life saver' **HB23/154.4** Rebecca Sands, Team Leader for the 111 press 2 service joined the meeting and explained that the service was a key part of mental health crisis work. It was noted that the service had received over 5,000 calls since it began, in line with the forecast level. The report outlined the key aims of the service. **HB23/154.5** In response to a question raised regarding training and support for staff, the Team Leader reported that they were well prepared for their role having received an intense induction, training, peer support and therapy advice. Additional support was also available at all times. It was noted that the service was also working closely with police on patient referrals. **HB23/154.6** It was agreed that this was a very positive service which reduced attendance at Emergency Departments and general reduction in admissions. It was noted that there was potential to develop similar models in Primary or Emergency Care however, further review work was being undertaken to move this forward.	

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It was resolved that the Board received the report and expressed thanks to everyone involved with the service.	
HB23/155 Chair's Report **HB23/155.1** The Chair introduced his report and emphasised that he was continuing to learn much from his many visits to various locations across North Wales including Tywyn and Dolgellau the previous week. He stressed the benefits of listening directly to staff concerns and ideas. **HB23/155.2** He also reported that he and the Interim Chief Executive Officer (CEO) had attended a closed session of the Public Accounts and Public Administration Committee of the Senedd, followed by a presentation by the Interim CEO for elected members on BCU's work around special measures. It was anticipated that there would be an opportunity to follow this up with a further presentation and discussion in the autumn. **HB23/155.3** It was noted that Welsh Government (WG) had moved to a new appointment process for Independent Members (IMs) and Vice Chair. Adverts for these roles within BCU were now live on the WG website. WG confirmation was awaited regarding the Trade Union Independent Member vacancy, it was anticipated that further clarity would be provided by the next Board meeting. **HB23/155.4** Various IMs acknowledged how much work the Chair had contributed and expressed the appreciation of Board members. In response to an IM's question regarding tenures and when further IM appointments would be advertised, the Chair advised that he intended to encourage four-year term appointments going forward. This would be discussed prior to the next recruitment campaign expected before the end of the 2023 calendar year. **HB23/155.5** An IM stated that she and other IMs would welcome the opportunity to meet with patients and staff across BCU's sites and requested that a planned programme of visits be developed for the autumn. **HB23/155.6** The Executive Director of Nursing and Midwifery confirmed that she was working with the patient experience team to develop a proposed programme of visits for Board members. **HB23/155.7** An IM recognised the value of visits and openness of staff. He thanked the Chair and Interim CEO who had attended the General Medical Council (GMC) North Wales Medical School approval visit. He commented that the University would be recruiting the first medical students shortly. The Interim CEO and Chair were pleased to have been involved in the successful event.	

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HB23/155.8 It was also noted that an IM had been very encouraged by conversations with staff in several departments which he had already visited. Whilst valuing the opportunity to listen to staff, he also noted that many had expressed their thanks for Board Members visiting. **It was resolved that** the Board received the report. **ACTION: The Executive Director of Nursing and Midwifery to circulate proposed programme of visits to the Board**	**AW**
HB23/156 Chief Executive's Report **HB23/156.1** The Interim CEO talked of her programme of visits and was energised by the motivation of staff, managers and clinical leaders who sought improvements. In conversations with medical students, she learned of their enthusiasm to gain knowledge in mental health services, community and primary care not only hospital-based care. She learnt of some of the real challenges around pathways and admissions which was an issue covered in the special measures work. Much partnership work had been undertaken during the previous months which had also been highlighted to the GMC. **HB23/156.2** The Board was very pleased to support the Climb project at Bangor University and to establish a Leadership Alumni. She reported that BCUHB had some very strong clinical and non-clinical leaders which the organisation were keen to grow and nurture going forward. Other projects included supporting people into employment and providing development opportunities, some of which had also received awards. **HB23/156.3** In response to an IM, the Interim CEO was pleased to advise that the Engage to Change project had resulted in the successful recruitment of half the current interns to roles within BCU. **It was resolved that** the Board received the report.	
HB23/157 Questions from the Public **HB23.157.1** The Chair reported that 20 questions submitted by members of the public prior to the meeting had been responded to and were now available on BCU's public website. He summarised the themes which included Pandemic plans and Board and WG responses; Coroner's reports and Tywyn Action Group.	

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HB23/157.2 The Chair stated that the Board was open to transparency and sharing information with the public, he also extended the invitation to submit questions, at any time, to himself or the Interim CEO directly.

It was resolved that the Board received the report.

HB23/158 ITEMS FOR APPROVAL/RATIFICATION/DECISION

HB23/159 Special Measures report

HB23/159.1 The Interim CEO introduced this report, noting that BCU was approximately two thirds of the way through the first 90-day cycle and had set an ambitious response program which it was working hard to deliver on. It was noted that some actions would carry through to the second cycle and that a number of independent reviews were taking place which would give the Board additional insight into the challenges and help to inform the second 90-day cycle.

HB23/159.2 The Interim CEO was pleased to report that 500 leaders within BCU were engaged across the organisation to help staff understand the approach to special measures and how it affects their daily practice.

HB23/159.3 The Executive Director of Transformation and Planning stated that of the 51 completed milestones, there were some areas which were a little further behind than had been anticipated. This mostly related to delays in receipt of some external reviews, however, a number of the reports had now been received which would have a positive impact on time scales.

HB23/159.4 It was noted that BCU had adopted the three lines of defence assurance model and preparations were now in place to ensure a seamless transition from cycle one to cycle two. The Minister had responded positively to the progress made to date.

HB23/159.5 An IM provided positive feedback on the layout and design of the report, which was clear and an easy aid to understanding the issues at the appropriate level of strategic oversight. In relation to questions raised regarding the challenges in Orthodontics highlighted in a number of reports, particularly the 156 week patient waiting times, the Executive Director of Transformation and Planning advised this related to specialist complex Orthodontics provision as opposed to routine dental treatment. Whilst Orthodontics was excluded from the national matrix, he undertook to explore the data further. The Interim CEO concurred that Orthodontic provision was also a challenge in some other Health Boards however, she recognised that progress was required in order for BCU's population to receive swifter access to the service.

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ACTION: The Executive Director of Transformation and Planning to review the data and report back **HB23/159.5** In response to an IM, the Interim Board Secretary advised that a more structured and robust induction for future BCU Board members would be supported by an induction pack developed through reviewing the practice of other Health Boards in Wales. **HB23/159.6** It was noted that governance processes were in place to receive Special Measures reports at BCU's Committees, an IM was keen to stress that there should be an awareness of potential 'Special Measures fatigue' and that core business needed to be equally focussed upon. **HB23/159.7** In respect of Orthopaedic improvements highlighted by an IM, the Interim CEO was pleased to report continuing focus across all sites on increasing productivity and drew attention to key work on urgent pathways. She advised that this experience provided the Board with many beneficial learning opportunities. **It was resolved that** the Board approved the report.	**CS**
HB23/160 Annual Plan – Delivery Plan **HB23/160.1** The Executive Director of Transformation and Planning confirmed that the draft Annual Plan reviewed at the previous Board meeting had been submitted on time to Welsh Government. It was noted that progress had already been made on monitoring the annual plan which would follow the Special Measures reporting style and be presented at Committee prior to submission to the Board. **HB23/160.2** The Executive Medical Director commented that the plan was challenging however, he was reassured and encouraged by staff discussion which reflected a marked optimism in engaging with opportunities to make improvements through change. **HB23/160.3** In response to an IM, the Executive Director of Transformation and Planning undertook to provide benchmarking data to provide a better understanding of BCU's trajectories and targets against other Health Boards in Wales. **ACTION: The Executive Director of Transformation and Planning to provide clear benchmarking data**	**CS**

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HB23/160.4 The Interim CEO made further comment on benchmarking, noting that most Welsh Health Boards were struggling on a couple of the key areas, particularly planned care and urgent and emergency care. She advised that work was progressing in developing a new performance framework for the organisation which would take into account benchmarking in regard to service access and also reflect performance quality together with financial performance. Discussion ensued on benchmarking which included the need for measurable outcomes and broader ambitions. It was also important to recognise good performance and to take opportunities to learn from others where there was poor performance. **HB23/160.5** In response to an IM, a discussion ensued on the potential future effects on young people not receiving timely interventions. The Board emphasised the need to support future generations, highlighted challenges in BCU and across Wales in the provision of neuro development, recognised good practices being introduced to support early years and the need to listen to the voices of young people and their parents whilst also working in partnership with other organisations. **HB23/160.6** In relation to the delivery and sustainability of targets, an IM reflected on the need to contextualise that the public's experience of BCU's services was the ultimate measure of performance and it would be important to ensure that the focus on 'hitting the target' would not 'miss the point'. **HB23/160.7** An IM shared his observation that a theme around the adequacy of Mental Health staffing had been raised during the Annual Scientific Conference of the Royal College of Psychiatrists which could be a subject for consideration by the Board in the future. **It was resolved that** the Board accepted the report	
HB23/161 Corporate Governance Report **HB23/161.1** The Interim Board Secretary presented the new style corporate governance report which incorporated the Corporate Risk Register, an update on the BCUHB response to the Audit Wales Board Effectiveness report, an update on the UK National Covid Inquiry and an update on Chair's actions and Common Seal applications. **HB23/161.2** In regard to the Corporate Risk Register, the report described the improvements that had been made and, it was noted that a new risk management framework would be submitted for approval at the September Board meeting. The	

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Chair noted that this had been shared with Board members, contributions had been made and questions raised.

HB23/161.3 The Interim CEO underlined the pending deadline for completion of the risk management framework, emphasising the importance of ensuring a clear and simplified understanding of the organisation's significant high level corporate risks and the mitigation being undertaken to address them.

HB23/161.4 A range of feedback was provided by IMs which included positive comments in regard to page layout and RAG status clarity. However, further clarity was needed in regard to the difference between the Corporate Risk Register and Board Assurance Framework, potentially some risks were too operational for Board level consideration, IMs also commented on the importance of addressing organisational culture and questioned the use of terms such as catastrophic.

HB23/161.5 In addition, an IM questioned the capture of risks associated with the structure of the new operational model at centre, financial risk around the delivery of targets and financial deficit along with not meeting any statutory duties. Discussion ensued on the need for clear definitions, understanding the difference between strategic and operational level risk, and clarity on whether there were adequate capture of risks associated with not meeting the performance improvements required to exit special measures to the timelines outlined.

HB23/161.6 It was acknowledged that progress had been made, however further work needed to be undertaken. The Interim Board Secretary advised the comments received would be fed back to the Risk Management Group and work would continue with the Audit Committee to progress this important area. A Board Development session on risk appetite was due to take place on 24 August 2023 which would be facilitated by the newly appointed Head of Risk Management.

HB23/161.7 In regard to the Board Effectiveness Review which emphasised the need to re-build and strengthen the senior leadership, capacity of BCUHB and create a more cohesive and effective board and leadership team. An IM questioned whether some of the responses included duplication and sought the inclusion of more updates on the changes introduced to address Board culture. The Interim CEO acknowledged the relationship with special measures reporting and reflected on the need to ensure there was alignment. She reported that further updates needed to be incorporated and that Audit Wales would review and discuss BCU's response further as part of their routine structure assessment work. The ultimate assurance test was whether the Board is effective in discharging its duties.

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ACTION: The Interim Board Secretary would provide the final version of the response to Audit Wales on completion of section 3 updates. **HB23/161.8** In regard to the Covid 19 Inquiry report the Interim Board Secretary reported that BCUHB had a duty to respond. It was noted that many Board member changes had occurred since the Health Board first responded to Covid 19. He acknowledged the scale of the task and advised that appropriate legal advice was being sought through the Welsh Shared Services legal team. It was noted that an Interim Head of Covid Inquiry had been appointed, the CEO was the Accountable Officer and the Interim Board Secretary was the Senior Responsible Officer for this project. **HB23/161.9** The IM Gareth Williams reported that he had been asked by the former Council General and Brexit minister to support a rule nine request which related to his previous position from which he had retired in 2021. This was noted. **HB23/161.10** The Interim Board Secretary reported that there had been a nil return in regard to Chair's actions and two formal seal applications had been actioned. **It was resolved that** the Board agreed the following: • The Board was assured of the ongoing work on the risk management framework which was good work in progress, following a board development session it was understood that the finalised format would be submitted to the Board in September 2023. • The Board considered the current draft of the corporate risk register of identified risks, noting there would be opportunity to develop these further. • The Board noted the progress of the Audit Wales report. • The Board accepted the progress outlined within the Covid Inquiry report • The Board noted the Common Seal applications	**PM**
HB23/162 Report of Audit Committee **HB23/162.1** The IM/Chair of the Audit Committee provided a verbal update on the private meeting held on 24 July 2023. **HB23/162.2** A good presentation had been received from the Interim Executive Director of Finance on the 2022/23 Annual Accounts completion where he noted the underspend of cumulative £1.2m and went through the key financial expenditure. IFRS16 challenges were highlighted to the Committee, including	

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indexation. A presentation from the Interim Finance Director was received on the provisions that had been made and accruals of annual leave. He also gave assurance on the timetable of submission of accounts over the next three weeks noting delays in the accounts process. WG was aware and we are working to a new deadline. The accounts were submitted to Audit Wales the same afternoon and a draft ISA260 report was anticipated this week. **HB23/162.3** There would be an Extraordinary Audit Committee and Extraordinary Health Board meeting on the 24 August 2023 to approve the accounts. **HB23/162.4** It was proposed that matters around financial governance and related staffing should be added to the risk register. **ACTION: Board Secretary to review risk register in relation to the proposal outlined.** **HB23/162.5** It was noted that the Bribery Act 2010 stated that Board members can be fined. There is a need for our staff and policies to be updated accordingly. **ACTION: Interim Executive Director of Finance to update relevant Finance Policy/ies and liaise with the Communications Team to address staff awareness** **HB23/162.6** The Audit Committee Chair commended the Finance team and Audit Wales for the robust processes undertaken, adding that additional work was still required to complete this year's process. **It was resolved that** the Board received the report.	**PM** **RC**
HB23/163 Report of Remuneration Committee **HB23/163.1** The Remuneration Committee Chair confirmed the extension of Carol Shillabeer as the Interim Chief Executive until the end of March 2024, which was excellent news. BCUHB, and particularly the Chair, was grateful to Powys Teaching Health Board for enabling this extension. The Chair also thanked the Interim CEO for the commitment and energy that she continued to bring to the role. **HB23/163.2** It was noted that the date of the August meeting might change. **It was resolved that** the Board noted the report.	
HB23/164 ITEMS FOR DISCUSSION/ASSURANCE	

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HB23/165 Financial Performance 2023/24 (Month 2)

HB23/165.1 The Chair welcomed the Interim Executive Director of Finance formally to his first meeting, who in turn extended his thanks to everyone who had made him feel so welcome. The report provided data for month 2 however he intended to provide a verbal update regarding month 3.

HB23/165.2 It was advised that the combined WG deficit was £648million. He reported that this meant that BCU was committing resources in terms of cash that went beyond its earnings for the year. It would be necessary to secure the additional cash through our planned submissions. Month 2 had realised a £2.9 million deterioration in position, whilst month one had a £1 million deterioration therefore BCU was at an accumulative £3.9 million position at the end of month 2. That deterioration had continued into month three, with £5.4 million deficit in month therefore BCU had a cumulative £9.3 million deficit position at the end of month 3.

HB23/165.3 The Interim Executive Director of Finance advised current cash holdings to be £4.8 million emphasising that we were going beyond the plan and committing more cash resource, he stated that finding the additional cash would be an incredibly challenging task.

HB23/165.4 An IM expressed disappointment with the position of the month to date.

HB23/165.5 The Interim Executive Director of Finance reported that the monthly report contained very few savings in the green RAG rated category. He reported that green savings performance had improved quite significantly over month 2 moving to £12.8m of identified green savings and confirmed there was a pipeline and regulated schemes awaiting approval. It was noted this would result in approximately £20 million threshold which would be £4 million short of the £25.2 million target for the year. Agency staff costs were reported to be £6.67 million in May. This had deteriorated and £7m of agency costs had been committed into June which was circa £1 million above BCU's average run rate in prior years, which was concerning given the approach of Winter and associated pressures.

HB23/165.6 The Interim CEO commented on the seriousness of the current and escalating position. She acknowledged that BCU was not alone as a Health Board however, BCU's key issues were to address the run rate within a very short time window therefore, focus was required on the process and agreement on what levels of actions needed to be undertaken as a Board. She stated that the Board would need to consider options such as reviewing investments and amending the

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current operating plan. The importance of working closely with trade union partners was noted. **HB23/165.7** The Chair suggested a small group be established to have an oversight of this work based on the principles that had been agreed. As the whole organisation needed to be focused, he would welcome engagement across BCU's workforce. The Interim CEO recognised the balance between saving money and protecting performance. The Board noted the need to consider any unintended consequence as part of the bigger picture versus the short term need to reduce cost. **HB23/165.8** The Interim Executive Director of Finance commented on the potential to look at benchmarking to consider what other opportunities remained available. **HB23/165.9** In response to the question of whether the 2023/24 pay awards would be fully funded by WG, the Interim CEO confirmed that in principle, WG had always funded pay awards and had not expected Health Boards to do so. She stated the situation required that the Health Board must do something differently in order to address the issues at hand. **It was resolved that** the Board received the report, and noted the adjustment to the capital report.	
HB23/166 Report of the Performance, Finance and Information Governance (PFIGC) Committee **HB23/166.1** The IM/PFIGC Chair presented the report and highlighted the following:- • Concern regarding patient discharge delays and ambulance handover waiting times • The shared services partnership had reported on significant savings on drugs and the Committee had asked for more information. • Concerns regarding the very long timescales in appointing staff as there was potential that during this extended period successful candidates might accept positions elsewhere. An improved process was necessary as there were so many unfilled positions. **HB23/166.2** The Interim CEO agreed that BCU did not have a comprehensive plan on primary care and delayed discharges. However, work was underway with Local Authority partners to resolve the issue of 'bed blocking' to make progress that would benefit patients and our financial position accordingly.	

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It was resolved that the Board received the report.	
HB23/167 Annual Accounts 2022-23 The Interim Executive Director of Finance did not have anything further to add regarding the Annual Accounts 2022-23 following the Audit Committee Workshop on the 24 July 2023 and Audit Committee Chair's report. **It was resolved that** the Board received the report.	
HB23/168 Integrated Performance Report **HB23/168.1** The Interim Executive Director of Finance presented the report which related to month 3. Key metrics: • Planned care improvements on waits. Cancer treatment reported good performance against other Health Boards but could improve further. • Performance delivery against the 4-hour target in June 2023 improved to 70.4% for the fourth month in succession, incremental performance improvement against this target has been achieved. • There was a reduction in the number of over 12 hour waits for admission reporting 2,691 (May 23, 2,994) against a reduction trajectory of 2,640. • Year on year staff sickness had reduced since last year. **HB23/168.2** An IM welcomed the report however, he was concerned that BCU was already off target with the Annual Plan. Neuro Development waiting times were an area of particular concern. The Interim CEO reported that there was a workshop planned in the next few weeks with other Health Boards as this was a national issue and often families needed an assessment as a gateway to accessing other help, including education. **HB23/168.3** The Acting Director of Therapies & Health Science advised that Informatics had added 900 patients to the waiting list on neuro physiology due to a previous error. **HB23/168.4** In response to an IM's query on whether BCU was being proactive in supporting staff wellbeing the Deputy Director of People reported that BCU was accessing external counselling to signpost staff to support, with a range of offers. **HB23/168.5** The Executive Medical Director reported that there was much work being progressed on changing patient pathways to enable improved and more efficient practices for staff and patients. BCUHB was exploring best practice from other Health Boards.	

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HB23/168.6 In response to an IM's query relating to transfers of stroke patients to specialist care which could be critical to their recovery, the Executive Medical Director undertook to provide feedback on the procedure required. **ACTION: The Executive Medical Director would provide a full response regarding transfer of stroke patients**	**NL**
HB23/169 Quality report **HB23/169.1** The Executive Medical Director introduced this item and highlighted the following areas within the Quality report: • Learning resulting in changing practice • Cdiff in Wrexham, a lot of work with deep clean, teams working together, responsible antibiotic prescribing • Coroner's notices on future deaths, to prevent further work. • Ambulance handover delays • Working with partners • De-escalation of vascular services, with much further work still to do. • A lot of work to be done to ensure timely action on complaints. The quality of responses had improved. **HB23/169.2** In response to an IM query regarding the timeliness of responses following complaints, it was emphasised that more streamlining was required and learning within the framework emphasised. **HB23/169.3** In response to an IM's query on the volume of complaints, the Executive Director of Nursing and Midwifery advised that, in general, numbers of complaints were consistent, with a recent slight reduction. She also reported that work had been undertaken with patients at the bedside to ensure that issues were dealt with promptly before escalation to a formal complaint. **It was resolved that** the Board received the report	
HB23/170 Report of the Quality, Safety and Experience (QSE) Committee **HB23/170.1** The Chair of the QSE Committee drew attention to the items discussed at the meeting held on 20 June 2023 and noted that the Committee had also met on 25 July 2023. **HB23/170.2** She advised the Committee had received a very powerful patient story who had been an inpatient for 3 years and undergone a double amputation.	

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It was resolved that the Board received the report	
HB23/171 Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales The Executive Medical Director presented the report. **It was resolved that** the Board received the report.	
HB23/173 Report of Joint Committees: **Welsh Health Specialised Services Committee; Emergency Ambulance Services Committee; Shared Services Partnership** **HB23/173.1** The Chair introduced the reports from the Joint Committees. **HB23/173.2** The Executive Medical Director reported that he had attended the Emergency Ambulance Services Committee on behalf of the Interim CEO. There was a huge focus on local needs and how provision works. He also attended the Welsh Health Specialised Services Committee discussion around quality monitoring. They had discussed patient funding requests – some very specialist services and a need to ensure correct governance. **HB23/173.3** The Interim Executive Director of Finance advised that the Shared Services Partnership had not met during this period. **It was resolved that** the Board received the reports.	
HB23/174 Reports from Advisory Groups: **Health Professionals Forum; Stakeholder Reference Group; Local Partnership Forum (Trades Unions)** **HB23/174.1** The Director of Partnerships, Engagement & Communications reported on the Stakeholder Reference Group (SRG) meeting held on 12.6.23 which was chaired by SRG Vice Chair Mike Parry following the appointment of the SRG Chair to a BCUHB Independent Member role. The Chief of Air Ambulance Charity had provided a presentation which the Group found interesting, together with a Special Measures update. The Group were keen to keep up the momentum of work and co-creation. **HB23/174.2** The Interim Board Secretary reported that an election had been progressed for the Chair of the SRG. **HB23/174.3** The Interim CEO reported that the Local Partnership Forum had not met during this period however, it was due to meet in the next couple of weeks.	

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It was resolved that the Board received the reports.	
HB23/175 OTHER MATTERS	
HB23/176 Any other urgent business **HB23/176.1** An IM asked for clarity on the risk to BCUHB whilst industrial action in NHS England continued. **HB23/176.2** The Interim CEO reported that WG was taking a different approach to the UK Government. There were a number of Unions who were coming to the end of their strike mandates and would need to re-ballot their members which would provide a better understanding of the current position. Some of the issues were wider than pay such as in the case of Junior Doctors' conditions and the wider support available. BCU's offer as an employer, and things we can do differently, were key factors which we can influence in recruitment and retention.	
HB23/177 Date of next meeting – 24 August 2023 and 28 September 2023	
HB23/178 Resolution to Exclude the Press and Public	
Exclusion of Press and Public for Private Board meeting	

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

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Extraordinary Health Board meeting held in public on 24 August 2023 at Conference Room, Optic Centre, St Asaph and via zoom livestream

Board Members Present	
Name	**Title**
Dyfed Edwards	Chair
Karen Balmer	Independent Member
Jason Brannan	Deputy Director of People
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Adele Gittoes	Interim Executive Director of Operations (via Teams)
Dyfed Jones	Independent Member
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Phil Meakin	Acting Board Secretary
Teresa Owen	Executive Director of Public Health
Dylan Roberts	Chief Digital and Information Officer
Carol Shillabeer	Interim Chief Executive Officer
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Rhian Watcyn Jones	Independent Member
Jane Wild	Associate Member
Angela Wood	Executive Director of Nursing and Midwifery

In Attendance	
Simon Cookson	Director of Audit & Assurance, Internal Audit
Richard Coxon	Interim Head of Corporate Affairs (minutes)
Diane Davies	Corporate Governance Manager (livestream)
Andrew Doughton	Audit Wales
Matt Edwards	Audit Wales
Lowri Gwyn	For translation
Andrea Hughes	Interim Finance Director: Operational Finance
Marty Mcauley	Deputy Director Corporate Governance/Deputy Board Secretary
Michelle Phoenix	Audit Wales
Tony Uttley	Interim Finance Director
Simon Weaver	Head of Financial Control

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Agenda Item	Action
OPENING BUSINESS	
HB23/188 Welcome, introductions and apologies for absence **HB23/188.1** The Chair welcomed everyone and noted apologies from: • Gareth Evans, Acting Executive Director of Therapies & Health Science • David Jenkins, Welsh Government Advisor • Prof Mike Larvin, Independent Member • Fôn Roberts, Associate Member • Chris Stockport, Executive Director of Transformation and Planning • Gareth Williams, Independent Member **HB23/189.2** The Chair stated the purpose of the extraordinary meeting was to consider approval of BCUHB's Annual Accounts 2022/23. This came in the shadow of the Lucy Letby case. He shared heartfelt empathy with anyone affected on behalf of the Betsi Cadwaladr University Health Board and was joined by the Interim CEO in extending condolences to the families of the victims and NHS colleagues working within the Countess of Chester hospital. It was noted that BCUHB was willing to join any inquiry and reinforced the organisation's commitment to be a learning organisation that would take on board all learning identified through this devastating experience.	
HB23/189 Declarations of Interest on current agenda There were no declarations of interest made.	
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
HB23/191 Annual Accounts 2022/23 and Publications It was noted that the Annual Accounts 2022/23 and publications had been reviewed and approved by the Audit Committee which had met earlier that day.	
HB23/192 Audited Annual Accounts 2022/23 **HB23/192.1** The Interim Executive Director of Finance presented the item and highlighted the key points, explaining that the accounts had been due to be submitted by 31 July 2023 however, this target had not been met. It was also confirmed that there had been no changes from the draft to the final out turn position.	

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HB23/192.2 The Interim Executive Director of Finance clarified the qualification on the accounts (the 2021/22 closing balances and becoming the opening balance of the 2022/23 accounts) and highlighted the regulatory breach of a payment to a staff member not seeking approval from Welsh Government (WG). **HB23/192.3** The Audit Committee Chair added that they had met as a committee that morning and reflected that it had been a challenging year and challenging audit. Some minor amendments had been agreed and she thanked everyone for their efforts to achieve this. **HB23/192.4** Matt Edwards from Audit Wales confirmed that once the accounts had been approved, they could be formally laid. He endorsed the comments that had been made regarding the qualified opinion and acknowledged the commitment and communication with the Health Board, particularly the Finance team. **HB23/192.5** The Interim CEO advised that there were a number of issues relating to governance and practice which would be actioned and dovetailed into the special measure's response plan. She emphasised that this was not a comfortable position for the Health Board and there was a firm commitment to improve and move forward. **HB23/192.6** The Chair emphasised the Health Board's full commitment to strengthening governance and a clear plan to improve, providing assurance to the public that this past action would not happen again. **HB23/192.7** He thanked everyone involved in the preparation of the accounts, recognising the amount of diligence, work and commitment undertaken, which included the support of new colleagues. Audit Wales colleagues were also thanked for their hard work. The Chair made a firm commitment to carry on the effective and efficient approach of the work undertaken to date. **It was resolved that** the Board approved the Annual Accounts 2022-23.	
HB23/193 Audit Wales **HB23/193.1** Matt Edwards from Audit Wales presented the key findings of the auditors' report which had been shared with the Audit Committee. **HB23/193.2** He advised this included disclosures around the materiality level. The concept of materiality applied was just over £2m however, there were no issues with expenditure in year.	

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HB23/193.3 The report highlighted two uncorrected statements which the Audit Committee were fully briefed on, noting that some were quite technical in their nature. This included the implementation of accounting standard IFRS16 and the treatment of leases, which were not material disclosures. **HB23/193.4** There were significant issues that were identified and shared with the Audit Committee in relation to the financial duty. The three-year position in terms of the financial duty was correct. However there remained some question regarding the expenditure. There was also scope to improve the quality of the accounts including some of the primary statements, coupled with support to help the Health Board improve. **It was resolved that** the Board approved the Audit Wales Audit Report on the Financial Statement 2022-23.	
HB23/194 Annual Report 2022/23 **HB23/194.1** The Interim CEO presented the Annual Report 2022/23, noting that she was not in post during the period. It was acknowledged that the report was lengthy due to alignment with standardised templates however, a more user-friendly version would be provided to the Annual General Meeting in September. **HB23/194.2** The Interim CEO stated there had been many significant challenges during 2022/23 however the report provided a sharp focus on many of these. She talked about wider system pressures such as recruitment, access to services and discharging with appropriate support which had all been set against a challenging financial backdrop. It was confirmed that the final version of the Annual Report presented to the AGM would be more accessible and translated. **HB23/194.3** An Independent Member (IM) noted the challenge of reporting on the previous year as it did not reflect progress made in year which would be shared at the AGM **It was resolved that** the Board approved the Annual Report 2022/23.	
HB23/195 Annual Governance Statement 2022/23 **HB23/195.1** The Interim CEO introduced the Annual Governance Statement 2022/23 which enabled the Chief Executive to provide a view of the soundness of governance, risk management and internal control within the organisation. It was noted that the Interim CEO was not in post during the period reported. She recognised the support of colleagues in collating the evidence to support the submission as the current Accountable Officer.	

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HB23/195.2 The Interim CEO reported that there was much work required to implement and embed effective risk management systems within the organisation. A revised Risk Management Framework would be submitted for consideration at the September Health Board meeting. **HB23/195.3** She thanked Audit Wales for the thoroughness of scrutiny undertaken in regard to the functioning of the Board and support provided, which would be aligned to BCU's Special Measures response plan. **HB23/195.4** It was noted that the system of internal control showed weaknesses, such as assurance mechanisms, as well as the approach to health and safety. This, coupled with the Head of Internal Audit opinion and the quality governance escalation of some services, set a clear path for what needed to be addressed. **It was resolved that** the Board approved the Annual Governance Statement 2022/23.	
HB23/175 OTHER MATTERS	
HB23/176 Any other urgent business There was no other business for discussion.	
HB23/177 Date of next meeting 28 September 2023, Venue Cymru, Llandudno.	
HB23/178 Resolution to exclude the Press and Public	
Exclusion of Press and Public for Private Board meeting	

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Health Board meeting (Public) Action Log – after 31 July 2023 meeting

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
HB23.23	Deputy Executive Director of People	**Cabinet Report** Discuss requirements for further agenda item on People Strategy at March meeting	February 2023	**Updated 18/09/23** – Board to agree approach to culture and leadership over the next two months which will inform revision of people strategy. A report is on the agenda.	Proposed for closure	
HB23.137.10	Executive Director of Transformation, Strategic Planning and Commissioning	**Annual Plan 2024-25** Planning for next year will start much earlier and a report will be brought back to the September Health Board meeting.	Sept 2023	**Updated 18/09/23** On agenda - Incorporated into the Chief Executives Report	Proposed for closure.	
HB23.137.14	Executive Director of Transformation, Strategic Planning and Commissioning	**Annual Plan** - the report needed clear milestones to understand progress in the plan. It was noted that in the Health Board in September or November, the cycle one and two of Special Measures outcomes will be reported.	Sept/Nov 2023	**Updated 18/09/23** On agenda - Incorporated into the Chief Executives Report	Proposed for closure.	
HB23.137.16	Executive Director of Public Health	**Partnership working** The Executive Director of Public Health to discuss with Bangor University (and other	Sept 2023	**Updated 20.09.23** The Director of Public Health has reached out to colleagues at Bangor Uni (Sept 2023) and will report back as conversations progress.	Ongoing	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
		university's) and report back to the Board on the use/training of Health Advocates.				
HB23/153	The Interim Board Secretary	The Interim Board Secretary advised that action HB23/137.18 would be assigned to the correct minute for ease of understanding.	August 2023	**Updated 19.09.23** Completed.	Proposed for closure.	
HB23/155	Executive Director of Nursing & Midwifery	**Board site visits** The Executive Director of Nursing and Midwifery to circulate proposed programme of visits to the Board	Sept 2023	**Updated 19.09.23** Verbal update will be given at meeting by Executive Director of Nursing. Some visits have taken place already.		
HB23/159.5	Executive Director of Transformation and Planning	**Orthodontics Data** The Executive Director of Transformation and Planning to review the data on Orthodontics which was excluded from the national matrix, he undertook to explore the data further and report back	Oct 2023	**Updated 19.09.23** There are significant capacity issues within Orthodontics in BCU and whilst the UHB has met it's 156-week target this excludes orthodontics (106 patients). A short-term plan to treat this backlog is being discussed with clinical leads and will be considered by the Executive Team in early October. Further discussions are taking place across the system to develop a sustainable integrated service model for the delivery of orthodontics.		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
HB23/161	Interim Board Secretary	**Section 3 Audit Updates** Further updates needed to be incorporated and that Audit Wales would review and discuss BCU's response further as part of their routine structure assessment work. The Interim Board Secretary would provide the final version of the response to Audit Wales on completion of section 3 updates.	Oct 2023	**Updated 20.09.23** The structured assessment has been updated and will be received at Exec Team prior to sending to Audit Wales	Proposed for closure at next Board meeting	
HB23/162	Interim Board Secretary	**Risk/Financial Governance** It was proposed that matters around financial governance and related staffing should be added to the risk register. Board Secretary to review risk register in relation to the proposal outlined.	Sept 2023	**Updated 19.09.23** The Head of Risk raised with Director of Finance and Deputy Director of People for progression on the CRR.	Proposed for closure	
HB23/162	Interim Executive Director of Finance	**Bribery Act/BCU Policy** It was noted that the Bribery Act	Nov 2023	**Updated 20.09.23** The Audit Committee endorsed a paper to review all outstanding policies at	Proposed for closure	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
		2010 stated that Board members can be fined. There is a need for our staff and policies to be updated accordingly. Interim Executive Director of Finance to update relevant Finance Policy/ies and liaise with the Communications Team to address staff awareness		its meeting on the 15.09.23. Any work which is required to be done by the Executive Finance Director (in referring to the Bribery Act and S.7), has already been done and is already included under F03 - Local Counter Fraud, Bribery and Corruption Policy. In respect of progress on all policies (including in relation to the Bribery Act) would receive oversight from future Audit Committees.		
HB23/168	Executive Medical Director	**Transfer of stroke patients** In response to an IM's query relating to transfers of stroke patients to specialist care which could be critical to their recovery, the Executive Medical Director undertook to provide feedback on the procedure required. The Executive Medical Director would provide a full response regarding transfer of stroke patients	Oct 2023	**Updated 20.09.23** A verbal response will be given at the meeting.		

RAG	
Action Closed	
Action ongoing	
Action Outstanding	

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

Teitl adroddiad: ***Report title:***	Patient Story
Adrodd i: ***Report to:***	Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday 28th September 2023
Crynodeb Gweithredol: ***Executive Summary:***	A patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.
Argymhellion: ***Recommendations:***	The Board is asked to note this report.
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery
Awdur yr Adroddiad: ***Report Author:***	Mandy Jones, Deputy Executive Director of Nursing Leon Marsh, Head of Patient Experience Rachel Wright, Patient and Carer Experience Lead Manager

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

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

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

In line with best practice, a patient or carer story is presented to the Board to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Quality
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	N/A
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***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?	N/A

In accordance with WP68, has an SEIA identified as necessary been undertaken?	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	BAF21-10 - Listening and Learning
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF21-10 - Listening and Learning
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: Approved Short Version – APPROVED - A patient's journey through cancer services - short version.mov (sharepoint.com) ***List of Appendices:*** Appendix A- Patient Story Summary	

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

Betsi Cadwaladr University Health Board

A Patient's Journey through Cancer Services

A video story will be played at the meeting.

Overview of Patient Story

This story was identified when the patient contacted the Patient Advice Liaison Service (PALS) to discuss some concerns she had with regards to her treatment, but did not want any direct intervention from PALS. The patient was also signposted by the BCUHB Person Centred Care Lead in Cancer Services following meeting this patient at the North Wales Cancer Patient Forum and who wished to highlight her experiences of cancer care.

The storyteller wished to describe the concerns that she had regarding her patient journey in the form of a video patient story to support service learning and development.

This story follows the storytellers five-year treatment journey through Cancer Services at Wrexham Maelor Hospital in the Shooting Star Unit, starting in 2017.

The storyteller describes her journey from a primary diagnosis of breast cancer, secondary cancer diagnosis and ongoing palliative care.

The storyteller describes her frustrations at 'not being listened to' throughout her patient journey and 'getting treatment, but not receiving care'.

Key Messages

- Patient not being listened to and feeling "fobbed off" throughout her treatment journey and the potential impact of this on the development / spread of cancer.

- The disparity of experiences with oncologists – a frustrating experience and a very positive and collaborative experience highlighted.

- The frustrations of the patient journey, including poor communication, difficulty with hospital phone calls, parking, waiting times, inefficiencies and lack of digital patient records. The difficulty of having to constantly "battle to get things followed up and get things moved on" when feeling unwell.

- The culture of the 'clinician knows best' and not trusting that patients know their own bodies and their involvement in decision-making. A lack of patient choice.

- Staff appearing overstretched, busy and stressed and working in silos "on their bit, but only their bit" and the impact on patient centred care.

- The highlighted feeling that "I get treatment but I don't get care".

- The highlighted feeling that “I would like a life outside of my treatment”.

Summary of Learning and Improvement

This patient story has been shared widely for learning across BCUHB Cancer Services.

The Head of Nursing and Matrons for Cancer Services have led on sharing the story for reflection and the lessons learnt from the storyteller’s journey within the Cancer Division. The patient’s story has been shared with the Cancer Services Patient Safety and Quality Group (PSQG) via the Governance lead for Cancer Services. Embedded within the PSQG Report, the story has been shared with all three BCUHB Integrated Health Communities for shared learning via the cycle of business. The story has formed a core part of all reports within Cancer Services to share the story widely.

The storyteller highlights that staff appear overstretched, busy, stressed and she describes the impact of this on patient centred care. The storyteller describes a journey, which includes treatment during the COVID-19 pandemic and will therefore likely reflect experiences and learning from the changes to service provision and delivery during this time. The patient’s story has been shared with the Sister of the Shooting Star Unit at Wrexham Maelor Hospital where the storyteller received her treatment for awareness raising with the clinical team of staff providing care. The storyteller describes her disparity of experiences with oncologists. As such, the patient’s story has been shared at the Cancer Services Oncology Business Meeting, where Consultant Oncologists are present, which has allowed for reflection and learning. The storyteller describes a lack of patient choice, a lack of patient involvement in decision-making and not feeling listened to. The story has been shared with the Breast Care Team at Wrexham Maelor Hospital, including the Breast CNS, Consultant Breast Surgeon, Clinical Lead for Breast Surgery (East) and the Breast CAG for awareness and to open up conversations around the offer of choice / providing detailed rationale when patients are undergoing surgery and to inform the continuous improvement of the overall care for breast cancer patients.

The storyteller describes a feeling that “I get treatment, but I don’t get care” and the impact on having a life outside of treatment. As such, the patient’s story has been shared with the Cancer Services Person Centred Care Lead for learning around the holistic care of patients accessing Cancer Services. The Cancer Services Patient Centred Care (PCC) Sub-Group alongside members of the North Wales Cancer Patient Forum (NWCPF) have developed a BCUHB Person Centred Care Action Plan to address key issues highlighted within the Wales Cancer Patient Experience (WCPES) Survey 2021/22, which is commissioned and managed by Macmillan Cancer Support and the Wales Cancer Network. This survey both measures and understands patient experience of cancer care and treatment in Wales to help drive improvements. The PCC Action Plan consists of all domains of the survey to ensure areas of good practice are sustained together with those areas that require improvement and are interlinked to the Quality Standards. Progress is monitored via the Cancer Partnership Board, Divisional PSQ and PCE and Strategic PCE group. The patient’s story has been shared with the PCC Sub-Group to inform learning against this action plan. Representation from the Wales Cancer Network and Wales Cancer Alliance were present and have requested to share the story further at the Cancer Partnership Board for wider learning.

The storyteller highlights that she had no Key Worker and describes the frustrations around the co-ordination of her care and the difficulty of having to constantly "battle to get things followed up and get things moved on" when feeling unwell. This reinforces the importance of the 'Key Worker' role in cancer care. The Cancer Improvement Plan for NHS Wales (2023-2026) states that every cancer patient in Wales should be given a named professional contact, namely a Cancer Clinical Nurse Specialist 'key worker' and / or AHP Clinician to ensure that every patient diagnosed with cancer within BCUHB has access to timely information and support .

This further reinforces the need for the newly developed BCUHB Metastatic Breast / Colorectal Cancer Service, which was not available at the time of the storyteller's cancer journey. Launched in January 2023, patients with incurable breast cancer are now benefitting from the support of three new Metastatic Clinical Nurse Specialists (CNS), one for each BCUHB area team. Following the identification of a significant gap in support for patients with metastatic cancer from patients and clinical teams, as further highlighted in this story, the much-needed nursing posts are a source of dedicated support from diagnosis, through treatment and beyond. They are on hand to support patients through the complex physical and emotional effects of the disease, coordinate treatment and care, signpost to support services and act as a direct point of contact for questions or concerns, ensuring they receive the best possible personalised treatment and care across the Health Board. They support patient's medical and holistic needs from point of diagnosis through attending appointments, seeing patients when they attend for treatment, being available on the phone and signposting / referring depending on patient's individual needs. The number of patients requiring access to the service is growing on a daily basis. The patient's story has been shared with the three BCUHB Metastatic CNS to inform learning and the development of this new service moving forwards, based on the needs of patients. The patient's story has also been shared at the Cancer Clinical Nurse Specialist (CNS) Forum to inform the development of effective services to support patient-centred cancer care.

The Assistant Practitioner (AP) role is a relatively new role within cancer care. Over the last year there have been 27 AP's recruited across all tumour sites in BCUHB. Often the first point of contact, AP's are an integral part of the delivery of person centred care, supporting patients through their cancer journey, referring and signposting to support networks and resources. They 'free up' the CNS to enable them to concentrate on the more specialist parts of their roles. Currently, there are no AP's in post within the Metastatic team, but support and funding is now being requested to provide this important role for these patients in the future.

The storyteller highlights that she has never had the offer of a Holistic Needs Assessment and describes the importance of wanting to feel understood. The storytellers experience reinforces the importance and raised awareness of the availability of the Electronic Holistic Needs Assessment Tool (eHNA) in cancer care. The Welsh Government's Quality Statement for Cancer (2021) and The Cancer Improvement Plan for NHS Wales (2023-2026) both state that a cancer patient should be provided with the opportunity to have their 'unmet needs' assessed. The Wales Cancer Patient Experience (WCPES) Survey 2021/22 reported that only 35% of cancer patients were offered the opportunity to discuss their needs and concerns. The BCUHB Person Centred Care Action Plan aims that 'all patients will have

a holistic needs assessment at intervals during their cancer journey and any specific needs documented and addressed' as part of best practice care. Macmillan's eHNA tool is a set of questions about a patient's physical, emotional, practical, financial and spiritual needs following a cancer diagnosis and it gives professionals a greater understanding of their needs and helps identify and address specific problems. This would support the holistic care beyond treatment, as highlighted in the story.

Following a meeting with the Person Centred Care Lead for Cancer Services, the storyteller was put in contact with the Assistant Practitioner for Breast in her area for ongoing support and to offer the opportunity to complete an eHNA.

A BCUHB Person Centred Care Action Plan has been developed. Key actions include, mapping all tumour sites to the CIVICA feedback system to provide the opportunity for patients, relatives and carers to provide feedback regarding their experiences in cancer services, sharing feedback with Cancer Clinical Nurse Specialist, Assistant Practitioner and Allied Health Professionals Forums and within tumour site CAG's producing and sharing quarterly reports with all key stakeholders. These reports identify key themes, celebrating compliments and sharing areas of best practice to aid service improvement. Recent work includes, supporting numerous PALS enquiries and engaging with senior staff to inform the development of services based on patient feedback and experiences, carrying out Care 2 Share interviews with patients on wards, including Enfys Ward, Heulwen Day Unit and the Shooting Star Unit, and carrying out Patient & Carer Experience Training with ward staff.

Cancer services are progressing the recruitment of a User Involvement Facilitator post within Cancer Services. This role is integral within the newly formed Person Centred Care Cancer Team and will work as part of a focussed team responsible for delivering Person Centred Care (PCC) projects for the Health Board to help improve patient and carer experience. This role will co-ordinate and deliver engagement and communication activities as defined in the WCPES action plan and working closely with the North Wales Cancer Patient Forum to listen and understand what matters to our population and to shape cancer services accordingly.

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

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

Teitl yr adroddiad: ***Report title:***	Adroddiad y Cadeirydd			
Adrodd i: ***Report to:***	Y Bwrdd Iechyd			
Dyddiad y Cyfarfod: ***Date of Meeting:***	29 Medi, 2023			
Crynodeb Gweithredol: ***Executive Summary:***	Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf i Aelodau'r Bwrdd am faterion allweddol yn y sefydliad, gwaith allanol gyda phartneriaid a gwasanaethau sy'n cael eu cydnabod drwy enwebiadau a gwobrau. Dyma'r pynciau: • Cyfarfodydd gyda Chynrychiolwyr Etholedig • Trefniadau llywodraethu • Cysylltu â phobl Y diweddaraf am ymweliadau a chyfarfodydd			
Argymhellion: ***Recommendations:***	Bod y Bwrdd yn nodi cynnwys yr adroddiad.			
Arweinydd Gweithredol: ***Executive Lead:***	Cadeirydd			
Awdur yr Adroddiad: ***Report Author:***	Cadeirydd			
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' neu uwch, 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):***	Mae'r cyfarfodydd yn ymdrin ag amrywiaeth o flaenoriaethau strategol.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn.
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?***	Ddim yn berthnasol ar hyn o bryd.
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?***	Ddim yn berthnasol ar hyn o bryd.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at Fframwaith Sicrwydd y Bwrdd a'r Gofrestr Risgiau Corfforaethol) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Mae'r materion a godwyd yn effeithio ar amrywiaeth o risgiau.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn.
Goblygiadau i'r gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Amherthnasol.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Mae'r materion a godwyd yn effeithio ar amrywiaeth o risgiau.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)	Amherthnasol.

Reason for submission of report to confidential Committee (where relevant)	
Y Camau Nesaf: ***Implementation of recommendations*** Ddim yn berthnasol i'r adroddiad hwn.	

Adroddiad y Cadeirydd i Fwrdd Iechyd Prifysgol Betsi Cadwaladr
29 Medi, 2023

Mae rhywfaint o'r gwaith rwyf wedi'i wneud ers fy adroddiad i Fwrdd mis Gorffennaf wedi'i grynhoi isod.

Cyfarfodydd gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Mae cyfarfodydd rheolaidd gyda'r Gweinidog yn parhau i fod yn nodwedd bwysig o'n gwaith gan eu bod yn rhoi sicrwydd i'r Gweinidog a'r Llywodraeth ynghylch ein perfformiad a'n cynnydd. Byddaf yn cael cyfarfodydd misol gyda'r Gweinidog, ynghyd â Fforymau Mesurau Arbennig chwarterol. Mae'r Gweinidog yn ei dro yn adrodd ar gynnydd i'r Senedd yn ei datganiadau a'i hadroddiadau rheolaidd. Mae cefnogaeth amrywiaeth o Gynghorwyr Annibynnol a benodwyd gan y Llywodraeth wedi dod i ben i raddau helaeth. Mae adolygiadau a gomisiynwyd yn cael eu cyflwyno ac maent wedi bod yn ddefnyddiol iawn. Wrth i ni ddod at ddiwedd Mesurau Arbennig Cam 1, mae hyn yn rhoi cyfle i ni bwyso a mesur ac ystyried pa gymorth wedi'i deilwra sydd ei angen arnom fel sefydliad i gynnal ein cynnydd.

Mae'r Gweinidog bellach wedi cadarnhau'r amcanion y mae wedi'u gosod i mi fel Cadeirydd Dros Dro. Mae hon yn broses flynyddol ar gyfer pob Bwrdd/Ymddiriedolaeth Iechyd yng Nghymru. Nodaf fy amcanion fel a ganlyn: -

1. Sicrhau bod y Bwrdd yn craffu'n effeithiol ar ei gyfrifoldebau cyflenwi drwy gyflawni cynllun blynyddol 2023/24, fframwaith mesurau arbennig gyda phwyslais penodol ar flaenoriaethau'r Gweinidog, a gofynion atebolrwydd ac uwchgyfeirio. Dangos gwelliant cyson mewn perfformiad ar draws gofal wedi'i gynllunio, trosglwyddo ambiwlans, amseroedd aros gofal brys, canser ac iechyd meddwl. Cefnogi'r gwelliannau mewn gwasanaethau sy'n profi heriau gan gynnwys gwasanaethau fasgwlaidd, Ysbyty Glan Clwyd, a gwasanaethau iechyd meddwl, orthopedig, offthalmoleg, wroleg ac oncoleg.
2. Sicrhau bod y Bwrdd yn gweithredu ei swyddogaethau atebolrwydd a chraffu a fydd yn cynnwys effeithiolrwydd y Bwrdd, trefniadau llywodraethu da, mesurau rheoli risg cadarn, rheolaeth ac atebolrwydd ariannol, gofynion ansawdd a diogelwch, a chydymffurfiaeth â gofynion uwchgyfeirio, atebolrwydd a rheoleiddio. Mae hyn yn cynnwys sicrhau bod perfformiad yr aelodau annibynnol a'r Prif Weithredwr Dros Dro yn effeithiol.
3. Arwain, ar y cyd â'r Prif Weithredwr, ar raglen o newid diwylliant sy'n gefnogol o'r staff, ac sydd wedi'i hadeiladu ar sail egwyddorion arweinyddiaeth

dosturiol gyda phwyslais cryf ar iechyd a llesiant. Bydd hyn yn cynnwys sicrhau bod trefniadau cyfathrebu effeithiol ar waith a bod y bobl a gyflogir ganddynt yn gallu codi llais yn ddiogel.

4. Dangos sut rydych wedi darparu arweiniad i'r Bwrdd er mwyn sicrhau bod Cynllun Gweithredu Cymru Wrth-hiliol Llywodraeth Cymru, y Strategaeth Amrywiaeth a Chynhwysiant, a gofynion sy'n ymwneud â'r Gymraeg yn cael eu cyflawni a sut rydych wedi ymwreiddio'r egwyddor o gydraddoldeb ar draws y sefydliad cyfan.
5. Sicrhau bod y Bwrdd yn craffu ar y trefniadau sydd ar waith i reoli'r disgwyliadau ac ymateb yn amserol i bryderon sy'n cael eu codi gan gleifion, eu teuluoedd a rhanddeiliaid eraill.
6. Sicrhau bod y sefydliad yn gweithio'n effeithiol gyda phartneriaid i weithredu Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 a Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 er budd y boblogaeth.

Byddaf yn adrodd ar gynnydd ar yr amcanion hyn i'r Gweinidog a byddaf yn rhannu hyn gyda'r Bwrdd yn unol â hynny.

Hoffwn hefyd nodi cyfarfodydd gyda'r Prif Weinidog, Mark Drakeford AS a Carol a minnau. Mae'r trafodaethau hyn wedi bod yn gyfle inni roi'r wybodaeth ddiweddaraf i'r Prif Weinidog am y cynnydd, ac iddo godi unrhyw faterion sy'n peri pryder.

Llywodraethu

Rydym wrthi'n penodi Is-gadeirydd ac Aelodau Annibynnol ychwanegol ynghyd â chynrychiolydd Undeb Llafur. Bydd hwn yn ddatblygiad i'w groesawu'n fawr, yn enwedig gan y bydd yn caniatáu i ni ychwanegu rhagor o bwyllgorau at ein strwythur llywodraethu a sicrhau ein bod yn gallu cefnogi, craffu ac adrodd ar rai meysydd allweddol o'n gwaith. Mae'r ymgyrch recriwtio ar gyfer rôl barhaol y Prif Swyddog Gweithredol yn mynd rhagddi, a'r dyddiad cau ar gyfer ymgeiswyr yw 2 Hydref.

Y Cyd-destun Presennol

Bydd llawer yn ymwybodol o sefyllfa GIG Cymru a'r pwyslais y mae'r Gweinidog wedi'i roi ar yr angen i sicrhau arbedion sylweddol. Mae hi hefyd wedi tynnu sylw at yr angen am fodel newydd ar gyfer GIG Cymru a newid tuag at atal ac ymyrryd yn gynnar, gyda'r cyhoedd yn cymryd mwy o gyfrifoldeb dros eu hiechyd a'u llesiant. I ni ym Mwrdd Iechyd Prifysgol Betsi Cadwaladr, mae'r ddau yn cynnig cryn her, ond mae hefyd yn gyfle gwych. Wrth i ni nesáu at gam nesaf ein taith wella, gallwn geisio creu newid cynaliadwy gydag arweinyddiaeth eang a diwylliant sy'n gadarnhaol, yn garedig ac yn gefnogol gydag eglurder o ran disgwyliadau a safonau, gan groesawu newid a chreadigrwydd i ddarparu gwasanaethau iechyd gwell i bobl a chymunedau Gogledd Cymru.

Cysylltu â Phobl

Un o'r pethau y mae llawer ohonom yn eu gwerthfawrogi yw ein bod yn sefydliad sydd ag agwedd agored. Er ein bod yn dymuno sicrhau bod ein peiriannau mewnol yn gweithredu'n gywir, mae gennym y gallu i estyn allan at bobl yn ein cymunedau a gwrando ar eu pryderon a'u dyheadau. Bydd ein Cyfarfod Cyffredinol Blynyddol ar ei newydd wedd wedi bod yn arwydd i'r perwyl hwn ac edrychaf ymlaen at weld rhaglen gynhwysfawr o ymgysylltu â chymunedau ar draws ein rhanbarth dros y misoedd nesaf.

Ceir crynodeb isod o rai o'm cyfarfodydd a'm hymweliadau ar gyfer y cyfnod hyd at 15 Medi, 2023

Dyddiad	Cyfarfod / Ymweliad
17 Gorffennaf	Pwyllgor Taliadau
18 Gorffennaf	Ysbyty Dolgellau
18 Gorffennaf	Ysbyty Tywyn i gwrdd â staff a thrafod gyda chynrychiolwyr etholedig lleol
18 Gorffennaf	Canolfan Iechyd Tywyn i gyfarfod y staff
19 Gorffennaf	Henry Englehardt, cyn Prif Swyddog Gweithredol Admiral
20 Gorffennaf	Gwasanaeth Anhwylder Bwyta i Oedolion ym Mryn y Neuadd
20 Gorffennaf	Prif Swyddog Gweithredol ac Arweinydd Awdurdod Lleol Conwy
20 Gorffennaf	Cyfarfod Gweinidogion brys gyda'r holl Fyrddau/Ymddiriedolaethau Iechyd ynghylch pwysau ariannol
24 Gorffennaf	Y Pwyllgor Archwilio
25 Gorffennaf	Alder Hey ac Liverpool Heart and Chest Hospital – cyfarfodydd gyda Chadeiryddion y ddwy Ymddiriedolaeth
26 Gorffennaf	Cyfarfod misol gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn Ysbyty Maelor Wrecsam
31 Gorffennaf	Bwrdd Iechyd, Optic Llanelwy
31 Gorffennaf	Cyfarfod gyda David Jenkins, Cynghorydd Arbennig
2 Awst	Ymweliad y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol â llinell gymorth 111 CALL yn Wrecsam
2 Awst	Arweinydd a Phrif Swyddog Gweithredol Cyngor Sir Ynys Môn
7 Awst	Comisiynydd yr Heddlu a Throseddu Gogledd Cymru
8 Awst	Lansio ymgyrch recriwtio myfyrwyr yr Eisteddfod Genedlaethol ar gyfer Ysgol Meddygaeth Prifysgol Bangor
9 Awst	Cyfarfod y Bwrdd gyda Chynghorwyr Annibynnol a Llywodraeth Cymru – Asesiad o Fesurau Arbennig Cam 1
9 Awst	Sally Attwood, Cynghorydd Annibynnol (Cynllunio)
11 Awst	Cyfarfod cyhoeddus gydag Eluned Morgan, sef y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
11 Awst	Eisteddfod Genedlaethol – Mwy na Geiriau
11 Awst	Eisteddfod Genedlaethol – Rhaglen Radio Cymru, Dros Ginio

21 Awst	Cyfweliadau ar gyfer Asiantaeth Recriwtio
22 Awst	Ansawdd, Diogelwch a Phrofiadau, Cwrt Carlton
24 Awst	Pwyllgor Archwilio, Optic Llanelwy
24 Awst	Bwrdd Iechyd
24 Awst	Sesiwn ar Ddatblygu’r Bwrdd
24 Awst	Pwyllgor Taliadau
25 Awst	Cyn-fyfyrwyr Arweinyddiaeth gyda'r Prif Swyddog Gweithredol
29 Awst	Cadeirio Cyfarfod Grŵp Cyfoed
29 Awst	Cyfarfod gyda’r Asiantaeth Recriwtio
30 Awst	Arweinydd, Aelod Cabinet a Chyfarwyddwr Gwasanaethau Cymdeithasol Cyngor Sir Ddinbych parthed Ysbyty Brenhinol Alexandra, Y Rhyl
31 Awst	Datblygu’r Bwrdd, Cwrt Carlton
31 Awst	Ysbyty Llandudno i drafod cynlluniau Orthopedeg
1 Medi	Fforwm Gweithwyr Gofal Iechyd Proffesiynol (Teams)
4 Medi	Diwrnod Astudio Dementia Ysbyty Gwynedd
4 Medi	Adran Achosion Brys Ysbyty Gwynedd a thrafodaeth gyda staff
Medi 4	Grŵp Cyfeirio Rhanddeiliaid
4 Medi	Arolygiaeth Gofal Iechyd Cymru
5 Medi	Judith Paget, Cyfarwyddwr Cyffredinol GIG Cymru yn Ysbyty Maelor Wrecsam
5 Medi	Ymweliadau gyda Judith Paget i'r Adrannau Coffa, Newyddenedigol, Mamolaeth a Phediatreg newydd yn Ysbyty Maelor Wrecsam
7 Medi	Briffio Arwain gyda'r Prif Swyddog Gweithredol
11 Medi	Comisiynydd y Gymraeg, Caerdydd
11-12 Medi	Cynhadledd Flynyddol Conffederasiwn GIG Cymru, Caerdydd
13 Medi	Fforwm Mesurau Arbennig gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol
14 Medi	Ansawdd, Diogelwch a Phrofiadau, Carlton Court, i dderbyn adolygiadau
15 Medi	Y Prif Weinidog, Cwrt Carlton
15 Medi	Y Pwyllgor Archwilio, Cwrt Carlton, i dderbyn adolygiadau

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

Teitl adroddiad: ***Report title:***	Chief Executive Report
Adrodd i: ***Report to:***	BCUHB Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
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 20th September 2023. 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. There is an overview of the work relating to Special measures including the interaction with Welsh Government. A separate report is also provided as part of the agenda. The report also draws out service, quality and financial matters that are particularly key and where specific and escalated action is taking place.
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 EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	No recommendation results in a financial decision or implication
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	No recommendation results in a workforce decision or implication
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A

Camau Nesaf:
Gweithredu argymhellion

Next Steps:

There are a range of actions that continue relating to the content of the report including:

- Leadership and culture development, including leadership visibility
- Special Measures response Plan – Cycle 2 implementation
- Partnership working with stakeholders

- Annual Plan implementation ***Implementation of recommendations*** . Recommendations are to discuss and note.
Rhestr o Atodiadau:

Introduction

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

Service Visits

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

- Abergele Hospital: an evening visit took place to **Abergele Hospital** with conversations with staff and patients in the Orthopaedic service taking place. Colleagues shared their desire to increase the number of patient operations in order to reduce the waiting times for surgery. The challenges of the estate condition were explained by colleagues from the Estates Team. Nonetheless, the motivation to improve services was considerable and patients were highly complimentary of the care being provided.

- A visit to the **Ablett Mental Health Unit** has taken place to meet staff and to understand the challenges of the current estate. Work is underway on the proposed development of a new mental health unit which will be brought forward to the Board later in the current financial year. Work on the Section 136 suite (used for clients who are in need of urgent assessment) is required to enhance the safety and effectiveness of this specific area and the multi-professional team along with ward staff are examining this as a priority. Speaking with staff, it was clear that a significant investment in training and development is in place with colleagues sharing their experiences of career development and progression.

- Staff accommodation was also visited on the **Ysbyty Glan Clwyd** site. One of the key challenges is the availability of affordable homes in the area for health care colleagues. This is a major recruitment and retention matter, and the discussion that took place on the visit highlighted the work both underway and further work required to improve both the access and the quality of staff accommodation. This will need to be a key consideration in future plans for health services in North Wales, particularly with the development of the North Wales Medical School.

- A visit to the **Heddfan Unit** in Wrexham took place accompanying the Deputy Minister for Mental Health and Wellbeing. The focus of the visit was to learn more about the development of the NHS 111 Press 2 service for people who need access to emotional and mental health support. A key achievement has been the establishment of the services across the 24 hour period, ensuring that there is always a response on the end of the telephone for the people of North Wales. It was really positive to hear of the varied backgrounds of staff including those who had previously worked in banking, priding valuable knowledge and insight into financial worries, a major cause of concern and anxiety currently. Other colleagues had experience in

voluntary sector and in care home provision for people with dementia. It was clear that this new service was already being well utilised and further profile raising was planned moving forward. In addition, a visit to the national helplines that are currently hosted by the health board took place. Specifically, these are **DAN 24/7 and CALL** (Community Advice and Listening Line). The importance of these lines was demonstrated by the team leader who explained the significant increase in calls during the pandemic. This had largely been replaced by concerns regarding cost of living and the pressures that is bringing. Importantly this service is completely bi-lingual, providing a key service in the language of choice. Finally, that afternoon, the **substance misuse service** was visited with leaders and practitioners sharing the approaches taken to engage people in this service; often taking opportunities to support people with a wide variety of health and wellbeing advice from the 'motorhome' vehicle that acts as a mobile base for the team.

- A visit to several **Community Hospitals in Denbighshire and Flintshire** has been undertaken. Holywell Community Hospital in Flintshire provides a strong range of services to local people and those who also travel some distance to access outpatient specialities in a non DGH environment. The busy Minor Injuries Unit and Outpatient department demonstrates the value of community facilities and several patients commented on the ease with which they were able to access services. The wards provide key support to people either stepping down from District General Hospital acute care or a necessary step-up in care to avoid admission to acute services. The challenges of community care provision were discussed with staff as well as the workforce challenges that exist, although it was extremely pleasing to speak with colleagues who had recently joined the health service and who had significant career development opportunities ahead. Denbigh Infirmary Community Hospital was visited and although the building which opened early in the 1800s is challenging for modern patient care, the positive atmosphere of care and support to patients and families was evident. It was particularly positive to hear of the work of the Dementia Care Support Workers who support patient and their families to engage in activities that help both stimulate and promote wellbeing. This was a standout feature of all 3 community hospitals visited. The Ruthin Community Hospital was visited and the upgrade of the facilities was clear with a fresh and modern feel in an older building. It was clear of the pride that colleagues have in being part of the NHS, demonstrated by a wall full of staff pictures depicting the length of service and contribution to the NHS.

- **West End Medical Centre** hosted a meeting with Darren Millar, Member of Senedd, to discuss some of the challenges and development in the primary care practice. The very busy practice, which is health board run, is an amalgamation of 2 previous primary care practices, and has a significant patient list size in an area where health need is significant. Whilst it is clear that there are problems in matching the number of patients needing appointments with the number of appointments available, it was impressive to hear of the developments underway. The Advanced Nurse Practitioner in the Practice has recently been recognised via a national award for research, a key contributor to the development of excellent care and practice; the recruitment of Physicians Associates and the work with the Primary Care Academy as a training practice demonstrates the commitment and motivation of the Practice to overcome some of its key challenges.

- A visit took place, along with other Board Members, to **Llandudno Hospital**. This was particularly associated with the Business Case for Planned Care Orthopaedic Hub being presented to the Board. The team who has been working on the development outlined both the infrastructure development proposed for the site, improving its effectiveness and sustainability, as well as the provision of new 'planned care' services, with the first phase being the Orthopaedic Hub. There is significant potential of further expanding planned care provision on the site offering a facility far less likely to be affected by the pressures experienced in District General Hospitals and increasing the numbers of people able to be seen by services.

Working with Partners

- A series of engagements and meetings have been undertaken with key and valued partners to the health board. These include a meeting with the Director of Llais for North Wales. Regular discussion and input to health board engagement and service development activity was discussed and a commitment made to build on the extensive contribution made historically.
- A visit to the Eisteddfod was made to support health board teams' engagement with members of the public and other key stakeholders. The significant footfall at the health board stand provided an excellent opportunity for people to engage in wellbeing discussions and advice and for colleagues to make new connections to other key bodies in North Wales and beyond.
- A meeting with Care Forum Wales leaders took place to discuss the key challenges and opportunities facing the care sector in North Wales. The same challenges that exist for NHS organisations exist for independent sector care providers in terms of inflationary costs, rising demand for services and reduced availability of the workforce. It was agreed that a strategic approach for care provision for the medium to long term was essential to avoid further unplanned care sector pressures including closure of facilities. This is undoubtedly going to be a significant area of further discussion and development moving forward.
- It was again a pleasure to join the Health Board Stakeholder Reference Group where a key discussion took place regarding the value of early contributions of the group to health board proposals and developments. This is key particularly relating to Outcome 3 of the Special Measures Response Plan - Stronger Leadership and Engagement.
- A meeting of the Regional Partnership Board has taken place and is subject to a separate report on the agenda. It was an excellent opportunity to share the progress being made and challenges being faced by the health board, with important discussion taking place regarding the matters relating to the Letby case in Chester.
- Finally in this section, the Local (Trade Union) Partnership Forum met with new co-chairing arrangements in place. Strong commitment to effective partnership working were made with an agreement to hold a specific event to focus on the Social Partnership Act and the understanding and commitment to take forward key actions. Further updates will be provided on this in due course.

Staff recognition and leadership development

The Long Service Awards series are currently underway. The first autumn event was held in Caernarfon where it was a pleasure to present 25 staff with Long Service Recognition awards. Each colleague has a unique story about their time and contribution in the NHS.

A Leaders Brief and a meeting of colleagues helping to establish the Leadership Alumni has take place. Over 300 leader colleagues joined the brief, demonstrating a commitment to connect across the organisation. Leadership is a critical part of how the organisation will develop in the future and the matter is subject of a separate report to the Board. Aligned to this, it was a pleasure to contribute to a national Panel considering applications for the Aspiring Executive Programme. Significant numbers of applications were received and each received careful consideration as to the stage of leadership development. It has been pleasing to hear that several health board colleagues have been accepted into the Programme.

On Friday 15th September 2023 June Lovell received her British Empire Medal (BEM) from the Lord Lieutenant of Clwyd at the Optic Centre. Numerous colleagues and guests attended to celebrate this fantastic achievement with June and to thank her for her significant work in Mental Health, Addiction Services and Counselling. June has led the prescribed medication support service across North Wales, and BCU is the only health board in Wales to run a service of this kind. June also manages the primary care mental health counselling service. This service is unique, consisting of qualified counsellors, sessional qualified counsellors and an active student programme.

Service matters

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

- The 2023/24 **Winter Plan** is currently under development and will be presented to the Board for approval in November 2023. Dialogue and joint working with North Wales Local Authorities is taking place to support a joined-up approach to Winter Planning. The wide spectrum of preparation for the Winter season includes vaccination against respiratory viruses (COVID and flu), easy access to pharmacy and wider community services as well as enhancing responses to urgent and emergency care, importantly including supporting effective discharge from hospital. It is likely to be a challenging winter period and a discussion regarding preparation is scheduled for Executive Team and Board development session.

- **Quality of care** has been a key area for further improvement is important areas across the health board. Healthcare Inspectorate Wales has recently undertaken a number of unannounced visits to service areas including Emergency Departments and Mental Health units. Whilst formal reports are awaited, encouraging feedback has been received, although further continuous improvement work is required in some areas. The Public Service Ombudsman for Wales has however issued a Public Interest report into the care afforded to a patient who experienced a delay in accessing the appropriate care. This affected the persons longer term recovery and the health board has apologised unreservedly for failing to provide the standard of care that should be expected. Outcome 5 of the Special Measures Response, a Learning and Self-Improving Organisation, intends to ensure that where standards have not been made and mistakes have occurred, that teams and the wider organisation ensures that learning can take place and long-lasting improvement is made.

- A recent research report into **inappropriate sexual behaviour** against female doctors has shocked colleagues across the NHS. It has been important to recognise that violence and abuse against women and girls is a key societal issue that affects the NHS as it does other parts of society. A clear position has been articulated within the Board that such behaviour is unacceptable and should not be tolerated. Colleagues are encouraged to raise concerns about any such behaviour through the various channels available both within and outside of the organisation, including the Speak Out Safely Scheme run across the organisation.

- A significant focus in recent weeks has been on **RAAC** (Reinforced Autoclaved Aerated Concrete) with several public building in Wales being closed for remedial works to be carried out. The NHS in Wales undertook survey work several years ago and the key buildings at risk were identified. A small number of key NHS buildings in Wales have been identified as having RAAC, particularly in West and South East Wales. The survey work in North Wales identified a very small and contained element of RAAC. Whilst this issue is developing, close contact is being maintained with NHS Wales Shared Services Partnerships Specialist Estates function.

- The **financial position** of the health board is presented within another agenda item at the Board. It is however important to stress the significant nature of public sector finance challenges affecting not only the NHS but the wider public services that help to impact wider aspects of wellbeing. It is clear that there will be a need to be open with the public about the challenges being faced and the need for some services to change. The Minister for Health and Social Services, addressing the Welsh NHS Confederation recently, indicated that the current position is unsustainable. Conversations with people across North Wales are going to be essential in helping to shape future priorities and choices relating to health care.

- Finally, the **Inverse Care Law Programme** continues to progress at pace. The inspiration for this programme is the work of Dr Julian Tudor Hart who noted that the availability of good medical care tends to vary inversely with a need for it in the population served. The aim of the programme is to enable a place-based, partnership approach to address health inequalities across North Wales by building on shared capabilities, assets, insights, and relationships across sectors to grow, implement, and share innovation. By the end of

September 2023, 3 workshop sessions will have been held focusing on understanding health inequality and its causes and the partner experiences in this arena. The events have been well attended with colleagues from primary care teams, the clusters, local authority colleagues and the third sector. Further workshops will be held in October and November.

Conclusion

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

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

Teitl adroddiad: ***Report title:***	Special Measures Cycle 1 Closure and Cycle 2 Commencement Report
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to: 1) Provide an end of cycle assessment for the first 90 day cycle (June – August 2023) within the stabilisation phase 2) Present the proposed areas of work for the second cycle (September to November 2023). The paper provides an assessment against delivery of each of the cycle 1 areas of work and how the learning from this first cycle is supporting the transition to cycle 2.
Argymhellion: ***Recommendations:***	The Board is asked to: 1) **RECEIVE ASSURANCE** on the progress made in cycle 1, acknowledging the areas of challenge, along with which elements of the plan will be required to continue in to the second 90-day cycle. 2) **APPROVE** the proposed areas of work for the second 90 day cycle
Arweinydd Gweithredol: ***Executive Lead:***	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)
Awdur yr Adroddiad: ***Report Author:***	Paolo Tardivel, Director of Transformation and Improvement Geraint Parry, Special Measures Programme

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

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

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:*** App 1: Summary of Cycle 1 Deliverables App 2: Proposed Cycle 2 Deliverables	

HEALTH BOARD 28th September 2023

Special Measures Cycle 1 Closure and Cycle 2 Commencement Report

1) Introduction

This report presents a summary of the overall position in relation to Special Measures as at the end of the first 90 day cycle (June to August 2023), as well as the proposed areas of work for the second 90 day cycle (September to November 2023). This over-arching summary builds upon the assurance reports that have been presented to Board Sub-Committees for the areas that they have agreed to have oversight of, and provides a complete assessment against all areas of work across each of the 5 outcome areas.

The report identifies some of the key points of learning from the first cycle and how we are applying that learning to cycle 2 and beyond.

The second half of the report then presents the proposed areas of work for the second 90 day cycle, illustrating how the work has transitioned from cycle 1 into cycle 2.

2) Cycle 1 Closure Approach

A formal assessment has been undertaken as part of the closure of this first cycle to ensure that the organisation has a clear understanding of progress against the original commitments made and in which areas challenges and learning has emerged which affected overall delivery.

A series of checkpoints have been in place throughout the cycle, both internally and externally, and during August a number of these were utilised to inform the overall assessment of progress to date. This included:

1) A specific session held with Welsh Government, the Independent Advisors and Board Members on the 9th August to ensure alignment on the insights coming out of the independent reviews

2) The quarterly Special Measures Assurance Board, chaired by the Chief Executive of NHS Wales on the 18th August

Regular assessments have been provided to Board Sub Committees for the deliverables they have agreed to have oversight of, and regular scrutiny of progress takes place with responsible executives and their nominated delegates through weekly update reporting. As the cycle has drawn to a close a formal evaluation of progress against each of the agreed areas of work has taken place via an objective assurance process undertaken independently by the Portfolio Management Office. This process has been built upon a process of securing evidence of actions, and where applicable whether that has led to assurance of impact.

3) Cycle 1 Closure Summary

The following table provides a high level summary against the deliverables committed to within this first cycle within the stabilisation phase. Where work has not concluded in its entirety during the first cycle, this work will be carried forward into the 2nd cycle. An assessment has been undertaken regarding a revised expected timeline for each area of work and this has been broken down in the following table.

Outcome	Completed Deliverables	Expected to complete within 4 weeks of the end of cycle 1 (End of Sept)	Expected to complete beyond 4 weeks of the end of cycle 1	Total
Outcome 1: A well-functioning Board	3	2	2	7
Outcome 2: A clear, deliverable plan for 2023/24	2	0	6	8
Outcome 3: Stronger leadership and engagement	4	3	3	10
Outcome 4: Improved access, outcomes and experience for citizens	5	5	6	16
Outcome 5: A learning and self-improving organisation	3	2	2	7
Overall	**17**	**12**	**19**	**48**

Table 1

A more detailed summary against each of the specific areas of work is provided in Appendix 1.

Much of the work in cycle 1 was 'discovery' in nature and therefore was only able to be assured through evidence of actions taken. As the work matures through the next cycle(s) into 'design' and ultimately 'delivery', there will be a stronger focus on assurance of outcomes. This is critically important, given that it is outcomes that matter. The scope of the work in cycle 1 gave limited opportunity to do this, however outcomes can be seen to be improving, for example the improvement in the booking of Planned Care 156 week waiters (Graph 1).

Graph 1: Patients who have been waiting for over 156 weeks for a 1st outpatient appointment, but who have not received an appointment date (excluding Orthodontics)

4) Learning from Cycle 1

The overall internal assessment of the first cycle is that progress has been made across all areas. The pace required within a discrete 90 day cycle period is demanding and leaves little margin for course-correction when unforeseen delays occur or when in-cycle adaptation is required to better meet the emerging needs of the Health Board.

Board and committee reporting calendars do not necessarily coincide with the 90 day improvement cycle and this has created reporting challenges in being able to provide the most timely information for assurance arising within the fast-paced improvement cycle environment.

Despite this, our reflections are that the 90 day cycle approach has worked for the needs of the stabilisation phase in providing impetus and focus. We will continue to reflect upon the balance of this as we move from the Stabilisation phase into Standardisation (and ultimately Sustainability) phases as to whether different length reporting cycles would be better suited.

Transitioning from one 90 day cycle to the next, whilst maintaining focus on delivery, meeting the necessary governance requirements and ensuring widespread internal and external engagement has also presented challenges. Whilst this will always be a challenge, there has been a lot of learning about how to more efficiently sequence the Executive and wider organisation engagement activity to conclude in a much shorter time period. There is also an opportunity, as we move from the Stabilisation to the Standardisation phase, to integrate the approach into the annual planning cycle.

Delays in a number of independent review areas have impacted upon the completion of some milestones within cycle 1. There are mitigation plans in place to address, but there is also learning associated to better managing dependencies across areas of work, particularly for items outside of our direct control.

It is evident that the outcome based approach has gained traction and has enabled us to describe a picture with our teams of where we want to get to. This has resonated across the organisation although further engagement work is planned both with internal and external stakeholders.

5) Proposed Cycle 2 Areas of Work

This section of the report details the areas of work that are being proposed for the second 90 day cycle (September to November 2023). These proposed areas are the product of a significant set of engagements with key stakeholders throughout August and early September, including:

- Executive and Non Executive Board Members,
- Independent Advisors,
- Colleagues in the NHS Wales Executive
- Welsh Government Officials,
- the Stakeholder Reference Group and
- Clinical and Operational colleagues from across the Health Board.

As mentioned above, much of the work in the first cycle, such as the 10 independent reviews, was **discovery** work that now requires the necessary co-production **design** work in the second cycle to enable effective **delivery** going forward. Appendix 2 lists cycle 2 deliverables and illustrates this development journey along with how the work has transitioned from the first into the second cycle.

Those independent reviews that have reported during cycle 1 have been through a thorough thematic analysis, drawing out key areas to focus upon to ensure we address root causes of our challenges, and not the symptoms. These **themes** have then been triangulated with the work that needs to continue from cycle 1, as well as Welsh Government's expectations for cycle 2. The following 7 themes have emerged from the reviews that we have to date and have been woven into the existing 5 outcome areas listed in the appendix (Table 2).

Themes from reviews received to date:
1. Data, Intelligence & Insight Ensuring that there is an organisation wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This will be a key enabler for sustainable improvement as well as supporting identification of future potential services of concern.
2. Culture Defining, engaging and committing to the long term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.
3. Risk Management Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.

4. Patient, Family, Carer Involvement A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement.
5. Operating model Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.
6. Organisation Governance and compliance Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.
7. Integrated Planning A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.

Table 2

6) Conclusion / Recommendations

Overall progress has been made across each of the 5 outcomes whilst noting that a number of areas have experienced challenges and delays. This first cycle was predominantly focused around discovery work and there were a number of interdependencies with independent reviews outside the Health Board control, which are yet to report. Where reports have been received a thematic analysis has taken place, coupled with a formal assessment of delivery to date, and this has all been factored into the second cycle.

The Board is asked to:

1) **RECEIVE ASSURANCE** on the progress made in cycle 1, acknowledging the areas of challenge, along with which elements of the plan will be required to continue in to the second 90-day cycle.
2) **APPROVE** the proposed areas of work for the second 90 day cycle

Appendix 1: Summary of Cycle 1 Deliverables

Key:	Completed	Expected to complete within 4 weeks of the end of cycle 1 (End of Sept)	Expected to complete beyond 4 weeks of the end of cycle 1

1. A well-functioning Board

Deliverable	Milestones summary text	SRO	Status	Due Date
1.1 Strengthen Board governance and effectiveness	1.1.1 Re-establish the main Committees amending the ToRs where necessary pending the review	Board Sec		05/06/2023
	1.1.2 Design special measures report that will go to each Committee	Board Sec		31/07/2023
	1.1.3 Receive and discuss key findings and recommendations from the review of the Office of the Board Secretary	Board Sec		13/07/2023
	PMO Assurance Comments: *Progress made across all milestones. All of the agreed committees have met and begun cycle of business. The independent review of the Office of the Board secretary (OBS) has completed and reported to a development session of the Audit committee on the 15th September. Further work scheduled into cycle 2 based on the outcome of the report which will include changes to Terms of Reference.*			
1.2 IM recruitment	1.2.1 Appointment of seven IMs including the Chair	Board Sec		04/06/2023
	PMO Assurance Comments: *The positions of the Interim Chair and six Independent Member (IM) roles have been filled and the work is fully completed.*			
1.3 Board inductions	1.3.1 Consider other HB induction packages in order to adapt and adopt	Board Sec		29/07/2023
	1.3.2 Incorporate learning from other HB's and launch a refreshed induction programme	Board Sec		30/08/2023
	PMO Assurance Comments: *A review of learning from other Health Boards and Trusts in Wales has taken place and the development of a revised induction pack is underway and expected to conclude by the end of September.*			
1.4 Board development	1.4.1 Agree Board development programme to reflect the discussion from the Board development workshop on 22.06.23	Board Sec		29/07/2023
	1.4.2 Board to agree content of programme by end of July	Board Sec		29/07/2023
	1.4.3 Commence implementation of the Board programme	Board Sec		30/08/2023
	PMO Assurance Comments: *The proposal for the Board development programme is currently being formulated, however further work is required in cycle 2 and the 2nd phase of this work is scheduled for the November Board.*			

1.5 Board committees	1.5.1 Gain agreement on which Committees will continue and ensure business from discontinued Committees is picked up by other Committees	Board Sec		29/07/2023
	1.5.2 Identify Chairs and Vice Chairs for all continuing Committees and ensure all new Chairs are adequately supported in the development of their first and subsequent agendas, minutes and forward plans	Board Sec		30/07/2023
	1.5.3 Develop and refine work plans for each existing Committee and take to July Board to agree	Board Sec		29/07/2023
	1.5.4 Agree proposals for additional Committees and endorse proposals for Committee work plans to be signed off at September Board	Board Sec		30/08/2023
	PMO Assurance Comments: *All agreed committees are in place along with chairs. A decision was made to amend the scope of this deliverable by rescheduling the action that required vice chairs to be identified for all committees. This is to better align with the appointment timescale for substantive IMs.*			

1.6 Risk	1.6.1 Commence discussion on the Board risk appetite approach and new risk management framework and approach at Board Workshop on 22.06.23	Board Sec		21/06/2023
	1.6.2 Develop risk management framework and approach with Audit Committee and Risk Management Group through July and (targeting Board in September)	Board Sec		29/07/2023
	PMO Assurance Comments: *The Risk Management Framework is being presented at the September Board and if approved will proceed to implementation.*			

1.7 Permanent Board recruitment	1.7.1 WG to instigate the recruitment of permanent Independent Members of the Board through the public appointments process	Board Sec		07/06/2023
	1.7.2 Progress appointment of permanent Trade Union IM and Vice Chair via Trade Union nomination and public appointment processes	Board Sec		30/08/2023
	1.7.3 Update on recruitment of CEO to be provided at Remuneration Committee on 13.06.23	Board Sec		12/06/2023
	1.7.4 Update on status of Interim CEO and recruitment of permanent CEO to Remuneration Committee	Board Sec		16/07/2023
	1.7.5 Executive board appointments following outcome of the Executive Portfolio Review (due end of July, consider it during August)	Board Sec		30/08/2023
	PMO Assurance Comments: *A range of activities are underway, including an advert for the recruitment of a permanent Chief Executive, however the totality of this work is not complete due to a dependency on the Executive Portfolio Review and work is ongoing to recast a realistic timescale within cycle 2 to reflect the interdependent delays.*			

2. A clear, deliverable plan for 2023/24

Deliverable	Milestones summary text	SRO	Status	Due Date
2.1 Annual Plan	2.1.1 23/24 Annual Plan approved by HBLT and Executive Team	ED P&T		20/06/2023
	2.1.2 23/24 Annual Plan discussed with IMs in Board Workshop	ED P&T		21/06/2023
	2.1.3 23/24 Annual Plan formally approved by Board, and submitted to WG	ED P&T		29/06/2023
	PMO Assurance Comments: *All milestones were delivered and the plan was submitted to Welsh Government.*			
2.2 Financial Savings	2.2.1 All plans identified with at least 50% being Green/Amber	EDoF		28/06/2023
	2.2.2 All plans finalised with 100% RAG scored Green/Amber	EDoF		29/07/2023
	2.2.3 Achieve savings plan for month of July	EDoF		30/08/2023
	2.2.4 Set up star chamber review sessions, to do a top down assessment of cost pressures and assessments already in the run rate, to inform incremental opportunities for 2023/24 savings plans and 2024/25 savings plans.	EDoF		30/08/2023
	2.2.5 Be clear on contribution of cross cutting themes will have to the 2023/24 savings plans	EDoF		29/07/2023
	PMO Assurance Comments: *Good progress made during June and July, with over performance partially mitigating pressures generated during months 1 and 2. Work to finalise all plans against the £25.1m savings target having a RAG score of either Green or Amber has been carried forward into cycle and based on the current assessment is unlikely to be complete by the end of September. Further work is also due to be undertaken and completed during September around instigating a Recurrent Investment Group Assurance process.*			
2.3 Future Financial and Value Opportunities	2.3.1 Significant progress made on 2024/25 Savings opportunity pipeline	EDoF		30/08/2023
	2.3.2 Collective Exec discussion on the approach to 'Value' across the organisation going forward	EDoF		30/08/2023
	PMO Assurance Comments: *A small number of schemes for 2024/25 have been identified however work in this area is being re-profiled with revised deadlines being set for November.*			

2.4 Local plans	2.4.1. Process in place to clearly link Local Planning into overarching BCU Corporate Annual Plan, and vice versa	ED P&T		07/06/2023
	2.4.2. Through use of agreed process from 2.4.1. demonstrate read-across from annual plan to local operational plans	ED P&T		28/06/2023
	2.4.3. Accountability delivery agreements issued for each IHC and Division confirming how the mapped annual plan requirements (in 2.4.2) are expected to be delivered in the respective IHC/division, monitored through BCU IHC/divisional Accountability meetings.	ED P&T		29/07/2023
	2.4.4 Discuss at Informal Execs how to adapt and adopt a framework and systems for cascading and monitoring board objectives	ED P&T		30/08/2023
	PMO Assurance Comments: *Concluding actions in relation to 2.4.3 and 2.4.4 remain outstanding due to prioritising intervening work to address current financial position. Consequently unlikely to reach a conclusion by the end of September.*			

2.5 Planning Review	2.5.1. Director of Planning to lead the co-production of a ToR with WG that meets the requirements of WG and BCU.	ED P&T		12/07/2023
	2.5.2. Successful completion of fieldwork for planning review	ED P&T		30/08/2023
	PMO Assurance Comments: *Milestones within this area were completed and the fieldwork has concluded. The final report is currently expected in October.*			

2.6 Contract procurement and management Review	2.6.1 Draft Contract procurement and management Review Report	EDoF		17/08/2023
	2.6.2 Final Contract procurement and management Review Report	EDoF		30/08/2023
	2.6.3 Agreed recommendations to be incorporated into the Financial Control Environment Action Plan and address actions considered 'urgent' during.	EDoF		30/08/2023
	PMO Assurance Comments: *This review has not commenced within the first cycle as originally intended and there is likely to be some further delay before it concludes.*			

2.7 Finance Team & Capacity	2.7.1 2x Finance Directors appointed – 1) Business partnering, 2) Planning and financial improvement	EDoF		29/09/2023
	2.7.2 Approval decision regarding initial supplementary resourcing for Finance Department	EDoF		19/06/2023
	2.7.3 Undertake a robust assessment of the required staffing resource of the Finance Department and develop a new Operating Model	EDoF		30/08/2023
	PMO Assurance Comments: *Initial appointments made at a senior level to stabilise the team. The remaining proposals to strengthen the team are now being revised in response to the impact from the initial appointments made. This proposal has been consulted upon with the WG advisor and will be put forward for consideration and deployment in the 2nd cycle.*			

2.8 Financial Governance	2.8.1 Create Local level SORDs (pending review at Corporate level)	EDoF		29/07/2023
	2.8.2 Conduct a review of monthly routine reporting and establish a regular challenge of forecasts with the CFOs and commence the new approach	EDoF		29/07/2023
	2.8.3 Agree the financial framing of the plan for planned care	EDoF		28/06/2023
	2.8.4 Establish a new monthly Performance & Finance Delivery Group	EDoF		29/07/2023
	2.8.5 Summarise key learning to inform a development programme for Finance staff	EDoF		30/08/2023
	2.8.6 Deliver annual accounts on time	EDoF		30/07/2023
	PMO Assurance Comments: *Local schemes of delegation (SORD's) have been drafted and work to centrally evaluate these documents will commence during cycle 2. This work to evaluate the local SORD's and a revised Health Board SORD not planned for approval until December.*			

3. Stronger leadership and engagement

Deliverable	Milestones summary text	SRO	Status	Due Date
3.1 Exec Portfolios Review	3.1.1 Comment and agree Exec Portfolio review ToR	ED WOD		29/06/2023
	3.1.2 Support and enable participation in the Exec Portfolio review	ED WOD		29/07/2023
	3.1.3 Receive and discuss key findings and recommendations from the Exec Portfolio review	ED WOD		30/08/2023
	PMO Assurance Comments: *The review has concluded however the final report is yet to be formally received into the organisation. Based on current anticipated timescales, receiving the discussing the findings or recommendations is unlikely to conclude before the end of September.*			
3.2 Operating Model stocktake	3.2.1 Develop a methodology for reviewing the structural element of the operating model stocktake	ED WOD		26/06/2023
	3.2.2 Undertake the work to feed into the stock take across July and August	ED WOD		05/08/2023
	3.2.3 Consider themes and priorities from stock take	ED WOD		30/08/2023
	PMO Assurance Comments: *The operating model stocktake has completed and in the process of being written up. Work to consider the outcomes will now take place in September.*			
3.3 Interim Finance Director recruitment	3.3.1 Hold interviews and make offer of appointment for Interim DoF	CEO		18/06/2023
	3.3.2 Interim DoF in-post	CEO		02/07/2023
	PMO Assurance Comments: *This deliverable was completed during June with the post holder commencing on the 1st July.*			
3.4 Senior HR Cases	3.4.1 Create a comprehensive case load management approach – including regular review	CEO		17/08/2023
	3.4.2 Feedback outcomes of specific reviews to individuals involved and seek resolution / closure	CEO		30/08/2023
	PMO Assurance Comments: *A caseload management approach is now in place, with all milestones and progressing as planned.*			

3.5 Exec Team development programme	3.5.1 Discussion with HEIW to identify support and resources available	ED WOD		05/07/2023
	3.5.2 Development of a draft programme	ED WOD		02/08/2023
	3.5.3 Socialise draft programme and resources required with Executive team for comments	ED WOD		16/08/2023
	3.5.4 Review comments and finalise the programme to be delivered	ED WOD		26/08/2023
	PMO Assurance Comments: *Proposals in this area have been completed, however they are going through consultation at executive level during September.*			

3.6 Senior Leadership development programme	3.6.1 Scope current offer from HEIW / NHS Leadership Academy / Local Universities / other Wales NHS HB	ED WOD		05/07/2023
	3.6.2 Work with internal and external stakeholders to draft a Leadership development framework for Tiers 3-4 building on current activity	ED WOD		02/08/2023
	3.6.3 Socialise draft framework and resources required with Executive team for comments	ED WOD		16/08/2023
	3.6.4 Review comments and finalise the framework to be delivered	ED WOD		26/08/2023
	PMO Assurance Comments: *Proposals in this area have been completed, however they are going through consultation at executive level during September.*			

3.7 Interims Review	3.7.1 Support and enable the review of interims	ED WOD		21/06/2023
	3.7.2 Receive, review and digest report and recommendations	ED WOD		29/07/2023
	3.7.3 Create an action plan to address recommendations and commence implementation	ED WOD		30/08/2023
	PMO Assurance Comments: *All of the fieldwork was completed and the report has been received and is scheduled for discussion with the reviewer at a development session of the Remuneration Committee.*			

3.8 Clinical Engagement	3.8.1 Clarify scope and create a detailed project plan for 1st 90 day cycle	ED T&HS		09/07/2023
	3.8.2 Complete all necessary field work	ED T&HS		03/08/2023
	3.8.3 Complete analysis of field work and create draft report containing recommendations for improvement in clinical engagement	ED T&HS		17/08/2023
	3.8.4 Final report containing recommendations for improvement in clinical engagement	ED T&HS		30/08/2023
	PMO Assurance Comments: *The scoping work scheduled for this cycle was completed in its entirety and a final report has been produced and submitted for discussion at the executive team.*			

3.9 Priority community groups engagement	3.9.1 Review process of communication with patients, families and carers as part of the vascular quality review	Dir P,C&E		28/06/2023
	3.9.2 Pilot the new approach	Dir P,C&E		29/07/2023
	3.9.3 Assess impact of the change and start to share/spread learning	Dir P,C&E		30/08/2023
	3.9.4 Review of how engagement currently works with patients, staff, public and stakeholders	Dir P,C&E		28/06/2023
	3.9.5 Receive and digest the report from Cath Broderick	Dir P,C&E		29/07/2023
	3.9.6 Start to implement the recommendations from the report	Dir P,C&E		30/08/2023
	3.9.7 Review the roles and structure of the Partnerships, Engagement and Communication team	Dir P,C&E		29/07/2023
	3.9.8 Receive and digest the report	Dir P,C&E		30/08/2023
	PMO Assurance Comments: *The report from the Independent Advisor is awaited and therefore the action plan cannot be produced in response. Based on current dates, it is expected that responding to the report will extend beyond the end of September.*			

3.10 Address our fragmented care record concern	3.10.1 1st Draft of Outline Case for the organisation wide Electronic Patient Record (EPR) approach	CDIO		30/08/2023
	3.10.2 1st draft of outline case for Tactical ED service blueprint (that can be delivered in 6-12 months)	CDIO		30/08/2023
	3.10.3 Appointment of 2 partners for ED service Blueprint	CDIO		19/07/2023
	3.10.4 Appointment of partner to develop a base Strategic Outline Case for EPR for BCU	CDIO		28/06/2023
	PMO Assurance Comments: *Tactical work with clinicians in ED is reaching an end although the first draft of the report is not complete. The 1st draft of the strategic outline case for an Electronic Patient Record (EPR) is progressing but is not likely to be delivered before the end of September.*			

4. Improved access, outcomes and experience for citizens

Deliverable	Milestones summary text	SRO	Status	Due Date
4.1 Patient Safety Review	4.1.1 Submission of draft report to WG for approval	EDN		07/06/2023
	4.1.2 Health Board to receive report and respond to actions as defined by report (dependent on milestone 4.1.1)	EDN		28/06/2023
	4.1.3 Respond to any immediate priorities identified under 4.1.2 for this 90 day cycle	EDN		02/08/2023
	PMO Assurance Comments: *The review has concluded and the report received. This has been discussed at a development session of the QSE Committee.*			

4.2 Planned Care	4.2.1 Secure an outcome from Welsh Government on proposals for planned care funding	EDoOps		29/07/2023
	4.2.2 Improve productivity and theatre utilisation in Abergele – including a change in clinical and operational leadership	EDoOps		29/07/2023
	4.2.3 Formally agree a revised planned care programme as one of our major programmes, through sign off of a Programme Initiation Document	EDoOps		30/08/2023
	4.2.4 All over 156 week waits booked (excluding Orthodontics)	EDoOps		30/08/2023
	PMO Assurance Comments: *Good progress has been made on a revised planned care programme supported by a programme initiation document. This has supported improvements in theatre utilisation in Abergele and reductions in 156 week waiters. Concluding proposals for planned care funding remain outstanding with further options being prepared for executive consideration during September.*			

4.3 Orthopaedics	4.3.1 Draft Business Case (estimated capital costs) completed	ED P&T		29/07/2023
	4.3.2 Business Case submitted to Board for approval	ED P&T		30/08/2023
	PMO Assurance Comments: *Significant work undertaken on the development of the Business case. This work did not quite conclude by the end of the first cycle and the Business case is now scheduled to go to September Board for approval.*			

4.4 Vascular Review	4.4.1 WAAASP (Wales Abdominal Aortic Aneurysm Screening Programme) and WG Quality Assurance Reviews	EMD		20/06/2023
	4.4.2 Receive, review and digest report and recommendations	EMD		29/07/2023
	4.4.3 Create an action plan to address recommendations and commence implementation	EMD		30/08/2023
	PMO Assurance Comments: *The vascular review is yet to formally report with an interim assurance having been supplied at this stage. The review itself is expected to report shortly. The final milestone (4.4.3) of an action plan to address any recommendations from the review is dependent on receipt of the review. In the meantime an interim improvement plan is being followed.*			

4.5a Service improvements - Vascular	4.5.a.1 Review and assess existing improvement plans	EMD		29/07/2023
	4.5.a.2 HIW revisit	EMD		03/08/2023
	4.5.a.3 Staffing model addressed, including ward 3 nursing	EMD		30/08/2023
	4.5.a.4 Refreshed integrated improvement plan	EMD		30/08/2023
	PMO Assurance Comments: *Solid progress has been made in a number of agreed areas including reviewing and revising existing improvements and this service was formally de-escalated as a service of significant concern by HIW in June. The original milestones for this cycle did however include plans for the staffing model to be addressed, inclusive of ward 3 nursing in YGC. This remains outstanding pending further discussion.*			

4.5b Service improvements - Urology	4.5.b.1 Appoint Pan BCU Clinical Lead	EMD		28/06/2023
	4.5.b.2 Agree alternate pathways instead of robot and commence implementation	EMD		29/07/2023
	4.5.b.3 Receive Urology Royal College Review	EMD		25/07/2023
	4.5.b.4 Refreshed integrated improvement plan	EMD		30/08/2023
	PMO Assurance Comments: *The report from the Royal College of Surgeons was received as the first cycle was concluding and is currently being reviewed at executive level. The resulting refreshed improvement plan is therefore outstanding due to its dependency to the review.*			

4.5c Service improvements - Ophthalmology	4.5.c.1 Commence recruitment process for Pan BCU Clinical Lead	EDoOps		30/08/2023
	4.5.c.2 Confirmation of R1 Clinical revalidation plan (Longest-Waiting R1s)	EDoOps		30/07/2023
	4.5.c.3 Deliver Pan BCU (expanded) signed-off Diabetic Retinopathy Pathway	EDoOps		30/08/2023
	4.5.c.4 Refreshed integrated improvement plan	EDoOps		30/08/2023
	PMO Assurance Comments: *Good progress has been made against clinical validation for longest waiting patients and a diabetic retinopathy pathway and clear evidence submitted. The refreshed improvement plan is however delayed due to delayed receipt of the GIRFT reports around cataracts and Glaucoma, and the need to factor in clinically led discussions via an away day.*			

4.5d Service improvements - Oncology	4.5.d.1 Make key staffing appointments to bring work back into BCU and reduce risk	EMD		29/06/2023
	4.5.d.2 Develop a refreshed staffing plan	EMD		30/08/2023
	4.5.d.3 Refreshed integrated improvement plan	EMD		30/08/2023
	PMO Assurance Comments: *Work in this area has progressed well and all scheduled work has completed leading to a refreshed improvement plan.*			

4.5e Service improvements - Dermatology	4.5.e.1 Commence recruitment process for Pan BCU Clinical Lead	EDoOps		30/08/2023
	4.5.e.2 New recruitment model in place	EDoOps		31/07/2023
	4.5.e.3 Refreshed integrated improvement plan	EDoOps		30/08/2023
	PMO Assurance Comments: *This remains a challenge with a significant amount of work remaining to be done in relation to the improvement plan, and discussions are being expedited.*			

4.5f Service improvements - Plastics	4.5.f.1 Provide St Helens & Knowsley with IT access to BCU systems	EDoOps		29/06/2023
	4.5.f.2 Review and refresh of outstanding agreed actions working closely with Welsh Health Specialised Services Committee (WHSSC)	EDoOps		29/07/2023
	4.5.f.3 Refreshed integrated improvement plan	EDoOps		30/08/2023
	PMO Assurance Comments: *Good progress evident across each of the agreed areas for cycle 1 culminating in an improvement plan being in place and submitted as evidence.*			

4.6 MH Stocktake Review	4.6.1 To submit initial briefing report and evidence bank aligned to recommendations from Holden report	ED PH		14/06/2023
	4.6.2 Submit initial briefing report and evidence bank aligned to recommendations from the Ockenden report	ED PH		06/07/2023
	4.6.3 Submit initial briefing report and evidence bank aligned to recommendation form the HASCAS report	ED PH		12/07/2023
	4.6.4 Engage with Royal College of Psychiatry to plan Phase 2 ie Interviews with key stakeholders.	ED PH		31/07/2023
	PMO Assurance Comments: *Clear evidence of progress and good collaboration in line with the scope of the deliverable. An action plan has been developed and a briefing report has been received with plans for cycle 2 formulated.*			

4.7 Inpatients Safety Review	4.7.1 When report received, to develop action plan aligned to recommendations and identify lead to progress	ED PH		09/08/2023
	4.7.2 To establish a working group to progress actions and agree reporting aligned to MH&LD Governance Framework	ED PH		23/08/2023
	PMO Assurance Comments: *An action plan has been developed in response to the recommendations from the review and an Inpatients Safety Group has been established to progress the work as part of an agreed governance framework. The review has also been presented to a development session of QSE during September.*			

4.8 CAMHS and Neurodiversity action plan	4.8a.1 Refresh and agree CAMHS Recovery plan	EDoOps		28/06/2023
	4.8a.2 Commence implementation of a CAMHS Recovery plan to improve MHM performance	EDoOps		29/07/2023
	4.8a.3 Ensure CAMHS is covered in Operating Model Stocktake (Deliverable 3.2)	EDoOps		30/08/2023
	4.8b.1 Review of the ND Programme Plan (taking input from the national workshop with ND colleagues held on 18/05/2023)	EDoOps		29/07/2023
	4.8b.2 Award of ND tender for private provision of assessments	EDoOps		30/08/2023
	4.8b.3 Commence implementation of ND Programme Plan	EDoOps		30/08/2023
	PMO Assurance Comments: *CAMHS: A recovery plan is in place for the West IHC and has been submitted, however recovery plans for Central and East remain in development. ND: Progress has been made in both reviewing the programme plan and commencing implementation of a revised plan, which is now being overseen by a programme Board. Scheduled work did however include a tender exercise in order to award private provision for assessments and at this stage there is a low confidence that this could be completed by the end of September.*			

4.9 Urgent and Emergency Care 6 goals and winter planning	4.9a.1 Completion of Triage training for ED nurses / clinicians to support redirection and streaming, coupled with implementation of PDSA cycle for Streaming	EDoOps		29/06/2023
	4.9a.2 Conclusion of ED frequent attender review	EDoOps		17/08/2023
	4.9a.3 Roll out new Acute Medical model across all 3 IHCS	EDoOps		30/08/2023
	4.9a.4 Completion of co-located UTC Pilot in Wrexham for low acuity patients, with implementation of identified learning underway (and being shared with West and Central)	EDoOps		30/08/2023
	4.9a.5 Formally agree a revised urgent and emergency care programme as one of our major programmes, through sign off of a Programme Initiation Document	EDoOps		30/08/2023
	4.9b.1 CEO discussions with Local Authorities CEOs to seek commitment to work together	EDoOps		06/07/2023
	4.9b.2 RPB / Social care meeting to ensure joint working for escalation planning and resilience 2023-2024	EDoOps		30/07/2023
	4.9b.3 Table top review of winter resilience planning in conjunction with key stakeholders.	EDoOps		17/08/2023
	4.9b.4 Draft Health Board winter resilience plan to be completed and submitted for Executive review	EDoOps		30/08/2023
	PMO Assurance Comments: *Narrative update provided confirming that work has completed across all milestones, however continuing to process evidence from multiple sources. Groundwork has been undertaken including a table top review of winter resilience in conjunction with key stakeholders. A key piece of collaboration with social care partners to ensure joint working around escalation planning has been deferred into September to maximise social care involvement. The overall Health Board draft winter resilience plan will be completed by the end of September however and submitted for review at the executive team on the 4th October.*			

5. A learning and self-improving organisation

Deliverable	Milestones summary text	SRO	Status	Due Date
5.1 Develop a Learning Organisation Framework	5.1.1 Meet with organisational colleagues already working in this area	ED WOD		02/07/2023
	5.1.2 Map the work already done and draw out the high-level elements/components (e.g. culture, systems and processes) needed to create a Learning Organisation Framework (LOF)	ED WOD		29/07/2023
	5.1.3 Produce a 1st high-level draft of framework and share with stakeholders to test whether design criteria related to fairness and learning from mistakes are evident in the framework when reviewed	ED WOD		26/08/2023
	PMO Assurance Comments: *A high level draft framework has been completed and has been shared with colleagues and stakeholders and is awaiting feedback before proceeding further.*			

5.2 Learning from incidents	5.2.1 Establish and embed a regular cycle for the learning forum and confirm the on-going purpose of the forum	EDN		17/06/2023
	5.2.2 Development of a learning framework/model for patient safety and experience	EDN		15/07/2023
	5.2.3 Preparing the case files and evidence ahead of the court hearing	EDN		01/08/2023
	5.2.4 Create SOP, governance and single central repository for responses to enable extraction of themes and learning	EDN		29/08/2023
	PMO Assurance Comments: *Good progress has been made alongside the development of the Learning Organisation Framework. This includes the development of a learning bulletin and an Organisational Learning Forum. Further work is underway with the NHS Executive, which will also be supplemented by governance work in around Standard Operating Procedures and a single repository, however these are not expected to conclude early in cycle 2.*			

5.3 Clinical Governance Review	5.3.1 The progress of this task relies on the outcome of the Patients Safety review. At present, it is not clear whether this review is needed and if so, when work will start and what the duration will be. This is reflected in the overall delivery confidence.	EDN		
	PMO Assurance Comments: *This deliverable is dependent on the Patient Safety Review and it is yet to be procured by Welsh Government. This is awaiting the finalisation of the Patient Safety review following discussion at QSE and agreement on next steps.*			

5.4 Transformation & Improvement support	5.4.1 Work with impacted stakeholders to develop a high level concept of how to ensure the T&I resource is allocated to priority areas	ED P&T		29/06/2023
	5.4.2 A final proposal for T&I resource allocation signed off at HBLT	ED P&T		26/07/2023
	5.4.3 Implementation of the proposal agreed at HBLT, including consideration of hand over of previous work	ED P&T		30/08/2023
	PMO Assurance Comments: *Documents submitted and approved, and final discussions re: implementation were carried forward into cycle 2 due to annual leave and have concluded during September.*			

5.5 Healthcare Public Health programme	5.5.1 Internal discussion on how to enhance the current work programme on Healthcare Public Health.	ED PH		05/07/2023
	5.5.2 Capacity identified to support the 90-day activity. (Note – scope of programme will be dependent on level of capacity made available to support)	ED PH		12/07/2023
	5.5.3 Scope the programme. This is a key arm to our proactive issue identification around service quality and effectiveness	ED PH		30/08/2023
	PMO Assurance Comments: *The agreed output of a proposed programme for public health has been achieved, and this has been scoped in line with the resources available.*			

5.6 Special Measures assurance approach	5.6.1 Take learning from CTM Health Board experience of using matrices, and commence documentation of a proposed assurance approach	Board Sec		04/06/2023
	5.6.2 To agree final assurance approach at SMRG on 21.06.23	Board Sec		19/06/2023
	5.6.3 Secure resource for a Special Measures support team	Board Sec		28/06/2023
	5.6.4 Implement agreed assurance approach	Board Sec		30/07/2023
	PMO Assurance Comments: *The 1st line of defence (internal) assurance via the PMO has already been deployed. Mobilisation and planning of 2nd (peer group) and 3rd lines (external) of defence is now underway for when the deliverables mature sufficiently to be reviewed by these mechanisms.*			

5.7 Intelligence led organisation	5.7.1 Review the reporting criteria applied to admitted patient care datasets in relation to the setting and monitoring of planned care demand, capacity and activity plans.	CDIO		29/07/2023
	5.7.2 Develop a proposed governance framework for the request and sign-off of changes to reporting criteria and capacity and activity plans	CDIO		28/07/2023
	5.7.3 Agree and document a work plan with each of the GIRFT programmes in relation to the clinical coding and data based recommendations of the GIRFT reviews.	CDIO		30/08/2023
	5.7.4 Develop a framework for the triangulation of externally reported data (through GIRFT programmes) with internal reporting to ensure transparency and consistency of reporting	CDIO		30/08/2023
	5.7.5 Proposal - for the development of a data strategy, outlining the tactical and strategic actions required to drive us towards becoming an intelligence led organisation	CDIO		30/08/2023
	PMO Assurance Comments: *The planned work in this cycle is complete with significant groundwork completed culminating in a data strategy proposal as intended.*			

Appendix 2: Proposed Cycle 2 Deliverables

Below are the definitions for the categorisations that have been applied to the work within Cycles 1 and 2 on the tables below.

Status of work in Cycle 1	Symbol
Complete – no further work required	✓ Complete
Further work required in next cycle	→2
Not related to work in Cycle 1	**NEW**

Phase / type of work	Text Shading
Discovery work Exploration phase that builds understanding	
Design work *Design of solutions based on the Discovery Work*	
Delivery work *Delivering the solution designed in the Design Work phase, leading to an improved outcome*	

Outcome 1: A well-functioning Board

	Cycle 1 (Jun – Aug)		Cycle 2 (Sep – Nov)	Exec Lead
1.1	Strengthen Board governance and effectiveness (review of OBS)	→2	5.3 - Clinical Governance review	EDN
			2.6 - Contract and procurement management review	EDoF
			3.12 - Culture improvement	ED WOD
			1.9 - Policy management and implementation/audit approach	Board Sec
			3.2 – Senior leadership engagement in initial Operating Model restructure stocktake findings	ED WOD
			2.8 - Financial Control Environment Action Plan	EDoF
			1.5 – All committees with assigned IMs operational	Board Sec
			1.8 - OBS team – implement interim and design permanent structure	Board Sec
1.2	IM recruitment (temp)	✓ Complete		
1.3	Board inductions – phase 1	→2	1.3 - Implement phase 1 induction for all Board members	Board Sec
1.4	Board development programme – phase 1	→2	1.4 - Develop phase 1 Board development programme	Board Sec
1.5	Establish Board committees, complete committee induction and development of work plans	→2	1.5 - All committees with assigned IMs operational	Board Sec
1.6	Commence review and revision of risk appetite and approach	→2	1.6 - Design Risk management framework and commence implementation	Board Sec
1.7	Permanent Board recruitment incl CEO	→2	1.7 – Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	ED WOD
		NEW	1.8 - OBS team – implement interim and design permanent structure	Board Sec
		NEW	1.9 - Policy management and implementation/audit approach	Board Sec

Outcome 2: A clear, deliverable plan for 2023/24

	Cycle 1 (Jun – Aug)		Cycle 2 (Sep – Nov)	Exec Lead
2.1	Clear and deliverable Annual Plan	→2	2.10 - Design Integrated Performance framework	ED P&T
2.2	Financial savings for 23/24	→2	2.2- Implement escalated financial savings approach for 23/24	EDoF
2.3	Financial & value opportunities for 24/25 & 25/26	→2	2.3 - Financial & value opportunities for 24/25 & 25/26	EDoF
2.4	Develop and commence delivery of Local plans	→2	2.4 - Deliver local plans associated with the annual planning process	Operations
2.5	Planning review	→2	2.5 - Continue supporting and enabling a review of Planning	ED P&T
2.6	Contract and procurement management review	→2	2.6 - Contract and procurement management review	EDoF
2.7	Stabilise Finance team and develop capacity	→2	2.7 - Stabilise Finance team and develop capacity	EDoF
2.8	Financial Control Environment Action Plan	→2	2.8 - Financial Control Environment Action Plan	EDoF
		NEW	2.9 - Design Integrated Planning Framework and commence implementation	ED P&T
		NEW	2.10 - Design Integrated Performance framework and commence implementation	EDoF

Outcome 3: Stronger leadership and engagement

	Cycle 1 (Jun – Aug)		Cycle 2 (Sep – Nov)	Exec lead
3.1	Exec Portfolios review	→2	3.1 – Exec Portfolios review	CEO
3.2	Operating Model restructure stocktake	→2	3.2 - Senior leadership engagement in initial Operating Model restructure stocktake findings	ED WOD
3.3	Interim Finance Director recruitment	✓ Complete		
3.4	Senior HR Cases	→2	1.7 – Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	ED WOD
3.5	Exec Team development programme	→2	3.5 - Leadership development (covering Exec and senior leadership development)	ED WOD
3.6	Senior Leadership development programme	→2	3.5 - Leadership development (covering Exec and senior leadership development)	ED WOD
3.7	Interims review	→2	3.1 - Exec Portfolios review recommendations	CEO
			3.12 - Culture improvement	ED WOD
			3.14 - Create and commence implementation of plan for replacement of all Interim roles	ED WOD
			1.9 - Policy management and implementation/audit approach	Board Sec
			2.8 - Financial Control Environment Action Plan	EDoF
			1.5 - Full set of operating committees	Board Sec
3.8	Create Clinical Engagement improvement plan	→2	3.8 – Consider outcome of clinical engagement field work	ED T&HS
3.9	Priority community groups engagement – develop a structured approach	→2	3.9 - Patient, family and carer involvement	D P,C&E
3.10	Develop plans for integrated electronic patient record	→2	3.10 - Implement plans for integrated electronic patient record	CDIO
		NEW	3.11 – Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure (Strategy, People, Process/Systems, Structures, Culture)	ED WOD

		NEW	3.12 - Design Culture definition and improvement – taking inputs from all independent reviews	ED WOD
		NEW	3.13 - Create and commence implementation of plan for replacement of all Agency Interim roles	ED WOD
		NEW	3.14 - Introduce the NHS Wales Staff Survey	ED WOD

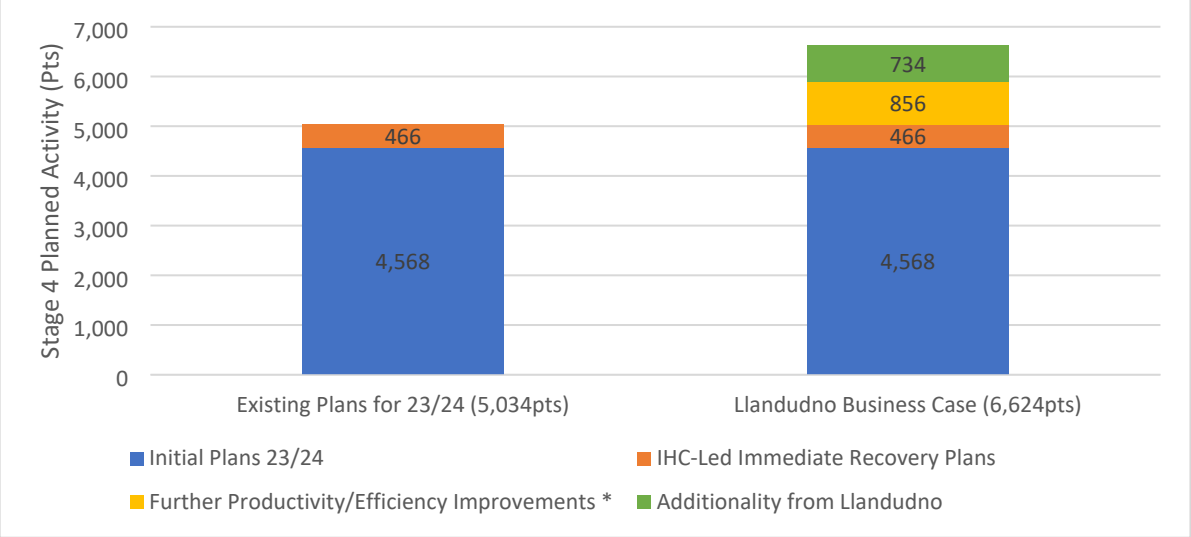
Outcome 4: Improved access, outcomes and experience for citizens

	Cycle 1 (Jun – Aug)		Cycle 2 (Sep – Nov)	Exec lead
4.1	Patient Safety review	→2	5.3 - Clinical Governance Review	EDN
			3.1 - Exec Portfolios review recommendations	CEO
			3.12 - Culture improvement	ED WOD
			2.10 - Design Integrated Performance framework	EDoF
			5.1 - Implement a Learning Organisation Framework	ED WOD
			3.5 - Leadership development (covering Exec and senior leadership development)	ED WOD
			5.7 - Intelligence led organisation (covering Data, Intelligence & Insight)	CDIO
			3.2 - Senior leadership engagement in initial Operating Model restructure stocktake findings	ED WOD
4.2	Revised Planned Care Programme and all 156 week waiters 1st appointment booked	→2	4.2 - Planned Care - Drive a revised programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability including GIRFT and other efficiency opportunities. - Sustain Stage 1 >156 weeks booked - Make continuous improvement towards >104 weeks	Operations
4.3	Orthopaedic business case	→2	4.3 - Finalisation of the Orthopaedic expansion business case	ED P&T
4.4	Vascular review	→2	4.5a – Progress Vascular improvement plan	EMD
4.5a	Vascular improvement plan	→2	4.5a - Progress Vascular improvement plan	EMD
4.5b	Urology improvement plan	→2	4.5b - Progress Urology improvement plan	EMD
4.5c	Ophthalmology improvement plan	→2	4.5c - Progress Ophthalmology improvement plan	Operations
4.5d	Oncology improvement plan	→2	4.5d - Progress Oncology improvement plan	EMD
4.5e	Dermatology improvement plan	→2	4.5e - Progress Dermatology improvement plan	Operations

4.5f	Plastics improvement plan	→2	4.5f - Progress Plastics improvement plan	Operations
4.6	Mental Health review of previous reviews	→2	4.6 - Mental Health review of previous reviews – phase 2	ED PH
4.7	Mental Health Inpatients Safety review	→2	3.9 - Patient, family and carer involvement	D P,C&E
			1.9 - Policy management and implementation/audit approach	Board Sec
			4.7 - Mental Health Inpatients Safety review – phase 2	ED PH
4.8a	CAMHS improvement plan	→2	4.8a - Progress CAMHS improvement plan	Operations
4.8b	Neurodiversity improvement plan	→2	4.8b - Progress Neurodiversity improvement plan	Operations
4.9a	Revised UEC Programme and improvement in 4 hour ambulance handover times	→2	4.9a - Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers	Operations
4.9b	Commence UEC Winter Planning	→2	4.9b – Continue UEC Winter planning and preparations	Operations
		NEW	4.10 – Orthopaedic Improvement Plan - As part of the Planned care Programme, refine the work programme for Orthopaedic care	Operations

Outcome 5: A learning and self-improving organisation

	Cycle 1 (Jun – Aug)		Cycle 2 (Sep – Nov)	Exec lead
5.1	Develop a 'Learning Organisation' Framework	→2	5.1 - Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning	ED WOD
5.2	Effective procedures for learning from incidents and preparing for inquests and HSE	→2	5.2 - Effective procedures for learning from incidents and preparing for inquests and HSE	EDN
5.3	Clinical Governance review	→2	5.3 - Clinical Governance review	EDN
5.4	Transformation & Improvement support	→2	5.4 - Transformation & Improvement support allocation to priority areas	ED P&T
5.5	Scope an enhanced Healthcare Public Health programme	→2	5.5 - Implement an enhanced Healthcare Public Health programme	ED PH
5.6	Develop Special Measures assurance approach	→2	5.6 - Embed Special Measures assurance approach	Board Sec
5.7	Develop proposal to become an intelligence led organisation	→2	5.7 - Implement proposal to become an intelligence led organisation (covering Data, Intelligence & Insight)	CDIO

Teitl adroddiad: ***Report title:***	**The Development of a Ring-Fenced Elective Orthopaedic Surgical Hub at Llandudno Hospital - Single Stage Business Case**
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this business case is to develop a cold-site Orthopaedic surgical hub and centre of excellence in Llandudno, specialising in High Volume, Low Complexity (HVLC) care, which will deliver 1,900 orthopaedic procedures per year. This increases surgical activity by 734 patients (above revised core plans, see graph below). In addition, and importantly, the proposal provides ongoing protection for existing inpatient DGH orthopaedic surgical activity which remains vulnerable to unscheduled care pressures, and also replaces existing cold-site capacity which is no longer fit for purpose. It will also deliver a significant investment in additional infrastructure which supports the future sustainability of the wider Llandudno site and provides a strong strategic platform for a 'phase two' which would allow a further expansion of high volume, low complexity surgery outside of a DGH setting.  This business case for phase one will result in reduced waiting times by increasing activity levels; and improved service efficiency, resilience and ultimately patient outcomes, by creating ring-fenced capacity, segregated from the District General Hospitals (DGHs) for high volume, low complexity Orthopaedic cases. The proposal is to refurbish a vacant ward at Llandudno hospital to create 19 bed/trolley spaces, construct two new laminar flow theatres, create an 8-bedded enhanced recovery/ PACU area and refurbish and extend the existing radiology department. High Volume Low Complexity elective orthopaedic activity, a significant proportion of which is hip and knee arthroplasty, will be transferred from Abergele Hospital and from the existing DGH sites. The theatres in Llandudno will be managed as a highly efficient HVLC model, operational for 50 weeks

	a year, running at 95% utilisation and delivering x2 patients per session (as per GIRFT upper quartile throughput targets). Similar services operate highly effectively in other parts of the UK. Day case Orthopaedic surgical work currently undertaken in Abergele Hospital will be transferred to the DGHs, in line with our clinically-led service vision agreed in May 23. The net impact of these changes is a rise in planned activity from 5,034 (current 23/24 plan) to 6,624 patients per annum, an increase of 1,590. This business case will deliver a significant increase on 19/20 delivery (+1,925pts) and on 22/23 delivery (+2,769pts). Estimated capital costs have been removed from the Business Case as the tender process is currently live. If the business case is supported by the Board then the capital costs will be finalised once the tender process has completed and included within the Business Case submission to the NHS Wales Infrastructure Investment Board. The request to the NHS Wales Infrastructure Investment Board is for 100% of the capital costs, as well as support for the recurring additional revenue cost of £4.760 million (revenue cost is £4.171 million excluding maintenance costs). The hub is planned to open in Autumn 2024.
Argymhellion: ***Recommendations:***	The committee is asked to: 1. Approve the content of the business case, including the recommended option to develop single site Orthopaedic surgical hub capacity in Llandudno and the requisite Capital (estimated at present) and Revenue requirements. 2. Note and support the intention of the Programme Team to progress the development of a phase two proposal to expand the model further, if this business case is approved.
Arweinydd Gweithredol: ***Executive Lead:***	Dr Chris Stockport, Executive Director of Transformation and Strategic Planning
Awdur yr Adroddiad: ***Report Author:***	Ian Howard – Assistant Director – Strategic & Business Planning, Neil Windsor – Programme Director for Orthopaedics

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):***	The Orthopaedic Business Case sets out the Health Board's response to key priority areas within national strategic blueprints, including 'A Healthier Wales', the updated Ministerial priorities, national strategies to modernise planned care and '2023-2026 National Planning Framework', as well as addressing the outcomes of recently commissioned service reviews including National Clinical Strategy for Orthopaedic Surgery (NCSOS) and Getting It Right First Time (GIRFT). The case also responds to requirements of Special Measures, specifically outcome 4.4 relating to improved access, outcomes and patient experience.
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?***	An EQIA has been completed and is included in 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?***	An SEIA has been completed and is included in the appendices.
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)***	CRR 4714: Risk of avoidable harm due to the protracted length of time patients are waiting to be seen or treated. BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The Capital costs are £ xx m[1] and the revenue costs are £4.760m (revenue cost is £4.171m excluding maintenance costs), both of which require funding from Welsh Government.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	A total of 31 additional WTE's are required for the recommended option and a recruitment plan has been developed accordingly.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Previous external engagement conducted to inform the Health Board's clinical services strategy provided consistent feedback from the public around the need to expedite planned care recovery plans, in order to reduce waiting times and clear the backlog at pace.

[1] *estimated costs redacted whilst tender process is underway*

Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Report submitted as confidential, as contains pre-tender estimated costs
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** Subject to approval, the business case will be submitted to the NHS Wales Infrastructure Investment Board.	

The Development of a Ring-Fenced Elective Orthopaedic Surgical Hub at Llandudno Hospital

Single Stage Business Case

12 September 2023
Version 0.23

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 0.1	28.06.2023	First Draft	Ian Howard
Draft 0.2	28.06.2023	Further developed	Ian Howard
Draft 0.3	29.06.2023	Draft Options and Procurement cases completed	Ian Howard
Draft 0.4	30.06.2023	Strategic case updated and Delivery case added	Ian Howard
Draft 0.5	03.07.2023	Strategic case and Options case updated	Ian Howard
Draft 0.6	06.07.2023	Further updates, executive summary added	Ian Howard
Draft 0.7	07.07.2023	Amended to reflect change in recommended option, further updates	Ian Howard
Draft 0.8	14.07.2023	Capital and revenue figures added, amendments from core team	Ian Howard
Draft 0.9	20.07.2023	Amendments reflecting programme board decisions 17th July	Ian Howard
Draft 0.10	21.07.2023	General update plus updates to capital and revenue figures	Ian Howard
Draft 0.11	24.07.2023	General update incl financial table	Ian Howard
Draft 0.12	27.07.2023	General update plus updates to strategic case and procurement plan	Neil Windsor
Draft 0.13	01.08.2023	General update plus inclusion of coversheet	Neil Windsor
Draft 0.14	01.08.2023	Inclusion of remaining financial information	Neil Windsor
Draft 0.15	03.08.2023	Amendments following Programme Board scrutiny	Neil Windsor
Draft 0.16	15.08.2023	Amendments following CIG scrutiny	Ian Howard
Draft 0.17	17.08.2023	Amendments following further feedback	Ian Howard
Draft 0.18	18.08.2023	Amendments following further feedback	Neil Windsor
Draft 0.19	22.08.23	Refinement of activity figures and revenue costs	Neil Windsor
Draft 0.20	02.09.23	Refinement of activity figures and narrative following Execs	Neil Windsor
Draft 0.21	07.09.23	Final refinement of narrative	Neil Windsor
Draft 0.22	08.09.23	Revision of revenue costs	Neil Windsor
Draft 0.23	12.09.23	Formatting changes, minor additions	Neil Windsor

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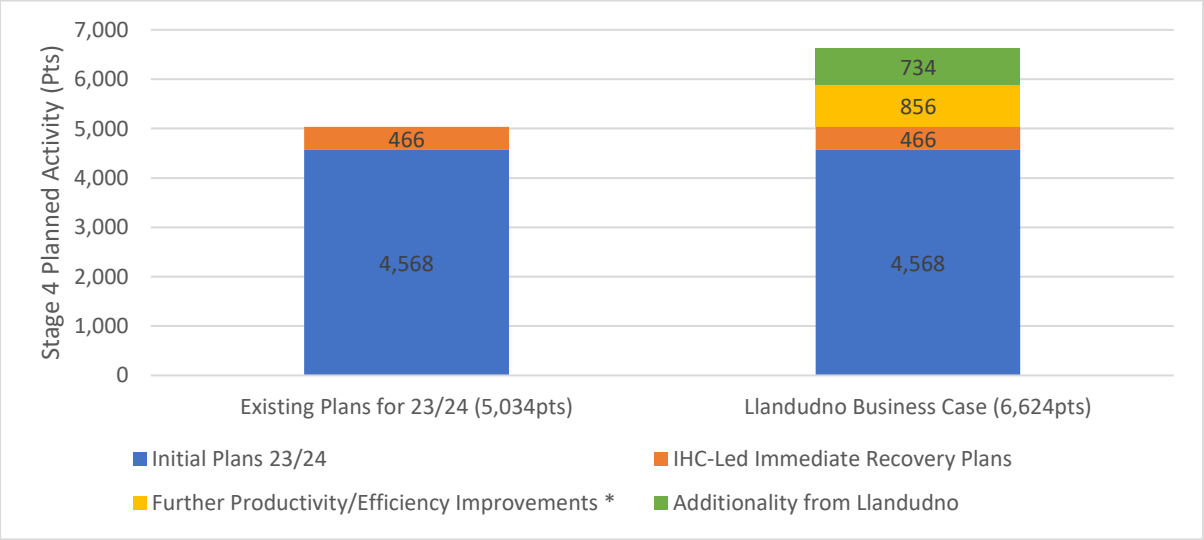
1. Executive Summary

1.1 Synopsis

This business case proposes the development of a ring-fenced elective Orthopaedic surgical hub and regional centre of excellence at Llandudno Hospital, specialising in high volume, low complexity (HVLC) care. The hub will deliver 1,900 Orthopaedic procedures per year. This increases surgical activity by 734 patients per year, as well as providing further protection for existing inpatient activity which remains vulnerable to unscheduled care pressures and replaces existing cold-site capacity which is no longer fit for purpose. It will also deliver a significant investment in additional infrastructure, which supports the future sustainability of the wider Llandudno site and provides a strong platform for phase two.

When combined with existing IHC-led recovery plans and delivery of additional productivity gains in-line with opportunities identified in a recent external review of our capacity and demand modelling (see appendix A), total activity increases by 2,056 patients, compared to initial 23/24 plans and 1,590 patients, compared to revised 23/24 plans (see fig 1). This will support the attainment of the 36-week inpatient waiting time target by 27/28 (see fig 8).

Fig 1 – Comparison of proposed stage 4 activity, BAU 23/24 v Llandudno Business Case



** Delivers 80% of the NHSE capacity and demand modelling opportunity identified through a review of existing job plans*

The proposal seeks to address both the short-term imperative for elective care recovery and provide the foundations for the longer-term transformation of our elective model of care, whilst improving quality and performance in line with National Clinical Strategy for Orthopaedic Surgery (NCSOS) recommendations and Getting It Right First Time (GIRFT) best practice. It represents the initial phase of a two-phase proposal and provides a strong strategic platform for further consolidation of short-stay, low complexity care in an expanded and ring-fenced regional surgical hub, as per our phase two ambitions. An additional business case for phase two will follow, following further engagement.

The estimated capital cost at this pre-tender stage is £xx million[1] and the recurring additional revenue cost is £4.760 million. The hub is planned to open in the autumn of 2024.

The fundamental aim of this proposal is to improve the elective Orthopaedic surgical service for North Wales for the benefit of the population, individual patients and the staff. The specific objectives are: to reduce waiting times by increasing activity levels; and to improve service efficiency, resilience and ultimately patient outcomes by creating ring-fenced high volume, low complexity (HVLC) capacity away from the District General Hospitals (DGHs).

The specific estates proposal is to refurbish a vacant ward at Llandudno hospital to create 19 bed/trolley spaces, construct two new laminar flow theatres, create an 8-bedded enhanced recovery/ Post-Anaesthetic Care Unit (PACU) area and refurbish and extend the existing radiology department. High Volume Low Complexity elective activity, a significant proportion of which is hip and knee arthroplasty, will be transferred from Abergele Hospital and from the existing DGHs. As transfer and treatment within the new unit is subject to patient choice, it does not meet the threshold for major service change and therefore formal consultation is not expected to be required for phase one.

The theatres in Llandudno will be managed as a highly efficient HVLC model, operational for 50 weeks a year, running at 95% utilisation and delivering x2 patients per session (as per GIRFT upper quartile throughput targets). Day case Orthopaedic surgical work currently undertaken in Abergele Hospital will be transferred to the DGHs, in line with our clinically-led service vision agreed in May 23.

Overall, the key benefits of this proposal are as follows:

- It provides additional surgical capacity to increase activity, which further reduces waiting times and backlog.

- Regional cold site capacity will provide protection to existing core activity, which at present remains extremely vulnerable to unscheduled care pressures.

- It replaces existing cold-site capacity at Abergele which is extremely fragile and which cannot provide sufficient system resilience, significantly improving service resilience and sustainability.

- It facilitates the transfer of existing daycase activity back to DGH sites, to be delivered 'closer to home', as per the nationally agreed clinical model for day surgery and our own clinically developed service vision.

[1] *estimated costs redacted whilst tender process is underway*

- By transferring existing daycase activity back to DGH sites, it expedites the development of new models of care such as Hand & Wrist activity delivered as Minor Outpatient Procedures. This ensures that day case is less susceptible to DGH ward breaches.

- It pools resources and expertise, encouraging more formal clinical collaboration, through the development of a regional networked model of care.

- It will improve clinical outcomes and reduce unwarranted variation by adopting standardised regional pathways of care, based on the latest evidence-base.

- It will improve staff recruitment and retention, by actively attracting staff to work within a regional centre of excellence.

- It brings benefits in terms of research, innovation and quality improvement opportunities associated with a regional centre of excellence.

- It supports the potential expansion of postgraduate education.

- It provides a protected surgical facility at an accessible site which has the potential to be developed rapidly to provide expanded theatre and bed capacity with support services at relatively low cost, as per our Phase 2 ambitions.

- Once the backlog is cleared, it will provide capacity to repatriate contracted activity which is currently delivered outside of NHS Wales.

1.2 Strategic Fit

This proposal is an integral part of BCUHB's wider plan for transforming elective Orthopaedic services. The plan has been developed in conjunction with the National Clinical Strategy for Orthopaedic Surgery (NCSOS) team, the Getting It Right First Time (GIRFT) team and NHS Wales. It seeks to address the findings of two nationally commissioned service reviews undertaken by both NCSOS and GIRFT in the past 18 months, which identified long-standing issues with the Orthopaedic service and which have been exacerbated by the Covid pandemic.

Common themes across both deep dives include; waiting times for surgery are unacceptably long; activity levels are low compared to other services and to pre-pandemic levels; aside from Abergele Hospital in central North Wales, there is a shortage of ring-fenced capacity on a cold surgical site and cancellation of surgery is common due to emergency care pressures in the District General Hospitals; the service is not efficient and there are unwarranted variations in performance across North Wales and the estate at Abergele Hospital is fragile and unsustainable without substantial investment.

This proposal therefore seeks to address these concerns as part of a two-phase business case and forms the third component of a wider Orthopaedic improvement and transformation programme, focussing on the following areas: -

1. Developing the clinical model and adopting best practice – systematically adopting best practice across the region
2. Operational management – optimising under-utilised capacity
3. **Ring-fenced capacity – identifying and implementing options to provide ring-fenced capacity to address existing backlog and unmet demand**

The first two projects are already delivering real improvements in the service (see 3.5.3) and are a precursor to this proposal, providing the foundations and framework for the development of the business case.
The clinical model acts as the reference and guide for the hub model proposed and the revised capacity plans include a significant increase in internal productivity, recognising the need to optimise the efficiency of our existing capacity, as a pre-requisite for any additional investment. However, the more radical transformation of our elective model of care is dependent on additional investment in cold-site surgical hub capacity and delivery at scale requires support for both phase one and two. This business case covers phase one.

Nevertheless, it is important to emphasise that this case (for phase one) alone is not dependent on the longer-term plan incorporating phase two, bringing improvements in terms of additional activity, efficiency and resilience regardless of whether an extended hub is created. However, it is worth noting that an important benefit of the scheme is that the Llandudno site is capable of being expanded to create a larger hub, as a consequence of the additional infrastructure investment provided within phase one.

In terms of risks and dependencies, the case is dependent on capital and revenue funding from Welsh Government. The primary risk is the ability to deliver the additional activity of 734 patients, through revisions to job plans and trauma rotas, in order to deliver a 50-week operating model. A 90-day Orthopaedic action plan has been developed at an IHC-level, which seeks to (amongst other initiatives) transform job planning, in order to maximise efficiency and increase activity opportunities.

1.3 Options

Llandudno Hospital has been chosen as the site, because; it is not a DGH and so can provide ring-fenced capacity; it is accessible across North Wales, within a central location; the estate infrastructure is reasonably good with many support services already on site and there are existing facilities that can be refurbished and/or extended as part of the development. It also provides a strong platform for any future expansion of the HVLC model. In terms of other options to deliver the objectives of the scheme, continuing with business as usual would result in a failure to reduce waiting times and an inefficient and fragile service that is not in line with

national and local strategies. Outsourcing the work to the private sector would achieve the objective of improving waiting times, but would not improve the local service, would deliver no local economic benefit and is not sustainable. In comparison, transferring the current ring-fenced service from Abergele Hospital and increasing the operating model from 37 weeks per year to 50 weeks, has the advantage of improving resilience by removing the service from a site that has significant infrastructure issues and is not sustainable in the long term. The option results in an increase in activity and therefore lower waiting times and is the recommended option.

1.4 Procurement

The building work will be procured using competitive tenders issued via Sell to Wales. An enabling works package will be procured separately to provide the opportunity to commence works in advance of the main contract.

1.5 Affordability

The case is seeking both capital and revenue funding to ensure the development and future sustainability of the ring-fenced surgical hub proposal.

1.6 Delivery

There is a comprehensive plan to ensure the successful delivery of the project, in line with BCUHB's Procedure Manual for Managing Capital Projects.

2. Structure and Contents of the Document

As agreed with Welsh Government, this is a Business Justification Case produced using the Single Stage Business Case Medium Value and Risk Template.

The case consists of the following five elements, which give a comprehensive view of the key elements of the proposal:

- **Strategic Case** - this sets out the strategic context of the proposal and case for change, the scope of the project and the key investment objectives;
- **Options Analysis** - this demonstrates that the organisation has selected a proposal which optimises public value for money;
- **Procurement Route** - this establishes that the recommended option will result in a viable procurement and well-structured deal;
- **Funding and Affordability** - this demonstrates that the recommended option will result in a fundable and affordable deal;
- **Delivery Arrangements** - this gives assurance that the scheme is achievable and can be delivered successfully.

3. The Strategic Case

3.1 Introduction

The purposes of the Strategic Case are; to explain how the scope of the project fits within the service strategies of BCUHB and NHS Wales; to provide a compelling case for change, in terms of existing and future service needs; to outline the scope of the project and to define the key objectives.

After a brief description of the Health Board, this section outlines the overall approach to planned care across Wales and in BCUHB and describes the specific national and local plans for elective Orthopaedic services. Within the framework of BCUHB's Orthopaedic plans, the scope of this project is defined as focusing on elective Orthopaedic surgical services and the specific objectives and benefits of the scheme are described.

3.2 Organisational Context - Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board (BCUHB) was established on 1st October 2009 and is the largest health organisation in Wales. It provides a full range of primary, community, acute and mental health services for a population of approximately 700,000 across North Wales and some parts of North Powys. BCUHB is responsible for the operation of over 90 health centres, clinics, Community Health Team bases and mental health units, 19 community hospitals and 3 acute hospitals. BCUHB employs approximately 19,000 staff and has an annual revenue budget of approximately £1.8 billion. In addition to providing healthcare services, BCUHB is also responsible for commissioning services for the population of North Wales.

In terms of Orthopaedic services, it provides a full range of primary, community and secondary care services, and has contracts with a number of English NHS providers for secondary and tertiary services. A full description of the service is provided in section 3.5.1.

3.3 Planned Care Programme for Wales and BCUHB

The case for the expansion of elective Orthopaedic surgical services in BCUHB needs to be set in the context of the overall approach of NHS Wales and BCUHB to Planned Care in the aftermath of the Covid-19 pandemic, which has seen a substantial rise in waiting times for diagnosis and treatment. There is a clear consensus at local and national level about the key strategic actions required for both the immediate recovery and the longer-term system

transformation of planned care delivery. As outlined in "Our programme for transforming and modernising planned care and reducing waiting lists in Wales"[2] there is a focus on:

- Transforming outpatient services
- The prioritisation of diagnostic services
- Early diagnosis and treatment of suspected cancer services
- Implementing a fair and equitable approach to patient prioritisation
- The provision of appropriate information and support to people
- Eliminating long waiters at all stages of the pathway
- Building sustainable planned care capacity

This case responds specifically to the last two elements and is in line with the national commitment for "Investing more in our services, developing and expanding capacity, a focus on local service delivery, care closer to home where appropriate and regional centres to support high volume services." Another key element of national service transformation, which aligns to the case is "to make services more efficient and reduce cancellations by creating dedicated surgical facilities and separating planned care from urgent and emergency care."

This overall approach to planned care is reflected in the 2023-2026 National Planning Framework[3]. Specifically, it states that "Meeting (National Recovery Programme) requirements must be a priority for health boards. Regional diagnostic centres and treatment centres should be at the forefront of organisations' plans as their vision for future delivery".

In terms of BCUHB, the Clinical Services Strategy[4] (2022) emphasises the "separation of planned and unplanned hospital care, to minimise the number of elective operations cancelled." The Health Board's Annual Plan outlines the development of a planned care recovery plan, which prioritises:

Eliminating the backlog of long waiting patients over the shortest possible period (recognising this will be over years for some specialties)
Creating the conditions for service sustainability by combining increased capacity, effective demand management and greater efficiencies and transformation.

The specific actions in BCUHB's plan in terms of Orthopaedics are outlined in section 3.6.

[2] Our programme for transforming and modernising planned care and reducing waiting lists in Wales, Welsh Government, April 2022
[3] 2023-2026 National Planning Framework, Welsh Government, February 2023
[4] Clinical Services Strategy, BCUHB, August 2022, v1.1

3.4 Elective Orthopaedics – the national approach

Within the overall context of planned care there are particular challenges facing elective Orthopaedic services, where the impact of the Pandemic has exacerbated underlying issues across Wales in terms of efficiency, the need to modernise services and an imbalance between supply and demand. There are a series of national documents which articulate the plan for transforming elective Orthopaedic services, including:

- NCSOS Report 1 Orthopaedic Recovery, Urgent – For Immediate Action. This includes as its first recommendation for Wales as a whole, "Health Boards must collaborate to address elective recovery by putting in place three hubs to help to address the immediate backlog."
- NCSOS Report 2a General Pathway Guidelines and Recommendations
- NCSOS Report 2b Shoulder & Elbow Surgery Pathway Guidelines and Recommendations
- NCSOS Report 2c Hand & Wrist Surgery Pathway Guidelines and Recommendations NCSOS Report 2d Hip Surgery Pathway Guidelines and Recommendations
- NCSOS Report 2e Knee Surgery Pathway Guidelines and Recommendations NCSOS Report 2f Foot & Ankle Surgery Pathway Guidelines and Recommendations

However, the key national document which has informed the development of this proposal is NCSOS Report 3 "The National Blueprint for Orthopaedic Surgical Delivery in Wales."[5] It focuses specifically on the surgical component of Orthopaedics, and includes the following strategic messages:

- The need for cold elective Orthopaedic sites for inpatient services: "To provide sustainable, high quality, high throughput inpatient orthopaedic care, the infrastructure must be separated from acute medical and surgical care i.e. cold elective orthopaedic sites. There is no debate to this point."
- "The separation of day case surgery from inpatient surgery."
- The potential for any transfer of inpatient services from the DGH sites to "increase capacity in the local hospitals…to contribute to daycase Orthopaedic delivery."
- "Investment in estate and manpower is urgently required so that the gap between capacity and demand is removed."

Similarly, GIRFT undertook a deep-dive review of the Orthopaedic service across Wales in 2022. A key recommendation for BCUHB was:

- Existing Regional Treatment Centre (RTC) plans should be progressed to deliver a medium-term Orthopaedic solution, ensuring that they have enough capacity in terms of beds and theatre capacity to repatriate as much work as possible from England, as well as treating the Health Boards current workload. This will provide a critical mass of both routine and

[5] The National Blueprint for Orthopaedic Surgical Delivery in Wales NCSOS 03/31/2022

complex work and allow the unit to develop into a centre of excellence. The centre should be treated as a regional resource and help provide orthopaedic capacity to other Health Boards if required such as North Powys. The NCSOS project provided clear recommendations (March 2022) on the medium to long term national service model for Orthopaedic surgery and GIRFT recommends the Health Board plans are in line with this.

3.5 Elective Orthopaedics - BCUHB

3.5.1 Description of the current service

BCUHB provides a full range of primary, community and secondary care services, and has contracts with a number of English NHS providers for secondary and tertiary elective Orthopaedic services. There are four main sites that provide inpatient and daycase elective Orthopaedic surgery: Abergele, Wrexham Maelor Hospital (WMH), Ysbyty Glan Clwyd (YGC) and Ysbyty Gwynedd Bangor (YG).

Of these, three are acute (WMH, YGC and YG) with Abergele being the only unit providing ring-fenced capacity away from a DGH site. There are currently no dedicated orthopaedic daycase units, with day surgery provided through the same theatres as inpatients on all four sites.

Abergele has a facility dedicated to elective Orthopaedic surgery. It currently has two laminar flow inpatient theatres that provide 20 sessions, through 24 beds. This is split between daycases and inpatients.

YGC provides for more complex patients from the central part of North Wales, through 3 protected beds and six theatres sessions. Day one following surgery, the patients are transferred to Abergele for step down.

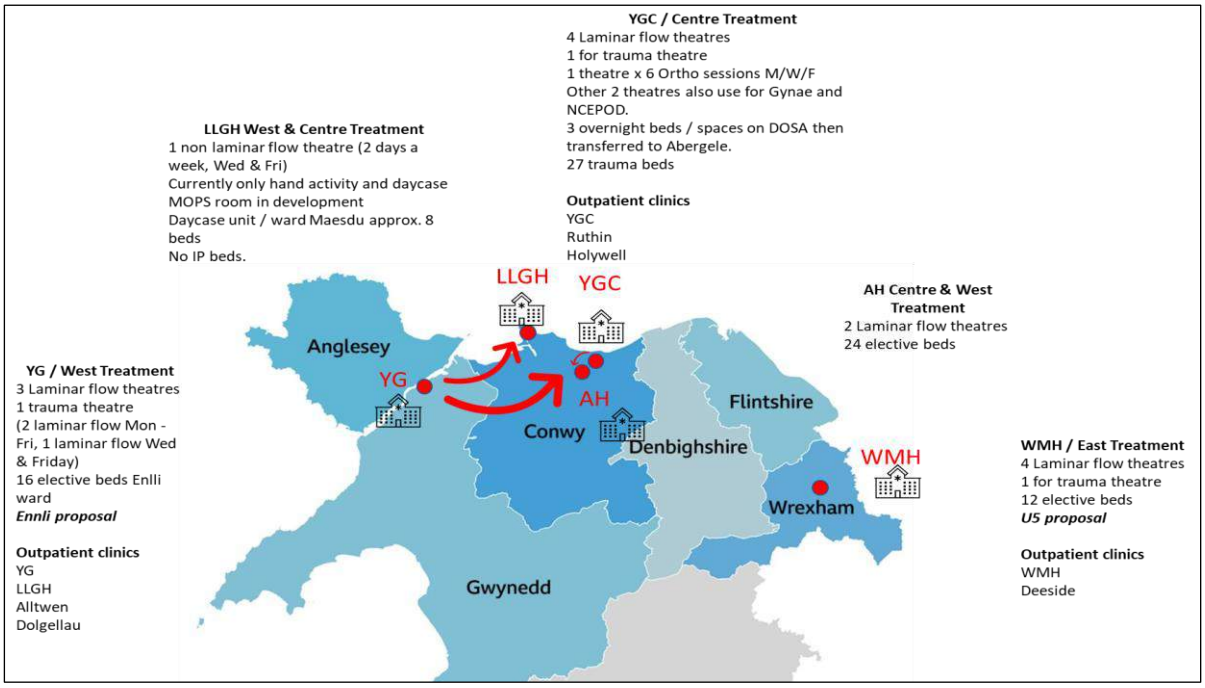
WMH provides 24 elective theatre sessions, all laminar flow and used for a mix of inpatient and daycase activity. It is supported by 13 protected beds.

YG currently has 15 protected beds and 24 elective theatres sessions, all laminar flow and mixed for daycases and inpatients.

In addition, some hand surgery and daycase activity takes place in a non-laminar flow theatre at Llandudno hospital, however this capacity is not exclusive to Orthopaedics and also accommodates Breast, Maxillo-Facial and other General Surgery activity.

This is represented pictorially as follows:

Fig 2 – Map of Orthopaedic capacity across North Wales



In terms of workforce, the Health Board employs 42 Orthopaedic surgeons and a range of support staff which equates to 387.8 WTEs.

3.5.2 Issues with the current service (business needs)

The elective Orthopaedic service at BCUHB faces a series of challenges. In terms of stage 4 RTT waiting times, as of the 1st September 2023 there were 7,792 patients waiting within BCUHB, of which 5,152 had breached 36-week waiting time targets.

Whilst a recent collaborative review with the NHS Executive demonstrated the Health Board had appropriate surgeon and theatre capacity to deliver further activity, pre-existing plans recognised the impact of limited anaesthetic cover and unscheduled care pressures, which currently compromise existing Orthopaedic inpatient capacity. As outlined in 3.5.1, only Abergele hospital provides ring-fenced capacity on a non-DGH site and this limited non-DGH capacity is a primary cause of activity shortfalls. For example, in 2021/22 167 sessions were lost in Bangor and Wrexham because no beds were available. In 2022/23 83 sessions were lost. In the first two months of 2023/24, prior to the implementation of the changes outlined in section 3.5.3.2, 52 sessions were lost (however figures were impacted by the loss of Enlli Ward in Ysbyty Gwynedd, which is now back online).

In response, the NCSOS Report 3 'The National Blueprint for Orthopaedic Surgical Delivery in Wales' highlights that there is insufficient ring-fenced surgical capacity, including in North Wales and that regional cold, elective units should be progressed at pace, in order to segregate planned and emergency care. Another key issue identified was that existing daycase and inpatient activity are both provided through the same theatres in Wrexham,

Ysbyty Gwynedd and Bangor, which is contrary to the principles of the NCSOS blueprint for elective Orthopaedic services.

GIRFT undertook a similar deep-dive review of the Orthopaedic service in BCUHB in 2022. They referenced the following observations:

- "Patients on long waiting lists deconditioning and their conditions worsening"
- "Low morale among clinical staff, with frustration that changes to restart Orthopaedic surgery, following Covid, are taking much longer than necessary".
- "Variance in performance between hospitals, which suggests a lack of collaboration and that they are working in silos".

The report highlighted that the service does not currently meet GIRFT efficiency/productivity metrics for High Volume Low Complexity (HVLC) care, in particular achieving an average of 1.67 procedures per list, rather than the target of 2 per session and the current operating model is planned against a 37 week model, whereas GIRFT recommends a 48-week model, as part of their best practice surgical hub accreditation criteria.

In terms of the condition of the estate, whilst Abergele hospital provides ring-fenced capacity, the site infrastructure is poor and at risk of failure. BCUHB's Estates Strategy (appendix B) published in February 2023, highlights Abergele hospital as one of the key estate risks and challenges. Only 15% of the site is in sound and operationally safe physical condition (compared with an average across the Health Board of 62%), and only 15% achieves full statutory health and safety compliance (compared to an average of 74%).
For both of these metrics, Abergele has the worst score of the entire Health Board estate. Functional suitability and energy performance are also poor. The amount of repair and maintenance work needed to bring the site up to a reasonable condition (the backlog maintenance figure) is estimated at £15.5 million. The Estates Strategy concludes that the site is not sustainable in its current form and that consideration be given to its future use.

As regards workforce, the current average vacancy rate is 10.9% (43.4 WTE) which ranges from 4.9% (5.1 WTE) for medical staff through to 23.4% (28.5 WTE) across nursing staff. The challenge here will be to ensure any existing gaps across the theatre and ward nursing are addressed as part of the focused recruitment work which will be undertaken to achieve the recommended option outlined in this business case (see appendix C). The current workforce model supporting Orthopaedics for this business case is 117 WTEs in Llandudno with over 50% of this (61 WTEs) made up of theatre and ward nursing staff. The other main components are made up of therapies and diagnostic staff, which account for 19 WTEs. Of the current workforce, 86 WTEs would be eligible for transfer, leaving an additional requirement of 31 WTEs. The main areas where additional staff are required are therapies, diagnostics and facilities.

As per the recommendations of our GIRFT review, we will develop and implement a short, medium and long-term workforce plan, which identifies and mitigates resource gaps and risks that may affect delivery of our plans. Where resource shortfalls are predicted to exist, the plan will develop innovative workforce solutions, guided by NCSOS and other national/international best practice.

3.5.3 BCUHB Orthopaedic Programme

3.5.3.1 Overall approach

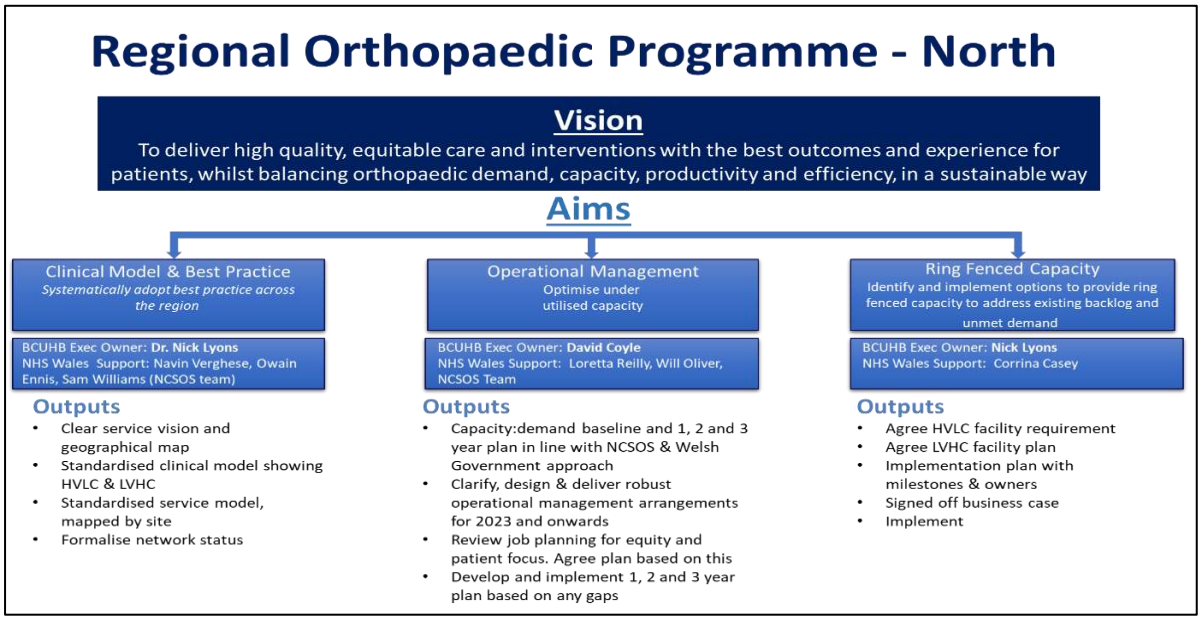
As an integral part of the national approach to Orthopaedics, BCUHB is working closely with GIRFT, NCSOS, the NHS Executive and Welsh Government on the development and delivery of a comprehensive transformation programme for North Wales. Senior support has been provided by NHS Wales to take this work forward.

The overall approach has three key projects:

1. Developing the clinical model and adopting best practice – systematically adopting best practice across the region.
2. Operational management – optimising under-utilised capacity.
3. Ring-fenced capacity – identifying and implementing options to provide ring-fenced capacity to address existing backlog and unmet demand.

The approach is summarised in the following diagram (see fig 3):

Fig 3 – Regional Orthopaedic Programme for North Wales 23/24



3.5.3.2 Developing the clinical model and adopting best practice

Extensive work has been undertaken with clinicians across North Wales to develop a future Orthopaedic service model. This culminated in a clinical workshop on the 17th of May 2023 facilitated by NCSOS, which all Orthopaedic surgeons were invited to attend, of which approximately 30 attended. Senior Integrated Health Community (IHC) Directors and service managers also attended, along with representation from Nursing, Anaesthetics and Pharmacy. A new clinical model was agreed, in line with the national strategy, proposing that:

- **Daycases** should be available close to home, and so will continue to be provided (or re-provided) at acute sites, ideally within specific facilities[6].
- **Low Volume High Complexity (LVHC)** surgery will also continue to be provided in the existing District General Hospitals, where there is access to high dependency facilities.
- **High Volume Low Complexity (HVLC)** surgery should be provided on a site that does not deal with emergencies (a "cold site") in a ring-fenced elective hub.

3.5.3.3 Operational management

The proposal cannot be viewed in isolation from our local improvement plans, which recognise the requirement to maximise levels of productivity and efficiency within our existing capacity, as a prelude to any additional investment.

Table 1 demonstrates a plan to increase core stage 4 activity by an additional 1,322 patients compared to our initial plans for 23/24, comprised of both IHC-led immediate recovery plans (466), which are already operational and further productivity/efficiency gains (856), in line with opportunities identified in a recent external review of our current capacity and demand modelling.

This provides a revised stage 4 plan of 5,890, prior to modelling the impact of any additional activity the Llandudno business case provides.

Table 1 – Revised stage 4 activity from recovery plans and additional productivity gains

Initiatives	Stage 4 Planned Activity
Initial stage 4 plans for 23/24	4,568
IHC-led immediate recovery plans	466
Current stage 4 plan	5,034
Further productivity/efficiency improvements	856
Revised stage 4 plans *	5,890

** 5,890 = 80% of the NHSE capacity and demand modelling opportunity identified through a review of existing job plans*

[6] The potential development of a Hand surgery hub, which may concentrate some daycases in a single North Wales location (delivered as MOPS), is still under discussion.

IHC-led Immediate Recovery Plans
Whilst detailed narrative around the IHC-led Immediate Recovery Plans is included in appendix D, key initiatives being undertaken in 2023/24 include:

U5 Ward – Perfect Month (Wrexham Maelor)
This initiative entails trialling "Perfect Month" improvement methodology, which seeks to maximise theatre utilisation through the adoption of GIRFT best practice principles.
Multi-disciplinary working, including Allied Health Professionals and Pharmacy has been increased. The bed base has been temporarily increased (by 16) and beds moved to co-locate with theatres and provide sufficient space for day cases. It is supported by schemes such as enhanced Pre-Operative Assessment Clinics, improved booking and scheduling and wider use of Minor Outpatient Procedures (MOPS) rooms.

Whilst the improvement project has concluded and is now undergoing a formal and robust post-implementation evaluation, initial indications show significant improvements in the following efficiency and productivity metrics; short notice cancellations, in-session utilisation, average patients per list and average length of stay. The project delivered an increase in surgical activity of an additional 59 patients compared to pre-existing plans. The benefits extend further than Orthopaedics, as it has created capacity within the existing surgical bed base and increased daycase capacity through arrivals for additional General Surgery activity, including Cancer.

Whilst positive improvements are noted, this is being closely monitored for the impact of system pressures during periods of high demand for emergency admissions, and resilience remains a risk.

Minor Operating Procedures Suite (MOPS) Wrexham Maelor & Llandudno General Hospital
This development supports new ways of providing hand surgery outside of theatre in a safe and effective way, resulting in increased throughput, reduced waiting times and improving patient satisfaction. Patients who undergo surgery in a minor procedure room spend less time in hospital, freeing up much needed bed and theatre capacity, enabling the delivery of additional activity and reducing waiting times for those who require more complex surgical interventions. This initiative commenced in Wrexham in June 2023 and became operational in Llandudno in late August 2023.

Ring-fencing (Ysbyty Gwynedd)
A formal project has been undertaken to amend existing operating principles, removing the elective Orthopaedic ward (Enlli) from the site escalation strategy and therefore allowing for existing elective Orthopaedic bed capacity to be ring-fenced, with greater resilience than is currently the case. Initial indications are positive however this is being closely monitored for the impact of system pressures during periods of high demand and resilience remains a significant risk.

Regional HVLC Model (Abergele)
A formal programme has been initiated to support the transition of the existing cold-site Abergele Orthopaedic capacity (20 theatre sessions available per week, utilised primarily by YGC Consultants) into a Regional HVLC hub, to be utilised on a more formal basis by all three Integrated Healthcare Communities (East, Centre and West) and to reduce the incidence of fallow sessions. This will act as a 'proof of concept' for the Llandudno business case and provides further assurance of the deliverability of our longer-term plans. This will be supported by clinically developed, regional pathways and Standard Operating Procedures (SOPs), which facilitate the delivery of GIRFT best practice standards. This is will be operational from September 11th 2023.

These initiatives are making a substantial difference, as from April to June 2023 activity had increased by 104 procedures compared to Q1 2022/23.

Further Productivity/Efficiency Improvements

Further productivity gains will be delivered through the extension of the initiatives identified above, along with the introduction of high volume daycase lists and delivery of GIRFT efficiency and productivity targets. However, given pre-existing constraints still remain regarding sufficient anaesthetic capacity and general unscheduled care pressures, only 80% of the capacity and demand modelling opportunity identified by the NHS Wales Executive through a review of existing job plans, is assumed deliverable at present.

3.5.3.4 Ring-fenced capacity

A key outcome of our recent clinical visioning workshop, was a consensus that high volume, low complexity (HVLC) surgery should be provided in a dedicated and ring-fenced, cold-site elective hub. The scope of the elective hub is anticipated to be short stay orthopaedic inpatients classed as HVLC, as per the GIRFT 'basket' of procedures. A large proportion of this activity is expected to be lower limb arthroplasty.

It was also agreed that the creation of the hub should consist of two separate but related developments. The wider thinking is to develop a more substantial ring-fenced elective surgical hub for HVLC cases that would serve the whole of North Wales, consolidating more activity within an expanded unit. This would transfer some additional Orthopaedic services and/or other surgical activity from their current locations and will form the basis of an additional phase two business case. This approach would fully align with NCSOS National Blueprint 3.

However, given the urgent requirement for improvement, it is proposed to take a two phased approach and in the first instance to create additional ring-fenced surgical capacity, to deliver a smaller elective hub in the interim. This business case covers phase one.

As transfer and treatment within the new unit is subject to patient choice, it does not meet the threshold for major service change and therefore formal consultation is not expected to be required for phase one.

The creation of this initial capacity at Llandudno Hospital in phase one is described in full in section 4.3.2. One of the benefits of this phase one proposal is that the Llandudno facility would be capable of being expanded, in order to develop into the more extensive ring-fenced elective hub outlined for phase two. The investment in the additional infrastructure in phase one, provides a strong platform for this transition.

It is important to emphasise that this case is not dependent on also agreeing phase two for the creation of a single hub and does not pre-judge the outcome of further engagement on that proposal. The creation of the unit brings substantial benefits in its own right, in terms of additional capacity, efficiency and resilience (as outlined in full in sections 3.6.3 and 4.3.2). However, if the phase one business case is approved we will progress at pace to develop a proposal for phase two.

3.6 Objectives, Demand and Capacity and Measurable Benefits

3.6.1 Objectives

The fundamental aim of this proposal is to improve the elective Orthopaedic surgical service for North Wales for the benefit of the population, individual patients and the staff. The specific objectives are:

- **Waiting Times**: to improve the service for the population by increasing activity levels and so reducing waiting times.
- **Efficiency**: to improve efficiency, by delivering the upper decile GIRFT (Get it Right First Time) throughput levels for High Volume Low Complexity (HVLC) elective hip and knee arthroplasty, associated with a surgical hub model.
- **Outcomes**: to deliver consistent and high-quality care benefitting from latest best practice and from the consolidation of clinical expertise within a regional centre of excellence and network model. Adoption of regional pathways of care and standard operating principles based on the latest evidence-base, will help reduce unwarranted clinical variation.
- **Resilience**: to improve the resilience of the service to patients, by protecting orthopaedic surgery when the NHS system is under pressure from emergency, unscheduled care.
- **Sustainability**: to provide an improved cold-site estate, which delivers long-term service sustainability and which investment in additional site infrastructure significantly reduces existing backlog maintenance requirements and non-compliance issues.

3.6.2 Demand and Capacity

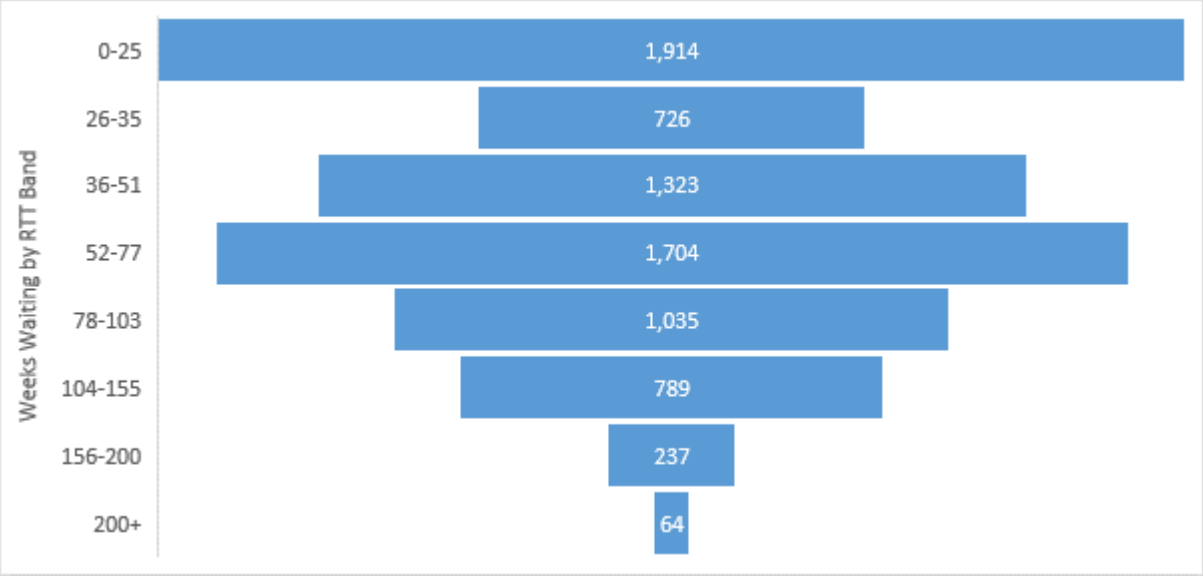
Key to the delivery of these objectives and the specific measurable benefits outlined in 3.6.3, is the demand and capacity modelling that underpins this case. The business case appendices provide greater detail on the demand and capacity modelling.

The key points are:

3.6.2.1 Current waiting list position

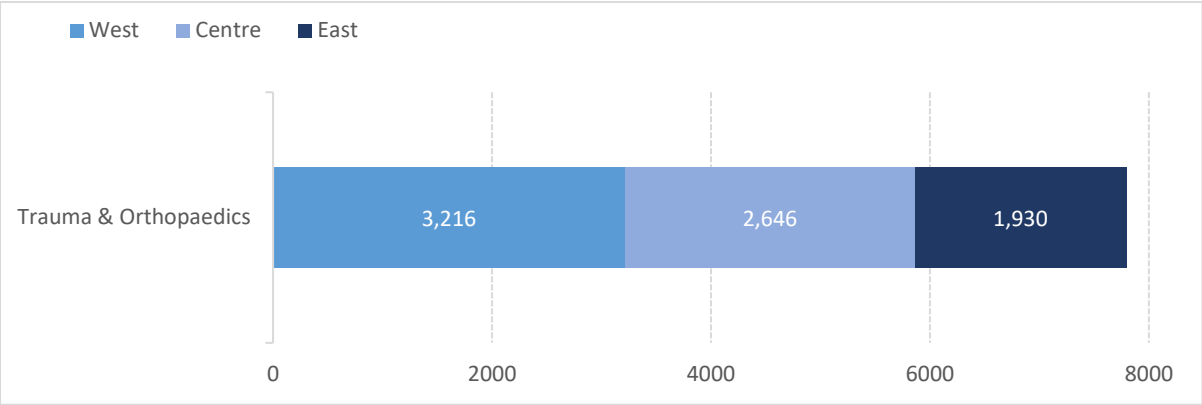
As of 1st September 2023, the Orthopaedic stage 4 waiting list comprised of 7,792 patients in total, of which 5,152 had waited over 36-weeks and 3,829 had waited over 52 weeks. The total stage 4 waiting list split by individual RTT band, is included in fig 4 below.

Fig 4 – Stage 4 Orthopaedic Waiting List split by RTT band



When split between main DGH sites, it is apparent that the waiting list is not equally distributed across the region, with waiting list demand higher within the West IHC (see fig 5). Consolidating activity into a regional hub will provide a mitigation for these variations, with clinicians adopting a more regional approach to delivery.

Fig 5 - Stage 4 Orthopaedic Waiting List split by site



Presently, the waiting list is not sufficiently coded at a sub-specialty level, and so the demand and capacity modelling makes an assumption that approximately 50% of the total waiting list is comprised of hip and knee demand, which is the primary activity proposed in the Orthopaedic hub during phase one.

This is shown in table 2 below.

Table 2 – Orthopaedic stage 4 waiting list split by Hip & Knee sub-specialty

	All Sub-Specialties	Hip & Knee Only *
Total Orthopaedic Stage 4 Waiting List	7,792	3,896
No of patients waiting over 36-weeks	5,152	2,576
No of patients waiting over 52-weeks	3,829	1,914

** based on an assumption that 50% of demand is hip and knee*

In addition, derived demand (based on 19/20 data) is included in table 3 below.

Table 3 – Orthopaedic stage 4 derived demand

	All Sub-Specialties	Hip & Knee Only **
Orthopaedic Stage 4 Derived Demand*	5,036	2,518

** based on 19/20 data and makes no provision for future levels of growth*
*** based on an assumption that 50% of demand is hip and knee*

Delivering additional system resilience (protecting core activity)

A key objective of the case is to protect core inpatient activity which is consistently vulnerable to unscheduled care pressures and is a primary source of lost activity and contributory factor to our growing waiting list. Two recent examples of the impact of unscheduled care pressures on Orthopaedic activity include: -

- The loss of Enlli Ward in YG between 18 Dec 22 and 24 Apr 23.
- 52 lost theatre sessions due to unscheduled care pressures during the first two months of 23/24.

The case seeks to mitigate against this and deliver additional system resilience by providing cold-site capacity, which is inherently protected from unscheduled care pressures. Currently, 125 theatre sessions are lost annually as a consequence of 'ward unavailability' due to unscheduled care pressures, which equates to 250 patients and an opportunity cost of £1,478,000, (based on delivery of x2 patients per list, at an estimated cost of £5,912 per knee replacement). From an arthroplasty perspective, the patient benefit is likely to be even greater, as theatres which remain operational during periods of acute site pressures often require the replacement of more complex inpatient activity (such as primary hip and knee arthroplasty) with lesser complexity, daycase activity.

3.6.2.2 Delivering additional activity

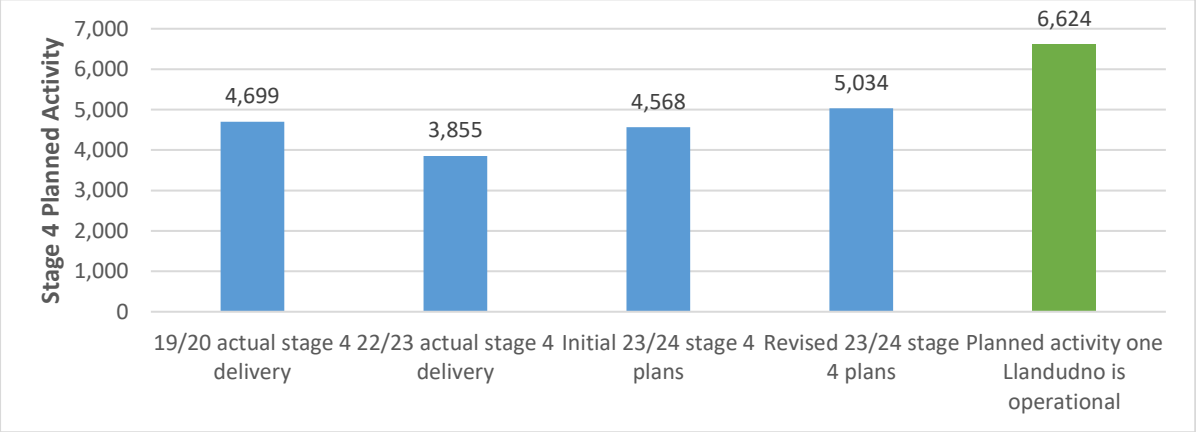
The proposed Orthopaedic surgical hub will deliver 1,900 primary hip and knee arthroplasty procedures per year, supporting the delivery of a total projected stage 4 activity once Llandudno is operational of 6,624 patients.

This is a significant increase in performance compared to both initial 23/24 plans and actual activity levels in previous years (see fig 6) and is achieved through immediate-term IHC-led recovery plans and further productivity improvements, detailed in 3.5.3.2, along with a level of additional activity, which further cold site capacity in Llandudno provides.

This delivers:

- 1,925 patients more than 19/20 actual delivery
- 2,769 patients more than 22/23 actual delivery
- 2,056 patients more than 23/24 initial plans
- 1,590 patients more than 23/24 revised plans

Fig 6 – Planned stage 4 activity v 22/23 initial plans, 19/20 and 22/23 actual delivery



The proposed stage 4 activity once Llandudno is operational (6,624) in comparison to initial 23/24 plans (4,568) is broken down as follows: -

The IHC-recovery initiatives outlined in section 3.5.3.3 will result in an immediate increase in activity of 466 patients. This will help bring the system into balance, with activity matching the number of patients joining the waiting list (based on 19/20 derived demand). However, it will not address the backlog.

Further productivity and efficiency improvements also outlined in 3.5.3.3 will deliver an additional 856 patients per annum and this will provide further assurance that existing capacity delivers more optimal levels of productivity, prior to any additional investment.

However, given the current levels of backlog, further initiatives to increase surgical activity are required and therefore, the option recommended in this case seeks additional investment to develop a ring-fenced elective Orthopaedic surgical hub and regional centre of excellence at Llandudno Hospital, specialising in high volume, low complexity (HVLC) care. The hub will deliver 1,900 orthopaedic procedures per year, which includes increases in surgical activity by a further 734 patients.

The additional 734 patients associated with Llandudno is modelled as follows: -

- **Increased Operating Model (50 weeks) - delivering an additional 420 patients**

The two new theatres which form the business case provide capacity to deliver 1,900 patients per year, based on a 50-week model and assuming 95% utilisation (based on a high productivity unit, adopting best practice pathways).

This is modelled in table 4. The theatres will be serviced with hip and knee arthroplasty activity transferred from Abergele and the acute sites. However, this transferred activity is modelled on the existing 37 week DGH operating model (taking into account Trauma), which only provides transfer of 1,480 patients (see table 5). Revisions to job plans and trauma rotas will support the backfill of the gap and deliver an additional 420 patients above existing plans (see table 6).

Table 4 – Modelling of planned activity within Llandudno (phase one, x2 new theatres)

Theatre	Sessions per Week	Weeks per Year	Available Sessions	Pts Per List	Pt Activity *
Theatre 1	10	50	500	2	950
Theatre 2	10	50	500	2	950
TOTAL	20		1,000		1,900

** based on 95% utilisation*

Table 5 – Modelling of activity transferred from Abergele & Acute sites (37 weeks)

Theatre	Sessions per Week	Weeks per Year	Available Sessions	Pts Per List	Pt Activity
Theatre 1	10	37	370	2	740
Theatre 2	10	37	370	2	740
TOTAL	20		740		1,480

Table 6 – Additional activity delivered through backfill of vacant sessions

	No of Patients
Total Llandudno Capacity (@ 50 weeks)	1,900
Transferred Activity from Abergele & DGH sites (@ 37 weeks)	1,480
Additionality from Backfill of Vacant Capacity	420

- **Upper Quartile GIRFT Productivity-levels - delivering an additional 314 patients**

In addition, cold site capacity will allow the delivery of GIRFT best practice productivity levels, increasing the number of patients operated per list in comparison to existing DGH productivity levels (2 patients vs 1.67 patients delivered in 22/23). This delivers a separate productivity gain of 314 patients as per table 7 and therefore increases the total elective activity delivered as a direct consequence of the new Llandudno capacity by a further 734 patients.

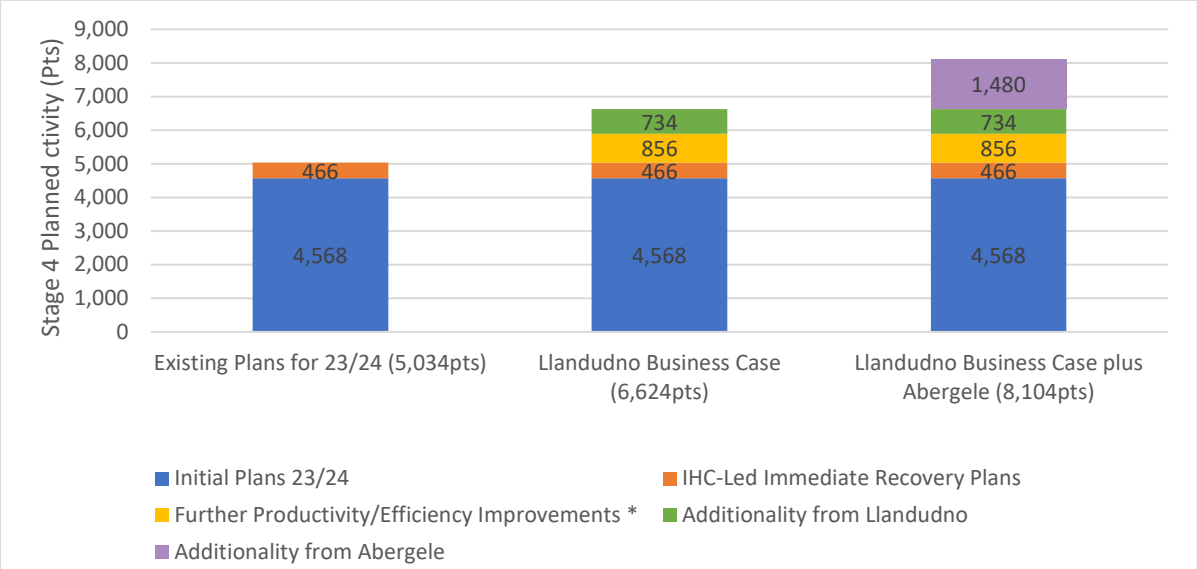
Table 7 – Productivity gain from delivery of GIRFT Upper Quartile throughput target

Theatre	Annual Sessions Available	Average Patients per List	Total Patient Activity
Llandudno Productivity	950	2	1,900
Existing DGH Productivity	950	1.67	1,586
ACTIVITY GAIN			314

At these levels, the Llandudno business case aims to deliver more hip and knee arthroplasty activity than delivered across the whole of BCUHB in both 19/20 (1,762) and 22/23 (1,494).

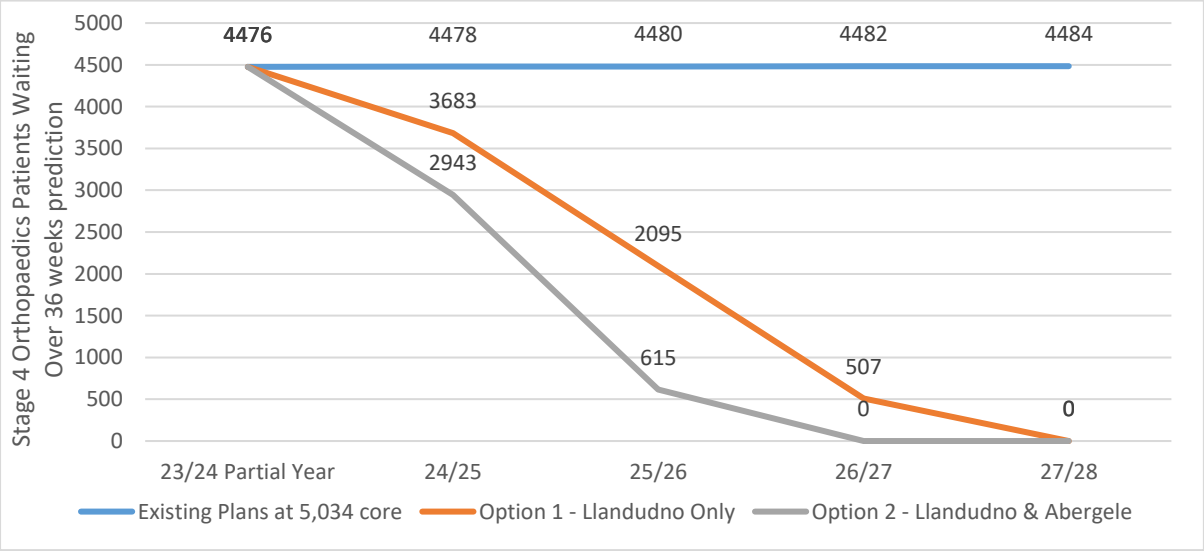
An additional proposal is considered in the options analysis (option 2 in section 4), which would retain orthopaedic activity at Abergele as well as creating new capacity at Llandudno, delivering a further 1,480 patients per year over and above the recommended option. This is included for further context and information, however as the revenue requirement is substantial it is not the recommended option for this case. This is represented below:

Fig 7 – Planned stage four activity broken down by business case option



The impact on the number of patients waiting over 36 weeks for treatment of these three options (including Business as Usual (BAU), is outlined in the following graph:

Fig 8 – Impact of stage 4 activity per option on number of patients waiting over 36 weeks



Stage 2 & 3 waiters not included in the modelling

3.6.3. Key Benefits

3.6.3.1 Measurable benefits

The proposed option provides significant and quantifiable benefits to both the patients receiving the new care model and the staff delivering it. A framework has been developed below to monitor benefits realisation and includes; benefit description; KPI measure, baseline performance and target performance/date.

The key indicators are as follows:

Table 8 – Benefits table for recommended option (option1)

Benefit	Measure	Baseline	Target	Timescales
B001. Patient care and experience will improve through faster and more equitable access, delivering a sustainable reduction in the Orthopaedic backlog position, medium to long term.	Stage 4 Core Activity	3,855 (22/23) – actual delivery	6,624	by end of Q4 25/26
B002. Patient treatment and outcomes will improve through reduced variation**.**	% compliance with agreed HVLC best practice pathway	n/a	100%	From Sept 24
B003. Patient experience and outcomes improve as levels of morbidity decrease due to reduced waiting times and less progression of degenerative pathology.	Oxford Hip & Knee PROMs score	Baseline data to be recorded and analysed following roll out of Oxford Hip & Knee PROMs in WCP	Improvement profiles and targets dependant on baseline results	By Q4 24/25
B004. Patient experience will improve through better patient-facing processes and decreasing patient time in health care setting.	Length of Stay (Days) Short Notice Cancellations (%)	3.4 days 11.3%	2.5 days <5%	By Q4 24/25 By Q4 24/25
B005 Service sustainability will improve through more attractive recruitment and better staff retention. An improved clinical model and a new facility will be more inviting environments to work in and may provide additional training opportunities.	Staff Vacancy Rates (%) Staff Turnover Rates (%)	Baseline data does not exist at specialty/unit-level. Initial assessment to be undertaken when Abergele HVLC model operational	Improvement profiles and targets dependant on baseline results	Initial baseline Sept/Oct 23 (Abergele) Revised baseline Sept/Oct 24 (Llandudno) Target delivery Sept/Oct 25 (Llandudno)
B006. Staff morale will improve by having a dedicated and high- quality facility to work in. Patient	Staff Engagement Score	Baseline data does not exist at specialty/unit-level. Initial assessment	Improvement profiles and targets	Initial baseline Sept/Oct 23 (Abergele)

care and experience can improve if staff morale also improves. It should be noted that the process of any change can also negatively affect morale**.**	Staff Sickness Rates	to be undertaken when Abergele HVLC model operational	dependant on baseline results	Revised baseline Sept/Oct 24 (Llandudno) Target delivery Sept/Oct 25 (Llandudno)
B007. Efficiency and service sustainability will improve by no longer outsourcing to the private sector.	Number of cases/cost of Outsourcing elective Orthopaedic activity to private sector	559 cases outsourced in 22/23 at a cost of £2.79m	Zero	By end of Q4 25/26

3.6.3.2 Additional Site benefits

The current condition of Llandudno Hospital is considered 'Good' when compared to the comparatively poor condition of parts of the rest of the Estate such as Abergele Hospital, however it still has an amount of backlog maintenance, as some areas are not functionally suitable and there are infrastructure non-compliance issues.

The capital investment will therefore reduce the following backlog and/or address these non-compliance issues:

Return a 30-bed ward which is currently not functionally suitable due to its open plan nature and which does not support infection control, into use as an Orthopaedic arthroplasty reception, consent and 19 bed ward area.

- Refurbish the Radiology department, returning parts of a functionally unsuitable former fluoroscopy suite into x-ray use and removing partial obsolete M&E infrastructure.
- Demolish a timber framed building which is at the end of its life and has limited functional use, to form an additional car parking area. This will reduce the maintained footprint of the site by approximately 1000 sq m.
- Bring an outbuilding which is out of functional use up to condition, as a new location for medigas plant.
- Address within the works area, maintenance on medigas AVSUs that have issues with valves and perished O rings.
- Replace the back-up oxygen manifold which has no auto change over with a HTM (NHS Health Technical Memoranda) compliant one.
- Replace existing extract and supply units providing mechanical ventilation to the ward, which have reached the end of their life and are no longer delivering the designed air changes. Seek to increase the number of air changes per hour to achieve as close to the HTM requirement utilising the existing ducts.

- Remove asbestos containing materials within the works areas and provide better containment to ducts with asbestos in.
- Provide mechanical ventilation to Radiology, which currently has none and does not meet the HTM.
- Provide a secondary incoming power supply to the hospital site, for electrical supply resilience in line with the HTM.
- Replace the existing generator which is in poor condition and has limited capacity, along with the fuel tank providing a back-up electrical supply in line with the HTM.
- Provide low voltage electrical capacity locally to the works area where there currently is none.
- Address maintenance in the external works areas, such as replacement of lights with LED, pedestrian segregation from traffic and provision of a patient drop off/collection zone. Remove a redundant, obsolete modular unit.

3.6.3.3 Decarbonisation

The theatres and radiology estate will be constructed or refurbished to meet the WG decarbonisation policy.

Specific works include:

- A fabric first approach to building design which looks to optimise built form and fabric performance. The fabric thermal properties have been selected to greatly exceed minimum WG building regulation standards.
- High efficiency standards for air tightness and thermal bridging targeted.
- High performance glazing utilised in the new build areas with low G & U-Values to limit heat gain in summer months and retain heat during the winter months.
- High system operational efficiencies for all new plant installations.
- Low lighting power densities achieved through the use of high efficiency LED lighting modules.
- ERP compliant heat recovery utilised for all new ventilation systems used on the project.
- Replacement of the 1983 extract and supply units providing ventilation to the ward with a new HTM compliant, full heat recovery module.
- An all-electric heating and cooling strategy to alleviate the need for new fossil fuel supplies to the development.
- Low energy, high efficiency fan and pumps specified throughout.
- Use of low carbon, high efficiency, air source pump cooling, heating and domestic water provision for the new build theatre and refurbished/extended radiology department.
- Provision of renewable technologies – A large PV array has been proposed for mounting upon the surrounding roof area, this helping to offset the energy demands of the new development.
- Provision of EV charging points within the additional car parking areas.

- A new building energy management system will be provided to monitor and control the new plant installations. This system will monitor energy use and provide the client with the ability to interrogate his operational energy performance over time and assessing the effect of future decarbonisation integrations.

It is not proposed that a formal BREEAM assessment is completed given the part new build element and differing levels of scope of refurbishment in the radiology and ward areas however an advisor has been instructed to complete an overview which can be shared.

3.6.3.4 Radiology Estate

Further benefits associated with the additional capital investment identified to refurbish and upgrade the existing Radiology estate and equipment include:

- Provides resilient post-operative x-ray capacity for Phase 1 i.e. 2 theatres worth of orthopaedic activity.
- X-ray rooms and equipment become suitable for post-operative orthopaedic use with sufficient space to accept a trolley or bed.
- Technological advancement - equipment radiation doses are reduced in the replacement of the 2 existing x-ray rooms benefitting the patients long term health by reducing the risks from radiation. It becomes possible to take all of the required images for orthopaedic use.
- Timesaving - taking the X-rays with a digital x-ray system means that x-ray plates do not have to be transferred manually to a reader in another room, they are automatically sent to RISP.
- Removes the risk of the obsolete, end of life system in x-ray room 1 failing which would reduce resilience and capacity.
- Provides resilience in the event of a breakdown, routine maintenance and QA checks of the equipment in one of the x-ray rooms.
- Frees up the x-ray room 2 part-analogue equipment to replace end of life equipment at another hospital including Abergele Hospital should that system fail.
- Provides additional ultrasound capacity for post-operative complications such as DVT.
- Provides some spare or additional x-ray capacity for the wider pre- and follow up part of the orthopaedic patient journey.
- Provides the currently missing HTM compliant ventilation, new infrastructure and refurbished building fabric.
- Improves patient and staff environment, ergonomics and flow of the department.
- Investment in the department supports staff recruitment and retention as evidenced recently at Wrexham Maelor Hospital following the investment in 22/23.
- Provides a dedicated patient bed wait and addresses privacy and dignity issues.
- Provides a decant x-ray room during the construction programme.
- Maintains the x-ray service needed to support the busy Llandudno MIU both during the construction programme and thereafter.
- Provides a mobile x-ray solution which will be used to support more rural community hospitals and enable a reduction in fixed equipment, can be used to support other x-ray

room replacements elsewhere as well as being a valuable asset to BCUHB which can be leased to the private sector and other Health Boards.

- Provides a 'pad' which future proofs services at LLGH for future x-ray room replacements and visiting mobile MR / CT scanners which the Health Board currently struggles to accommodate on other sites, given constraints and lack of electrical capacity on acute sites.

3.6.3.5 Wider benefits

In addition, there are other key strategic benefits to the development which are not amenable to quantification.

3.6.3.6 Research, innovation and quality improvement

The creation of a surgical hub with a critical mass of specialists will drive further efficiencies and excellence with a rich cross-pollination of ideas. This will spear head quality improvement, research and innovation. In terms of research, North Wales has two schools of nursing and therapies, and a medical school is under development. This gives outstanding training opportunities for students to gain orthopaedic exposure, which will inspire the next generation of clinicians, thus making recruitment more likely in the future. In terms of Bangor University there are already established links with the school of Psychology and Medical Sciences, with co-supervised PhDs underway. These opportunities will only increase. A facility like this could help attract more research grants, projects and eventually a professorial chair in orthopaedics and trauma, something North Wales has never had. There are also established research links with Glyndwr University in Wrexham, which could be nurtured and expanded.

3.6.3.7 Postgraduate Education

Health Education and Improvement in Wales (HEIW) have suggested that there is a need to train more orthopaedic surgeons in Wales to meet demand. Currently, most of the orthopaedic training registrars are based in South Wales, with only 3 or 4 posts based in the North. With such a specialist unit in place, there will be the opportunity to attract many more than this, with the aim of North Wales developing its own specialist training programme. There would be ample space to train 10-15 North Wales trainees, who would complete almost all their training in our region alone. This would bring further benefits in terms of consultant recruitment, improved research and innovation.

3.7 Potential Scope and Services

In terms of service provision, this project addresses the elective surgical Orthopaedic service for North Wales. It specifically includes:

The proposed work transferring from the DGHs and Abergele to ring-fenced capacity at Llandudno Hospital (short stay High Volume Low Complexity activity as described in the demand and capacity modelling).

The additional Orthopaedic work that will be undertaken in the DGHs in the theatres and beds that are freed as a result of the transfer to Llandudno.
It does **not** include the phase two further expansion of low complexity elective surgery hub activity in Llandudno. Further planning, engagement and consultation is required in phase two to ensure an optimised detailed service configuration. However, in order to deliver phase two at pace, we intend to develop a supplementary business case immediately following confirmation of funding for phase one, as approval of both cases will deliver the opportunity to deliver true transformational change. Regardless of this and as outlined in section 3.5.3.3, it is important to emphasise that this phase one case is not dependent on agreeing phase two, with the phase one benefits independent of any further investment.

However, it is clear that the proposed benefits will be increased if, following engagement, there was a further commitment for a phase two. The significant investment in phase one infrastructure could offer a platform to progress phase two.

3.8 Main Risks

The three main risks associated with the delivery of this project and the proposed mitigations, are as follows:

1. **There is a risk that capital and/or revenue funding will not be available to fund the project, resulting in the scheme not being viable.** As outlined previously, the case is dependent on full funding from Welsh Government. The risk is being mitigated through continuous dialogue with Welsh Government throughout the development of the case.

2. **There is a risk that the Health Board will be unable to recruit and retain the additional staff required to deliver the recommended option, resulting in the expanded service being either entirely or partially undeliverable.** This would be a particular risk for option 2, which requires a significant increase in staffing levels on a temporary basis. Thus, as per the recommendations of our GIRFT review, we will develop and implement a short, medium and long-term workforce plan, which identifies and mitigates resource gaps and risks that may affect delivery of our plans. Where resource shortfalls are predicted to exist, the plan will develop innovative workforce solutions, guided by NCSOS and other national/international best practice.

3. **There is a risk that the amended job plans which are required to deliver the proposed scheme will not be agreed, resulting in the expanded service being either entirely or partially undeliverable.** A 90-day Orthopaedic action plan has been developed at an IHC-

level, which seeks to (amongst other initiatives) transform job planning, in order to maximise efficiency and increase activity opportunities.

The full project risk register and capital planning risk register are enclosed as appendix Fa and Fb.

3.9 Constraints and Dependencies

As outlined above, the case is dependent on full funding of the capital and revenue costs of the proposal being provided by Welsh Government.

4. Options Analysis

4.1 Introduction

This section of the case outlines the main options that have been considered and explains the rationale for the selection of the recommended option.

4.2 Selection of Llandudno Hospital as the site of a ring-fenced elective Orthopaedic surgical hub

Given the strategic intention to create a ring-fenced elective Orthopaedic surgical hub, as outlined in section 3.5.3.3, a key part of the options appraisal is the selection of the location of the hub.

The selection of the site is based on an evaluation against the following criteria:

- Accessibility and geographical equity
- Deliverability within 12 months
- Cost
- Estates / infrastructure challenges
- Ability to provide sufficient capacity
- Workforce availability
- Ability to support sustained ring-fencing
- Dependency / impact on other projects
- Support services in situ
- Strategic alignment
- Clinical deliverability

The location of the hub on a DGH site has been ruled out as it would not be possible to guarantee sustained ring-fencing of the beds in the event of emergency pressures. In terms of sites not currently owned by the Health Board, a site search found some potential sites, but none of which would support the construction of the facility within 12 months. Costs would also be higher as the site would need to be purchased and there would be no support services already in situ.

As regards non-DGH sites owned by the Health Board, only two would be capable of supporting a facility of the scale envisaged. The first is Abergele Hospital, where the existing hub could be expanded. However, the significant issues with the estate outlined in section 3.5.2, mean that this would not be a long-term solution and this option has therefore been discounted.

The second is Llandudno Hospital. Llandudno is a large Community Hospital, which provides the following range of services:

- Minor Injuries
- General Outpatients
- Day case theatres
- 2 Care of the Elderly inpatient community hospital wards
- Stroke Rehabilitation
- Radiology
- Midwifery
- Outpatient therapies
- Intravenous therapy
- A Primary care treatment centre
- A Bone Unit
- A Rheumatology Centre
- Child and Adolescent Mental Health outpatients

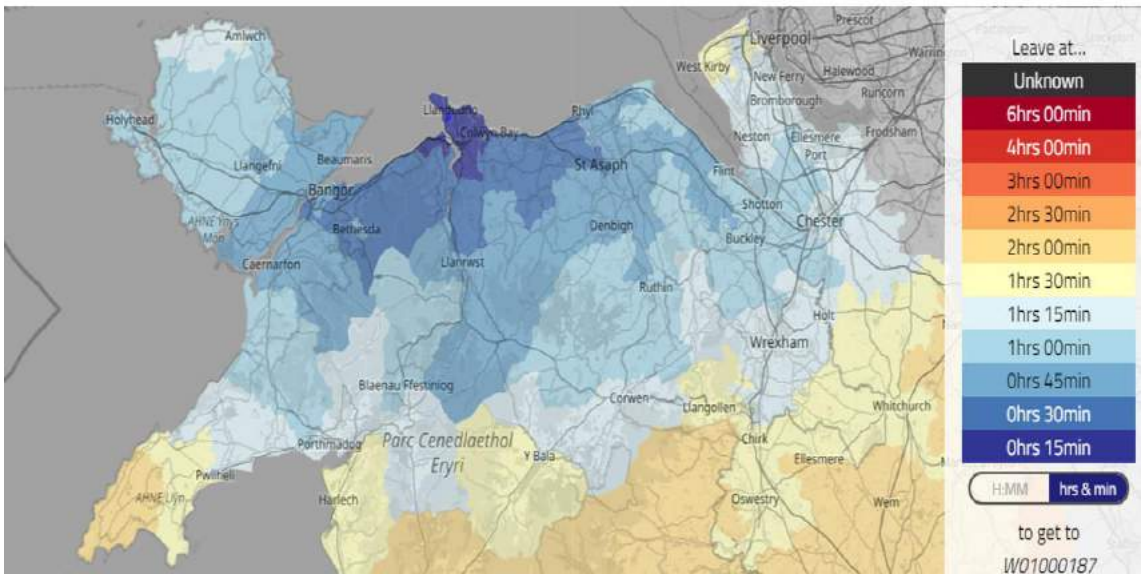
As well as already having a range of support services on site, it currently has a vacant ward and there is a good location for expansion adjacent to that ward and the existing theatres. The plan for the development of the site is included in Appendix Ga, Gb, Gc and Gd.

The Estate is in reasonable condition. For example, it is one of the best 5 performing sites in the Health Board in terms of energy performance, at 363 kilowatt hours per metre squared, significantly below the national target of 410 kwh/m2. There has been significant investment in the site in recent years and is highlighted in the Estates Strategy as a site with a long-term future.

In terms of access, Llandudno Hospital is a reasonably central and accessible location for North Wales. It is 16 miles from Abergele hospital, 21 miles from Ysbyty Gwynedd and 54 miles from the Wrexham Maelor hospital. The drive times are outlined in the following map:

Fig 9 – Map of drive times across North Wales to Llandudno

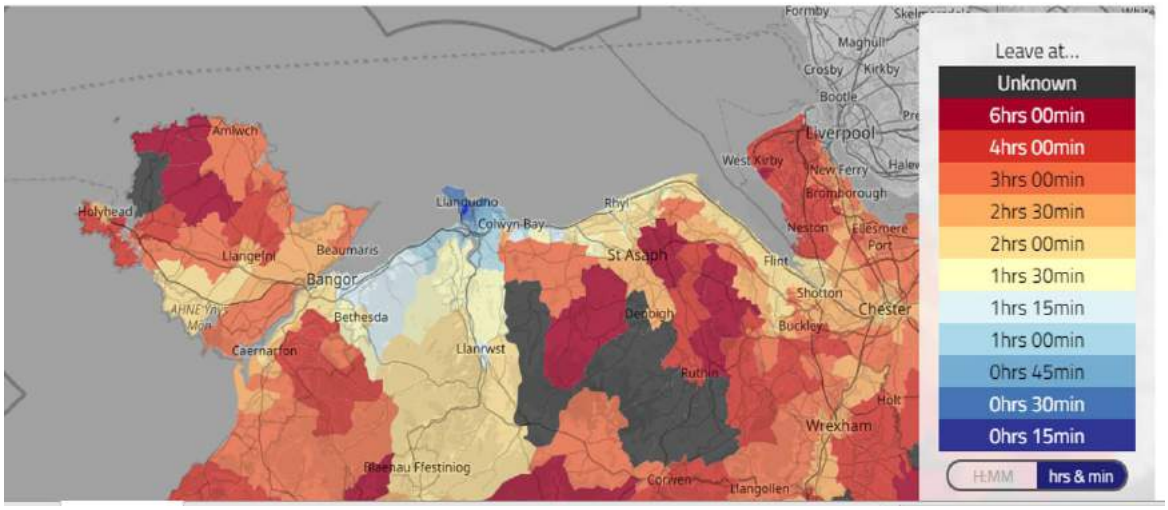
Map of drive times to LSOA W01000187 (Llandudno Hospital site)



As with all sites, access via public transport is significantly longer, as outlined in Fig 10:+

Fig 10 – Public transport travel times to Llandudno

Public transport travel times to arrive at Llandudno Hospital by 15:00



However as noted in the EQIA, the Health Board is committed to ensuring that we continue to support patients with travel challenges to access their care. Also, patients whose operations would previously have been undertaken at Bangor or Wrexham will have the option to still be treated on those sites. In terms of Abergele, Llandudno is only 16 miles away.

Based on this analysis, Llandudno Hospital is the chosen location for both of the shortlisted options in section 4.3.2 that consider the development of an in-house facility.

4.3 Options analysis

The options analysis outlines the criteria for assessing options, summarises the main options that have been considered, and explains the basis for selecting the recommended option.

4.3.1 Critical Success Factors

The critical success factors (CSFs) are the attributes which are essential to the successful delivery of the scheme, against which the options are assessed. Alongside the assessment of the CSFs is the assessment of how well the options meet the scheme's spending objectives and benefits criteria. The CSFs are as follows:

- **CSF 1: Business Needs**: how well the option satisfies the existing and future business needs of the organisation.
- **CSF 2: Strategic Fit**: how well the option provides holistic fit and synergy with other key elements of national, regional and local strategies.
- **CSF 3: Benefits Optimisation**: how well the option optimises the potential return on expenditure, business outcomes and benefits (qualitative and quantitative, direct and indirect to the organisation), and assists in improving overall VFM (economy, efficiency and effectiveness).
- **CSF 4**: **Potential Achievability**: the organisation's ability to deliver the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). Also, the organisation's ability to engender acceptance by staff.
- **CSF 5**: **Supply-side Capacity and Capability**: the ability of the market-place and potential suppliers to deliver the required services and deliverables.
- **CSF 6**: **Potential Affordability**: the organisation's ability to fund the required level of expenditure namely, the capital and revenue consequences associated with the proposed investment.

4.3.2 Options evaluation

The following options have been considered in terms of their ability to meet the project's objectives and critical success factors. In line with the Business Case guidance, they include Business as Usual, which is included to provide a benchmark against other options, and a Do Minimum option which is included to show what the minimum investment would be, to at least partially meet the objectives of the scheme.

1. Create ring-fenced elective Orthopaedic surgical capacity at Llandudno Hospital. Transfer all Orthopaedic surgical activity out of Abergele Hospital, with 10 sessions of High- Volume Low Complexity Orthopaedic arthroplasty activity from Abergele going to Llandudno and the foot & ankle, hands and shoulder surgery going to the District General Hospitals.

Transfer 10 sessions of High-Volume Low Complexity Orthopaedic arthroplasty activity from the DGHs to Llandudno. Utilise Llandudno for 50 weeks per annum;

2. As per option 1. In addition, maintain Abergele in the short-term to deliver additional activity to reduce the backlog, via a temporary Insourcing/WLI model;

3. Business as Usual;

4. Do Minimum – outsource additional elective Orthopaedic surgical work.

Table 9 summarises the costs, advantages and disadvantages of these options and concludes that while option 2 delivers the most benefits, option 1 delivers substantial benefits and is more affordable and deliverable and is therefore recommended.

Table 9 – Options appraisal

Options Appraisal	
OPTION 1	Create ring-fenced elective Orthopaedic surgical capacity at Llandudno Hospital. Transfer all Orthopaedic surgical activity out of Abergele Hospital, with 10 sessions of High- Volume Low Complexity Orthopaedic arthroplasty activity from Abergele going to Llandudno and the foot & ankle, hands and shoulder surgery going to the District General Hospitals. Transfer 10 sessions of High-Volume Low Complexity Orthopaedic arthroplasty activity from the DGHs to Llandudno. Utilise Llandudno for 50 weeks per annum.
Description	Transfer 360 arthroplasty sessions per year from Abergele and 360 arthroplasty sessions from the District General Hospitals to a ring-fenced elective Orthopaedic facility in Llandudno Hospital. Transfer 360 non-arthroplasty sessions (shoulder, foot & ankle, hand & wrist) back to the DGH's from Abergele to backfill the vacated space. Utilise the additional theatre sessions and beds created by a 50-week model delivered within Llandudno to deliver an additional 420 arthroplasty patients per annum, delivered through revisions to existing job planning/trauma rotas. This is additional capacity over and above core. Patients who still wish to be treated in Bangor and Wrexham will be offered that choice. Llandudno will also provide a 314 patient productivity gain by increasing the number of patients treated per list from x1.67 to x2, as per GIRFT best practice. This provides a total additional activity of 734 patients over and above existing core plans. In terms of the estate at Llandudno hospital, this would entail the creation of two new laminar flow theatres and an 8-bedded enhanced recovery/ PACU area (the latter for future development), the refurbishment of Aberconwy Ward - creating 19 bed/trolley spaces - and the extension and refurbishment of the radiology department. The diagrams showing the location of the facility are enclosed as appendices Ga-Gc. The building work will be procured using competitive tenders issued via Sell to Wales. An enabling works package will be procured separately to provide the

	opportunity to commence works in advance of the main contract and to support the existing site infrastructure. As regards workforce, a total of 117 Whole Time Equivalent (WTE) staff will be required to run the service. Of these 86 WTEs will transfer from other sites, following the organisation change policy and 31 WTEs will be new posts. Subject to Business Case approval by October 2023, the facility at Llandudno would open in Autumn 2024.
Net Costs	Capital costs: £xx million[7] Revenue costs: £4.760 million per annum (£4.171 million excluding maintenance costs) Note that this option assumes that the capacity freed up in Abergele for other elective surgical services is not utilised or is funded from elsewhere and therefore no costs are shown.
Advantages	This option would achieve the key objectives of the project as follows: • Increased system resilience from additional cold site capacity would guarantee delivery of 250 patients historically lost due to unscheduled care pressures. ▪ An additional 734 patients will be treated per year over and above current core, so reducing backlog and waiting times. ▪ The option runs Llandudno at 50 weeks per year, maximising the utilisation of available capacity. ▪ Productivity will increase as a result of being able to operate in a dedicated, ring-fenced, cold-site facility as per GIRFT recommendations, with 314 patients (of the 734 additionality) being delivered through increasing throughput to x2 patients per list. ▪ Service resilience will be increased, with Llandudno providing capacity that is not vulnerable to the impact of emergency pressures on the DGH sites and the service no longer dependent on the fragile estate at Abergele. In terms of the critical success factors: ▪ The increased activity, lower waiting times, improved efficiency and improved resilience that would be achieved by this project are all key elements of the organisation's business needs. ▪ The proposal is fully in line with national and local strategies – notably the key messages from the NCSOS Report 3 "The National Blueprint for Orthopaedic Surgical Delivery in Wales": ○ The need for cold elective Orthopaedic sites for inpatient services:

[7] *estimated costs redacted whilst tender process is underway*

	○ The separation of day case surgery from inpatient surgery ○ Increasing the capacity in the local hospitals ○ The need for investment in estates and workforce ▪ The proposal aligns with national GIRFT strategy for the delivery of HVLC care ▪ The benefits of the proposal are substantial, as outlined above and expressed in detail in the benefits plan (section 3.6.3). ▪ The proposal is achievable, as outlined in the section on delivery arrangements. The risks around recruitment and job planning (see disadvantages, below) can be mitigated to an acceptable level, as outlined in section 3.8. ▪ There is supply-side capacity and capability to deliver the Estates solution, as described in the section on procurement arrangements. The solution is potentially affordable, subject to capital and revenue funding from Welsh Government.
Disadvantages	This option would incur additional capital and revenue costs. The additional activity provided is lower than in option 2 - running two cold sites in parallel. There are also risks associated with the recruitment of the workforce required to implement this option, and with job planning. However, based on the workforce analysis and approach to recruitment this is regarded as an acceptable risk.
Conclusion	This option would achieve the objectives and the critical success factors of the case and **is the recommended option**.
Option 2	As per option 1. In addition, maintain Abergele in the short-term to deliver additional activity to reduce the backlog.
Description	In terms of activity, this would be the same as option 1, plus an extra 1,480 arthroplasty patients treated at Abergele through an additional but temporary staffing model i.e. waiting list initiatives and/or insourcing. This would provide a total activity (excluding plans to increase core activity) of 2,214 patients. In terms of the estate at Llandudno hospital, this would be the same as option 1, i.e. the creation of two new laminar flow theatres and an 8-bedded enhanced recovery/PACU area (the latter for future development), the refurbishment of Aberconwy Ward, creating 19 bed/trolley spaces and the extension and refurbishment of the radiology department. The building work would be procured using local frameworks. As regards workforce, as in option 1 a total of 117 Whole Time Equivalent (WTE) staff will be required to run the service at Llandudno. Of these 86 WTEs will transfer from other sites and 31 WTEs will be new posts. In

	addition, Abergele Hospital would be staffed by 75.27 WTE staff. These staff would primarily be a mixture of temporary and agency staff. Subject to Business Case approval by October 2023, the facility at Llandudno would open in Autumn 2024.
Net Costs	Capital costs: £xx million[8] Revenue costs: £14.134 million per annum (revenue cost is £13.544 million excluding maintenance costs)
Advantages	The primary advantage of this proposal would be to run two cold-site models in tandem, providing a significant increase in activity above core and therefore reducing backlog at pace. It also supports the strategic aim of creating a sustainable cold elective site for inpatient Orthopaedic activity. Spare capacity would be created in the short-term at Abergele that would be used for an additional 20 arthroplasty sessions per week, using a 37-week operating model.
Disadvantages	The additional activity within Abergele would require substantial additional revenue and the levels of additional recruitment required would be significant. Abergele would run a 37-week operating model, therefore not maximising available capacity. Due to the fragility of the Abergele estate, site resilience would be a risk that would need to be closely managed.
Conclusion	This option would have significant advantages in terms of increasing service resilience, creating a sustainable cold elective site for HVLC Orthopaedic activity, whilst also increasing activity levels. However, both revenue costs and recruitment risks are high and the estates risks at Abergele would remain. It is therefore a possible way forward but not the recommended option.
Option 3	**BUSINESS AS USUAL (BAU)**
Description	Services continue to be delivered as they currently are, including the initiatives being undertaken as part of the Immediate Recovery Plan. There is no additional investment in elective Orthopaedic surgical services.
Net Costs	There would be no additional costs.
Advantages	No additional capital or revenue costs would be incurred.
Disadvantages	There would be no additional elective Orthopaedic surgical activity and waiting times would not improve. Service transformation would continue to be restricted due to the limited access to ring-fenced surgical capacity in North Wales. Service resilience would remain fragile. It would continue to be vulnerable to emergency pressures on the DGH sites and to the fragility of the estate at Abergele.
Conclusion	This option would not meet the objectives of the project or the critical success factors, and is rejected.
Option 4	**DO MINIMUM: Outsourcing**

[8] *estimated costs redacted whilst tender process is underway*

Description	Increase elective Orthopaedic surgical activity by outsourcing work to external Providers. This option increases activity by 734 cases, to match the activity levels in option 1
Net Costs	Capital costs: zero Revenue costs: £6.0 million – based on 734 patients at an average cost of £8,154 per patient.
Advantages	The objective of increasing activity levels and so reducing waiting times, would be achieved. No capital costs would be incurred.
Disadvantages	There would be no progress in developing a sustainable Orthopaedic service in North Wales. The objectives of improving efficiency and service resilience would not be delivered. The critical success factors relating to business needs, strategic fit and benefits optimisation would therefore not be achieved and the clinical workforce would be disengaged. While supply-side capacity for outsourcing appears to be available at present, there is a material risk that this would not continue to be the case. Therefore, this could not represent a medium- or long-term solution.
Conclusion	This option would meet the objective of increasing activity levels and would not incur capital costs. However, there would be no progress in developing a sustainable North Wales service and no improvements in service efficiency and resilience. The availability of outsourcing capacity cannot be relied on in the medium or long term. It is also likely to disengage our clinical teams. This option is therefore rejected.

4.4 Equality Impact Assessment and Socio-Economic Impact of the Recommended Option

An Equality Impact Assessment (EQIA) and Socio-Economic Impact Assessment (SEIA) of the recommended option have been undertaken and are enclosed as appendix H and I.

In summary the improvements in waiting times, efficiency and resilience that are the key drivers of the case mean that there are many positives, notably in terms of human rights and age, given the high percentage of older people who access the service.

There is also a positive impact for Welsh language, as there are likely to be more fluent Welsh speakers among the staff at Llandudno hospital. The one potential negative relates to the travel times to Llandudno, and the cost of transport. However, as outlined in section 4.2, those with travel challenges will still receive the support they need to access their care. Also, patients whose operations would previously have been undertaken at Bangor or Wrexham will have the option to still be treated on those sites, and in terms of Abergele, Llandudno is only 16 miles away from the current service.

4.5 Engagement and Wider Communication

Previous external engagement conducted to inform the Health Board's clinical services strategy provided consistent feedback from the public around the need to expedite planned

care recovery plans, in order to reduce waiting times and clear the backlog at pace. For Orthopaedic patients awaiting surgery, the negative effect of long waiting times on mobility and subsequent health and well-being was made clear and the feedback informed the development of this case, particularly the following themes:

- Improvements in access and waiting times for acute care should be given greater emphasis in the organisation's goals.

- Organisational priorities should change to address the backlog accumulated during the Covid-19 pandemic, acknowledging that waiting times were problematic prior to Covid.

- More clarity about how waiting times are being tackled, likely timescales for improvement and temporary solutions including different ways of working.

Acknowledge the impacts of lengthy delays in receiving diagnosis and treatment.

To date there has been strong clinical engagement via the Clinical Visioning Workshop, which has resulted in an emergent clinical model, which the case is based upon and capital designs have been developed and sense-checked by a clinical reference group. A more formal reference group led by the site clinical leads is also in development and due to become operational in September.

To further inform the Health Board's plans and to obtain multidisciplinary consensus on the preferred options, there has been continued engagement with key internal advisory groups including; Stakeholder Reference Group (SRG), Local Partnership Forum (LPF), Workforce Partnership Forum (WPF) and Healthcare Professionals Forum (HPF).

To support any staff affected by the options proposed, we have developed a staff engagement plan, (enclosed as appendix J), which has already commenced with programme roadshows and drop-in sessions conducted on all three DGH-sites, along with Llandudno Community Hospital (twice) and Abergele Hospital (twice).
Feedback to date from staff has been extremely positive. As delivery timeframes progress, the Health Board will engage in more formal consultation with affected staff when appropriate. This will be managed as per the BCUHB Organisational Change Policy (OCP).

In wider programme terms, a specific communications plan has been developed which will support ongoing briefings with partners and the public, following approval of the case. To support this, we will establish a dedicated Llandudno Surgical Hub website.

4.6 Conclusion

Based on the analysis above, the recommended option is option 1 - Create ring-fenced elective Orthopaedic surgical capacity at Llandudno Hospital. Transfer all Orthopaedic surgical

activity out of Abergele Hospital, with 10 sessions of High- Volume Low Complexity Orthopaedic arthroplasty activity from Abergele going to Llandudno and the foot & ankle, hands and shoulder surgery going to the District General Hospitals. Transfer 10 sessions of High-Volume Low Complexity Orthopaedic arthroplasty activity from the DGHs to Llandudno. Utilise Llandudno for 50 weeks per annum.

5. Procurement Route

5.1 Introduction

This section of the case outlines the procurement route for the recommended option.

5.2 Procurement Strategy

There are a number of identifiable phases of works and procurements for Phase 1 listed here in the order they appear on the programme;

- offsite and onsite electrical infrastructure works by SP Networks to provide additional electrical capacity and resilience to the hospital site to support the development.
- procurement of a mobile x-ray unit and modular x-ray room to support the decant of x-ray services.
- enabling works including any decant arrangements, asbestos removal, demolition and site clearance along with medical gas infrastructure to provide ongoing provision for the existing theatres.
- onsite electrical infrastructure works by contractors instructed by BCUHB i.e. the non-SP networks works such as housings, ducting, an LV switchboard and connections.
- of the sub-structure and super-structure 'shell' for the 2 theatres and recovery, some related mechanical and electrical works, fixtures, fittings and finishes to all areas other than the 2 theatres.
- a specialist theatre fit out package of works and balance of mechanical and electrical works including the ventilation, medigas pendants, monitors, control panels, UPS/IPS along with all fixtures, fittings and finishes.
- procurement of Group 2 and 3 items of theatre, ward, therapies and radiology equipment.
- refurbishment and extension of radiology, enabling works related to the x-ray systems and relocation of the mammography room.
- procurement, installation and commissioning of the x-ray rooms and relocation of the existing Fuji mammography system.
- refurbishment of a ward including formation of 4 bed ensuite bays and touch down nurse bases along with adaptations and minor works to mechanical and electrical services.
- external works to complete the formation of new parking areas.

There are a number of items of work associated with phase 2, which will be undertaken in advance, such as the construction of a suitably sized plant room with the capacity to take the air handling units for phase 2 and the medigas capacities and electrical infrastructure, which are also included within the phase 1 works, as this represents the best commercial and practical or deliverable approach. It is also important to note that these developments are important enhancements to the site's infrastructure and add value regardless of any future decisions on phase 2. However, it does provide an opportunity to expedite plans for phase 2.

A Procurement Strategy recommendation report is being prepared by Gleeds Cost advisors (see appendix K), setting out the procurement principles of:

- Obtaining principal contractors with the experience and expertise of managing specialist sub-contractors most suited to the nature and particular requirements of each element of works. Contractor programmes encompassing all works will be requested and scrutinised as part of the tender process.
- Tenderers will be required to hold their tender return for 90 days from the tender return date.
- Achieving the most competitive tendered costs for the proposed schedule of works and programme for each phase by publishing the tenders on Sell to Wales rather than restricting procurement to specific frameworks with limited contractors.
- Procuring an enabling works package separately to provide the opportunity to commence works in advance of the main contract and supporting the existing site infrastructure.
- Reducing some overheads and profit, typically ranging from 10-20% of the overall cost of the works, charged by principal contractors by having separate packages as opposed to one sole package.
- Providing an opportunity for local contractors to submit tenders for the works or partner with principal contractors as specialist sub-contractors supporting the employment of local trades.
- No fluctuation provision will apply as documented within the prelims document. A fixed price will be applied with no opportunity for an inflationary uplift.

In doing so the intent would be to:

- Ensure that all contractors on site are managed in line with Construction (Design and Management) Regulations 2015 and HSE guidance, interfaces with clinically operational areas of the hospital are minimised and access/egress routes carefully planned.
- Adopting the most appropriate standard form of JCT contract to reflect the level of detail available within the design information and the degree of technical difficulty.
- Reduce the number of interfaces between construction packages and work with the contractor producing a detailed programme.
- Reducing the opportunity for extension of time claims.

It is proposed that the works associated with the identifiable phases of work listed above are procured in line with the routes shown in the table below.

Table 10 - Procurement route and method

Works	Provided via	Procurement method
Electrical infrastructure works by SP Networks	SP Networks who are the sole provider	Directly contracted by BCUHB under a Single Tender Waiver
Enabling works including Medical gas & electrical infrastructure to support the whole site. All external	Competitive tender issued via Sell to Wales	SSP and BCUHB tender approval route. Purchase order. JCT contract.

works including demolition, car parking and minor decant works.		
Construction of the 2 new theatres and recovery including specialist fit out. Refurbishment of the Radiology department and ward.	Competitive tender issued via Sell to Wales – OJEU Process to be followed	SSP and BCUHB tender approval route. Purchase order. JCT contract.

It is anticipated that the construction and refurbishment phase will exceed the OJEU threshold triggering a standstill period within the procurement programme. All packages are expected to be in excess of £1m nett and approval will be requested from Welsh Government prior to award. It is proposed that the equipment associated with the identifiable phases of work listed above are procured in line with the routes shown in the table below:

Equipment	**Provided via**	**Procurement method**
Mobile x-ray unit	NHSSC or SSP framework	Purchase order referenced to any unique NHSSC URN or SSP framework
Modular x-ray room	Competitive tender supported by SSP-SES	Purchase order referenced to tender
Procurement of Group 2 and 3 smaller items of theatre, ward, therapies and radiology equipment	Quotation, NHSSC or SSP frameworks, access agreements	Purchase order referencing procurement route
Procurement, installation and commissioning x-ray systems	To be based on a digital radiography x-ray system evaluation process supported by SSP-SES	Purchase order referenced to any unique NHSSC URN or SSP framework
Relocation of mammography room	Quotation from Fuji	Purchase order under maintenance contract

In addition to the above a number of external consultants will be appointed from existing BCUHB consultant frameworks and in the case of the Clerk of Works via an NHSSC framework mini competition if internal support is not available to support delivery of the works and equipment installations including:

- A Project Manager to act as the contract administrator and support day to day liaison with contractors, user groups and clinical services on site
- Cost Advisor
- CDM Advisor
- Clerk of Works (if internal capacity is not available)

All of the above procurements will be executed in line with BCUHB Financial Standing Orders and the BCUHB Capital Manual and in conjunction with SSP Procurement Services guidance and with support and advice from SSP-SES.

5.3 Payment and Risk for JCT contracts

All works completed by a Principal Contractor under the JCT contracts listed above will be valued at intervals in line with the contract, typically on a nominated day each month, and agreed in conjunction with the Cost Advisor. The Principal Contractor will prepare a submission which may claim a partial or whole percentage of the contracted sum for each item of work. It is proposed that there is an overall retention of 5% set within the JCT contract with 2.5% being released at the point Practical Completion is certified and the residual 2.5% only being released at the End of Defects certification 12 months later.

Standard forms of JCT Design and Build contract will be utilised based on the tender issue preliminary document which will set out the Employers Requirements including the programme constraints.

A costed risk register will be included in the capital costs. As unquantified risks materialise or works not anticipated at design and tender stage are identified the risk allowance will be allocated to Contract Administrators Instructions issued to the Principal Contractor. A number of minor provisional sums may be included in the contract sum analysis where works cannot be designed and costed at the outline design stage.

6. Funding and Affordability

6.1 Introduction

This section of the case outlines the capital and revenue requirements for the recommended option and provides and overall statement on affordability and funding.

6.2 Cost and Funding for the Recommended Option

Note that Year 1 is 2023/24, and the service begins in Autumn 2024.

Table 11 – Table of costs

Lifespan		Year 1 £000	Year 2 £000	Year 3 £000	Year 4 £000	Year 5 £000	Total £000
Capital Expenditure							
1	Fixed assets	*Estimated costs redacted - tender process underway*					
2	Software						
3	Other Capital						
4	**Total Capital costs (CAPEX)**	*Estimated costs redacted - tender process underway*					
Operating Expenditure							
5	Personnel	0	1,153	2,123	2,123	2,123	
6	Maintenance	0	198	589	589	589	
7	Operating licences etc						
8	Training	0	287	0	0	0	
9	Other Operating costs	58	1,085	2,048	2,048	2,048	
10	**Total Operating costs (OPEX)**	**58**	**2,723**	**4,760**	**4,760**	**4,760**	
Total Expenditure							
11	**Total Project Costs (CAPEX + OPEX)**	*Estimated costs redacted - tender process underway*					
Funding							
12	CAPEX funding	*Estimated costs redacted - tender process underway*					
13	OPEX funding	58	2,723	4,760	4,760	4,760	
14	Third party funding (CAPEX if any)						
15	Third party funding (OPEX if any)						
16	**Total funding**	*Estimated costs redacted - tender process underway*					
Affordability Assessment							
17	Shortfall/Overage CAPEX	0	0	0	0	0	
18	Shortfall/Overage OPEX	0	0	0	0	0	
Capital Charges							
19	Depreciation	*Estimated costs redacted - tender process underway*					
20	Building Impairment	*Estimated costs redacted - tender process underway*					
21	**Total Capital Charges**	*Estimated costs redacted - tender process underway*					

6.3 Balance Sheet Treatment

The business case assumes that capital funding will come via the conventional route. It is anticipated there will be an impairment adjustment against the £xx [9] building capital cost once the District Valuer (DV) values the site. The impairment is estimated to be £xx [10] (60% of building costs) and is subject to final assessment by the DV. It is anticipated this impairment

[9] *estimated costs redacted whilst tender process is underway*

will need to be actioned through the Income & Expenditure account as opposed to the revaluation reserve in the balance sheet. It is assumed this will be funded by the Welsh Government as a funding flow adjustment in line with similar requests in previous years.

6.4 Conclusion

Based on full funding support for the capital and revenue consequences, the recommended option is affordable.

7 Delivery Arrangements

This section sets out the management case for how the proposal will be delivered, including the governance approach and key delivery workstreams.

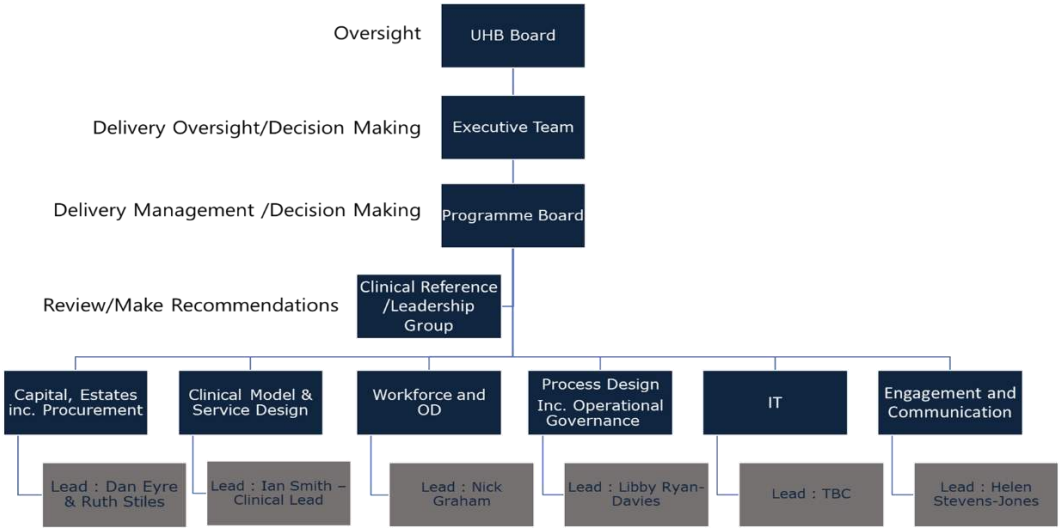
Key Messages

- A detailed timeline, implementation plan and project plan have been developed for the new capacity to be operational in Autumn 2024.
- Whilst based on the best evidence to date, the implementation plan is not set in stone and will be iterated as the project develops.
- Continued internal and external engagement is central to the new model of care and subsequent plans associated with Phase 2, with a formal communications plan to be developed.
- An initial plan for sharing the additional Llandudno capacity across the three regional Integrated Health Communities (IHC's) has been proposed, with a timeline for approval to support the requisite job planning.

7.1. Governance Model

The governance structure proposed is intended to be agile, as the case transitions from approval through to mobilisation and implementation. It is supported by 6 workstreams which will support evidence-based decision making and robust risk management.

Fig 11 - Governance Approach



The Programme Board is already operational and meets fortnightly, chaired by an allocated Senior Responsible Officer (SRO) – Executive Director of Transformation & Strategic Planning. It has a responsibility for performance, clinical leadership, governance and risk and includes senior Clinical, Operational and Corporate representation.

7.2. Implementation Approach

Following receipt of formal approval, the programme will transition into a mobilisation phase. A gateway review approach will be adopted, with internal and external review to provide assurance and continually develop from best practice and subject matter experts. Progress will be assessed by a formally commissioned Gateway Review Panel (membership to be agreed December 2023) to independently assess progress against the following criteria: -

- **Workstream Milestones** - Have all critical workstream milestones for the current gateway been completed?
- **Quality** - Has the programme met agreed standards?
- **Risk Management** - Have any significant risks been identified and appropriately mitigated against?
- **Budget** - Is delivery within agreed budget or tolerances?
- **Schedule** - Does the programme remain on-track to deliver within agreed timescales agreed within the implementation plan?
- **Stakeholder Satisfaction** – Is the internal and external assurance from agreed peers satisfactory for onward approval?

Table 12 - Gateway approach to implementation

Gateway 1	Gateway 2	Gateway 3	Gateway 4	Post-Launch Review
30th October 2023	31st January 2024	30th April 2024	1st August 2024	9th December 2024
Corporate				
BJC Approval	Mobilisation Phase			100 day review Benefits realisation monitoring & reporting Future planning
Clinical Model & Service Design				
	Theatre allocation agreed Agree service model	Pathways of care clinically ratified Site governance agreed Agree clinical SOP's based on best practice pathways		
Workforce & OD Design				
Recruitment campaign launched	Substantial appointments to key delivery posts; Clinical Lead, Programme Director, Project Managers, Workstream Leads	Job Planning complete Recruitment trajectory >50% Training and commissioning plan complete	Recruitment trajectory >80% OD and mandatory training underway	

Capital & Estates				
Tender complete **Contracts ready to be awarded following WG approval**	Enabling works commenced Construction commenced		Construction 90% complete	
Engagement & Communication				
Initial employee communication with consistent messaging completed **Detailed Comms Plan available** **Recruitment campaign launched**	Ongoing co-design and involvement to shape implementation plans Develop branding/patient communications	Ongoing proactive communications to support individual workstreams Stakeholder engagement & involvement	Preparation for formal launch and opening Ongoing patient messaging through local media, social media and other channels	Review of patient communications
Process Design incl Operational Governance				
	Design processes for booking & scheduling Process map total pathway incl pre and post-operative model Agree site governance arrangements	Agree admin and support SOP's based on best practice pathways Implement processes for booking & scheduling	Agree admin and support SOP's based on best practice pathways	
IT – TBC				

Internal assurance will be provided by BCUHB's Portfolio Office using its pre-existing assurance framework, supplemented by additional external assurance from the following: -

- National Clinical Strategy for Orthopaedic Surgery (NCSOS) team
- NHS Wales Executive
- Getting It Right First Time (GIRFT)

Following a structured assessment, the Gateway Review Panel will make a formal recommendation to the Programme Board as to whether the programme can transition into the next phase of implementation, or whether additional corrective action is required beforehand.

A more detailed timeline and key milestones by workstream is described in section 7.3

7.3. Timelines and Key Milestones by Workstream

Table 13 - Implementation Milestones by Workstream

Milestone	Date
Mobilisation & Implementation	
Gateway 1	30th October 2023
Gateway 2	31st January 2024
Gateway 3	31st April 2024
Gateway 4	1st August 2024
Post-Launch (100 day) Review	9th December 2024
Clinical Model & Service Design	
Theatre Allocation agreed	31st January 2024
Pathways of Care and SOP's clinically ratified	31st April 2024
Workforce & OD Design	
Recruitment campaign launched	30th October 2023
Substantial appointments to key delivery posts	31st January 2024
Job Planning complete	30th April 2024
Recruitment trajectory >50%	30th April 2024
Recruitment trajectory >80%	1st August 2024
OD & Mandatory training underway	1st August 2024
Capital & Estates	
Tenders Complete	30th October 2023
Contracts Ready to be Awarded (subject to WG approval)	30th October 2023
Enabling Works Commenced	31st January 2024
Construction Commenced	31st January 2024
Construction 90% Complete	1st August 2024
Engagement & Communication	
Production of standard Comms Materials	7th June 2023
Pre-approval Comms Plan Developed	7th June 2023
Initial Staff Engagement	4th August 2023
Post-Approval Comms Plan Launched	30th October 2023
Recruitment Campaign Launched	30th October 2023
Develop branding/patient communications	31st January 2023
Preparation for formal launch and opening	1st August 2024
Review of patient communications	9th December 2024
Process Design Including Operational Governance	
Design processes for booking & scheduling	31st January 2023
Process map total pathway	31st January 2023
Agree site governance arrangements	31st January 2023
Implement processes for booking & scheduling	30th April 2024
Agree clinical SOP's	1st August 2024

7.4. Project Plan for Construction

A indicative construction project plan has been developed by the Capital Development team which shows a planned opening date of Autumn 2024 with the key milestones included in Table 14 (a more detailed plan is included in appendix L).

Programmes will be agreed with successful contractor and example programmes will be submitted through the tender process.

Construction works will continue beyond the handover date of the 31st October to complete the external works.

Table 14 - Construction Project Plan

Milestone	Dates	
BJC Approval	28/09/23	
Contractor Appointment/WG approval £1m+	30/10/23	
Main Construction Period	13/11/23	31/08/24
Commissioning, Witnessing & Training	31/08/24	31/10/24
Theatres, Beds & X-Ray Operational	31/10/24	
Post Evaluation Review at 6 months	01/03/25	31/03/25
Post Evaluation Review at 2 years	01/10/26	31/10/26

7.5. Communication & Engagement Plan

Continual engagement with patients, staff and carers is fundamental to implementing our new model of care, providing an opportunity to continually review and refine our ambitions for a HVLC surgical hub.

We have built up significant insight over the past 18 months from our engagement around our clinical services strategy, Living Healthier, Staying Well, and work undertaken by Llais around the impact of being on a waiting list. This case is the product of those discussions. We are committed to continuing to build on this insight, to inform both the development of phase 1 and our wider ambitions around an extended Hub for phase 2. The latter will require further modelling and clinical engagement, along with more formal consultation if necessary.

In wider Programme terms we will ensure we communicate proactively with all of our audiences to raise awareness and understanding of what our immediate recovery plans are and what the longer-term Llandudno model offers. We will also continually update all stakeholders on delivery progress.

Once implemented, there will be a seamless integration with the site across the IHC's. Patient information, including patient letters, will have a consistent approach in terms of content, terms, tone and branding, helping patients to experience care as a joined-up approach even as they move across North Wales. We will also ensure that information about travel support options, pre-operative and follow-up care and help with queries or concerns, as well as feedback prompts, are widely publicised and consistent.

We view the multidisciplinary stakeholder relationships we made through the initial engagement to date as being central to continued engagement and involvement on delivery of Phase 1 and immediate conversations around the foundations for Phase 2.

We are committed to involving patients and other stakeholders in our working groups and implementation workshops to ensure their perspectives and needs are taken into account and are involved in the actual design process.

We will also seek patient representation on the Programme Board, ensuring a diversity of voices at the highest level of our governance.

This communications and engagement plan will be co-developed further by the communication and engagement workstream during Q3 (2023).

7.6. Clinical Implementation

7.6.1 Clinical Model

The chosen option complements the emerging long-term service vision, which advocates the delivery of HVLC care within a regional ring-fenced and cold-site model, with Daycase, higher ASA-grade arthroplasties and LVHC care remaining on acute sites. Initially, the hub will manage low complexity ASA 1 & 2 patients, however PACU facilities will be further developed to increase the scope of the hub within the wider Phase 2 development.

Perioperative care of patients will be the responsibility of the Llandudno team including nursing staff, junior doctors and therapists. On call and out of hours consultant surgical and medical cover will be provided, supported by Standard Operating Procedures for escalation where necessary.

Pre and Post-Operative follow-up care will be managed at the local DGH sites.

7.6.2 Unwell Patients

BCUHB already manages a well-established stand-alone elective site in Abergele and therefore the mechanisms to manage unexpected deterioration are well tested and embedded within the Health Board. Based on this existing approach, a protocol-driven model of peri-operative care will be delivered, with standardised anaesthetic and post-operative analgesia regimes.

7.7 Workforce Implementation

7.7.1 Workforce capacity and capability

The workforce model (see table 15) is built upon the capacity and demand modelling and the requisite best practice productivity targets that deliver GIRFT standards for all patients, following GIRFT Best Practice Pathway and NICE guidance. The workforce model will be reviewed throughout the development and implementation to ensure that it remains fit for purpose.

The roles and WTE numbers of staff for the proposed workforce model have been designed and quantified and the revenue modelling is included in appendix M.

Table 15 – Staffing requirements for Autumn 2024 opening (117WTE)

Staff Group	Required (WTE)	Existing Staff (WTE)	Recruitment Gap (WTE)
Orthopaedic Surgeon	3.8	3.8	0
Consultant Anaesthetists	6.2	5.0	1.2
Mid Grades (Theatres & OOH)	8.8	6.0	2.8
Theatre Staff	25.3	20.4	4.9
Ward Nursing	35.7	35.7	0
Therapies	8.2	3.1	5.1
Pharmacy	2.6	2.1	0.5
Radiology	8.1	0	8.1
HSDU	5.7	4.6	1.1
Admin	4.3	4.3	0
Facilities	7.2	0	7.2
POAC	1.5	1.2	0.3
	117.4	86.2	31.2

We have estimated the existing position for Autumn 2024 using the current vacancy rates across all staff groups. Based on this estimate there will be a requirement to appoint an additional 31 WTE's (117 WTE required minus 86WTE in post). There is an average temporary staffing fill rate across the service of 22% across Orthopaedics. Therefore, specific focus will need to be given to developing a temporary staffing pool to support the substantive workforce. As per the recommendations of our GIRFT review, we will develop and implement a short, medium and long-term workforce plan, which identifies and mitigates resource gaps and risks that may affect delivery of our plans. Where resource shortfalls are predicted to exist, the plan will develop innovative workforce solutions, guided by NCSOS and other national/international best practice.

The proposed staffing model for Llandudno will consist of a single team at the site, with Consultants Surgeons rotating to support the transferring patient activity. Options to transfer existing DGH staff with the transferring activity were explored, however following discussions

with IHC Directors, we do not anticipate a requirement for DGH staff to transfer with the activity. Instead, staff (not including Consultant) currently delivering the activity within one of three existing DGH sites, will remain in their post and the vacated capacity will be utilised to backfill activity.

Any requests to transfer to Llandudno will be subject to a formal consultation process and this will be managed as per the BCUHB Organisational Change Policy (OCP).

7.8. Organisational Development

An organisational development programme will be commissioned to ensure that the surgical hub operates as a centre of excellence and achieves the expected performance levels agreed within the benefits framework in section 3.6.3. We will task the operational governance workstream to focus on the following key themes: -

1. Design of induction/orientation programmes to support onboarding
2. Operating model and procedures
3. Training programmes
4. Team working, values and culture
5. Management and leadership structure and associated appointments
6. How the surgical hub operates as a regional host
7. Joint working between the IHC's and the surgical hub

7.9. Risk Management

Management of any significant risks will be undertaken by workstream leads and relevant project groups, with fortnightly updates to Programme Board. If any risks cannot be managed at this level, they will be escalated to Programme Board, with the Senior Responsible Officer having delegated authority to decide whether implementation can continue and/or the mitigating steps are required to allow further progression.

A comprehensive project risk register has been developed for all risks identified, using qualitative measures to calculate the overall level of risk according to their impact and probability, using a standard 5x5 matrix. The register includes the following information:

- Risk Owner
- Risk/Impact Description
- Risk Category
- Likelihood of Risk Occurring
- Consequence of the Risk
- Risk Rating
- Review Date

- Mitigating Actions
- Mitigating actions
- Post-Mitigation Risk Scoring
- Position Update
- Escalation Required?

All programme risks over a threshold of 12 within the risk table, will be automatically escalated to Programme Board for formal review.

8. Conclusion and Recommendation

It is recommended that a ring-fenced elective Orthopaedic surgical hub and centre of excellence is developed at Llandudno Hospital. This will result in increased activity levels, shorter waiting times, better patient outcomes and improved service efficiency and resilience. For phase one, the estimated capital cost is £xx million[10] and the recurring additional revenue cost is £4.760 million (revenue cost is £4.171 million excluding maintenance costs). The hub is planned to open in the autumn of 2024.

In addition, commitment is sought on the principle of further expanding our surgical hub ambitions, in order to commence the development of the phase two business case at pace. This will support the more radical, transformational change of our model for elective care delivery across North Wales.

[10] *estimated costs redacted whilst tender process is underway*

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

Teitl adroddiad: ***Report title:***	Risk Management Framework & Risk Appetite
Adrodd i: ***Report to:***	Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to enable the Board to formally approve the risk appetite following the Developmental Board Session on the 24 Aug 2023 and approve the draft risk management framework.
Argymhellion: ***Recommendations:***	1. Approve 23/24 Board appetite for risk types. 2. Approve the risk management framework.
Arweinydd Gweithredol: ***Executive Lead:***	Carol Shillabeer, CEO
Awdur yr Adroddiad: ***Report Author:***	Nesta Collingridge Head of Risk Management Phil Meakin, Interim Board Secretary

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

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

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

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

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Risks appetite set in relation to risk types and association to the strategic objectives.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	It is essential that the Board has robust governance arrangements in relation to risk management, as failure to do so could have

	legal implications for the Health Board. It is widely accepted that organisations employing an enterprise risk management model should set the Board's risk appetite on an annual basis.
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?***	Appendix 3- EqIA in relation to RM01- Risk Management Framework
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
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)***	Risk appetite is related to all the risks that are reported as part of the Health Board's risk management approach. Risk management framework sets out the approach and management of the BAF and CRR.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	It is essential that the Board has robust governance arrangements in relation to risk management, as failure to do so could have financial penalties for the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Feedback received from Executive Team Meeting 13/09/23 and Audit Committee 15/09/23 and noted below and highlighted in yellow in RM01.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	RM01 informs the management of the BAF
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:*** *To update RM02 & RM03* *Progress with implementation plans of RM01-03*	

Ensure the CRR is updated accordingly.
Rhestr o Atodiadau: ***List of Appendices:*** *Appendix 1 2023/24 Risk Appetite* *Appendix 2 Draft RM01 Risk Management Framework* *Appendix 3 EqIA*

1. Introduction and Background

A developmental board session was held on the 24 of August 2023 to determine the 23/24 risk appetite and discuss the approach to risk management, in order to inform the risk management framework.

The risk management framework was due for review following limited assurances noted from internal auditors in June 2023 and feedback was received on the Health Board's approach which has been summarised in the body of this report.

During the developmental session Board members heard last year's 'minimal-cautious' appetite to risk management in relation to the 21/22 strategic objectives. This conservative stance aimed to minimise exposure in key risk areas like financial, regulatory, quality, reputation and people.

Executives and Independent Members (IMs) participated and provided information into the session facilitated by the Risk Management Team.

The session was split into two parts. The objectives were to:

> Part 1: Feedback and collaborate on the risk management framework setting out the Board's approach to risk.
> Part 2: Consider last year's cautious approach to risk and agree the current risk appetite across the five risk types.

Feedback was received on the Risk Management Framework to inform a draft. A consensus was set on risk appetite scores in relation to risk types.

After the Board Development session a report was received and considered at the Executive Team on the 13 September 2023. Then a report was also received for consideration at the Audit Committee on the 15 September 2023.

2. Body of Report

Part 1: Risk Management Framework Feedback
Feedback was received around the Board's approach to risk management and the contents of the framework, key points have been summarised below and informed the draft Risk Management Framework.

- Taking opportunities should also be weaved into the framework to better support the positive stance on risk approach.
- Staff need to feel empowered to raise risks and have confidence they will be actioned.
- The purpose should address duty of care to service users, patients, communities, not just the Health Board's commitment.
- The description of different risk levels (strategic, operational, project) was an improvement, but more clarity was needed on risk identification.
- Concerns were heard that framework focuses on closing the loop, managing and mitigating risks, not just identifying them. Focus needed on outputs and outcomes.
- The ward to board risk journey needed to be better explained.

- Roles and responsibilities should reference involvement of associate members and clinical staff. The reference to an integrated approach was noted as key and welcomed.
- Further clarity was needed on the framework statement. Language on responsibility and accountability needs clarity on where risks sit once raised.
- Risk escalation/de-escalation governance mapping needed further development.
- Committee roles need clear definitions.
- Issues of 'static' risks stuck in development need to be addressed, including escalation processes.
  In summary, key gaps seem to be around risk identification, staff involvement, clear accountability, closing the loop on risks, and explaining the risk management architecture.

Feedback has been received from the Executive Team meeting and Audit committee which has been summarised below and updated in the framework (**highlighted in yellow**):

- Recognition that Risk Management Procedures (RM02) document exists which supports this framework.
- Recognition that the importance of risk management training and Risk management Training Procedures (RM03) also supports this document.
- Glossary to include: Risk Appetite, Risk Management, Risk Framework.
- The responsibility for Executives to actively engage with Counter Fraud and proactively identify risks to ensure compliance with Counter Fraud Cabinet Office legislation (reference also updated).
- Assurances that the monthly team meeting agenda will be updated to allow for the escalation, de-escalation and update on actions with corporate risks. Furthermore, all terms of reference which receive the BAF and CRR will also be updated.
- Better define the three lines of defence and three lines of assurance.
- Further details and recognition of the importance of learning in relation to risk.

Part 2: Risk Appetite

Executives and IMs participated in a risk appetite assessment to define the organisation's willingness to accept risk across key domains including financial, regulatory, quality, reputational, and people as recommended from the nationally accepted scoring matrix from the Good Governance Institute. The discussion revealed a desire to take a more open, progressive approach to risk compared to a more cautious historical stance.

Key Findings

Financial Risk: There was an agreed consensus on an **'open'** appetite to accept some financial risk in relation to investment allowing for innovation, however with robust and firm controls, balancing value for money with price not the overriding factor. In relation to current budgets and spend, risks appetite was thought to be lesser due to the current climate and there is a strong need to ensure value for money. In relation to this part of Financial Risk a **"cautious"** appetite was considered more appropriate following discussion in Audit Committee.

Regulatory Risk: There was an agreed consensus supporting an '**open**' risk appetite to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.

Quality Risk: There was willingness to be '**open**' and accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards, supporting innovation.

Reputational Risk: There was an agreed consensus to '**seek**' some reputational risks and are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.

People Risk: There was an agreed consensus to '**seek**' and we will pursue workforce innovation and are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognise that innovation is likely to be disruptive in the short term but with the possibilities of long-term gains.

The Board members expressed interest in moving to an '**open**' risk appetite across finance, regulation and quality risk type domains as compared to the previous cautious stance. There was a consensus to '**seek**' innovation and accept a considered level of risk in relation to reputation and people risk types. The discussion emphasised context and managing risks appropriately rather than avoiding them altogether.

Furthermore this paper, including all appendices have been updated following feedback from Audit Committee on the 15th Sept 23. Feedback was received around strengthening the wording for the Board's risk appetite in relation to financial risk appetite. With recognition of investment as well as the current financial climate and emphasising that the Health Board expects to have firm controls in relation to financial risks. This change has been further refined and reflected above and in the appendix. Reputational risk appetite to better described the 'seeking' approach was updated aligns to align with an innovation descriptor.

Next Steps

1. Formally approve the new risk appetite statements across each domain.
2. Communicate the updated risk appetite in the risk management framework and to provide clarity for staff on expected parameters.
3. Align the Board Assurance Framework and controls to the new risk appetite levels.
4. Ongoing monitoring of implementation of the risk appetite and evaluate impacts on organisational risk-taking and results.
5. Annually reassessing risk appetite as part of recommended best practice for enterprise risk management.

Recommendations

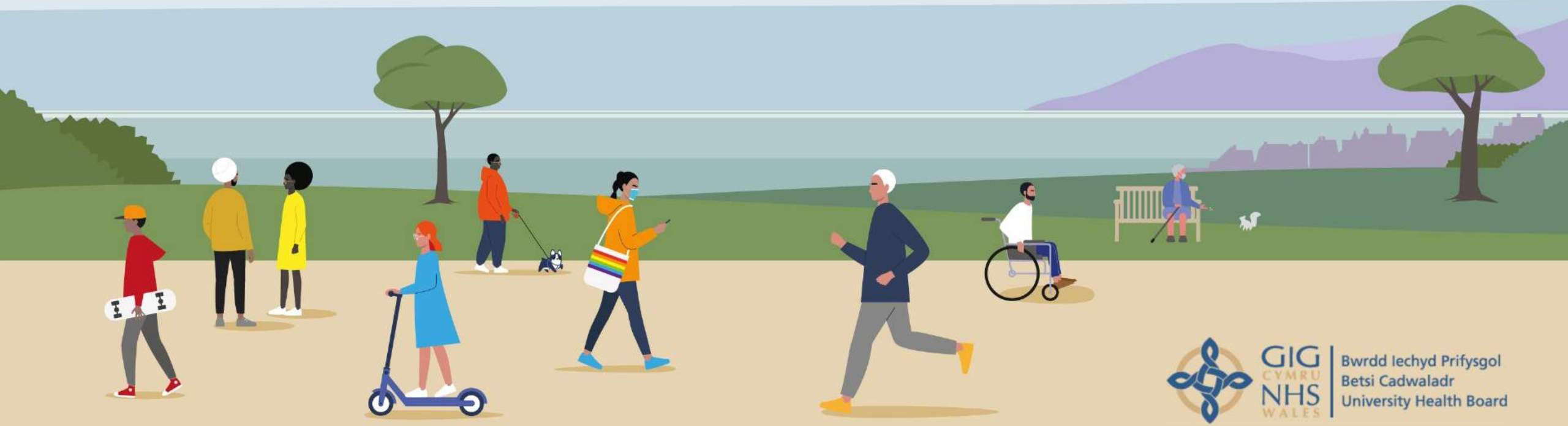
1. **Receive and consider the risk appetite statements for approval.**
2. **Receive and consider the draft risk management framework for approval.**

Appendix 1-Risk Appetite
Appendix 2-Risk Management Framework
Appendix 3-EQIA RM01

Board Development Session 24 August 2023

N.B Following feedback from Audit Committee on the 15/09/23 the financial risk was divided into two as demonstrated in the table and a risk statement for financial control was developed.

Risk Appetite 2023



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Risk Appetite

1. Risk Appetite Types and Scoring 2023
2. Previous Strategic Objectives and Risk Appetite 2022
3. Reference Good Governance Institute Risk Appetite Matrix

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Risk Appetite and Risk Types 2023

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

Previous Risk Appetite and Strategic Objectives 2022

Strategic Objective	Risk Appetite	Risk Statement
SO1: Improve physical, emotional and mental health and well-being for all.	*MINIMAL*	*The Health Board will seek to minimise short-term impact on quality outcomes in order to achieve longer term rewards that will result in outstanding care.*
SO2: Target our resources to people who have the greatest needs and reduce inequalities	*CAUTIOUS*	*The Health Board has an open risk appetite to explore innovative solutions to future staffing requirements, the ability to retain staff and to ensure the Health Board is an employer of choice.*
SO3: Respect people and their dignity	*CAUTIOUS*	*The Health Board will proactively minimise its risk exposure in relation to innovation and ideas which may affect the reputation of the organisation but are taken in the interest of enhanced patient care and ensuring we deliver our goals and targets.*
SO4: Work in partnership to support people (individuals, families, carers, communities) to achieve their own well-being	*CAUTIOUS*	*The Health Board will proactively minimise risk faced with collaboration and partnerships but this will ultimately provide a clear benefit and improved outcomes for the population of Betsi Cadwaladr University Health Board.*
SO5: Improve the safety and quality of all services, whilst listening to people and learning from their experience	*CAUTIOUS*	*The Health Board will proactively mitigate risks pertaining to the implementation of digital systems and infrastructure to support better outcomes and experience for patients and public.*
SO6: Support children to have the best start in life	*CAUTIOUS*	*The Health Board will proactively reduce risk in pursuit of options that will benefit the efficiency and effectiveness of services whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.*

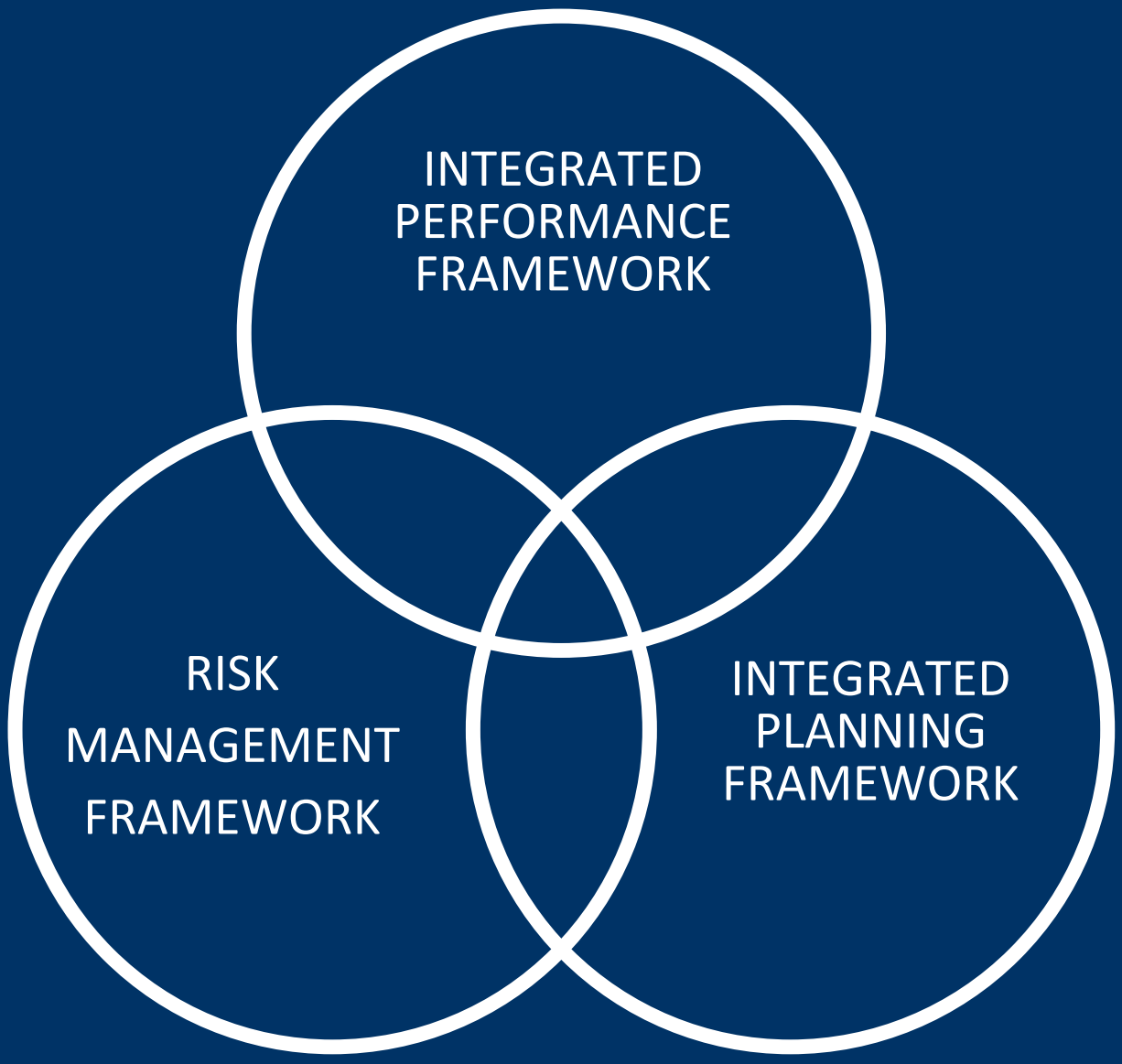
Good Governance Institute

Applying risk appetite matrix

APPETITE LEVEL ▶ / TYPES ▼	0 NONE Avoidance of risk is a key organisational objective.	1 MINIMAL Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	2 CAUTIOUS Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	3 OPEN Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	4 SEEK Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	5 SIGNIFICANT Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
ANCIAL w will we use resources?	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
GULATORY w will we be ceived by our ulator?	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
ALITY w will we iver safe vices?	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
PUTATIONAL w will we be ceived by the olic and our tners?	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
OPLE w will we be ceived by the blic and our tners?	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive chan.

RISK MANAGEMENT FRAMEWORK

2023-25



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Glossary of Terms

Risk: A risk is the uncertainty that something could or may happen that will have an impact on the achievement of the Health Board's objectives and priority areas. It is measured in terms of likelihood (probability of the risk occurring) and consequence (impact or magnitude of the effect of the risk occurring).

Distinguishing between a risk and an issue: A risk is an event that might occur and that could have an effect (usually negative) upon the organisation and/or its stakeholders. A risk is characterised by uncertainty. An issue is something that has already happened or will definitely happen. An issue is a certainty. e.g., if we are short staffed now or lack money to deliver a service, the shortage of staff or lack of money are issues (as these are already happening) and the risk will be the implications of staff shortage or the lack of money to the successful delivery of our operational and strategic objectives. The uncertainties these may cause is what will constitute the risks in both cases.

Assurance: This is a process to provide evidence that the controls in place are effective and working and that the Health Board is doing its best to appropriately reduce and manage risks to the achievement of its operational and strategic objectives.

Actions: Actions are steps which the Health Board is required to implement to reduce the likelihood and/or consequence of a risk were it to be realised. Actions are also the things the Health Board is doing or planning to do that will help us achieve the target risk score and thus reduce the risk to a tolerable and/or minimal level or even eliminate it altogether.

Board Assurance Framework (BAF): The BAF comprises of strategic risks that could prevent the Health Board's from fulfilling its strategic objectives.

Business Continuity: Business continuity gives organisations a framework for identifying and managing risks that could disrupt normal service. The holistic process of business continuity management is an essential tool in establishing an organisation's resilience.

Controls: These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the magnitude/severity of its potential impact were it to be realised. Impact could range from negative to positive. Some types of controls used in reducing risks include preventive, corrective, detective and directive controls.

Corporate Risk Register (CRR): A corporate risk register is a repository used to record all significant risks that could impact the strategic objectives and operations of the Health Board. The register provides a comprehensive overview of the key risks facing the organisation. It is a pivotal tool to help proactively strengthen risk oversight and management.

Datix: Datix is an incident and risk management software platform designed to help organisations record, manage and report on risks.

Opportunity Risk: The type of risk with potential to enhance the achievement of the organisation's objectives. Opportunity risk management is the approach that seeks to maximise on benefits of taking risks i.e. innovation, new systems, processes and procedures, services etc.

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Risk Assessment: This is the overall process of risk analysis and risk evaluation. This is achieved by comparing the individual risk against the Health Board's risk appetite. Risk assessment techniques include questionnaires and checklists, workshops and brain storming sessions, and inspections and audits.

Risk Appetite: The amount and type of risk that an organisation is willing to pursue or retain in its pursuit of its objectives.

Risk Framework: Set of activities that support the risk management process, i.e. the risk architecture, strategy and protocols.

Risk Management: Coordinated activities to direct or control risks within an organisation. These are management activities that deliver the most favourable outcomes and reduce the volatility and variability of that outcome.

Risk Mitigation: This refers to the process of reducing risk exposure and minimising its likelihood and/or lessening or making less severe its impact were it to materialise. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer or take opportunity).

Terminate: The only response to some risks is to terminate the activity giving rise to the risk or by doing things differently.

Tolerating: The decision to accept the risk and the impact should the following risk occur without taking any further steps to mitigate it. This is often to avoid significant investment or resources as the response would be disproportionate to the potential harm or gain.

Transfer: Risks may be transferred for example by conventional insurance or by sub-contracting a third party to take the risk. This option is particularly suited to mitigating financial risks or risks to assets.

Treating: Taking proactive measures to reduce and mitigate the likelihood and or impact allowing for reduction, risk avoidance, risk transfer as to having a less of an impact on the organisation.

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RISK MANAGEMENT FRAMEWORK

Risk Framework Statement

- The Health Board endeavours to establish a positive risk and safety culture in the organisation, where unsafe practice (clinical, managerial, etc.) is not tolerated and where every member of staff is committed and empowered to identify/correct/escalate system weaknesses.
- The Health Board is committed to ensuring a robust infrastructure to manage risks ensuring an integrated approach, and where risks crystallise, to evidence improvement.
- The Health Board's intention is to ***minimise*** the risk to the delivery of quality services in the Health Board's accountability and compliance frameworks, ***maximise*** performance and is ***open*** to opportunity with considered risk taking.
- To deliver ***safe, quality*** services, the Health Board will encourage staff to work in collaborative partnership with each other and service users and carers to ***minimise*** risk to the greatest extent possible and promote patient well-being as a duty of care to the population.

The Board intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation by:

• Ensuring a dynamic approach to strategic risk management to support achievement of the Health Board's vision, aims, and strategic objectives;

• Promoting considered risk taking, within authorised and defined limits in-line with the Board's appetite for risk (see Appendix 1-Risk Appetite Statement);

• Adopting an integrated approach to risk management in order to facilitate a cross-functional collaboration of system-wide risks that includes risks related to: clinical care, health and safety, staff wellbeing, financial and business planning, workforce planning, corporate and information governance, performance management, project / programme management, research and development;

• Embedding effective risk management systems and processes within the organisation and promoting the ethos that risk management is everyone's business, with clearly defined roles and responsibilities;

• Creating an environment that is as safe as is reasonably practicable, by ensuring that risks are continuously identified, assessed and well managed, i.e. where possible eliminate, transfer or treat risks to an acceptable level;

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• Fostering an organisational culture of openness and willingness to report risks, incidents and near misses to ensure organisation wide learning;

• Establishing clear and effective communication mechanisms that enable a comprehensive understanding of risks at all levels of the organisation by the use of directorate, specialist and organisational-wide risk registers; and

•Providing appropriate training to staff to ensure effective implementation of risk management arrangement

1. Purpose of this Framework

The Framework seeks to ensure:

- that the Health Board's risks in relation to the delivery of services (provided and commissioned) and care to patients are minimised;
- that the wellbeing of patients, staff and visitors is optimised;
- that opportunities are maximised;
- that the assets, business systems and finances of the Health Board are protected; and
- the implementation and ongoing management of a comprehensive, integrated (clinical and non-clinical) approach to the management of risk across the organisation.

2. Scope of the Risk Management Framework

This framework applies to Board members; all staff of the Health Board; agency staff; contractors brought in to undertake work on behalf of the Health Board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Health Board business. It applies to all activities of the Health Board, including those related to the commissioning of services. Managers at all levels within the Health Board must take an active lead to ensure that risks are managed effectively and to support the development of a risk aware culture within the Health Board.

This framework will:

- Outline the risk management philosophy through our risk statement, identifying arrangements for embedding risk management;
- Explain the role, expectations and appetite of the Board in relation to risk and risk management;

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- Detail the high-level roles and responsibilities for implementing and complying with this framework;
- Explain the arrangements for complying with all relevant legislation;
- Detail risk priorities for the present year;
- Detail the high-level Committee structure accountability in relation to risk, internal reporting requirements, assurance arrangements and external reporting controls;
- Signpost the specific policies, procedures and terms of reference and which the Health Board will publish to ensure that all staff understand what is required of them.

3. The Board's Appetite for Risk

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

Risks throughout the organisation will be managed within the Board's risk appetite, or where this is exceeded, action will be taken to reduce the risk. The Board is prepared to accept some financial risk and regulatory challenges if appropriate controls and defence strategies are in place. The Board support innovation despite potential short-term quality impacts and reputational risks, as long as there is potential for long-term rewards like improved outcomes for stakeholders and opportunities for staff recruitment, retention and development. The Board takes a holistic view of value for money, with price not being the sole determining factor.

The Board seeks innovation and will challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated. The Board's annual Risk Appetite, detailing acceptable levels of risk across five risk types (financial, regulatory, quality, reputational and workforce), is outlined in Appendix 1.

4. Risk Management Process

Risk Management is the systematic application of management policies, practices and procedures to identifying, analysing, assessing, treating and monitoring risk in a way that will enable organisations to minimise losses and maximise opportunities.

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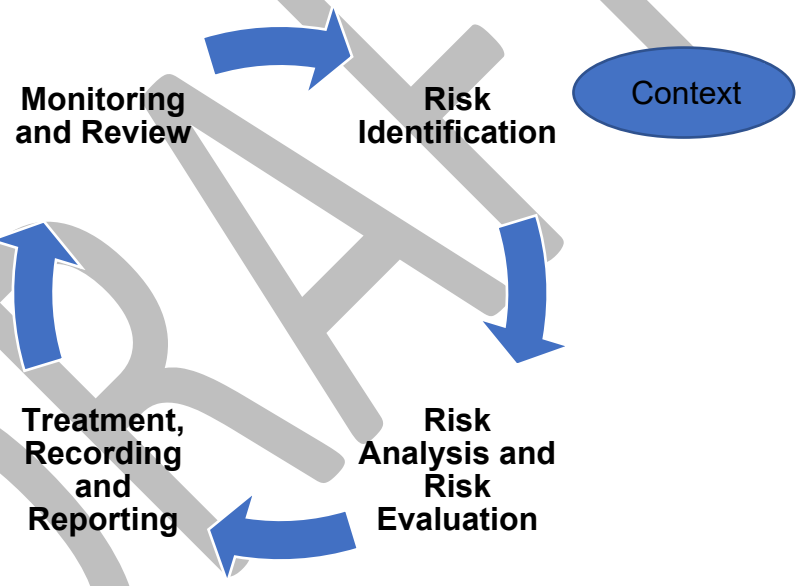
The aim of risk management is not to remove risk altogether, but to manage risk to an acceptable level, considering the cost of minimising the risk and reducing risk exposure (the level of risk that the organisation is exposed to, either in regard to an individual risk or the cumulative exposure to the risks faced by the organisation).

The Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. The process is defined in four key steps:

Figure 1 - Risk Management Process



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1. Risk Identification

The Health Board cannot manage risk effectively unless it knows what the risks are. Risk identification is therefore vital to the success of the organisation's risk management process, and ultimately the safe delivery of care. This should be done within context.

2. Risk Analysis and Risk Evaluation

Assessment and scoring of risk are used to determine the level of risk, using the Health Board's risk matrix to ensure a consistent approach is adopted across the organisation.

3. Treatment, Recording and Reporting

Treatment is how the risk will be managed, and what the required actions are to achieve an acceptable level of risk. All risks are recorded on a Datix risk register, which is a formal record of all risks raised, which makes up the Operational Risk Register.

4. Monitoring and Review

Part of managing risk is to continually review and update, and to capture the changes and progress of mitigation.

5. Risk Architecture

The current enterprise risk architecture within the Health Board is shown below in a risk management model.

Levels of Risk

The Risk Management Framework defines three levels of risk:

1. Strategic Risks – Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence. Strategic risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder.

2. Operational Risks – Risks that arise as a result of the day-to-day running of the Health Board and include a broad spectrum of risks comprising clinical risk (e.g., arising from incidents and complaints), financial risk (including fraud); legal risks (e.g., arising from employment law or health and safety regulation); regulatory risk; risk of loss or damage to assets or system failures; etc.

3. Project Risks – Risks that may impact on the delivery of a programme of work or project. All significant projects must be risk assessed before they are progressed, with each project required to have a separate risk register.

Risk Registers

Board Assurance Frameworks, Corporate Risk Registers and Operational Risk Registers can work together in an integrated risk management model:

Board Assurance Framework (BAF)

- Focuses on the top <10 strategic risks that could impact achievement of the Health Boards objectives and priorities.
- Owned by the Board and tied directly to the strategic plan.

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- Risks reflect external and internal issues affecting strategy.
- Regularly reviewed by Board and Executive leadership.
- Held by the risk team.

Corporate Risk Register (CRR)

- Consolidates key risks escalated up from the operational level based on the possible impact on Boards objectives and priorities. May include 20-50 major corporate-wide risks.
- Provides Executives with enterprise view of significant operational and strategic risks.
- Enables corporate risk reporting, monitoring and oversight.
- Risk flows to BAF as appropriate.
- Overseen by the corporate risk team, maintained on Datix.

Operational Risk Registers

- Day to day operational risks which impact on service delivery. Includes clinical, financial, compliance, IT risks etc.
- Mandatory for all services to have a register on Datix.
- Service Risk Leads or Risk Champions responsible for maintaining and managing service risk register and escalates higher risks through Executives and Corporate Risk Team for awareness and where appropriate consideration on the CRR.

Project Risks

- Project lead responsible for ensuring risks are captured and maintained.
- Acceptable for the project risk register to be held locally (not on Datix) but significant risks which could impact on day to day operations or have a wider impact on the Health Board should be escalated to a Datix risk register to allow for overview and consistency of reporting.
- Project team escalate higher risks through Executives and Corporate Risk Team for awareness.

This model provides top-down and bottom-up connectivity to enable robust risk management at all levels and alignment to strategy.

All staff should be aware of the potential for risks to emerge which may affect the business of the Health Board and all staff should be prepared to identify and report

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risks as appropriate. When a possible risk is identified, staff should aim to discuss it first with their line manager, or for pan BCU risks which have been identified this should also be escalated to the Corporate Risk Team and Executives. This is to avoid duplication of effort, as sometimes risks are identified which are already being managed but have perhaps been articulated differently. Once it is confirmed that a new risk has been identified, the details should be entered onto the Datix system. This will normally be achieved through a service risk lead/champion.

Once correctly identified and assessed, the risk should be logged on a risk register, depending on the seriousness of the risk. Where possible risks should be managed at the lowest level possible, proportionate to the level of exposure to which the risk.

Risks scored ≥15 should be sent to the Executive Director for awareness and consideration on the CRR, if strategic in nature.

Risks scored 9>12, Risk owners are expected to ensure that there are appropriate processes, systems and governance arrangements in place to regularly review, scrutinise and effectively manage all risks within their areas. They will be required to periodically present their Divisional risk register reports and assurance at the Risk Management Group.

Risks scored 1-8 should be regularly reviewed, scrutinised, approved, reduced and managed at the service or departmental levels while those which score above 8 should be escalated in accordance with guidance and the approval of either the relevant quality and safety meeting and/or the triumvirate.

Escalation/De-escalation

Risks should be regularly reviewed and escalated or de-escalated to the appropriate risk register within the Committee or divisional meeting which reviews the risk. Before a risk is presented to an Executive for approval, it should be quality assured by the Corporate Risk Team and take the assurance that robust action plans are in place.

For escalation of a risk on to the CRR the service risk lead should contact their Executive Director through the appropriate channels and the corporate risk team via their regional risk manager.

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Figure 2 - Risk Management Meeting & Escalation/De-escalation

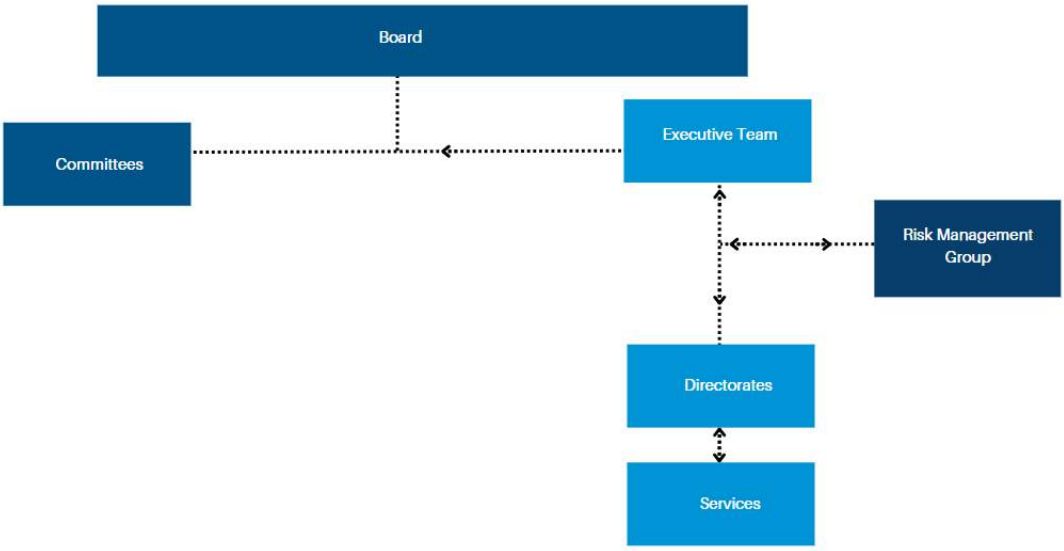

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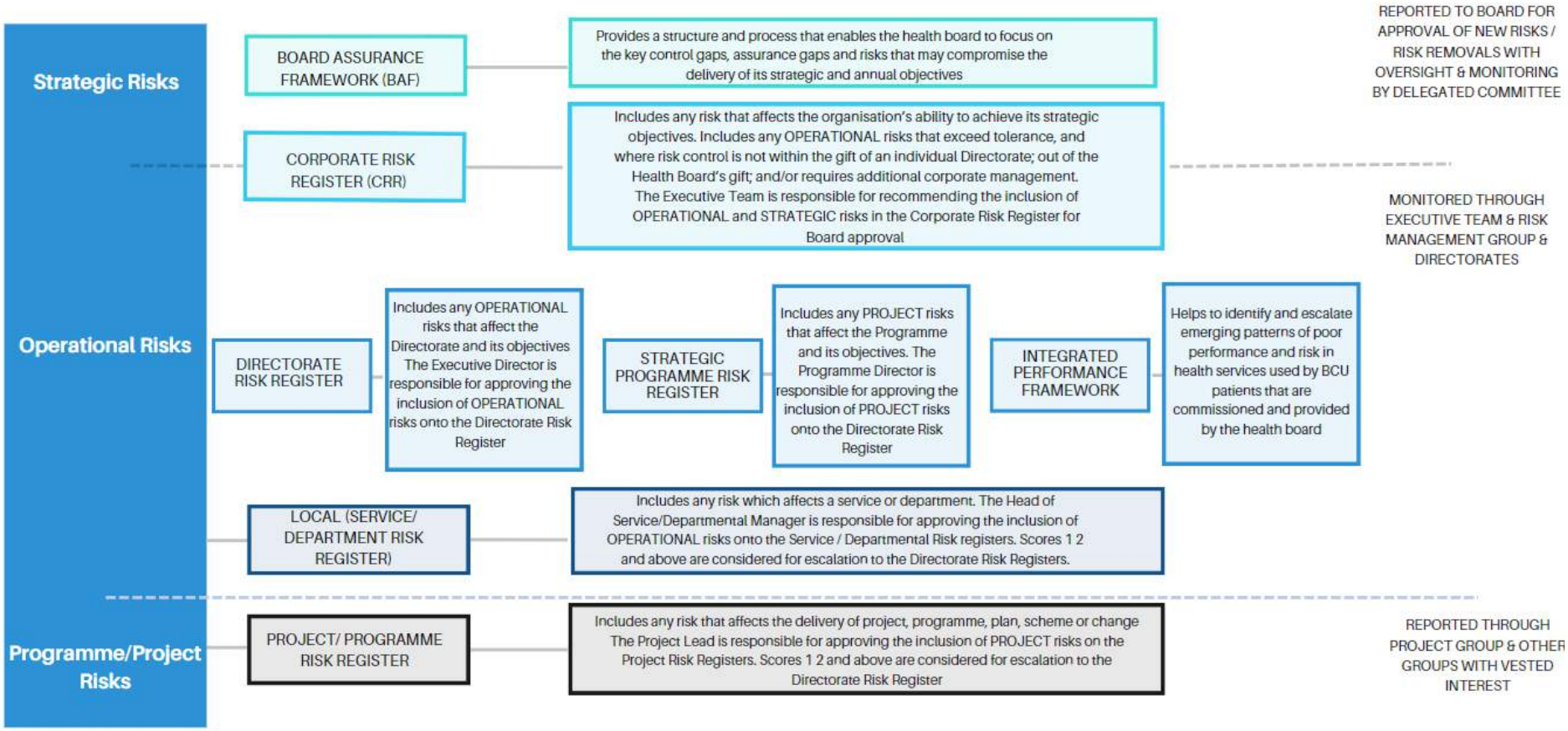
Figure 3 - Risk Management Register



6. Risk Strategy

To effectively manage risks, our organisation will take a comprehensive approach across several areas. This will include robust reporting mechanisms to keep leadership and the Board apprised of risks, using systems like risk registers to log and track risks, ensuring staff have adequate training and clear responsibilities, implementing standardised risk management processes, fostering a culture of openness around risks, and continuously monitoring and improving through quality assurance. Together these initiatives across reporting, systems, people, processes, culture and improvement will enable us to better anticipate, manage and mitigate the risks we face in alignment with our values and strategic objectives.

Reporting

- Quarterly Quality Assurance reports to Risk Management Group (RMG) to monitor risk metrics and oversee processes, terms of reference and cycle of businesses support this.
- Bi-monthly corporate risk report to Executive team/Board/Committees on risk actions plans and updates. Terms of reference and cycle of businesses for all support risk as a standing agenda item.
- Board Assurance Framework (BAF) quarterly for review by the Board
- Services to provide their directorates on assurances over the management of the local service risk register.

Systems

- Datix to log risks.
- Risk priorities will influence integrated planning.

Processes

- Process in relation to risk management procedures are detailed in RM02 'Risk Management Procedures' and throughout this framework as well as RM03 outlines 'Risk Management Training Procedures' and plans. Risk identification, assessment and treatment processes as detailed in section 4.
- Risk monitoring and review processes, risk reporting and escalation processes.

Culture

- The cultural tone is detailed in the statement and approach to risk as well as supported by the way in which processes are carried out, dynamic and diligence. Risk clearly noted as everyone's business and supported by detailing responsibilities.

People

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- Risk management responsibilities are clear for all staff and have been further detailed in section 7.
- Knowledge of good identification processes and how to manage risk is essential to the successful embedding and maintenance of effective risk management. To support this, a programme of training will be delivered as follows:

Staff Group	Training Need	Frequency
Board Members & Directors & Deputies	Strategic Risk Management Training	Every 2 years
Service managers/Risk owners/Service Risk Leads	Mandatory Operational Risk Management Training	Every 2 years
All staff	Basic awareness on corporate induction as well as a bespoke offer of face to face or virtual risk training	On starting and ad hoc offer as required

Three Lines of Defence and Assurance

The three lines of defence is a model often use in risk management and governance to clarify roles and responsibilities, this has been broken down into two parts, one, operational risks and two, for strategic risks, additionally a section on lines of assurance:

Operational Risks Responsibilities:

First line of defence - Operational management: Day-to-day risk management by frontline staff and operational managers. They own and manage risks. Implementing controls, assessing risks, executing risk action plans.

Second line of defence - Oversight functions: IHCs/Directorates oversee and support first line functions and will include the support of subject matter experts e.g., corporate risk team, compliance, legal, finance etc. IHCs/Directorates will seek assurance over actions and controls to mitigate risks.

Third line of defence – Executives will hold overall accountability for their portfolios and will seek assurance of overall risk management, identification processes, good mitigation, and action plans. Where costs exceed control of the budget holder and risks are significant, Executives will escalate this to the CRR within the Executive Team Meeting.

Strategic (CRR & BAF) Risks:

First line of defence - Operational management: Executives to own and manage their respective portfolio risks. Ensure the implementation of controls, mitigation and ensuring the execution of action plans, providing updates at the Executive Team Meeting.

Second line of defence - Oversight functions: Risk Management Group to seek good governance on overall risks management functions. Audit Committee to seek assurances on the progression of corporate and strategic risks.

Third line of defence – Board to have overall assurances of risk management and robust mitigation efforts.

Furthermore, 'three lines of assurance' has also been outlined in relation to independent and objective audits and reviews of risk management practices 'The three lines of assurance' includes internal/external audit, regulators, professional body reviews and scrutiny. Provides assurance to senior management and Board on effectiveness of risk management.

The three lines of assurance also clarify roles for review and oversight:

First line of assurance: Reviews by operational management

Second line of assurance: Oversight by risk management/compliance functions

Third line of assurance: Independent assurance from audit/regulators

This model structures risk management oversight at the Executive, RMG, Committees and Board levels for the Health Board.

7. Roles and Responsibilities

Effective risk management requires clear definition of the roles, responsibilities, and accountabilities across the organisation. This section outlines the duties and obligations relating to risk for the Board, relevant Committees, key groups and individuals within the Health Board.

The Board:

The Board (Executive Directors and Independent Members) being the governing body responsible for strategy, performance, governance, risk management, and ensuring statutory duties are met. The Board is accountable for effective oversight per NHS (Wales) Act and other healthcare regulations.

The cycle of business for the Board is set to receive the CRR and BAF on a quarterly basis. It is the duty of the Board to discuss and advise on the content and progress of action plans in the BAF. It is also the duty of the Board to appropriately monitor BCUHB's significant risks noted in the CRR, associated controls and assurances outline as well taking a view on the overall decision of tolerating a risk or challenging the possible lack of progression.

The Board is responsible for ensuring that the Health Board consistently follows the principles of good governance; ensuring that the systems, policies and people are in place to manage risks and its effectiveness. The Board will be focused on key risks and driving the delivery of the Health Board's strategic objectives. Gaining assurance demonstrates good oversight of effective risk identification and management; risk architecture as well as due diligence including robust governance. It is a key principle of accountability.

The workplans for the Board and each of its Committees will be aligned to the BAF and CRR, ensuring appropriate focus on areas of risk. In the context of this Framework the Board will:

- demonstrate its continuing commitment to risk management through the application and interest in the overall compliance with this Framework;
- ensure, through the Chief Executive, that the responsibilities for risk management outlined in this document are communicated, understood and maintained;
- take a proactive role in 'horizon scanning' for emerging threats/risks to the delivery of the Health Board's strategic objectives, and ensuring that controls put in place in response, manage risks to an acceptable level;
- commit financial, managerial, technological and educational resources necessary to adequately control identified risks;
- ensure that lessons are learned and disseminated into practice from complaints, claims and incidents, and other patient experience data;
- oversee and participate in the risk assurance process;
- allocate strategic risks to Committees for oversight;
- ensure communication with partner organisations on problems of mutual concern including risks;
- ensure that appropriate structures are in place to implement effective risk management; and
- receive reports from the Committees of the Board in line with terms of reference and workplans of those committees.

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Audit Committee (AC):

Provides assurance on governance, risk management, internal controls, financial reporting and internal/external audits. The Committee is responsible for points 1-5 as noted above.

The cycle of business for the Committee is set to receive the CRR and BAF in its entirety on a quarterly basis. The Audit Committee, on behalf of the Board, will be responsible for providing oversight of: the adequacy and management of the CRR and BAF arrangements.

Performance, Finance and Information Governance Committee (PFIG):

Oversees financial and operational performance, information governance, and delivery of plans/targets. The Committee is also responsible for points 1-5 as noted above. The cycle of business for the Committee is set to receive the section of the CRR and BAF to which it is accountable for on a bi-monthly basis.

Quality Safety and Experience Committee (QSE):

Reviews quality of care, patient safety issues, clinical effectiveness and outcomes, patient experience. The Committee is also responsible for points 1-5 as noted above. The cycle of business for the Committee is set to receive the section of the CRR and BAF to which it is accountable for on a bi-monthly basis.

Risk Management Group (RMG):

The Risk Management Group reports to the Executive Team and advises on any risk management issues, including all significant risks arising from activities within the organisation. The Group is responsible for leading the implementation of the risk, control and assurance processes established within the organisation. The Group will review the processes and report on any weaknesses identified to ensure that the Board has in place effective systems for the reporting of risk, and the management of risk registers (local, directorate and corporate) and the Board's Assurance Framework.

Specifically, the Group is responsible for:

• Coordinating the achievement of the objectives of the Risk Management Framework through the organisation's directorates, by embedding risk management and establishing local risk reporting procedures to ensure the effective integrated management of risk and assurance;

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• Coordinating all clinical and non-clinical risk management issues affecting the Health Board (scored 12 and above), making recommendations to, and advising the Executive Team and Board accordingly;

• Reviewing, updating and monitoring the CRR, and maintaining clear links with the BAF;

• Recommending the escalation and de-escalation of risks from/to the CRR for Executive Team approval, ensuring significant risks are appropriately prioritised;

• Reviewing proposed significant risks from risk leads, escalating to the Executive Committee for inclusion in the CRR where appropriate;

• Reviewing risks arising from the results of investigations into losses, untoward incidents, near misses and accidents;

• Reviewing high risk recommendations made by the Internal Audit Service, ensuring that where appropriate they are acted upon and recorded through risk registers and the BAF appropriately.

Executive Team Meeting

The Executive team are the accountable leads on each of the corporate risks and support the regular review of the register, noting any risks for escalation and de-escalation. Executives will provide updates on action plans associated with mitigating and controlling the risks they are accountable for.

7.1 Individual Responsibilities

All members of staff, and those working on behalf of the Health Board, have an individual responsibility for managing risk. They must understand and adhere to this Risk Management Framework. The following individuals have specific responsibility, accountability and authority for risk management, as part of their existing roles:

Chief Executive

The CEO is the Accountable Officer of the Health Board and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements, and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management; health and safety; financial and organisational controls; and, governance. The CEO has overall accountability and responsibility for:

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▪ ensuring the Health Board maintains an up-to-date Risk Management Framework endorsed by the Board;

▪ promoting a risk management culture throughout the Health Board;

▪ ensuring that there is a framework in place, which provides assurance to the Board in relation to the management of risk and internal control;

▪ ensuring that risk issues are considered at each level of business planning, from the corporate process to the setting of staff objectives;

▪ setting out their commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974. The Welsh Government requires the Chief Executive to sign a Governance Statement annually on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

Executive Directors

Executive Directors have overall responsibility for the operational management of risks within their Directorates and are the named senior responsible officer for individual risks on the CRR and BAF.

They are also responsible for the effective allocation of resources to timely reduce risks within their remit, while ensuring prompt escalation and de-escalation of risks where appropriate. They shall also be responsible for ensuring that senior managers under their portfolio have effective risk management systems and processes in place in their directorates, divisions, sites, and services to demonstrate robust identification, assessment, mitigation and management of all risks.

They are responsible for ensuring that best practice in risk management and a positive risk-aware culture are fully embedded in their portfolio. Executives will work with the risk management team to ensure the appropriate use of the BAF and CRR.

Executives play a pivotal role in setting the expected cultural tone, one which is positive and encourages identification, risk is not to be considered as negative or to be avoided. The Executives Directors will do so by ensuring communication is open, and transparent where all staff have the confidence to raise a risk. Executives will seek assurances that risk training is well attended for their regions and departments. Good risk awareness, awareness of roles and responsibilities, timely management of action plans, and a sense of accountability. Executives will seek assurances respective risk registers are maintained regularly, action plans are well managed, well communicated and actions which have blocks are escalated in a timely manner. Registers are expected to be agile and reflective of the service. Executives will foster a

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culture of continuous improvement supporting teams to engage with Better by Betsi, a community of continuous improvement, enhancing innovation with risk identification, mitigations strategies for their service. Executives will take a proactive identification approach to counter fraud risks.

In addition, Clinical Executive Directors (Executive Medical Director, Executive Director of Nursing & Midwifery, Executive Director of Therapies & Health Sciences, and the Executive Director of Public Health) have collective responsibility for clinical quality governance, which will include patient safety, incident management and patient experience, and will therefore have a responsibility to ensure that clinical risks are appropriately managed in-line with this Framework.

Board Secretary / Director of Corporate Governance

The Board Secretary 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 BAF and Risk Management Framework.

The Board Secretary 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;

▪ lead the ongoing development of the Risk Management Group (established by the Executive Team).

Head of Risk Management & Assurance

The Head of Risk and Assurance is accountable to the Board Secretary, and in relation to risk management will specifically:

▪ provide specialist advice in relation to controls and assurances for a range of functions at all levels in the organisation to support the effective management of clinical and non-clinical risk and governance;

▪ ensure a central system is in place to collate risk registers across the Health Board, which link to the BAF;

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▪ support the management and development of the BAF and Risk Management Framework;

▪ work with directorates and Heads of Service to ensure risks are escalated in accordance with the Risk Management Framework;

▪ compile the CRR and BAF, for Board;

▪ support the development and functioning of the Risk and Assurance Group; and

▪ provide training, information and advice to operational staff and corporate functions on risk management and risk registers, ensuring linkage to the BAF.

Corporate Risk Team

The corporate risk management team will facilitate and ensure effective risk management practices are in place throughout the organisation. The team will support the escalation of risks the CRR and BAF. The risk management team will support services by validating risk registers, including the adequacy of the risk descriptions, controls, and assurances and justification of the risk scoring and take a lead on assurances of compliance pan BCU.

They will advise all colleagues and Executive Directors in managing their risks. The risk team will lead the development of procedures as required under this framework. They will ensure the delivery of training to staff who have responsibilities under this policy. They will be responsible for the overall management of the risk module in Datix.

Senior Managers

Senior managers will take the lead on risk management within their divisions, sites and areas and set the example through visible and exemplary leadership.

They are also responsible for supporting the effective allocation of resources in managing, escalating and de-escalating operational and strategic risks within their remit. The risk service lead and risk team will work with senior managers to ensure risks are articulated appropriately and described in line with procedures and will further support organisational wide learning.

The risk management team will provide healthy challenge and support to those risks that do not have adequate actions or action plans and have not progressed in a timely manner with a route to escalation to Executives. Senior manager will provide Executives with regular assurances around effective management of risk registers.

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Service Risk Leads

Services are required to nominate a risk lead/champion on behalf of the service to ensure the risk register is well maintained and risk is championed throughout the service facilitating good identification processes. Service risk leads will support the operational management of their respective service risk register and will liaise with the risk management team around escalation or de-escalations of risks and will work on any feedback around the quality assurance of the risk register. Service managers and service risk leads will be responsible for ensuring activities and action plans within risks are regularly maintained. All leads and champions will have regular risk management training.

All Staff

All staff including, Trade Union colleagues and contractors are required to comply with this Risk Management Framework, raise any issues of concern to the attention of their line manager and to appropriately minimise and manage risks to the best of their knowledge and ability. Controls and actions implemented in mitigating risks must be timely disseminated to all staff involved with the management of the risk. All staff are expected to share intelligence around any potential risks with contractors providing services within and on behalf of the Health Board. Risk is the responsibility of all staff of the Health Board; agency staff; contractors brought in to undertake work on behalf of the Health Board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Health Board business.

Independent Members (IMs)

Independent Members have an important role in risk management in seeking assurance on the robustness of processes and the effectiveness of controls through constructive, robust, positive and effective challenge to the Executive Directors and senior management. IMs are expected to satisfy themselves that the Health Board`s risk management arrangements are effective, efficient and fit-for-purpose. IMs will provide healthy challenge on those risks that are not treated in a timely manner; the overall decision to tolerate the risk and/or the risks alliance to Health Board objectives.

IMs will challenge overall Board decision-making ensuring this is within the Boards risk appetite. In addition, IMs chair Board Committees and in line with the relevant Committee's terms of reference, should gain and provide assurance to the Board that risks within its remit are being managed effectively by the risk owners and report any areas of concern to the Board. IMs should seek assurance in ensuring a measured risk culture.

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Internal Audit

The relationship between risk management and Internal Audit is critical. Risk management is concerned with the assessment of risk and the identification of existing and additional controls, whereas Internal Audit's role is to evaluate these controls and test their efficiency and effectiveness. This is undertaken through the Internal Audit programme of work. Accordingly, the Head of Internal Audit will:

a. Provide an overall opinion each year to the Accountable Officer of the organisation's risk management, control and governance; to support the preparation of the Annual Governance Statement;

b. Focus the internal audit work on the significant risks as identified by management, and audit the risk management processes across the organisation;

c. Audit the organisation's risk management, control and governance through operational audit plans, in a way that affords suitable priority to the organisation's objectives and risks;

d. Provide assurance on the management of risk and improvement of the organisation's risk management, control and governance; by providing line management with recommendations arising from audit work.

Local Counter Fraud Services

The Health Board's nominated Local Counter Fraud Specialist (LCFS) provides assurance to the Board regarding risks relating to fraud and/or corruption. The Health Board's Annual Counter Fraud Work Plan, as agreed by the Audit, Risk and Assurance Committee, identifies the arrangements for managing and mitigating risks as a result of fraud and/or corruption. Where such issues are identified they are investigated by the LCFS, and then reported to the Audit Committee as appropriate. The LCFS works with the Chief Executive, Executive Directors and Board Secretary to review any fraud or corruption risks. Such risks are referred to the relevant risk register for the Directorate concerned, and are then escalated through the Health Board's escalation process. The Executive team recognises that fraud, bribery, and corruption pose significant risks that require proactive management. To protect the interests of our stakeholders, act ethically, and comply with counter fraud laws and regulations, we commit to proactively identify fraud risks and vulnerabilities across the Health Boards operations through audits, reviews of complaints and allegations, and risk assessments. Routinely assess changes that may impact exposure to fraud, bribery and corruption. This also includes effective controls tailored to the highest risk areas identified. This includes clear financial controls, investigation and response diligence, training, and ensuring robust channels for reporting concerns.

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Senior Information Risk Officer

The Board will nominate an Executive Director as the Senior Information Risk Officer (SIRO) with delegated responsibility by the Chief Executive for ensuring that information risks are treated as a priority for business outcomes.

8. Monitoring the Effectiveness of the Risk Management Framework

Compliance with this Framework is monitored by the Executive Committee and the Audit, Risk & Assurance Committee. The Annual Governance Statement is signed by the CEO and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report. The Corporate Risk Team and RMG will take a lead on seeking assurances and providing Committees and Board with an overview of the Health Board's effectiveness and compliance. The Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year.

The Health Board's risk management arrangements are also subject to review annually, as part of the Audit Wales Structured Assessment process. The risk management framework draws from best practice standards ISO31000, policy, and legislative instruction such as the National Health Service (Wales) Act 2006, the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. The Health Board understands that risk is inherent in every business and is committed to ensuring full compliance.

This document should be read in conjunction with the 'Risk Management Procedures' (RM02) and 'Risk Training Procedures' (RM03) which are supportive of this Framework and outline all the procedural requirements for managing a risk operationally through to escalation.

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Appendix 1

Risk Appetite

The Board set their risk appetite in a developmental session on the 24 August 2023 and is subject to annual review. The appetite session referenced the Good Governance Institute Appetite Risk Matrix (2018) for risk types in order to score appetite.

The output of the session detailed appetite across five risk types:

Financial Risk: There was an agreed consensus on an '**open**' appetite to accept some financial risk in relation to investment and business cases allowing for innovation, however with robust and firm controls, balancing value for money with price not the overriding factor. There was an agreed consensus on an '**cautious**' appetite to accept less financial risk in relation to financial control, current budgets and spend, accepting less risk and the strong need to ensure value for money.

Regulatory Risk: There was an agreed consensus supporting an '**open**' risk appetite to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.

Quality Risk: There was willingness to be '**open**' and accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards, supporting innovation.

Reputational Risk: There was an agreed consensus to '**seek**' some reputational risks and are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.

People Risk: There was an agreed consensus to '**seek**' and we will pursue workforce innovation and are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognise that innovation is likely to be disruptive in the short term but with the possibilities of long-term gains.

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Equality Impact Assessment

The Health Board has undertaken an Equality Impact Assessment on the implementation of this framework and policy to ensure that it is inclusive and does not discriminate against any protected characteristics. The assessment has highlighted an equality impact concern regarding the availability of the documentation in a format to address any visual impairment disabilities. Positive action including support and the availability to transcribe the document will be provided to support individuals and the Health Board to positively meet its responsibilities under the equalities and human rights legislation

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Included a desktop review of Welsh Health Boards Risk Frameworks

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IT FORMS

PARTS A (Screening – Forms 1-4) and

B (Key Findings and Actions – Form 5)

For:	RM01 – Risk Management Framework
Date form completed:	Originally completed 02/09/2021 Reviewed and minor amendments Sept 2023

PARTS A: SCREENING and B:

KEY FINDINGS AND ACTIONS

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

Remember, the term 'policy' is used in a very broad sense to include "..all the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:-

- ✓ How does your policy or proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?
- ✓ What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce or remove these?
- ✓ What barriers, if any, do people who share protected characteristics face as a result of your policy or proposal? Can these barriers be reduced or removed?
- ✓ Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.
- ✓ How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?

Part A Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	RM01 – Risk Management Framework
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The Health Board aims to provide a structured, comprehensive, and coherent framework to support staff in identifying, assessing and managing risks arising from its business activities, as the effective management of risks is an inherent part of its approach to continuous learning, improvement and good governance. RM01 – Risk Management Framework provides guidance for the consistent management of both operational and strategic risks, as drivers for better decision-making and the provision of high quality, personalised, patient-centred care, and enhanced experience.
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?	Interim Board Secretary
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	Board Assurance Framework Risk Management Procedures (RM02) Health and Safety Policy (HS01) Risk Assessment Guidance (HS03) Concerns Policy and Procedure (PTR01 and PTR01A) Information Governance Policy Health and Safety Policy Board Assurance Framework SOP Corporate Risk Register SOP

Part A Form 1: Preparation

Please answer all questions

5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	All employees including Board members.
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	The Corporate Risk Team is launching mandatory risk training which will be updated and reflective of the new framework however there is a risk of delays as the risk module is being produced by the ESR national team. The Board (Executives and Independent Members) will receive updated risk training which is reflective of the new framework, work will be ongoing to ensure all directors and senior managers have strategic risk management training. Training and embedding will take time to ensure all staff have received the updated risk training however this will be tracked and monitored through ESR.
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	The framework describes the Health Board's approach to risk management as positive, integrated, enterprise-wide and informed by an open and transparent culture in which staff feel empowered and confident to raise and discuss risks without fear, to engage staff across the entire organisation in exploring risk management as a tool for better decision-making and in achieving the Health Board's strategic objectives.

Part A Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Remember to ask yourself this: If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? For example, will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:-

- population data
- information from EqIAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below) *for further direction on how to complete this section please click here training vid p13-18)*	Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?" You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
	Guidance for Completion *In the columns to the left – and for each characteristic and each section here and below – make an assessment of how you believe people in this protected group may be affected by your policy or proposal, using information available to you and the views and expertise of those taking part in the assessment. This is your judgement based upon information available to you, including relevance and proportionality. If you answered 'Yes', you need to indicate if the potential impact will be positive or negative.* ***Please note it can be both e.g. a service moving to virtual clinics: disability (in the section below) re mobility issues could be positive, but for sensory issues a potential negative impact. Both would need to be considered and recorded.*** *The information that helps to inform the assessment should be listed in this column.* ***Please provide evidence for all answers.*** **Hint/tip: do not say: "not applicable", "no impact" or "regardless of…". If you have identified 'no impact' please explain clearly how you came to this decision.**		

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

	NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. **For the definitions of each characteristic please click here**					
	Yes	**No**	**(+ve)**	**(-ve)**		
Age		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	
Disability		No	+ve		Whilst the framework does not discriminate, the assessment has highlighted the need for, along with all other Health Board documentation, availability in a format to address any visual impairment disabilities, including colour blindness, and also, potentially, dyslexia.	This assessment highlighted that for those with visual impairment disabilities, additional support may be required – i.e. document transcription and additional support. With colour blindness identified as a potential difficulty in understanding any RAG ratings, e.g. within Datix where risk registers are documented and the corporate risk register. In terms of dyslexia, a number of Health Board resources

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

						are available to support staff as a mitigating action.
Gender Reassignment		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	
Pregnancy and maternity		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	
Race		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	
Religion, belief and non-belief		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	
Sex		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	
Sexual orientation		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	
Marriage and civil Partnership (Marital status)		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Socio Economic Disadvantage		No	+ve		The framework does not discriminate – it sets out an inclusive, enterprise-wide approach to risk management.	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: http://howis.wales.nhs.uk/sitesplus/861/page/42166 and for additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com.

The Articles (Rights) that may be particularly relevant to consider are:-

- *Article 2 Right to life*
- *Article 3 Prohibition of inhuman or degrading treatment*
- *Article 5 Right to liberty and security*
- *Article 8 Right to respect for family & private life*
- *Article 9 Freedom of thought, conscience & religion*

Please also consider these United Nations Conventions:

UN Convention on the Rights of the Child

UN Convention on the rights of people with disabilities.

UN Convention on the Elimination of All Forms of Discrimination against Women

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	**No**	**(+ve)**	**(-ve)**			
	No				The framework does not impact upon people's Human Rights – it sets out an inclusive, enterprise-wide approach to risk management.	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	**Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)**				**Reasons for your decision (including evidence that has led you to decide this)**	**How will you reduce or remove any negative Impacts that you have identified?**
	Yes	**No**	**(+ve)**	**(-ve)**		
Opportunities for persons to use the Welsh language		No	+ve		Whilst the framework does not discriminate, as with all Health Board documentation, the assessment has highlighted the need for availability in a Welsh language format.	The Health Board's Translation Service is freely available to those who would like a Welsh language version of the framework.
Treating the Welsh language no less favourably than the English language		No	+ve		Whilst the framework does not discriminate, as with all Health Board documentation, the assessment has highlighted the need for availability in a Welsh language format.	The Health Board's Translation Service is freely available to those who would like a Welsh language version of the framework.

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods. *for further direction on how to complete this section please click here training vid p13-18)*	The framework underwent Health Board consultation, approval and ratification, involving those responsible for Equality Impact Assessment.
Have any themes emerged? Describe them here.	A previous EqIA noted where risk registers have RAG ratings this may be difficult for those that are colour blind or dyslexic, and it is recognised that these people may need additional support to review these relevant papers.
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	This assessment highlighted that for those with visual impairment disabilities, additional support may be required – i.e. document transcription and additional support. With colour blindness identified as a potential difficulty in understanding any RAG ratings, a letter (R, A, G) will be added to the box or column in working documents. In terms of dyslexia, a number of Health Board resources are available to support staff as a mitigating action.

For further information and help, please contact the Corporate Engagement Team – see their intranet page at:- http://howis.wales.nhs.uk/sitesplus/861/page/44085

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

1. What has been assessed? (Copy from Form 1) *for further direction on how to complete this section please click here training vid p13-18)*	RM01 – Risk Management Framework

2. Brief Aims and Objectives: (Copy from Form 1)	The Health Board aims to provide a structured, comprehensive, and coherent framework to support staff in identifying, assessing and managing risks arising from its business activities, as the effective management of risks is an inherent part of its approach to continuous learning, improvement and good governance. RM01 – Risk Management Framework provides guidance for the consistent management of both operational and strategic risks, as drivers for better decision-making and the provision of high quality, personalised, patient-centred care, and enhanced experience.

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? **Guidance: This is as indicated on form 2 and 3**	Yes ☐	No ☒

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

3b. Could the impact of your policy or proposal be discriminatory under equality legislation? **Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.**	Yes ☐	No ☒
3c. Is your policy or proposal of high significance? **For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?** High significance may mean: - The policy requires approval by the Health Board or subcommittee of - The policy involves using additional resources or removing resources. - Is it about a new service or closing of a service? - Are jobs potentially affected? - Does the decision cover the whole of North Wales - Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/	Yes ☒	No ☐

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes ☐	No ☒
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes ☐	No ☒
	The framework states that for those with visual impairment disabilities, document transcription and support are available. With colour blindness identified as a potential difficulty in understanding any RAG ratings, a letter (R, A, G) will be added to the box or column. In terms of dyslexia, a number of Health Board resources are available to support staff as a mitigating action. The Health Board's Translation Service is freely available to those who would like a Welsh language version of the Strategy.	
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes ☐	No ☒
	How is it being monitored?	The Health Board will undertake regular Risk Management Self-Assessments via the Risk Management Group, to measure the effectiveness of risk management arrangements across its services.
	Who is responsible?	The Risk Management Team and the Risk Management Group.

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	What information is being used?	Annual internal audits, Snapshot Audits and/or an annual health check of risk management culture, using agreed Key Performance Indicators (KPIs).
	When will the EqIA be reviewed?	In line with the Strategy review cycle of business.

7. Where will your policy or proposal be forwarded for approval?	Audit Committee.

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

8. Names of all parties involved in undertaking this Equality Impact Assessment – **please note EqIA should be undertaken as a group activity**	Name	Title/Role
Senior sign off prior to committee approval:	Nesta Collingridge Phil Meakin	Head of Risk Management and Assurance Interim Board Secretary
	Nesta Collingridge Phil Meakin	Head of Risk Management and Assurance Interim Board Secretary
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	No potential negative impacts identified, therefore no further actions required.		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	No changes required.		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	Already in place. The framework states that for those with visual impairment disabilities, document transcription and support are available. In terms of dyslexia, a number of Health Board resources are available to support staff as a mitigating action. The Health Board's Translation Service is freely available to those who would like a Welsh language version of the framework.		

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	With colour blindness identified as a potential difficulty in understanding any RAG ratings, a letter (R, A, G) will be added to the box or column for all associated risk management materials as these are updated, going forward.	Head of Risk Management and Assurance.	As associated documents are updated.
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	With colour blindness identified as a potential difficulty in understanding any RAG ratings, a letter (R, A, G) will be added to the box or column for all associated risk management materials as these are updated, going forward.	Head of Risk Management and Assurance.	As associated documents are updated.

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

Teitl adroddiad: ***Report title:***	Integrated Performance Framework
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	The Integrated Performance Framework (IPF) supports delivery of the Health Boards plans, articulating how performance will be monitored in year within directorates, divisions and integrated communities. The endorsement of the IPF is key in obtaining assurance through the Health Board and its sub-committees that services offered to patients are productive, efficient and of high quality, meeting the needs of patients and the environment optimal for our staff, supporting staff to obtain the key objectives of the Health Board in enhancing care to patients in servicing the healthcare needs of the population of North Wales. This report articulates the framework for implementation of integrated performance reporting, detailing how directorates, divisions and integrated communities will be assessed in delivery of their elements of the plan and priorities, as determined by the Health Board to include Welsh Government key objectives.
Argymhellion: ***Recommendations:***	The Committee is asked to: Review the contents of the report and endorse the Framework for Integrated Performance Reporting for the Health Board.
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott, Interim Executive Director of Finance and Performance
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* ☐	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):***	To develop and integrated Performance Framework to support delivery of the Health Boards key local and national priorities.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	This report is available to the public and will be shared with relevant sub-committees.
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 Report has not been equality impact assessed.
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 Report has not been assessed for its Socio-economic Impact as it is endorsing a framework
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 Integrated Performance Framework is key to supporting attainment of the Health Board's risks, Corporate Risk Register (CRR) and Board Assurance Framework (BAF)
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith*	Supports attainment of financial plans, through efficient productive services being offered to the public of North Wales

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***	The delivery of the performance indicators contained within our annual plan will have direct and indirect 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 in draft versions by senior leaders across the Health Board (to include the Executive) through the Executive Delivery Integrated Performance Group.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Framework underpins delivery of core objectives of the Health Board
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:*** Implementation of the Integrated Performance Framework and continual review and refinement of processes and procedures.	
Rhestr o Atodiadau: ***List of Appendices:*** See attached report.	

Betsi Cadwaladr University Health Board

Integrated Performance Framework (IPF)

2023-25

Version Control

Version	Author	Date	Summary	Signed off
Initial Draft	Ed Williams	04/09/23	Framework document produced	Mr R Caldicott
Draft v1	Ed Williams	12/09/23	Revision to produce revised draft	Mr R Caldicott
Draft v2	Ed Williams	20/09/23	Executive Delivery Integrated Performance Group	Report received by members
Final v3	Ed Williams	21/09/23	Revisions post Executive review	Yes
Final v4	Ed Williams	28/09/23	Health Board	For adoption

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Betsi Cadwaladr University Health Board Integrated Performance Framework (IPF) 2023-2025

1 Purpose

1.1 Betsi Cadwaladr University Health Board (BCUHB) is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of North Wales. To ensure that we achieve the best possible health and wellbeing outcomes for the residents of North Wales and that we provide the necessary standards of service, the Health Board sets out in its framework for improving performance processes to provide assurance on the comprehensive implementation of its Annual Plan 2023-2024 and Integrated Medium Term Plan (IMTP) 2024-2027.

1.2 The Integrated Performance Framework (IPF) (From here on in referred to as the Framework) is a key contributor to the Board Assurance Framework (BAF), the role of which is to ensure there is sufficient, continuous and reliable assurance on the effectiveness of the management of the major risks to the delivery of the Health Board's strategic objectives. Most importantly to the delivery of quality, patient centred services.

1.3 The purpose of this 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

1.4 Figure i), below shows the key drivers for healthcare in Wales as required by Welsh Government's 'A Healthier Wales'. The Health Board's management functions including the Board need to be able to monitor progress upon these key deliverables.

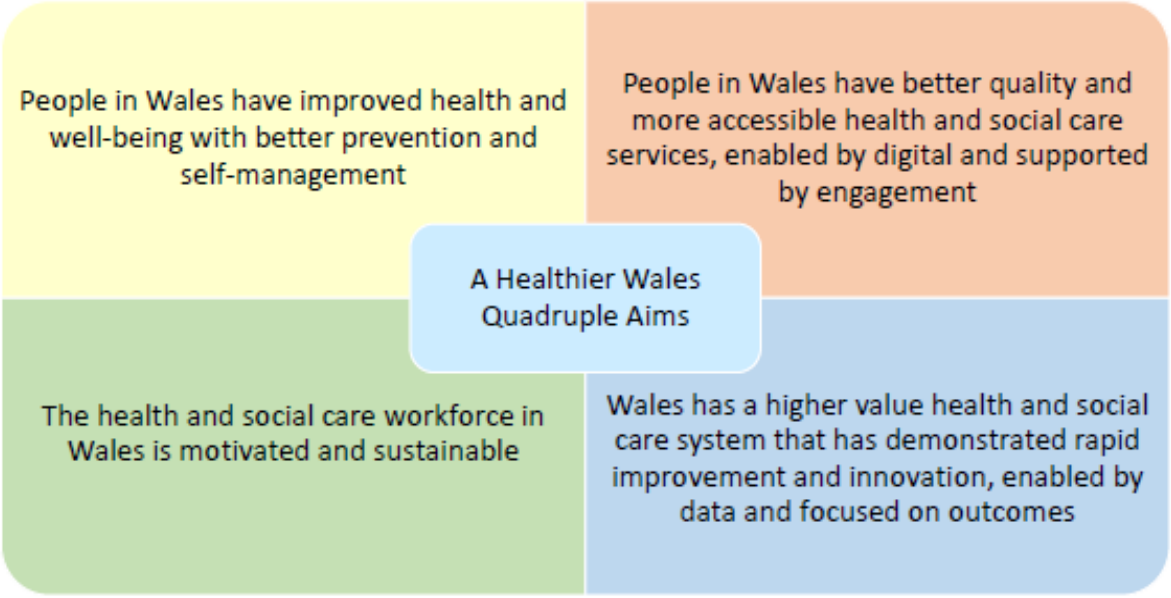

Figure i) A Healthier Wales Quadruple Aims. Source Welsh Government

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

1.6 The Framework encourages and nurtures performance improvement through openness about our performance and innovation and engenders a commitment at all levels of the organisation to improve. The Framework is firmly based on our values:-

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

1.7 This Framework reflects the Health Board's current level of performance escalation with Welsh Government. The Framework implementation approach will be subject to review should escalation levels change..

2. Scope

The Framework applies to all activities in all parts of the health board. The scope also includes all services the Health Board commissions externally.

The key purpose of the framework is to:

- Define roles and responsibilities for monitoring, managing and improving performance and performance assurance;
- Describe the structures required to deliver robust performance monitoring, management and improvement and performance assurance;
- Set out the processes of performance monitoring and management which will support the improvement of performance and performance assurance through proactive planning, problem solving and risk management.

The format and delivery of services may change over time. The areas where the Integrated Performance Framework apply are all Executive responsibilities and include IHC's, Directorates and Corporate Services.

The Framework is not intended to:

- Exhaustively measure all aspects of organisational and commissioning performance.
- Replace or duplicate the role of Health Inspectorate Wales, Care Inspectorate Wales and for services based in England the Care Quality Commission.

3 Components of the Framework

3.1 Guiding Principles

The following principles underpin the framework:

- **Culture of Innovation and Improvement:** These arrangements will support the development of a culture of continuous performance improvement and innovation embedded in all aspects of organisational activity and delivered for the benefit of patients. This is supported by clear objectives at all levels that drive a culture of high performance and accountability, supported by the Personal Appraisal and Development Review (PADR) process. Good performance will be recognised, and staff supported and engaged with an understanding of expectations. At directorate, division and integrated community level, the Framework is to be used as a driver for cultural change and engagement.

- **Transparency:** Agreed performance objectives will be clear and performance measures transparent. Expectations and accountabilities will be clearly set out for individuals, directorates, division and integrated community and teams through agreed plans and performance targets and measures with clear escalation arrangements in place to manage non-delivery.

- **Integrated:** The performance management approach will be integrated, action orientated and focussed on delivering improved performance. Performance will be considered from multiple perspectives taking into consideration, national targets and measures, local targets and measures, quality, financial and workforce performance, benchmarking and delivery of actions against planned milestones.

- **Proportionality and Balance:** Performance management arrangements will seek to ensure that performance management interventions and actions are proportionate to the scale of the performance risk and that a balance between challenge and support maintained. The framework will endeavour to balance the burden of reporting with the assurance requirements necessary for the Board.

- **Accountability:** Performance management arrangements will ensure that all parties are clear where lines of accountability lie with processes in place to manage escalation of poor performance or non-delivery against plan. This will be supported by the Executive Delivery Integrated Performance Group and directorate, division and integrated community review meetings to review and challenge delivery and performance.

- **Empowerment and Delegation:** Higher performance will earn greater levels delegated authority and autonomy. Conversely, there will be greater levels of performance management intervention in underperforming areas. The health board's longer-term direction for performance management is to develop an approach that will allow consistently high performing directorates division and integrated community to be assessed against a clear set of governance criteria, with success resulting in reward such as reduced reporting frequency and flexibilities around decision-making innovative ways of working and prioritisation of investment resources within services.

- **Promoting excellence and quality:** ensuring service provision meets the "Fundamentals of Care" and NHS Wales's Health and Social Care Quality and Engagement Act.

- **Focussed on outcomes:** BCUHB will increasingly be more biased towards outcome based (eg Patient Reported Outcome MeasureS - PROMS) approach for services directly provided and will work in partnership with other service providers where required.

- **Evolve over time:** The Framework is based on what can be measured now but will be updated as time progresses to reflect either new data becoming available or a change to regulatory or national oversight measures or BCUHB's strategic priorities.

4 Roles and Responsibilities

A key element of performance improvement and assurance arrangements is the need to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance across both directly provided and commissioned services. The Board's Strategic Objectives will be cascaded through the, Annual Plan 2023/2024 (IMTP 2024/2027) and directorate, Division and integrated community plans to inform objectives for all teams and individuals throughout the organisation, and measurable targets will be set and agreed. This links directly to the continuous development and improvement of individual PADRs and Personal Development Planning.

Whilst it is everyone's role to manage performance, the Board must drive a culture of performance by providing a clear vision together with health board aims, objectives and priorities by holding the Executive Team to account for the delivery of the Annual Plan 2023/2024 (IMTP 2024/2027).

Effective performance monitoring, management and improvement in performance and performance assurance requires defined roles and responsibilities and clear ownership of measures. A summary of these roles and responsibilities is as follows:

4.1 Board

The Board has overall responsibility for the implementation of the Framework. The Board provides leadership and direction to the organisation and will agree the health board's vision, aims, strategic objectives and annual priorities through approval of the Annual Plan 2023/2024 and Integrated Medium-Term Plan (IMTP 2024/2027) and will undertake and annual assessment of its performance. The Framework provides evidence to support the Board in receiving assurances on performance, safety and delivery against these aims, objectives and priorities.

4.2 Chief Executive Officer

The Chief Executive Officer is responsible for the management of the organisation including ensuring financial and quality of service responsibilities are achieved within available resources, identifying opportunities for improvement and ensuring those opportunities are taken.

The Chief Executive has delegated responsibility for the detailed operation of the

Framework to the Executive Director of Finance and Performance. To discharge this responsibility, the post holder will work with the Executive Directors to ensure effective performance monitoring, management, improvement and assurance arrangements are in place across the health board.

4.3 Executive Team

The Executive Team, through the Executive Delivery Integrated Performance Group, provides a forum for Executive Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to the Board or other appropriate committees. The Executive Team also decides, given evidence from directorate or corporate teams, whether any deviation from required performance is material in relation to the health board's escalation process.

4.4 Executive Directors

Each Executive Director is responsible for supporting the development of strategic and organisational plans including the Annual Plan 2023/2024 and IMTP 2024/2027 and in the development and implementation of their own directorate, division and integrated community plan ensuring all plans are informed by evidence, achievable and challenging with particular reference to their areas of responsibility and/or expertise. Each Director also has responsibility for supporting the analysis and reporting of performance for their areas of responsibility though the structures set out in the Framework, including participating in Directorate Performance Reviews for all Directorates and leading the performance review of their own directorate.

Each Director holds accountability for the performance of the area for which they have delegated authority within their Job description and in the Scheme of Delegation.

4.5 Executive Director of Finance & Performance

In addition to the responsibilities described above, the Executive Director of Finance and Performance also has the delegated responsibility for the development and implementation of performance monitoring, management, improvement and assurance arrangements, and has delegated responsibility for preparing, implementing, and updating the framework.

4.6 Director of Performance

- Ensuring that robust systems are in place for the performance monitoring, management and assurance of national, local and internal targets;
- Preparing the Integrated Performance Report giving assurance to the Board on performance;
- Facilitating performance reporting to all relevant Board Committees, including the Performance, Finance & Information Governance (PFIG) Committee and to the Quality, Safety and Experience (QSE) Committee, including exception reporting for adverse performance;
- Ensuring that plans to address adverse performance are developed and implemented;
- Ensuring that governance arrangements to support performance monitoring, management and assurance are in place, robust and effective; and

- Ensuring that all aspects of the health board's responsibilities are reflected within the Framework.

4.7 Senior Leaders and Managers

Senior Management across the organisation has responsibility for developing and managing the implementation of their Team Plans aligned to and in support of their directorate, division and integrated community plans and the regular undertaking of Personal Appraisal and Development Reviews. They are also responsible for promoting a culture of performance monitoring, management, improvement and assurance, participating in the development of strategic plans, and supporting the reporting of performance and delivery.

4.8 All Staff

Every employee contributes towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data and information on their activity, and understand how that translates to the corporate performance of the organisation, taking positive personal action and responsibility to improve their own practice and performance.

Data input and data quality is a vital part of performance monitoring, management and assurance and in providing the right information for analysis enabling the detection of adverse performance and best practice or patient care and enabling changes and improvements to patient care to be undertaken effectively. All staff have a responsibility to contribute to planning and performance improvement though their Personal Appraisal and Development Review process.

4.9 Performance – A Patient Perspective

A patient centred approach to care involves engaging patients and their families in decision making, giving them greater responsibility for their own health. Patients must be given adequate information on timescales, anticipated process, and their own responsibilities to assist the health board to provide efficient and effective treatment. Patients will be enabled and encouraged through this information to question and monitor their own progress against targets.

4.10 Performance – Equality

The Framework will include consideration and provision for minimising health inequalities through targeted analysis of the health board's activities in deprived areas and/or patient groups identified as needing greater access to our services and demonstrate these through the performance monitoring and reporting system.

5. Coverage and Attributes

For the health board to robustly assess performance across all aspects of service and delivery it is vital that the Framework supports an integrated approach. To enable an integrated approach to performance monitoring, management, assurance and improvement, the framework sets out the necessary attributes and coverage requirements of performance management and reporting processes.

The coverage requirements below set out the areas which inform assurance processes, and must be considered and evaluated within the framework of organisational performance.

Coverage of the Integrated Performance Framework

Domain /Perspective	Description
Quality (Safety, Effectiveness & Experience	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving. Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of Patient Reported Outcome MeasureS (PROMS) and Patient Reported Experience MeasureS (PREMS).
Access and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
People & Organisational Development	A motivated and sustainable workforce that is well trained, and effective
Finance	Assurance that services are improving efficiency and productivity and financial plans are being delivered, value-based health care.
Governance, Risk & Service Sustainability	Reporting progress against audit recommendations, management of risk registers, fragile services & service sustainability. With alignment to Board Assurance Framework.

The attributes identified describe the necessary elements or reporting required to enable the effective implementation of the Framework.

Attributes of the Framework

Attribute	Description
Link to Aims & Strategic Objectives	Clear links to strategic aims, objectives, and annual priorities to ensure delivery of plans and support prioritisation processes.
Exception Reporting	Reporting of adverse or challenging performance through effective and comprehensive exception reporting.
Scorecard Reporting	Supporting enhanced understanding of organisational performance through a high-level overview.
Qualitative & Quantitative	A mix of quantitative indicators and data supported by concise qualitative contextual intelligence providing insight into influences on performance.
Timely Information	Consistently updating information and managing the timeliness of information to ensure up to date analysis of performance and resolution of issues.
Managing Risk	Using risk registers and assurance frameworks (corporate and local) to inform performance improvement decisions.
Analytics/ Intelligence	Looking beyond results to interpret and communicate meaningful patterns in data.
Forecasting	Predicting future positions and anticipating risks through forecasting.
Benchmarking	Contextualising performance through comparison to best practice and peers and identifying areas for improvement.
Targets / Measures	Setting challenging, achievable, and meaningful targets to monitor performance, celebrate improvement and reinforce purpose linked to strategic direction.
Performance Trajectories	Indicating expected timescales of delivery and to enable regular monitoring of performance.
Performance Against Targets	Using status scales to effectively communicate performance against plan/target/trajectory.
Targeted Performance Improvement Planning	Clear action plans in place to ensure mitigating actions and performance recovery is delivered.
Responsibility & Accountability	Accountable leads identified for actions to ensure delivery.
Escalation & De-escalation	Review escalations in particular pulling out 'performance hotspots'. Focus upon Accountability through management intervention - actions, consequences, tolerances, incentives

6 Business and Operational Use of the Integrated Performance Framework

6.1 Planning for Performance Delivery

Fundamental to robust performance management and improvement is alignment with the strategic planning cycle and processes. Developing robust plans will ensure a clear focus on delivery and a framework for prioritising resources. Coherent plans with clear alignment between the Annual Plan, Directorate Plans, Team Plans and Personal Appraisal and Development Reviews help to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance.

At every level of the organisation stemming from the Chair and Chief Executive, staff will need to be involved in the process of agreeing plans, objectives, performance measures and targets to ensure ownership of the process and as a core component of the pay progression process. This means that performance improvements and objectives must be assessed to be stretching but achievable. These will reflect the Board's strategic objectives, translated into operational and individual objectives. Recognising that the workforce is key to delivery the health board will reflect and incorporate learning on the deployment of planning and performance management across the organisation to ensure continued improvement.

This alignment of plans to personal objectives and the relation to the Integrated Performance Framework is described below in figure 2.

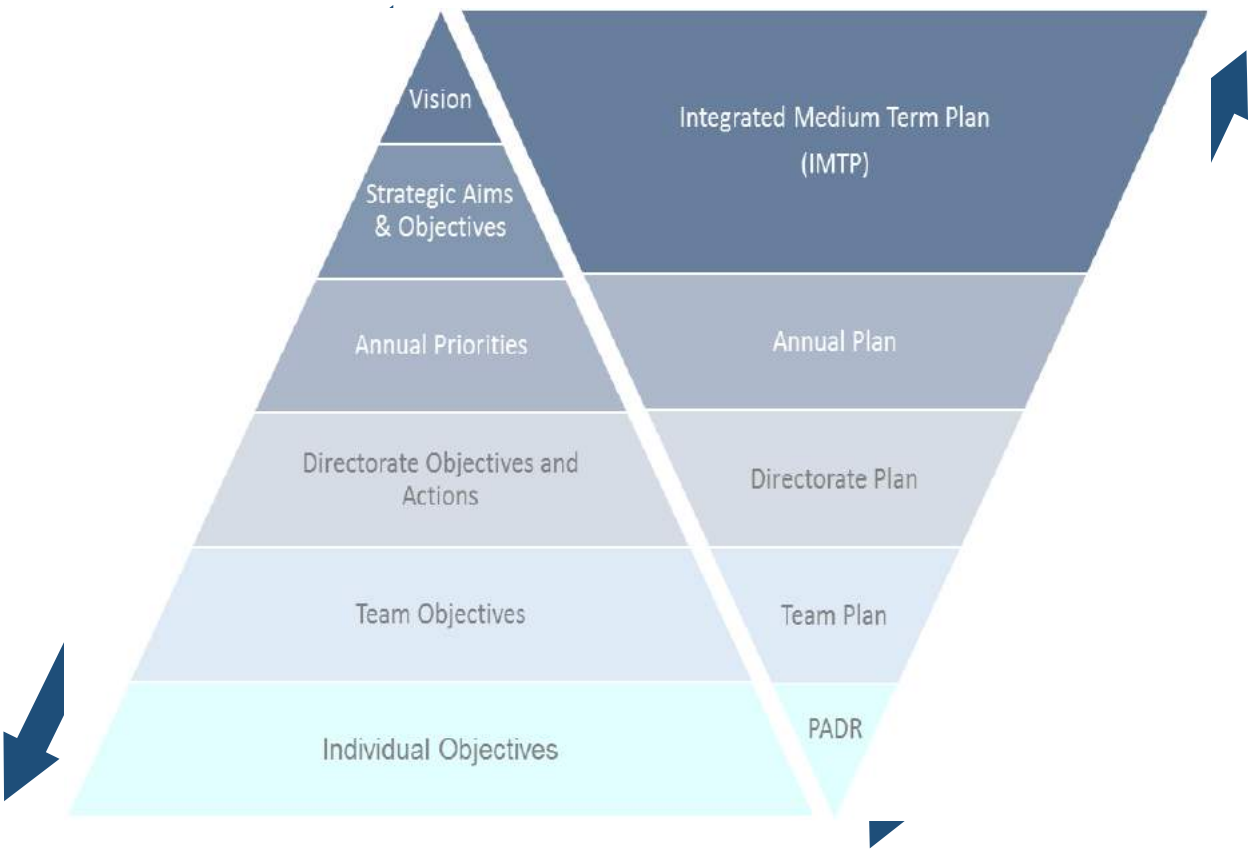

Figure 2: Integrated Performance Framework alignment to PADRs

6.2 Performance Intelligence, Reporting and Assurance

6.2.1 Measuring Performance

The use of targets, measures, indicators and trajectories and their deployment across the organisation is a key part of implementing the Framework. All means of measuring performance should facilitate organisational understanding of performance and delivery and therefore should have the following characteristics:

- Relevant
- Able to avoid perverse incentives
- Clear accountability
- Well defined
- Timely
- Reliable
- Comparable
- Verifiable

Performance measures will be agreed at various levels in the organisation. These include specifically Board, Board Committees, Directorate, Team, and an individual level. Performance measures will include the following:

Performance Measure	Description
NHS Wales Performance Framework	Through the specific measures of the NHS Wales Performance Framework the health board is measured on the delivery of services and processes that contribute towards the goals of the Public Health Outcomes Framework for Wales, and ultimately the national indicators of the Wellbeing of Future Generations Act as well as its contribution to meeting the Social Services and Wellbeing Act requirements.
Minimum Data Set (Finance & Delivery Unit)	This data set introduced to measure against key areas of primary care, mental health, cancer care, unscheduled care, planned care and includes forecasts and actual in revenue and workforce planning.
Annual Plan 2023/2024 (IMTP 2024/2027) Outcome Measures	Additional measures will be agreed locally through Board approval of the IMTP and Annual Plan to monitor performance against priorities identified in the IMTP and Annual Plan.
Local Measures	Further local measures may be agreed at a directorate, division, integrated community and team level to support the delivery of Plans.
Primary Care Performance	Primary care should be at the heart of the vision for health services in BCUHB. It is necessary that primary care performance systems and measures within the NOF, the Quality & Outcomes Framework and locally agreed key performance indicators are aligned to the health board's overarching Integrated Performance Framework.
Performance Trajectories	Performance trajectories are set where possible against targets and measures to demonstrate schedule for delivery and to enable the monitoring of improvement throughout the year. Trajectories against national

	measures, MDS measures and key priority areas are agreed through Board approval of the IMTP and Annual Plan and are to be monitored at committee level with additional trajectories set, agreed and monitored by Directorates/Teams as appropriate.
Social Services National Outcomes Framework	The Social Services Outcomes Framework applies to outcomes for people in need of care and support and carers in need of support. While this outcomes framework is directly linked to performance within social services it should be considered as part of the broader framework for delivery, and it therefore forms a key part of the whole system outcomes framework the health board aims to develop.

6.2.2 Business Intelligence

Business intelligence will play a central role in providing both assurance to the Board, and critical intelligence to leaders and managers, teams and individuals throughout the organisation to focus improvement efforts. The development of this core organisational functionality will continue to receive focus as information capabilities across the range of areas of the health board continue to mature. The provision of effective business intelligence will be key to ensuring that the organisation has a clear and consistent picture of performance and further work will take place in assuring the organisation of the integrity of the intelligence it places reliance upon. The relevant Board's Committee will have delegated responsibility to ensure that the integrity of data and information is protected ensuring valid, accurate, complete, and timely data and information is available for use within the organisation.

6.2.3 Benchmarking

Benchmarking performance will be a key component of improving service delivery. Using robust benchmarking will enable the contextualisation of performance through comparison to best practice and peers and will aid in the identification of areas for improvement. Benchmarking will be appropriately applied using comparisons internally, across Wales, across the U.K. or internationally as possible and applicable and strengthening the health board's ability to establish benchmarking across performance areas will be a key action. Benchmarking will utilise systems and national group examples such as CHKS, NHS benchmarking project Wales, NHS benchmarking club, Model system (English providers only, Get it right first time (GIRFT).

6.3 System of Reporting, Review, Escalation and Assurance

Performance reporting and review will take place at every level throughout the organisation, from the fundamentally important individual performance appraisals through to the Directorate Performance Review meetings. The reporting arrangements at all levels should be proportionate and regular ensuring an effective approach to monitoring performance, achievements and non-delivery and agreeing actions and follow-up to ensure corrective action when appropriate.

The health board's principles predicate issues of performance should be managed and resolved at the appropriate level of accountability and authority. Identifying areas of inadequate performance that require escalation should be based on informed analysis of performance taking into consideration local context, national and local targets, trajectories, benchmarking and risk management.

The purpose of escalation is two-fold. It is to ensure oversight at the appropriate levels of authority in order to provide assurance to the board that performance and delivery is being robustly managed and poor performance addressed. Secondly, escalation serves to highlight issues where solutions require intervention and or support from higher levels of authority within the organisation. Individual thresholds for escalation should be determined on a case-by-case basis for services or measures based on an assessment of risk including confidence in associated controls and assurance.

Escalation & De-escalation - Identification of performance issues for escalation will be based upon the nature and seriousness of the performance concern. De-escalation will occur through the delivery of management intervention, through the delivery of actions, consequences, tolerances, incentives.

This system of reporting and review, is designed to provide assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement, and delivery against the Annual Plan 2023/2024 (IMTP 2024/2027). Details on the reporting mechanisms can be found in Appendix B and the schedule for reporting and review in Appendix C.

The structure of reporting, escalation and assurance is described below in figure 3, this will require refinement and updating as the process evolves:

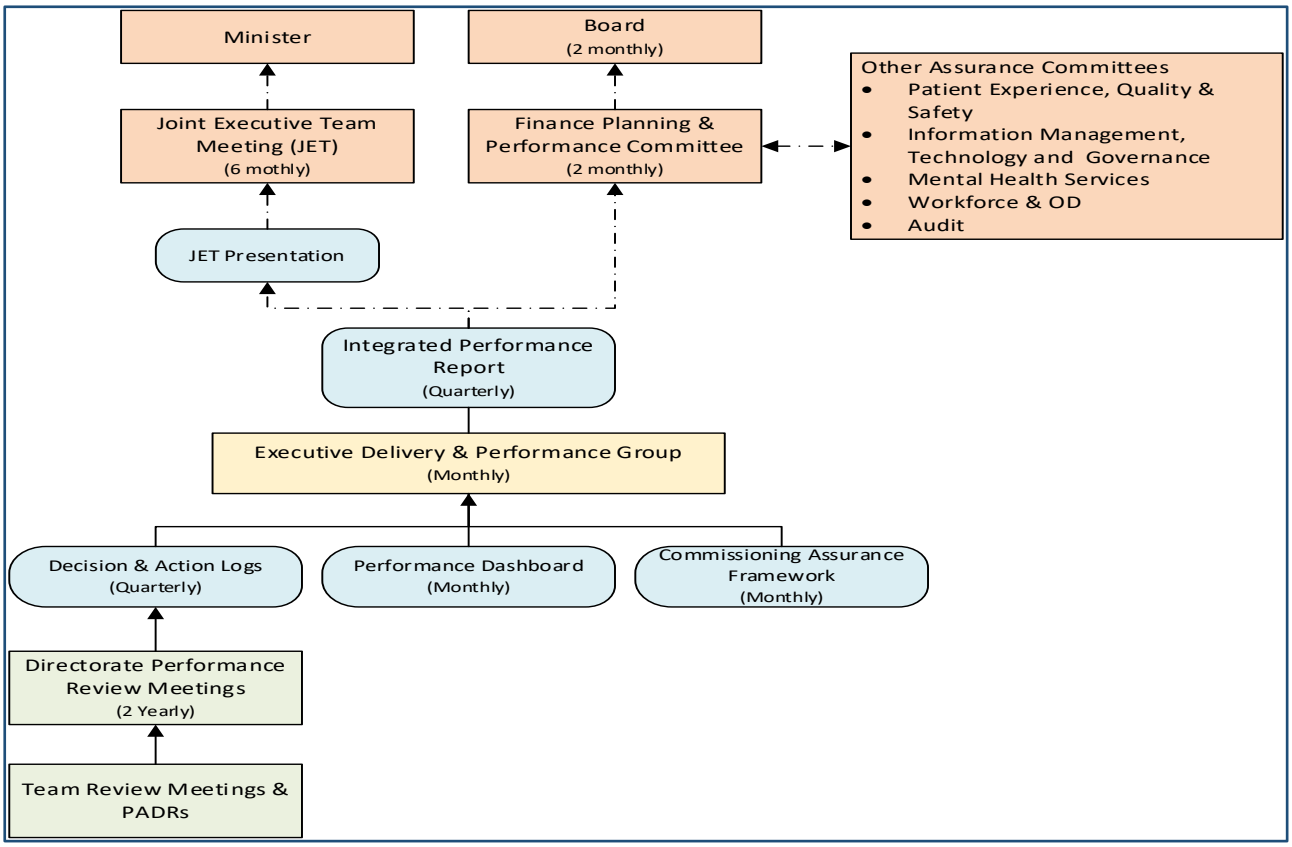

Figure 3: Performance Reporting Structure

Each element within the performance monitoring, management, assurance and improvement system serves a particular purpose in reviewing and monitoring performance, recognising good performance and celebrating achievements, identifying areas for improvement and managing the delivery of related actions contributing to providing assurance to board on performance and delivery. The scope, function and output of the mechanisms of performance management and improvement are described in more detail in Appendix A.

7. Escalation Arrangements

7.1 The way the PMF will operate is predicated on the principle that, wherever possible, issues should be resolved at directorate, division or integrated community level and that Service Groups and Corporate Directorates should work collaboratively and be mutually supportive in line with our values. This means escalation should be very much the exception and that, where it is necessary, proportionate and appropriate support and intervention takes place at the earliest opportunity to ensure performance remains on track to achieve our objectives.

7.2 First line intervention in relation to matters such as unresolved problems and persistent non-achievement of targets will be a dialogue between relevant Service Groups and Corporate Directors to understand the reasons for this. Arrangements will then be agreed to either improve performance or better manage the risk and progress monitored. Such issues will be logged and the Chief Operating Officer advised if this issue has not been raised via the monthly Performance review meetings.

7.3 Second line intervention will be to the Executive Team via the Executive Delivery Integrated Performance Group meetings to understand the reasons for the failure to deliver and agree recovery actions with support to do this where necessary. The Executive Board will receive monthly performance updates as routine and where Service groups are escalated, where appropriate, will receive weekly updates.

7.4 Progress will be monitored at regular review meetings, with the frequency being determined based on the particular circumstances.

7.5 However, if this approach fails, an escalation process will apply in line with the performance triggers as per the NHS Wales Quality and Delivery Framework. **Further consideration will be needed to determine the precise escalation and de-escalation trigger points that will apply at Service Group and, where relevant, Corporate Department level.** The Executive Team will determine whether there has been “minor” or “material” variance from plan in either quality, performance or financial terms based on the performance reports supplied by Units. As a minimum, allocation

of "red" status against the relevant indicator(s) in the Health Board corporate performance report will be regarded as a material deviation.

7.6 In areas where performance does not improve the Chief Operating Officer will agree with the Chief Executive Officer the support options available. The final decision on support options will rest with the Chief Executive Officer. The Performance and Finance Committee and the Board will be advised accordingly.

7.7 Escalation status for Service Groups and Corporate Departments will be reviewed each month based on month end reporting against the key deliverables in the Health Board plan. The Executive Team will receive a monthly overview report which will assist in the determination of escalation and will also draw in other relevant matters as necessary. For clarity this will include elements of the following areas as relevant to the Service group or Corporate Directorate (other aspects will be added as required).

- Quality and safety matters e.g. HIW inspections, never events
- External reviews
- Infection control
- Patient experience
- Any matters of public health
- Performance against Plan deliverables
- Financial performance
- Unscheduled care delivery
- Planned care delivery (OP, IP/DC, diagnostics, therapy)
- Activity measures
- Workforce matters, training, PADRs, revalidation
- Cancer access
- Primary care access
- Immunisation and Vaccination

7.8 The levels of the framework are described below. Broad triggers are described as a level of judgement will need to be used about escalation decisions. However, the intention will be to maintain all service groups and corporate departments as low down the escalation framework as possible. These arrangements are summarised below. Consideration will be made, as the processes of using the Framework matures on increasing the breadth of the benefits of earned autonomy that could include fewer performance meetings, changes in financial delegations, lighter touch Vacancy and Non-Pay Control measures as examples. This will be considered as part of the continuous development of the Framework.

Esc. Level	Performance trigger	Escalation and Action	Monitoring	Support
Earned Autonomy	Local delivery of all agreed objectives and targets in line with agreed trajectory of improvement	This is an earned autonomy status and results in freedom from some of the monitoring mechanisms and meetings Main monitoring through base performance review process. (Weekly monitoring through executive team performance reports)		
Increased monitoring	Failure to achieve / maintain one or more agreed objective/deliverables at month end	Recovery plan setting out diagnosis of problem, actions, revised trajectories, timescales and risks to be provided by Service Group Director or Corporate Director to relevant Executive Director. This will be reported to the Executive Team.	Relevant lead to keep Executive Lead informed of progress and exceptions through **weekly updates to Executive Board and monthly feedback to Management Board**	No specific support at this stage
Support and Intervention	Continued failure to achieve / maintain more than one deliverable for 3 months	Weekly meetings to be established with relevant Executive Directors to review recovery plan and monitor progress Area leadership to attend Finance and Performance Committee	**Weekly feedback to Executive Board and monthly feedback to Management Board**	Support options include one, or combination of the below options: - • Internal peer review • Executive support • External support
Special Measures	Continued and consistent failure to meet agreed targets and trajectories across a number of objectives	Actions could include • Independent review of Unit / Corporate department effectiveness e.g. decision making processes, performance Improvement, clinical and staff engagement • Capability assessments of the officers leading within the services • Temporary management arrangements • Weekly meetings with the CEO		

7.9 These arrangements are based on the assumption that there are no surprises and that there will not be rapid changes in performance. Where such events do occur e.g. a critical incident the Chief Operating Officer or Lead Executive will escalate to the Chief Executive as appropriate for a decision on handling.

7.10 The final decision on the escalation status of a Service Group or Corporate Directorate will rest with the Chief Executive.

7.11 Reporting of escalation levels and associated actions to recover performance will be to the Management Board and to both the Performance and Finance Committee and the Quality and Safety Committee as determined by the performance challenged being faced.

8 Feedback

Key to continuous improvement, learning and development is effective feedback. The reporting and escalation process set out in the framework should be accompanied by feedback on actions taken, outcomes and learning.

9 Review of the Integrated Performance Framework

Once the Integrated Performance Framework has been approved by the Board, it will be reviewed annually by the Board who will make recommendations for refresh when deemed necessary or in three years whichever comes first.

10 Implementation

A phased approach to implementation will be taken particularly in relation to Appendix A Performance Review Mechanisms and Appendix B Performance Reporting during 2023/24 with he Framework fully operational from 1st April 2024 as described within appendix C. The implementation plan will be managed via the Executive Delivery Integrated Performance Group , as will any infrastructure reporting changes required resulting from the implementation of this revised framework.

11.0 Supporting Information

11.1 NHS Wales Escalation and Intervention Arrangements (2014)

The Betsi Cadwaladr UHB Framework for Integrated Performance sits within the broader performance management arrangements of NHS Wales. The Framework for Integrated Performance assists the health board in fulfilling its duties to maintain appropriate governance arrangements to ensure it is operating effectively and delivering quality and safe care to patients. The framework also supports the health board to provide accurate and timely responses to requests for information from Welsh Government and enables cooperation with action taken under the collective arrangements of the NHS Wales Escalation and Intervention Arrangements (2014) where necessary.

11.2 Board Assurance Framework

Performance management is a major part of PBCU's assurance arrangements and an important component of its overall system of internal control. Performance reports and review meetings generate valuable information for an assurance framework and so performance reporting and the Board Assurance Framework are strongly aligned.

Performance reports will detail known performance issues and the planned corrective action. These, in turn, will be reflected in the assurance framework within the descriptions of gaps in control. Similarly, the results of performance reporting will be used to regularly review the effectiveness of internal controls and inform integrated planning processes.

11.3 Strategic Planning Cycle

The effective alignment of the Framework for Improving Performance with the Strategic Planning Cycle is vital for the success of planning in the organisation. The implementation of the Framework for Improving Performance will facilitate a more robust understanding of achievements, risks and issues to delivery, highlighting issues of capacity, resource and prioritisation. This will enable the Integrated Medium-Term Plan, Annual Plan, Directorate Plans and Team Plans to be evidence based, challenging and achievable.

The Framework for Improving Performance supports the health board's strategic planning cycle at each stage of the cycle as follows:

Stage	Performance Management Contribution
Plan	• Informing the development of organisational strategic aims and objectives based on robust evidence of delivery and risks. • Informing the development of future plans through identifying risks and issues in delivery and performance.
Execute	• Driving the quarterly review of delivery against plan and ensuring action plans to enable corrective action where performance deteriorates.
Manage	

11.4 Strategic Commissioning Framework

The Framework for Improving Performance is a key part of the implementation of the health board's Strategic Commissioning Framework. It supports the stages of the commissioning cycle as follows:

Stage	Performance Management Contribution
Analyse	• Demonstrating performance against targets, outcome measures and benchmarking. • Identifying current performance trends and risks to delivery.
Plan	• Providing robust evidence to support prioritisation and development of aims, objectives and plans.
Do	• Monitoring delivery against plan and targets and ensuring action plans to enable corrective action where performance deteriorates.
Review	• Supporting assessment of performance and improvement in delivery.

11.5 Integrated Performance Framework – Gaining oversight on commissioned and provided services and ensuring consistency of performance oversight.

11.5.1 Commissioned Services - Commissioning Performance & Assurance via Executive Delivery Integrated Performance Group

For services BCUHB commissions, it is important that the Clinical Quality Performance and performance reviews of delivery are undertaken. The services will form part of the IPG meetings and service performance reviews and are a vital mechanism to the way in which the health board seeks assurance on the performance of its commissioned services. This revised framework will monitor performance on a monthly basis against the core areas of this framework:

Coverage of the Integrated Performance Framework

	Coverage	Description
Core Areas	Access to Care and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
	Quality & Safety *	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving.
	Finance & Activity	Assurance that services are improving efficiency and productivity and financial plans are being delivered.
	Patient Experience * & Effectiveness *	Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of PROMS and PREMS.
	Finance & Value	Prudent or value-based health care
	Governance & Risk Management	Reporting progress against audit recommendations, the management of risk registers and links to Board Assurance Framework (BAF).

All elements of the performance information sought and reported through the IPG meetings will be utilised within organisational performance management processes. A monthly commissioning report will be produced to provide an integrated performance update across each provider the health board commissions from and presented on a bi-monthly basis to Executive.

A dashboard will be created for each provider that will feature overall performance information across the core access domains selected alongside a Betsi Cadwaladr specific sub-set where information allows. This will give greater insight into the services residents are receiving out of county versus the resources deployed. It will also provide an update to report progress against strategic plans.

11.5.2 Betsi Cadwaladr Provider Services

To ensure consistency of reporting and parity of insight, services provided within Betsi Cadwaladr will also be measured against Core Areas of the Integrated Performance Framework as per 10.5.1 above.

11.6 Performance and Outcomes Frameworks

There are three key National Outcome Frameworks which need to be considered within the Framework for Integrated Performance; The NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework. These frameworks set out the population and process outcomes to be delivered through both health and social care.

The health board and Betsi Cadwaladr County Council will work from 2022/23 to develop a coherent whole system performance outcomes framework; aligning these three frameworks and other performance frameworks to enable more efficient and effective performance management and improvement across health and care. Further detail of the three frameworks is provided below.

11.7 Wellbeing of Future Generations Act (2015)

The Wellbeing of Future Generations Act sets a legal requirement on Welsh Ministers to set national indicators for the purpose of measuring progress towards the achievement of the national wellbeing goals. Other performance management and indicator frameworks should be viewed in the context of the Wellbeing of Future Generations Act.

11.8 NHS Wales Performance Framework, includes Ministerial priorities

Organisational delivery measured against the NHS Wales Performance Framework 2022/23 evidences the delivery of services and processes which contribute to the goals of the Public Health Outcomes Framework for Wales and ultimately the national indicators of the Wellbeing of Future Generations Act. The Betsi Cadwaladr UHB **Integrated Performance Framework** seeks to support the health board in providing assurance to the Welsh Government that it is delivering against priorities and driving up standards through reporting against the delivery framework measures.

Performance reporting within the health board will be aligned to its ANNUAL PLAN and therefore to the agreed aims and strategic objectives. However, the alignment to the seven NHS delivery domains will be maintained through the comprehensive reporting against the measures within the national delivery framework.

11.9 Public Health Outcomes Framework

While not a performance management framework in itself, the Public Health Outcomes Framework enables a greater understanding of the impact of individual behaviours, public services, programmes and policies on health and wellbeing in Wales. The framework was developed within the context of the other national outcomes framework and more particularly underpins the national indicator for the wellbeing of Future Generations Act, providing a detailed range of measures that reflect the wider determinants that influence health and wellbeing. Accordingly, the Public Health Outcomes Framework will likely be integral to the development and monitoring of the Betsi CadwaladrPublic Service Board's Wellbeing Plan and the Health and Care Strategy for Betsi Cadwaladr

11.10 Social Services Outcomes Framework

The Social Services Outcomes Framework was developed to fulfil the requirements of the Social Services and Wellbeing Act (2014). The outcomes framework sets the national direction to promote the wellbeing of people who need care and support and carers who

need support in Wales, it describes the important national wellbeing outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives and it also provides greater transparency on whether services are improving wellbeing outcomes for those people who need care and support and carers who need support.

11.11 Health and Social Care (Quality and Engagement) (Wales) Bill / Act

To include associated performance measures as they become operable within the Welsh NHS including Duty of Quality and Duty of Candour.

Appendix A: Performance Review Mechanisms

A.1 Personal Appraisal and Development Review meetings

Personal Appraisal and Development Reviews (PADR) are protected quality time for staff and their manager to have a meaningful conversation so that staff know what is expected of them and they understand how their contribution helps the organisation achieve its vision, aims and objectives and helps to deliver the best possible care and services for the people of North Wales. They are the therefore the principle process of the deployment of planning and performance management and improvement across the workforce.

Regular and meaningful conversations and meetings should be used to set individual objectives and review progress, rewarding and recognising good performance. Performance and attainment of satisfactory appraisal ratings at year end appraisal are linked to pay progression, therefore it is important that individual objectives are agreed, are reasonable in number, clear, challenging and measurable. It is both the employee and manager's responsibility to ensure they have an appraisal meeting scheduled for six weeks before an increment date with regular reviews in place. It is also the responsibility of all staff and managers to plan and prepare for their appraisals.

A.2 Team Performance Reviews

Teams should regularly review their performance against their team plan using this to inform personal objective setting and the directorate reviews.

A.3 Directorate Performance Review Meetings

Directorate Performance Reviews will be held quarterly and will enable the Executive Team to hold Directorates to account for delivery against plan and agreed performance management and improvement measures and support the development of integrated future plans, by:

- Reviewing directorate performance against directorate plan and agreed performance measures and trajectories.
- Ensuring directorate performance management and review is considered from all perspectives i.e. Quality & Safety; Patient Experience; Access; Finance; and Governance.
- Investigating and challenging areas of non-delivery and ensuring improvement plans are in place,
- Exploring learning opportunities and areas of best practice
- Identifying requirements for additional support and guidance in managing delivery and developing future plans.
- Ensuring a culture of high performance and continuous improvement.

The scope, function and output of these meetings is described in figure 4 below and further details are included in the Terms of Reference.

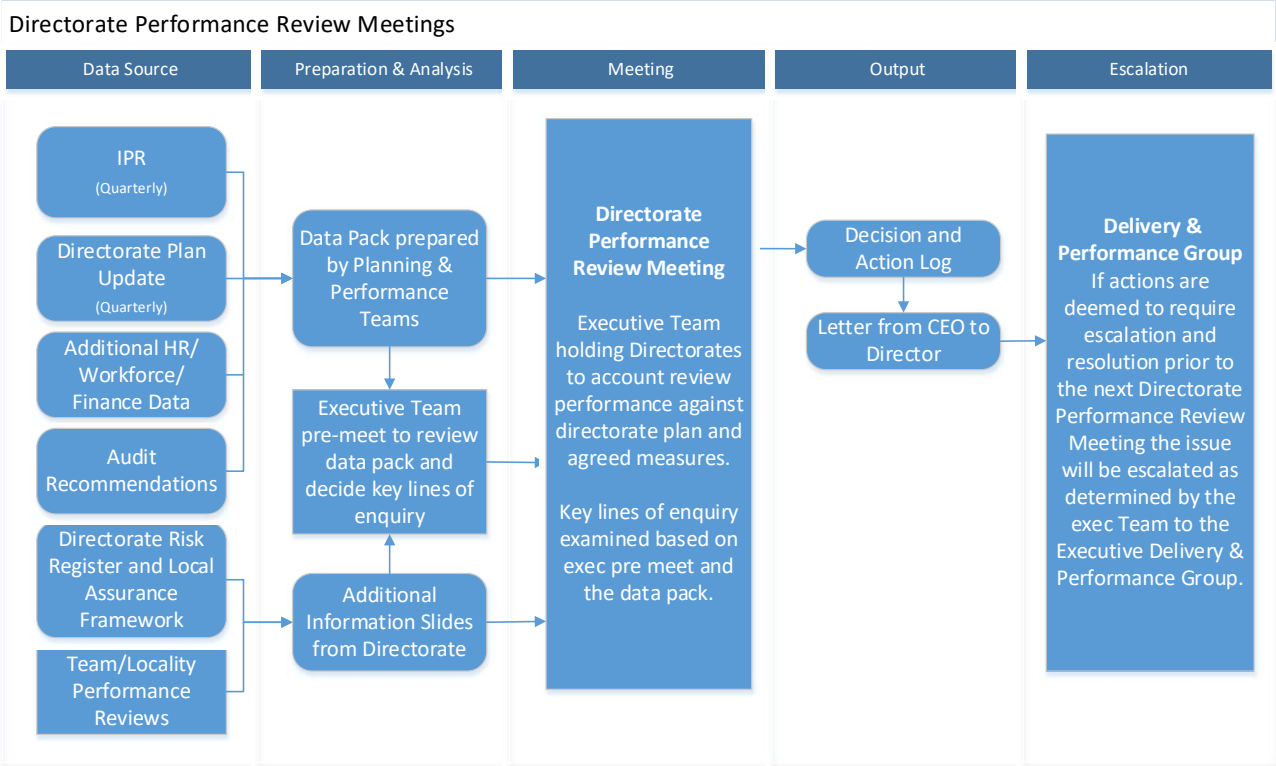

Figure 4: Scope and function of Directorate Review Meetings

A.4 Executive Delivery Integrated Performance Group

The Executive Delivery Integrated Performance Group will oversee the management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, both clinical and non-clinical and for both directly provided and commissioned services.

The Group sets out the appropriate frameworks and procedures to support delivery of the organisational objectives including the development of the Annual Plan and will continually monitor and review operational performance, putting in place corrective measures where necessary.

The group will also focus on performance across commissioned services in order to allow the appropriate scrutiny and review to a level of depth and detail necessary in respect of health board performance.

A.5 Finance, Performance and Information Governance (PFIG) Committee

The PFIG Committee of the Board enables the scrutiny and review of matters of financial management and monitoring, planning arrangements, commissioning arrangements and performance against the delivery of national outcome measures and targets as well as capital and estate issues.

The Committee's purpose is to provide assurance to the Board on the arrangements in place and to provide evidence based and timely advice to assist the Board to discharge its

responsibilities in these areas as well as in relation to performance management and improvement within the organisation and the delivery of aims and objectives.

A.6 Quality, Safety and Experience (QSE) Committee

The Committee's role will be to receive performance information pertaining to qualitative metrics, so as to assure the Board of areas of high performance and where improvement is required appropriate actions have been taken / are to be taken by management.

Committee will assure the Board of maintenance of appropriate quality standards in place, highlighting performance compared to planned attainment.

Appendix B: Performance Reporting Board and relevant sub-committees

B.1 Key Reports

Performance monitoring, management, assurance and improvement and the process of reporting should be rigorous without being overly burdensome. The Performance team have developed an initial report that is currently received by the Board and relevant sub-committees, with this report subject to further development to include Statistical Process Control Charts (SPC) that articulate historic performance compared to actual and planned in year delivery.

B.2 Assessing Performance and Delivery

To facilitate the organisation in monitoring, anticipating and responding to performance, a system of reporting and assessing and rating performance and delivery will be used. The following system should be implemented across all levels of performance management across the organisation.

Appendix C - Assessing performance

The principal mechanism for assessing performance and agreeing actions to improve performance will be routine performance review meetings. The base arrangements for these meetings are set out below fordirectorates, divisions and integrated communities. Any earned autonomy or escalation outside of these arrangements is set out in the Escalation section of this PMF.

C1 Directorate, division and integrate community performance meetings

There will be performance review meetings with each directorate, division and integrated community, with the first two meetings of a quarterly cycle being different from the quarterly meeting (third meeting each month).

C2 Executive Delivery Integrated Performance Group will routinely meet

On a monthly basis the group will meet to review performance within key performance metrics that support attainment of the IMTP and will involve the following individuals: -

- Chief Executive Officer
- Director of Finance and Performance
- Chief Operating Officer
- Service Group Director
- Service Group Medical Director
- Service Group Nurse Director
- Finance Business Partner
- Workforce Business Partner

Other members can be co-opted to cover areas of specialist expertise should this be determined to be helpful.

The meeting will focus on a sub set of key performance and finance metrics as required by the Health Board Plan; this will be done by exception. Should separate, more detailed discussions to monitor underperformance be required, these will be agreed through the performance review process, as indeed will any escalation for continued underperformance under the Health Board's capability policies.

There is a clear expectation that the reviews will build of the historical reporting to look ahead on a rolling quarterly basis and define the critical actions to ensure performance is delivered and where relevant recovered from any position of variance.

The meeting will be chaired by the Chief Operating Officer, with the Executive Director of Finance the vice-chair.

The review will consider the content of the Service Group's balanced scorecard and will be supported by agreed action notes for each session in accordance with the terms of reference endorsed within the Executive Delivery Integrated Performance Group

C3 Service Directorates (examples being Operations, Mental Health and Learning Disabilities, Community) will have Quarterly performance review meetings.

This meeting will involve the full Executive Team of the Board and will include a wider representation of the directorate, division or integrated community broader leadership team. The meetings will be two hours long.

The quarterly performance review meeting will cover wider aspects of the performance of the Service Group and will be chaired by the Health Board Chief Executive. Where necessary, deep dives into key areas of challenged quality and performance will be requested in advance and considered within the meeting agenda. This meeting will also consider Service Group progress against its specific actions set out in the Health Board plan, reflecting this, on a quarterly basis. These reviews will also include specific consideration of the highest rated risks for the Service Group and mitigating actions to manage these.

The review will consider the content of the Service Group's performance statement and will be supported by agreed action notes and a formal letter from the Chief Executive.

The precise format of the reviews will be determined in consultation with the Chief Executive. The quarterly review at the end of Quarter 4 will act as a review of the year in total and a discussion on delivery plans for the year ahead.

C4. Corporate Directorate will have six-monthly performance review meetings

The review will be chaired by the Chief Executive and will focus on key objective delivery and integrated approach to performance, supported by agreed action notes and a formal letter from the Chief Executive.

C5. Local Performance Intelligence and Assurance Arrangements

In conjunction with each Service Group and Corporate Directorate the Performance Department will look to implement local performance reporting and management systems. directorate, divisions and integrated communities arrangements will include, as a minimum, the following areas of discussion on a minimum of a monthly basis.

- Workforce key performance data on attendance, turnover, mandatory training compliance and attrition
- Performance meeting to include reporting on KPI's, projections and agreed local action to include activity compared to plan, length of stay and urgent and emergency attendance (where applicable)
- Quality and safety meeting through which risk, clinical governance, patient experience, health & safety
- Monthly financial position review (key drivers of the financial position to be discussed in detail)
- Monthly savings review to assure in-year plans and build a pipeline of future savings opportunities

C6. Crossing lines of responsibility

This Framework does not set out arrangements for a process to manage aspects of performance which cut across lines of management responsibility. In the first instance these, "whole system" performance matters will be considered within each Service Group/Corporate Directorate through existing lines of accountability. As the Framework matures discussions will be held as to how to develop effective cross system performance management arrangements structured to incentivise good performance and deploy proportionate and appropriate accountabilities to improve performance which is off target.

Appendix D - Performance Analysis/Reports IPG

D.1 To support the performance review process, the performance team, hosted within the Finance and Performance directorate will produce a range of performance reports.

D.2 The Executive Delivery Integrated Performance Group (IPG) monthly performance review meeting will be supported by the production of a monthly balanced

scorecard report. The scorecard will feature key domains and the content will be agreed to reflect the key deliverables within each directorate, division or integrated community. The quadrants will be: -

- Workforce & staff experience
- Quality, safety and experience
- Finance & efficiency
- Performance and activity

D.3 The reporting for the quarterly reviews for operational groups will be based on the established "performance statement" product issued by the performance department each month and it will be expected that the group reports this information through a PowerPoint pack to aid discussion based on priority areas and exception.

D.4 A pack for the Corporate Directorates will be developed and this is likely to reflect the balanced scorecard report, although it is acknowledged that there will need to be modifications to reflect the nature of the functions.

D.5 A performance summary will be produced directly to directorate, division and integrated community leaders to highlight potential emerging areas of risk. Work is underway to replace this report with a more functional on-line dashboard product with more real time information.

D.6 Reporting to Board, Board level Committees is covered in the final section of this Framework below.

D.7 The Executive Delivery Integrated Performance Group (IPG) will develop a reporting scorecard for onwards sharing within the Governance of the Health Board that will include a rag rating report to visually articulate performance across the directorates, divisions and integrated communities.

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

Teitl adroddiad: ***Report title:***	Integrated Planning Framework			
Adrodd i: ***Report to:***	Health Board			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of the report is to seek approval from the Board for the adoption of an Integrated Planning Framework for the Health Board. The Framework clarifies and confirms the Board's commitment to integrated planning both within the organisation and with partners. The Framework is one of three linked frameworks designed to support good governance and promote effective processes for the achievement of the Board's strategic objectives.			
Argymhellion: ***Recommendations:***	The Board is asked to: - Receive the report - Offer any comments on the Integrated Planning Framework - Subject to any final comments, approve the Framework for adoption within the Health Board			
Arweinydd Gweithredol: ***Executive Lead:***	Chris Stockport Executive Director of Transformation and Strategic Planning			
Awdur yr Adroddiad: ***Report Author:***	Sally Baxter, Assistant Director – Health Strategy			
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):***	Good strategic planning facilitates delivery of the Board's strategic objectives. The Framework sets out the expected approach to ensure this is clear and consistent in all plans.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The legislative requirements in relation to planning are set out within the framework.
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 ?***	The Board's Integrated Impact Assessment Screening Tool has been completed in respect of the Framework and is attached as an appendix to the 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 is a risk that the Health Board may fail to address requirements under the Special Measures Framework to improve strategic planning, leading to failure to produce deliverable plans and consequently failure to utilise resources effectively to improve heath outcomes and address health inequalities. BAF risk 2.4 (see below) is relevant to this report.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	No financial implications arising directly from the Framework. The Framework addresses the need to integrate financial planning with service and workforce planning, and to develop plans which are deliverable within the financial position.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	No workforce implications arising directly from the Framework. The Framework addresses the need for workforce planning to be fully integrated, and optimise the use of workforce through innovation and improvement.
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)	BAF risk 2.4 – Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh

Links to BAF risks: *(or links to the Corporate Risk Register)*	Government (to ensure statutory duties are met) resulting in a regulatory audit opinion.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable

Next Steps:

- Publication of the Framework
- Dissemination within the management structure and the planning networks across the Health Board
- Development of the Planning Handbook - a resource to support effective planning and to ensure fulfilment of the Framework

Rhestr o Atodiadau:
List of Appendices:

Appendix 1 - the draft Integrated Planning Framework

Appendix 2 - outline timescale for development of BCU HB plans for 2024-27

Appendix 3 - Integrated Impact Assessment Screening

HEALTH BOARD MEETING IN PUBLIC
28 SEPTEMBER 2023

THE INTEGRATED PLANNING FRAMEWORK

1. Introduction/Background

The Integrated Planning Framework is one of a suite of three linked frameworks designed to support good governance and promote effective processes for the achievement of the Board's strategic objectives.

The five Special Measures outcomes include Outcome 2 – a clear deliverable plan for 2023/24. This outcome recognises the need to ensure we have local and regional plans in place that provide the best value services for our population. It is recognised that clarity over the elements that constitute a good, effective plan, and commitment to a culture of effective planning, will set the foundation for ongoing improvement of our planning.

2. Corff yr adroddiad / *Body of report*

The Integrated Planning Framework sets out the legislative context for planning within the Health Board and with partners. Development of an integrated plan is a statutory duty, and effective planning supports the Board in achievement of our objectives:

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

Guidance on the development of integrated plans is published annually by Welsh Government in the form of the NHS Wales Planning Framework.

Effective planning however requires organisational commitment, integration across corporate and operational functions, clarity of approach to planning and good planning skills and competences at all levels.

The Framework has been developed to address these requirements and has been built on recognised good practice in strategic planning.

This initial Framework will be reviewed after one year to refine and improve the approach, taking into account also the findings of the independent review of planning which is currently underway.

In the short term, emerging findings from the independent review will be used to refine the next planning cycle for 2024-27. Given the anticipated deadlines for production of the next iteration of the three year plan and annual delivery plan, the process has been reviewed and updated to include:

- Greater integration across finance, workforce, and service plans
- Robust assessment of need, supported by resource packs developed by the Public Health team
- Assessment of internal and external factors affecting planning and delivery
- Development of local plans which will feed into the BCU HB corporate level plan
- Closer integration of cluster and pan-cluster plans into the overall planning approach

The outline timescale for phases in the planning cycle is included as Appendix 2.

3. Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications*

There are no budgetary implications directly arising from this report. The greater integration of financial planning described in the Framework will support more effective strategic and operational planning overall.

4. Rheoli Risg / Risk Management

In addition to the general risk of failure to fulfil statuory dutires in relation to planning, as described in BAF 2.4, there is one risk on Datix linked to this area. This is the risk that the Health Board will be unable to achieve the anticipated deadline for submission in January 2024. This risk is being mitigated by the early commencement of planning cycle, support for planning leads across the organisation and clarity over requirements. The actual submission date for WG will be confirmed when the NHS Wales Planning Framework is published (anticipated to be later in September.)

5. Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity Implications*

The Framework does not of itself raise any Equality and Diversity implications. The Framework confirms the statutory duties of the Health Board in respect of planning and equality and human rights considerations. Resources are provided to support planning leads in identifying and addressing any equality and human rights implications as specific plans are developed.

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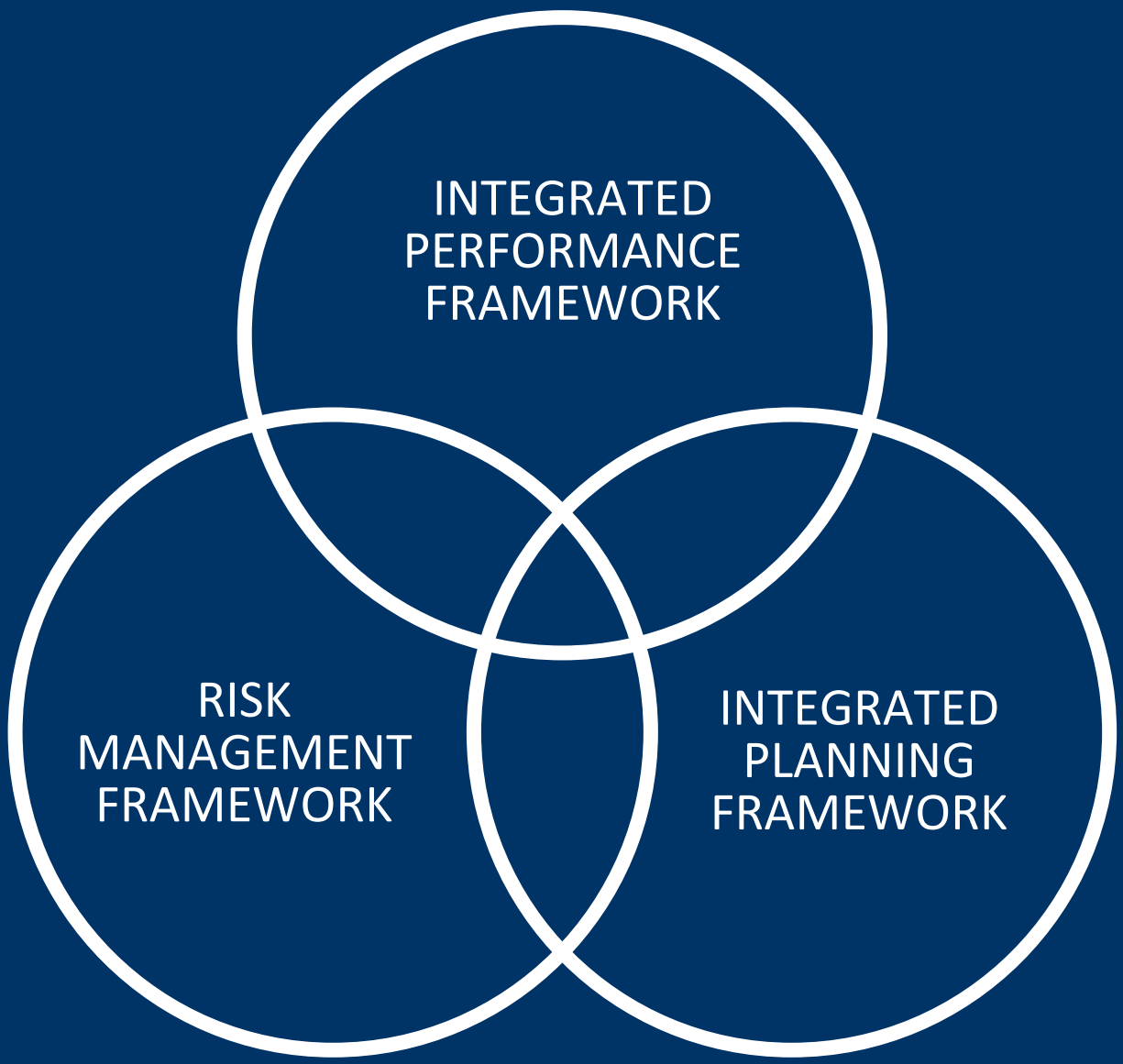
INTEGRATED PLANNING FRAMEWORK

2023



Author & Title	Chris Stockport Executive Director of Transformation & Strategic Planning Sally Baxter Assistant Director – Health Strategy
Responsible Department	Strategic Planning
Status:	Edition 1 Final
Documents to be read alongside this document:	Scheme of Reservation & Delegation NHS Wales Planning Framework BCUHB Performance Framework BCUHB Risk Management Framework

Please avoid printing this document – this protects the environment whilst also reducing the risk of out of date printed versions of the document.

The BCUHB Intranet should be referred to for the most current version of the document.

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Introduction/Overview

The Integrated Planning Framework (IPF) clarifies and confirms the Board's commitment to integrated planning within the organisation and with partners.

The Health Board is committed to ensuring that robust, integrated planning forms the foundation of the Board's functions, and a core component in embedding strategic vision, developing, delivering and commissioning health services and improving the health of the population.

The Integrated Planning Framework (IPF) sets out the legislative context, the approach to integrated planning and the principles by which the organisation will operate.

Policy Statement

The Heath Board is committed to improving and sustaining integrated planning throughout the organisation by:

- Establishing a planning culture which promotes honest and open debate and decision-making to enable the delivery of high quality care
- Ensuring a clear and agreed approach to integrated planning to facilitate the achievement of the Board's strategic objectives
- Facilitating the delivery of improvements across the organisation through robust planning for the short and longer term
- Generate confidence in the Board through the fulfilment of tangible, realistic and achievable plans
- Embedding effective planning processes in the organisation and providing the skills and tools required to support this
- Ensuring a clear commitment to the development and delivery of partnership plans towards the achievement of shared vision and objectives

Scope

The IPF applies to

- Board members
- Senior leadership teams
- Management teams
- Corporate and operational staff
- Independent Members and Officers engaged in partnership planning

The IPF sets out the role and expectations of the Board in relation to integrated planning; details high-level responsibilities; and sets out the elements of good practice expected for all plans prepared and implemented within the organisation.

Legislative Framework

Primary statutory duties in relation to integrated planning

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

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

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

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

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

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

Wider legislative requirements

The Duty of Quality

The Duty of Quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 is a lever for protecting the health, care and well-being of the current and future population of Wales. The newly revised Duty of Quality reframes the concept of quality by using its broader definition, which includes quality in terms of the effectiveness and safety of health services and quality of experience of users of health services, and relates also to securing improvement in any services provide or secured. Consequently the recognition of quality as a system-wide way of working with a focus on outcomes requires emphasis on the Duty of Quality in our approach to planning.

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

The Social Services and Well-being (Wales) Act 2014 requires the Health Board to co-operate with Local Authorities to prepare and publish a plan setting out the range and level of services to be provided in response to the population needs assessment, including resources to be deployed. Health Boards are additionally required to set out actions proposed on relation to the duty to have regard to the importance of preventative action.

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

The Well-being of Future Generations (Wales) Act 2015 has a number of requirements under the well-being duty which relate to planning.

The Health Board, as a designated public body, is required to carry out sustainable development, using the five ways of working which support the sustainable development principle:

The Health Board is further required to set out well-being objectives designed to maximize our contribution to achieving the national well-being goals.

The Board is also required to work in partnership through Public Services Boards to prepare and publish a local well-being plan, which sets out local well-being objectives and the steps proposed to be taken to meet them.

Engagement and consultation

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

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

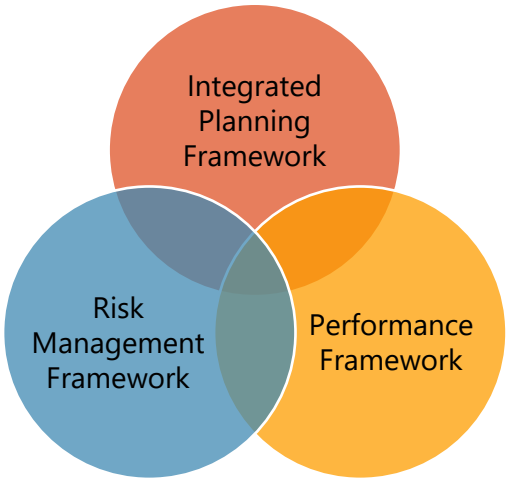
The legislative requirement is supported by recently updated guidance on engagement and consultation for service changes.

Equality and Human Rights

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

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

Framework Triad



This framework should be considered alongside the BCUHB Performance Framework and BCUHB Risk Management Framework.

Types of plans

Integrated planning is a fundamental component of the ongoing commissioning process. The diagram below identifies how strategic planning feeds into the process of procuring, delivering and evaluating services.

Figure 1: Courtesy of the NHS Information Centre for health and social care.

There are different levels at which the HB undertakes planning, with strategic planning setting the direction and linking longer term strategy with the delivery objectives of the organisation.

Strategic Planning

Strategic Planning is the process of determining an organisation's medium to long-term goals and identifying the best approach for achieving those goals.

WG have described strategic planning as the means to secure the best value for the population as consumers of health services, and as taxpayers. It is the process of translating aspirations and need, by specifying, planning and securing services for the local population, into service, workforce, activity and financial plans.

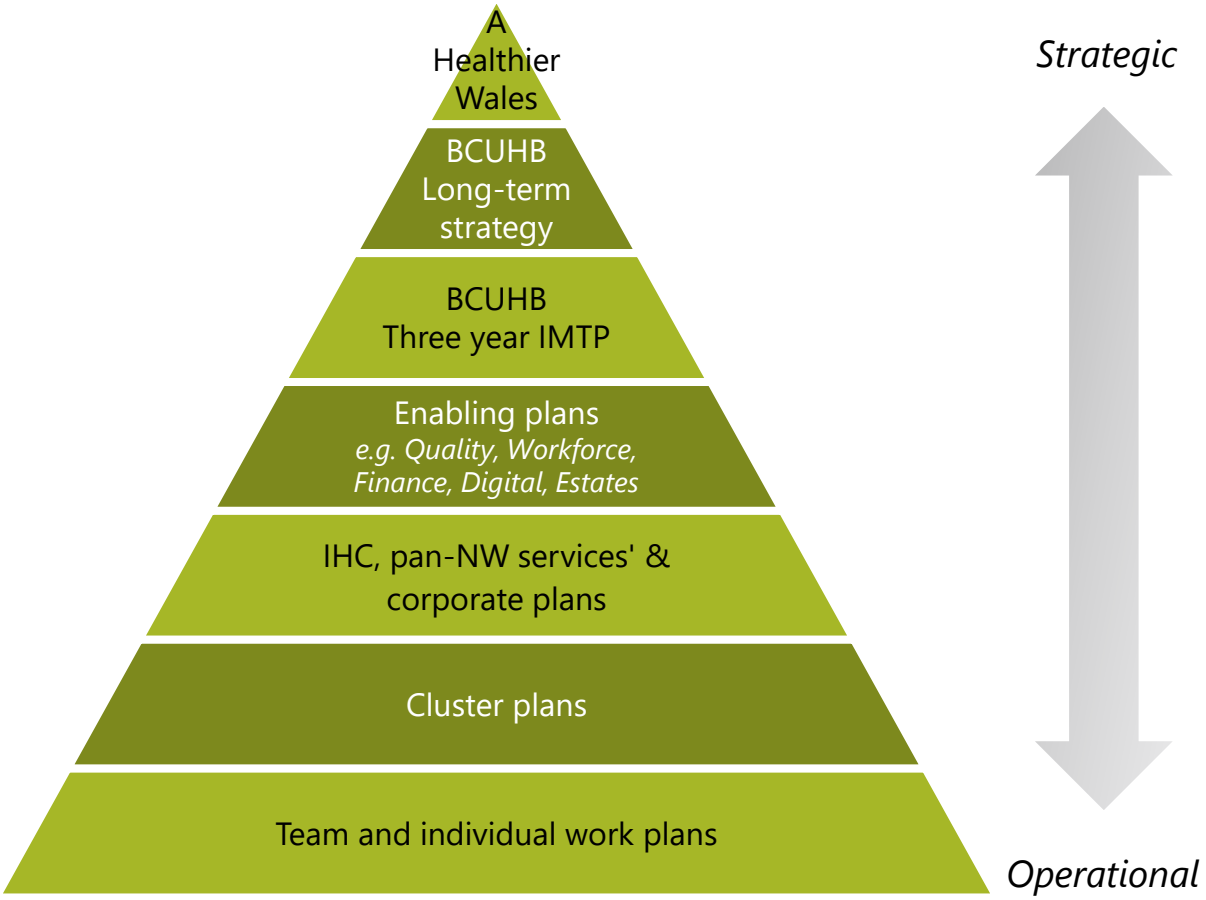
In the HB strategic plans, it is expected that we clearly articulate the services we will deliver to ensure quality, safety and value for money (prudent healthcare), alongside addressing performance targets.

Operational planning

Operational planning is the process of implementing strategic plans and objective to reach specific goals. An operational plan describes the specific steps to be taken to deliver the strategic planning model and identifies what resources will be allocated to these actions in a given operational period.

Business planning

Business planning refers to the process of reviewing and confirming at a service level the capacity, resources and activity, and short-term plans that will guide the day-to-day delivery of the business. It is a systematic approach to accomplishing the planning, coordinating and control responsibilities of management. Good business planning also requires forward planning to address known or emerging trends. Business planning also includes business continuity planning, which sets out the actions to be taken to maintain critical functions after an emergency or disruption.



The Integrated Planning Approach in BCU HB

Integrated planning, as a core legal definition, refers to integration of service, workforce and financial plans.

The Heath Board approach to integrated planning brings together a more comprehensive integration to planning and includes quality, safety and effectiveness, patient experience, access, cost and value, workforce and culture, sustainability and governance.
Evidence in planning identifies that success factors include "organization wide commitment to planning and the integration of planning outputs into other organizational processes, such as human resource planning, budgeting and review and reward systems." [1]

The following section sets out the core components which will be required in plans produced to support the delivery of the Board's functions. The scope and extent of the plan in each case will be proportionate to the level of planning.

Context and scope

▪ Strategic Context

Plans will set out the relevant strategic context, noting any statutory requirements, and how the plan supports the achievement of the Health Board's strategic objectives.

▪ Scope

The scope of the plan should be clarified at the outset. This includes identifying the high level objectives for the plan, and setting out the extent and reach of the plan, identifying those services, patients and staff affected. The plan should also clarify any areas out of scope.

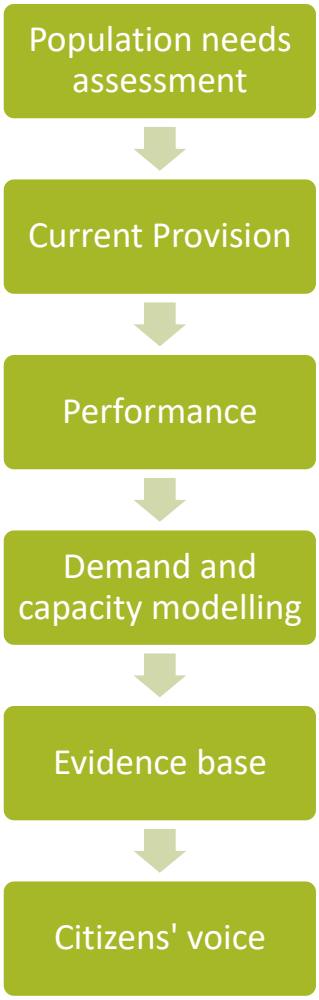
[1] Wolf, C and Floyd, S (2017) Strategic Planning Research: Toward a Theory-Driven Agenda, in Journal of Management, July 2017

Current position (Baseline assessment)

▪ Population health needs

Plans should reflect the current and projected population health needs for the people for whom the Board is responsible. This includes the identification of and targeting of action to reduce health inequalities. This may include evidence in relation to specific health needs and trends for services.

The Population Needs Assessment (undertaken in partnership with the Regional Partnership Board) and the Well-being Assessments undertaken by the Public Service Boards are important evidence to be used to inform Health Board plans.



Components of a baseline assessment

▪ Current provision

An assessment of current provision is required to support the plan, including current risks, challenges in sustainability, any known gaps and shortfalls in provision.

▪ Performance

Plans should include an assessment of current performance, and trends over time. It may be helpful to draw comparisons with other Health Boards' performance and wider performance in other areas, through use of benchmarking data and all-Wales performance reporting.

▪ Demand and capacity modelling

The baseline assessment should include demand and capacity modelling to enable the plan to address growth in population needs, changes in referral patterns, efficiency and effectiveness, and any changes to service models including innovations in practice, advances in technology.

▪ Evidence base

Plans should include reference to the evidence base relating to the service areas or areas covered by the plan, including evidence of effectiveness of treatments, outcomes for patients, any national standards or professional standards required to be achieved.

▪ Citizens' voice

Plans should be built on co-production with service users, carers and families, who should be actively involved in the planning process at different levels. This will include working with members of the public to understand their lived experience of health services. Any themes from public or patient feedback which inform the plans should be described.

Plans will also be shaped from the early stages using advice and input from the Health Board statutory sub-committees – Stakeholder Reference Group, Local Partnership Forum and the Healthcare Professionals Forum.

Future position

▪ Transformation, Innovation and Improvement opportunities

Any opportunities for transformational change, innovation and improvement should be identified within plans. Transformation refers to fundamental change, focused on larger scale change. Improvement refers to incremental change on a smaller scale.

The aim of transformation and improvement is to pursue improved experiences for patients and service users, learning from and building on innovation. Plans should integrate and embed consideration of technology, innovation and new practice.

▪ Quality improvement

The plan should identify opportunities for improvement in quality, including safety, patient experience, and outcomes. The new statutory Duty of Quality and Candour should be embedded within our plans, with the emphasis on quality as a system-wide way of working which focuses on outcomes being consistent with the long term goals and strategic objectives of the Health Board.

▪ Assessment summary (horizon scanning)

A forward assessment of the internal and external environment is essential to understand the complex and changing context for the development and subsequent delivery of the plan. This enables the plan to identify potential areas of influence or conflict, and to manage or adapt the plan as required.

Generate Options

▪ Options appraisal

For detailed and specific proposed actions, plans should set out the options that have been considered (and any that have been discounted, together with the justification for this). Objective criteria should be used to select and prioritise options. Assumptions should be tested and financial, workforce, and capacity modelling should usually be produced for each option.

▪ Value based healthcare

Value-based healthcare is the equitable, sustainable and transparent use of available resources to achieve better outcomes and experiences. The strategic ambition of the Health Board is to weave and consider value based principles throughout the organisation. Plans should demonstrate how they have adopted the value-based healthcare principles in development of the options for delivery.

▪ Alternative means of delivery

In developing options for delivery, optimal use of resources should be a key driver. Alternative models which meet people's needs, improve outcomes, quality and productivity should be explored. These should build on assets and maximize use of resources.

▪ Workforce and financial impacts

Long-term financial planning is a key component of strategic planning, together with a linked workforce plan which addresses healthcare and system-wide challenges. Impact on all resources is to be taken into account. Other resources including digital and the impact of change management processes are to be taken into account. Planning should focus on achieving better outcomes and better value for money, including consideration of reprioritisation of resources where appropriate to achieve these aims.

Prioritise

▪ Prioritisation framework and approach

Plans will be prioritised using a consistent framework to ensure we adopt the most important, relevant and evidence-based approach to maximize outcomes.

▪ Impact assessment

Equality Impact Assessment and Socio-economic Impact Assessment are statutory requirements for Public Sector organisations in Wales. It is good practice to consider the wider impacts of decision making and the Health Board impact assessment template also incorporates considerations around Human Rights, Welsh Language and the Armed Forces Covenant. Impact assessment should be proportionate and should be undertaken to inform decision-making, not to justify it.

An Integrated Impact Assessment Screening tool has been developed for BCU HB which summarises the outcomes of screening across a range of areas. It is required for plans, business cases, and projects amongst other written documents.

Deliver

▪ Clear delivery plans

Good planning clearly sets out the strategic execution and enables individuals and teams to identify clearly what needs to be done to deliver the priorities. Clear and consistent methodologies for implementation, change management, process improvement and project management are required.

▪ Benefits realization

Objectives within the plans should be SMART - Specific, measurable, achievable, relevant and time-bound. Individual and population outcomes which the plans are intended to achieve should be clear for the short, medium and longer term. Benefits to be realised will be clearly defined and rigorously tested.

▪ Risk management

Risks associated with the plan and delivery should be clearly identified, analysed, assessed, treated and monitored in accordance with the risk management framework of the Health Board. If appropriate, risks are to be escalated or de-escalated through the governance mechanisms of the Health Board.

Evolve

▪ Monitoring and evaluation

Performance measures including KPIs, outcomes and return on investment should be established from the outset. Responsibility and accountability for plans must be clearly set out and agreed. Regular monitoring of delivery and impact of the plans should be put in place, consistent with the performance framework of the Health Board.

▪ Reporting

Regular reporting on process and outcomes is required to demonstrate how implementation is leading to improved outcomes and delivery of key objectives. Progress will be assessed and triggers for escalation adopted to ensure that unwarranted variation is addressed and remediation put in place where required. Plans should be adapted in response to internal or external drivers as needed. Where there have been barriers to implementation, or unintended consequences of plans, these should be addressed. Patient and service user feedback and experience should be included within the monitoring and evaluation processes.

▪ Learning

Mechanisms should be put in place to ensure learning is spread throughout the Health Board. Good practice should be identified and shared. Learning from other areas should also be used to feed into review and reiteration of plans.

Roles and Responsibilities

The Health Board

The Board (both Independent Members and Executive Directors) has collective responsibility for ensuring the fulfilment of statutory duties in relation to planning. The Board also has responsibility for setting out the organisational commitment to integrated planning and confirming the expected standards and methodology for planning.

The Board must ensure that plans, and the decisions taken to formulate and deliver them, have appropriate scrutiny and assurance from the full Board in an open and transparent manner.

Integrated Medium Term Plans, or Annual Operating Plans where an IMTP cannot be delivered, must have Committee and Board approval prior to submission to Welsh Government.

The Board is also responsible for ensuring that the organisation consistently follows the principles of good planning described in this framework, and that systems, policies and people in place to facilitate planning are operating effectively, addressing key risks and driving the delivery of the Health Board's objectives.

The Chief Executive Officer (CEO)

The CEO is the Accountable Officer for the Health Board and has overall accountability and responsibility for ensuring it meets statutory and other legal requirements, and adheres to guidance issued by the Welsh Government in respect of Planning. This responsibility includes preparation and implementation of plans for the delivery Health Board functions. The CEO also has overall responsibility for ensuring the Health Board meets the wider planning duties as set out above, including in respect of partnership planning.

Executive Directors

The Executive Directors have collective responsibility for ensuring the successful delivery of the integrated planning approach, and individually ensuring the effective contribution of their portfolio to integrated planning.

The Directors are also responsible for ensuring the effective allocation of resource to facilitate good integrated planning. They are responsible for ensuring that senior managers

within their portfolio responsible for integrated planning have effective systems and processes in place and have the required competences and skills to facilitate integrated planning.

The Executive Directors have a key role in setting culture and expectations in relation to Planning, and supporting the embedding of good practice throughout the organisation. The Executive Directors will ensure that appropriate training is attended and resources used as required to facilitate good integrated planning.

Lead Executive Director – Planning

The Executive Director of Transformation & Strategic Planning is the delegated lead for strategic planning within the Health Board and is accountable for the design, development and implementation of the Integrated Planning Framework. The Executive Director of Transformation & Strategic Planning will

- Lead the embedding of effective integrated planning throughout the organisation
- Work closely with the Independent Members, CEO, and Executive Directors to coordinate the preparation and publication of plans in accordance with the statutory duties of the Board
- Maintain good working relationships with the Welsh Government Planning Directorate and represent the Board at national planning networks
- Ensure there is sufficient capacity, skills and expertise within the Strategic Planning team

Strategic Planning team

The Strategic Planning Team is accountable to the Executive Director of Transformation & Strategic Planning. The Team is responsible for

- Facilitation of and support for the consistent operation of the integrated planning approach across the organisation
- Providing specialist advice and support in relation the integrated planning approach and to preparation of corporate plans
- Leading the preparation of the Integrated Medium term plan (or Annual Operating Plan) and ensuring Welsh Government guidance is adhered to in the plans

- Providing strategic advice, support and contributing to the development of local operational plans, programme plans and partnership plans as required
- Facilitating the preparation and maintenance of planning resources, training and development opportunities to embed and improve planning skills and competences throughout the organisation

Integrated Health Communities and pan-North Wales services

Integrated Health Community and pan-North Wales services directors are responsible for ensuring effective capacity and skills are maintained to enable the preparation and implementation of operational plans for services within their remit. Directors are responsible for ensuring that plans are consistent with strategic priorities, contribute to the effective delivery of Health Board functions, and ensuring that good practice in integrated planning is adhered to in line with the IPF. Directors are responsible for ensuring an inclusive planning forum is in place to facilitate good planning, and that appropriate governance is followed in the development and production of plans.

Senior Leaders and Team Managers

Senior Leaders and Team Managers are responsible for maintaining effective business plans to ensure that capacity, resources and activity are aligned with the operational plans developed by the IHCs and pan-North Wales services.

Partnership lead officers

Officers and Independent Members who represent the Health Board at partnership groups or boards, and in particular the statutory partnership boards, are responsible for ensuring that the development of partnership plans is consistent with the IPF, meets the statutory duties of the Board and standards of good practice. Partnership representatives should ensure that priorities and plans address shared priorities and that the preparation and implementation of plans follows and fulfils the necessary governance processes of the Health Board.

Cluster planning leads

Cluster planning leads are responsible for facilitating the development of Cluster Annual Plans to coordinate collaborative activities at cluster level, and to inform the production of Pan Cluster Planning Group analysis, priorities and plans. Clusters and Pan Cluster Planning Groups will inform and influence strategic plans of partner organisations as well as the

Health Board. Pan Cluster Planning Groups are established as sub-groups of the Health Board governance structure and also operate under the auspices of the Regional partnership Board, giving a direct route for information sharing and decision making between frontline services and partnership strategic leadership. Cluster Plans and PCPG plans feed into the Health Board strategic plans.

Impact Assessments

Equality

Equality impact assessments must be undertaken as part of the planning process.

- Has any adverse impact been identified? If so, is it justified and lawful?
- Describe any measures taken to mitigate or remove the adverse impact.
- Have the effects of the policy decision (whether positive or adverse) been considered in terms of the opportunities for people to use the Welsh Language and treating the Welsh Language no less favourably than the English Language.
- Explain how the document eliminates unlawful discrimination, harassment and victimisation, promotes equality of opportunity and/or good relations between different groups.

Well-being of Future Generations

The statutory duties under the Well-being of Future Generations (Wales) Act 2015 should be considered, addressed, and referenced.

Environmental Impact

Environmental Impact Assessments may be needed. If so contact the Environment Officer for the respective geographical area, for further support.

Training and support

A toolkit of resources to support good strategic planning is being developed to support the consistent implementation of this framework.

Training will be provided informally through the Heath Board planning networks. Formal training and qualifications in Planning are supported through the all Wales Planning Programme for Learning. The Heath Board is committed to supporting development of skills and sharing of learning through this programme.

Implementation

The Framework will be disseminated through the Health Board management structures and the planning leads' networks. The implementation of the framework will commence through the annual planning cycle for development of corporate plans. It is recognised that it will take time to implement fully all the requirements of the framework and it is intended to support incremental improvement.

Review

The framework will initially be reviewed after one year in order to assess how this is being embedded and to refine the content and approach. This will also allow for response to the findings of the independent review of planning which is being undertaken to support the special measures outcomes. Subsequently it is expected the framework will be reviewed on a three yearly basis.

References

Wolf, C and Floyd, S (2017) Strategic Planning Research: Toward a Theory-Driven Agenda, in Journal of Management, July 2017

A desktop review of NHS guidance in relation to strategic planning was undertaken to support this framework

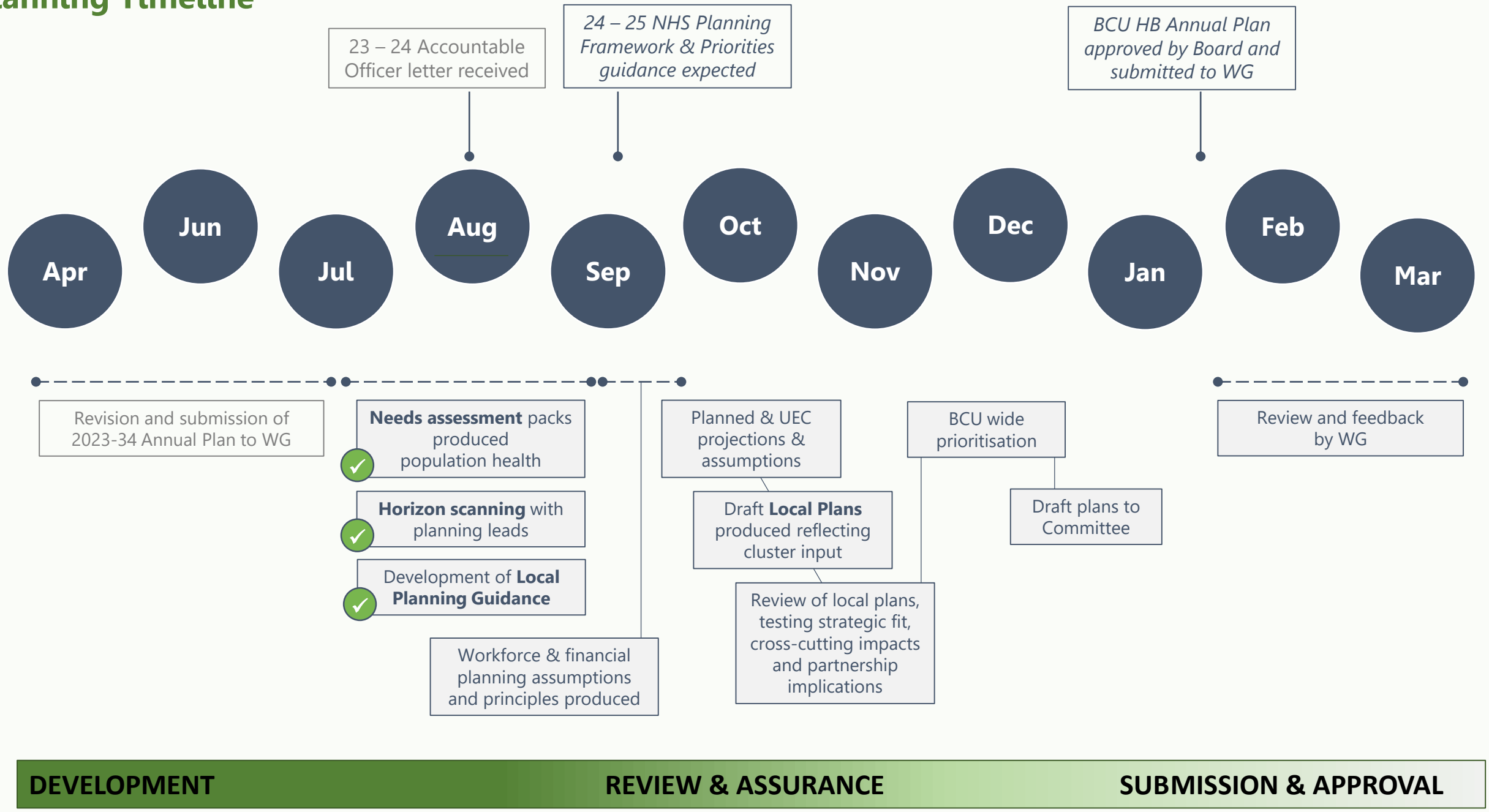
Integrated Planning Framework Impact Assessments

The Health Board has undertaken an Integrated Impact Assessment Screening on this framework to identify potential impacts of adoption and implementation.

The statutory duties under the Well-being of Future Generations (Wales) Act 2015 are referenced and addressed within the framework.

An environmental impact assessment is not required for this framework.

Planning Timeline



Appendix 1: BCUHB Integrated Assessment Screening Tool

Each of the Assessments below must be considered. Where screening indicates a more than negligible impact or you are unsure of a specific area, you should liaise with the BCUHB specialty lead (detailed below at section 11) and conduct a more thorough assessment in that area. Not all assessments will be applicable though you should consider each in turn.

Please ensure that any additional impact assessments / evidence is retained in the event that the responsible director / approving group or committee requests them.

The term 'Written Control Document' (WCD) includes, but is not limited to, strategies, business cases, projects, reports, policies, protocols, procedures, guidelines etc.

***Additional note in relation to the Annual Plan IAST**: the overall IAST documentation is being reviewed to include reference to Duty of Quality and to strengthen Welsh Language considerations. The IAST for the Annual Plan has included these areas for completeness and to reflect the priority given to these areas in the Plan.*

1. Document Details:

New document or review?	New
Title of WCD Proposed:	BCU HB Integrated Planning Framework (IPF)
Type of WCD	Corporate policy
Author name and Job Title:	Sally Baxter Assistant Director – Health Strategy
Responsible Director	Chris Stockport Executive Director – Transformation and Strategic Planning
Division/Department	Strategic Planning
Date of Assessment/Screening	12 September 2023

2. Equality Impact Assessment

Guidance:
Equality Impact Assessments (EqIAs) are a *mandatory* requirement for all BCUHB wide WCDs/projects as per the Procedure for Equality Impact Assessment (WP7). Failure to comply with the requirements may result in legal challenge/Judicial Review. EqIAs help to inform better decision-making and policy development leading to improved services for patients, carers and staff. The EqIA should commence as early as possible in the decision making process.

Further information and template is available here: **EqIAs - Equality Impact Assessments (sharepoint.com)**

Date EqIA completed: 12 09 23.

The IPF itself does not have an adverse impact on equality and human rights considerations. The statutory duties in relation to equality and diversity are emphasized in the IPF. The IPF is also clear that impact assessment is an essential element of good, effective planning. Integration in planning brings together aspects of quality, safety and effectiveness, patient experience and value amongst other factors. The IPF is intended to strengthen the HB planning approach and bring consistency, which points towards potential positive impacts on those groups who share protected characteristics.

Individual EqIAs will be required for specific plans as they are progressed.

3. Socio-Economic Impact Assessment

Guidance:
A Socio-economic Impact Assessment (SEIA) is required for strategic decisions and includes strategic decisions which are subject to review. In general, strategic decisions will be those which effect how Health Board fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. **SEIA helps to inform better decision-making by aiming to deliver better outcomes for people that experience socio-economic disadvantage. SEIA should commence as early as possible in the decision making process.**

Links:
List of documents which require an SEIA**.**

Template and further information: Socio-Economic Duty (SED) (sharepoint.com)

SEIA Completed – N

The IPF does not of itself constitute a strategic decision with potential impact on socio-economic. The Framework emphasizes the need for SEIA where appropriate in development and implementation of plans. The need to address health inequalities is also emphasized, and it is clear from evidence that health inequalities disproportionately affect certain communities and that socio-economic disadvantage is linked to worse health outcomes. Specific plans which are developed and implemented will be required to address socio-economic duties where relevant.

4. Duty of Quality

Guidance:

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 is a lever for improving and protecting the health, care and well-being of the current and future population of Wales. The Act includes a Duty of Quality to ensure that NHS bodies secure improvements in the quality of services they provide – this means *'safe, timely, effective, equitable and person-centred ('STEEP') health care that is embedded within a culture of continuous learning and improvement'.*

The duty extends to all health service functions in both clinical and non-clinical settings. If your project or WCD relates to a decision about how health services are planned, organised or delivered, you must contact the Quality Team to ensure that improved outcomes are secured.

Links:
Health and Social Care (Quality and Engagement) (Wales) Act: summary | GOV.WALES

Duty of Quality engaged? Y

The IPF identifies quality as a core component of integrated planning. Input and advice will be provided by the Quality Team in respect of the development and implementation of specific plans. Further work in collaboration will be required to undertake QIA on specific developments as they are progressed, and to reflect the Quality Strategy when completed.

5. Welsh Language

Guidance:
Welsh Language implications for any Service Development, Change or De-commission:

- *Will there be an impact on services offered to Welsh speaking patients?*
- *Is there an opportunity to identify the preferred language of patients/service users to ensure that their care needs are fully met in line with the Welsh Language Standards?*

A recent case (*Swansea Council v Welsh Language Commissioner* (TyG/WLT/21/01)) has emphasised that any organisational 'policy' decision, MUST consider the impact on the Welsh Language. This means more than just a written policy document, and can include decisions made regarding the exercise of an organisation's functions.

Further consideration as to the impact on the Welsh Language is provided for within the mandatory EqIA. However, if you are in any doubt as to whether your plan, business case, project or WCD constitutes a 'policy decision', please contact the Welsh Language Team.

Welsh Language Translation Requirements:

The Welsh Language Standards are a set of statutory requirements that place a duty on BCUHB to provide bilingual services to patients and the public.
Under the Standards, we must not treat the Welsh language less favourably than the English language. BCUHB aims to provide an "Active Offer", meaning services should be provided in Welsh without the person having to ask for it. Enabling our patients and the public to receive high-quality, language appropriate care is paramount to the way we provide and plan our services, as well as encouraging other users and providers to use and promote the Welsh language in the health sector.

If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh if; (a) the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.

Does the subject of the document deal with Welsh language issues or an area of particular interest in terms of the Welsh language?	Y
Is the document one that will be publicly displayed?	N
Is the document likely to attract public response and attention (e.g. on social media)?	N
Is the document a document which individuals are required to respond to?	n/a
Is the subject of the document related to a matter that is relevant to, affects or is of importance to a large number of individuals (defined as residents of Wales acting in their personal capacity)?	Y
Do you know that a percentage or a large number of the predicted audience (individuals and organisations in North Wales) are Welsh speakers, and for whom the Welsh language is an important consideration to them or they operate through Welsh.	Y
Has more than one person asked for the document to be available in Welsh?	N
Outcome – does document require translating Y/N	Y

6. Rights of Children and Young People

Guidance:
The UN Convention on the Rights of the Child (CRC) sets out the fundamental human rights that all children should have, so that every child is able to have a good childhood and develop to their full potential. The Social Services and Wellbeing (Wales) Act 2014 (SSWBA) places a duty that decision makers must have regard to the convention.

Children have needs and rights that are separate and different to adults. You should carefully consider whether the proposed WCD/project will have any impact on children and whether it will effectively protect and implement the rights expressed in the UNCRC.

Detail your considerations here. Some children are unable to communicate their views as a result of age, development, neurodevelopment, mental health or disability. Are there consent or capacity issues? Does the WCD/project apply to Looked After children and require Local Authority input? Where possible, WCDs/projects should promote listening and include the child in decisions made about them. The child's Best Interests should always be paramount.

Parents also have rights under the Human Rights Act 1998 and Children's Act 1989/SSWBA 2014 – whilst decisions should always be made in the best interests of the child and particularly safeguarding procedures and policies followed, there is however, a balance – parents' rights must also be taken into consideration.

There are no specific issues affecting the individual rights of the child within the IPF. Children's rights and needs are reflected in the needs assessments referred to in the IPF (PNA and WBA) and giving children the best start is a strategic priority nationally which will be addressed within specific Plans.

7. Older Person and/or People living with Dementia (including young onset dementia).

Guidance:
BCUHB have a duty to ensure older people have their rights respected and are involved in decisions. All WCDs/projects should be developed using a person centered approach. WCDs/projects should ensure an

evidence based approach in relation to the older adult and/or those with dementia (who may be under the age of 50 years). Due regard should be given to the United Nations Principles for Older Persons. Further reference points include the Good Work Dementia Learning and Development Framework, All Wales Dementia Strategy and Dementia Friendly Hospital Charter. If necessary, separate clinical WCDs should be developed with input from experts.

There are no specific issues adversely affecting the individual rights of older people and/or people living with dementia within the IPF. The emphasis within the IPF on health inequalities, needs assessment and impact assessment will facilitate thorough consideration in the development and implementation of specific plans. Good relationships with the North Wales representatives of Llais are in place and Llais will be involved as required. The IPF identifies the need for co-production and listening to citizens' voice.

8. Carers

Guidance:
A carer is a person, of any age, who provides unpaid support to a family member or friend who could not manage without their help. The Social Services and Well-being (Wales) Act 2014 places a statutory obligation upon local authorities to assess carers where it appears they have a need for support. The legislation places a responsibility on health staff to identify unpaid carers, acknowledge their importance as an equal partner in care and provide them with information, advice and assistance.

The IPF does not directly address assessment and support of carers' needs; however the needs assessments identified, particularly the PNA, recognise the needs and rights of carers. Addressing population needs and ensuing good impact assessment will highlight carers' needs in the development and implementation of plans.

9. Environment

Guidance:
BCUHB have legislative duties to comply with Environmental legislation. The purpose of which is to protect the environment we occupy and to ensure the public are given early and effective opportunity to participate in our decision making procedures. The Health Board is accredited to the Environmental Management System, (EMS) ISO 14001, which is the internationally recognised standard for managing the environment. The EMS provides a framework for managing environmental impacts associated with the Health Board's activities

The IPF does not directly impact on environmental issues. The importance of environmental needs, sustainability and addressing the climate crisis is addressed in the WBA which are identified in the IPF, and environmental well-being is one of the four well-being domains addressed by the WFG Act.

10. Data Protection

Guidance:
Data protection impact assessments (DPIAs) are tools which will assist organisations in identifying the most effective way to comply with their data protection obligations and meet individuals' expectations of privacy. Carrying out a data protection impact screening assessment is a systematic way of doing this to establish if a full Data Protection Impact Assessment (DPIA) is required. **Should you answer yes to any of the DPIA Screening questions below, please contact a member of the Information Governance Team** for support in deciding if a full DPIA is required.

Does the subject of the document deal with Welsh language issues or an area of particular interest in terms of the Welsh language?	N

Will the WCD involve the collection of new information about individuals?	N
Will the WCD compel individuals to provide information about themselves?	N
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	N
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	N
Does the WCD involve using new technology which might be perceived as being privacy intruding for example biometrics or facial recognition?	N
Will the WCD result in you making decisions or taking action around individuals in ways which could have a significant impact on them?	N
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records, criminal records, or other information that people are likely to consider as private?	N
Will the WCD require you to contact individuals in ways which they may find intrusive?	N
Have you answered 'Yes' to any of the questions above? If so, then please contact a member of the Information Governance Team	N

11. Screening Summary

Guidance:
After completing the screening areas, you should now document where you have identified that further assessment is required and/or where engagement with the relevant Corporate Lead / other experts may be necessary. Additional impact assessments and evidence should then be used to inform the plan, project or written control document development.
Please ensure that any additional impact assessments / evidence is retained in the event that the responsible director or approving group requests them.

Impact Assessment	Further Assessment Undertaken / Consultation with Relevant Lead?
Equality Impact	Mandatory
Socio-economic	N
Quality	N
Welsh Language	N
Children	N
Older Person	N
Environment	N
Data Protection	N
Carers	N

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, 28 September 2023**
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to provide the Board with a series of updates and request approval of various decisions in relation to Board related corporate governance. There are 3 sections to the Corporate Governance Report. *Section 1 – Chairs Actions taken and Common Seal used since the last Health Board* *Section 2 – New Model Standing Order for Adoption* *Section 3 -Proposal for BCUHB Board Committees and Advisory Groups.*
Argymhellion: ***Recommendations:***	*The Board is asked to:* *Section 1* • **Receive Assurance** that the Chair's Action and Common Seals enacted since the last Health Board Meeting are captured in this report. Section 2 • **Approve** the incorporation and adoption of the model Standing Orders. • **Be Assured** that work is being progressed on the BCUHB specific Schedules of the Standing Orders. Section 3 • **Consider** the Outline Committee Framework in this report. • **Approve** the establishment of Committees set out in the Outline Committee Framework • **Be assured** that the outline Committee framework and the identified next steps will be developed and meet the requirements of the Health Board.
Arweinydd Gweithredol: ***Executive Lead:***	Carol Shillabeer – Interim Chief Executive Officer
Awdur yr Adroddiad: ***Report Authors:***	Phil Meakin, Interim Board Secretary with support from: • Catrin Rhys-Williams, Head of Corporate Office • Diane Davies, Corporate Governance Manager

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

Lefel sicrwydd:	Arwyddocaol	Derbyniol	Rhannol	Dim 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:*** The Assurance level is assessed to be acceptable as it follows guidance from the Standing Orders and outputs from the Independent Review commissioned by Welsh Government.				
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.			
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?***	An EQIA has been undertaken in relation to the adoption of the Standing Orders.			
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 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)***	Not Applicable			
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not Applicable			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not Applicable			

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not Applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not Applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not Applicable
Next Steps: ***For part 2 of the report – Progress the BCUHB specific schedules of the Standing Orders and Standing Financial Instructions*** ***For part 3 of the report – Progress the next steps as outlined in the report***	
List of Appendices: *For Part 2 of the Report* ***Appendix 1 –*** Standing Orders – Reservation and Delegation of Powers ***Appendix 2 –*** Standard Financial Instructions for Local Health Boards *For Part 3 of the Report* ***Appendix 3 –*** *Outline Framework for BCUHB Committee Governance.* *Appendix 4 – EQIA related to the adoption of the Standing Orders.*	

Corporate Governance Report - Section 1

Reporting of Chair's Actions and Common Seal Applications Since the Last Board.

1.1 Introduction and Background

This section of the Corporate Governance Report advises of agreements that have required the affixing of the BCUHB seal and identified any Chair's Actions that have been taken by the Chair of the Board since the previous meeting of the Board. This is a regular report for the Board to receive.

The BCUHB common seal is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. We maintain a Register of Sealings that records the sealing of every document. Log No 178-181 are highlighted below.

1.2 Matters to Report

2.1 The Board is asked to note:

- That there were nil Chair's Actions taken by the Chair of the Board since the last Board Meeting.
- That there has been 4 uses of the Common Seal since the last Board Meeting to report to the Board.

No	Contract Name and Address	Approval Route	Date Signed and Sealed	Seal No	Collected by	Saved on System	Date Collected
178	Nuclear Medicine Consolidation - Cost Advisor - Gleeds Cost Management	PFIG Committee 27/10/2022	11/09/2023	666	June Affleck	Y	14/09/2023
179	Nuclear Medicine Consolidation - Project Manager - Gleeds Cost Management	PFIG Committee 27/10/2022	11/09/2023	667	June Affleck	Y	14/09/2023
180	Nuclear Medicine Consolidation - Supply Chain Partner - BAM Construction	PFIG Committee 27/10/2022	11/09/2023	668	Juen Affleck	Y	14/09/2023
181	Wrexham Maelor Hospital - Business Continuity Programme - Gleeds Advisory Ltd	F&P Meeting - 16/07/2020	13/09/2023	669	June Affleck	Y	14/09/2023

1.3 Recommendation

3.1 The Board is asked to;

- **Be assured that the use of Chair's Actions and the use of the BCUHB Seal since the last report in July 2023 are highlighted in this report.**

Corporate Governance Report – Section 2

Review of Standing Orders

2. 1 Introduction and Background

Health Boards and all NHS organisations in Wales must agree Standing Orders (SOs) that inform its ways of working. **The Standing Orders should be based upon the model determined by the Welsh Government.** The whole suite of Standing Orders include:

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

Model Standing Orders, Reservations and Delegation of Powers (SO's) were last issued by Welsh Government in 2021 for all Welsh NHS organisations. The current BCUHB Standing Orders reflect this 2021 version. The link to the current Standing Orders for BCUHB is linked here NHS WALES.

Welsh Government have now undertaken a further review of the Model Standing Order documents, together with the Model Standing Orders and SFI for Digital Health and Care Wales (DHCW). This is mainly to reflect the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and incorporate updates to the Model SFI's previously issued in letters from the Director of Finance. A circular from the Minister to all Health Board on 27 July 2023 clearly instructs that "**Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (which form part of the Standing Orders) as appropriate"**

2.2 Considerations for the Board

There is a requirement to keep Standing Orders updated and documents under review to ensure they remain accurate and current. The Board is asked to approve the incorporation and adoption of the updated Standing Orders.

The Audit Committee received a report on this matter at its meeting of 15 September 2023. It has a role to make sure that there are effective arrangements are in place in relation to adopting the Standing Orders. The Audit Committee took significant assurance from the report provided and supported the incorporation and adoption of the Standing Orders for consideration and approval by the Board on 28 September 2023. The Audit Committee also noted the work progressing in parallel to inform some of the Schedules of the Standing Orders.

The report highlights the key changes to the Standing Orders received from Welsh Government and also highlights **the additional development** of BCUHB specific documents that the BCUHB colleagues are undertaking ready for the Board on 28 September and sets out the next steps for completion of this.

Appendix 1 (Standing Orders – Reservation and Delegation of Powers) and Appendix 2 (Standard Financial Instructions for Local Health Boards) of this report contain the amended DRAFT Standing Orders with tracked changes from Welsh Government, reflecting the key changes below in section 3 of this report and some further amendments needed to make it a BCUHB specific document (these additions were made by the BCUHB Team).

Section A, Point xxiv of the Model Standing Orders –Appendix 1 sets out that:

"LHBs will from time to time agree and approve policy statements which apply to the LHB's Board members and/or all or specific groups of staff employed by Betsi Cadwaladr University Health Board and others. The decisions to approve these policies will be recorded in an appropriate Board minute and, where appropriate, will also be considered to be an integral part of the LHB's SOs and SFIs.

This means in practice that there are policy statements/policies that the Health Board will develop that become part of the Standing Orders. The Board is asked to note that the Chief Executive Officer is overseeing the development of a number of such policies and documents, some of which will be recommended to the Board in September 2023 and if adopted would become an integral part of the LHB's SOs and SFIs. These are summarised below in section 2.4.

It should be noted that Betsi Cadwaladr University Health Board is also subject to the Betsi Cadwaladr University Health Board Intervention Order 2023, No. 1 and No.2. and should continue to reflect these alongside their Standing Orders. These were reviewed and adopted by the Health Board at its meeting of May 2023.

2.3 Key Changes in the Review of Standing Orders

The key changes in the Standing Orders that Welsh Government have made are in relation to the following matters:

a) Introduction of the duty of quality and duty of candour;

b) Changes linked to the establishment of Llais and the dissolution of the Community Health Councils and the Board of Community Health Councils;

c) Changes to the provisions with regard to a Vice-Chair of Trusts and changes to numbers of board members.

d) Narrative update under the Standing Financial Instructions related to Contract/Procurement

In addition the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) Standing Orders have been updated and the updated Standing Orders form Schedule 4.1 and 4.2 of the Local Health Board Standing Orders.

2.4 Additional Work on BCUHB Specific Documents

As outlined above, the Board will be required to incorporate and adopt this latest review from Welsh Government into the organisations Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (which form part of the Standing Orders) as appropriate.

As mentioned in Table 1 below there are some polices and documents that inform the frameworks and schedules that each Health Board develop that would sit within the overall Standing Orders once approved. These policies and documents exist now but for BCUHB there are plans to design, develop and implement such policies.

The Board is asked to note that these are being developed. The Board will receive further reports to endorse when the work has been developed.

This work is being overseen by the Chief Executive. Until these are approved all existing polices remain in place (extant).

Table 1 – Summary of Key Policies and Documents Under Development

Policy Document and Section	Policy and Documents to be Developed for Consideration at the Board	Comments	Status (as of 18 September 2023)
Schedule 2.1 Standing Financial Instructions	An updated and customised scheme of delegations to officers and others;	Give enhanced clarity over individual responsibilities for Directors and Officers sign off under the Standing Orders. Consideration to be given to both the design and impact of the amendments.	This work is being progressed by the Chief Executive and the Executive Director of Finance for BCUHB will be received by the Audit Committee on the 9 November with subsequent reporting to the Board on 30 November 2023.
Standing Orders Schedule 3	Board Committee Arrangements	Proposed model Terms of Reference for Board Committee and Advisory Groups will be received by the Health Board on 28 September 2023	Outline remit and membership for Committees to be proposed at the Board on the 28 September 2023. Fully developed Terms of Reference to be developed with Committees and received for scrutiny at the Audit Committee on the 9 November and then reported to the 30 November 2023 Board.
Standing Orders Page 64	Additional Areas of Responsibility delegated to Chair, Vice Chair and Independent Members	This work will be developed after consultation with the Chair and CEO. Noting that Vice Chair is not yet appointed and that recruitment of Independent Members is in progress.	This will be developed in line with the Recruitment of Vice Chair and Independent Members. The Board will receive an update of this part of the

			Standing Orders at the 30 November 2023 Board for approval (subject to successful appointments)

2.5 Recommendations

The Board is asked to:

- **Approve the incorporation and adoption of the model Standing Orders.**
- **Be Assured that work is being progressed on the BCUHB specific Schedules of the Standing Orders.**

Corporate Governance Report – Section 3

Proposal for BCUHB Board Committees and Advisory Groups.

3.1 Introduction

The objective of this report is to outline a Committee Structure framework for the Health Board to consider.

On 27th February the Minister for Health and Social Care announced that the Health Board would be escalated into Special Measures, the highest level of intervention in the escalation framework.

Under Special Measures, arrangements have been agreed with Welsh Government for improvement. This includes the delivery of 5 Outcomes. One of which is for BCUHB to have "A Well-Functioning Board". One of the key deliverables required from this outcome is **"to Establish Board committees, complete committee induction and development of work plans"** The timeline agreed for completion of these deliverables is the end of November 2023.

This report is related to the first part of this deliverable which is to "Establish Board Committees" and sets out the key considerations for the Board (Section 3.3 of this report) and the next steps to achieve it (Section 3.4 of this report)

The Model Standing Orders from Welsh Government for Local Health Boards state "that the Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business:

- Quality and Safety;
- Audit;
- Information governance;
- Charitable Funds;
- Remuneration and Terms of Service; and
- Mental Health Act requirements."

3.2 Background

During February 2023 the Independent Members of the Health Board (including the Chair and Vice Chair) left the Health Board. Since then, a number of direct independent appointments to the Board have been appointed. There are currently 7 Independent Members of the Health Board. Independent Members are required to form the Membership of the Board and its Committees. Since their arrival, BCUHB has re-established the following Committees) and Advisory Groups. See Table 1 below.

Recruitment of additional Independent Members (IMs) by a Public Appointment process is underway and successful recruitment will enable the Health Board to establish the Committees in line with the Standing Orders as additional IMs join the organisation.

Table 1 Current Committees of the Board & Advisory Groups that have been Re-established

Current Committees of the Board That Have Been Re-established	Advisory Groups That Have Been Re-established
Audit Committee	Healthcare Professionals Forum
Charitable Funds Committee	Local Partnership Forum
Performance, Finance and Information Governance Committee	Stakeholder Reference Group
Quality, Safety and Experience Committee	
Remuneration Committee (Remuneration and Terms of Service)	

There are a number of Current Committees of the Board that have not yet been re-established due to the limited number of IMs. These are listed in Table 2 below

Table 2 Current Committees of the Board that have not been Re-established.

Current Committees of the Board That Have Not Been Re-established
Mental Health Compliance and Capacity Committee
Partnerships, People and Population Health Committee

2.3 Key Considerations for the Board

As part of the support to the Health Board, Welsh Government commissioned a number of Independent Reviews, including the Review of the Office of the Board Secretary.

The review addressed Governance requirements and included recommendations regarding the composition of committees.

A development session of the Audit Committee considered the key themes from the review on 15 September 2023.

Those recommendations and considerations inform an outline Remit and Membership of Committee framework for the Board to receive. In addition, the information in the report will inform appropriate Terms of Reference for each Committee and Advisory Group which will then be progressed with the membership of each Committee ahead of a review for scrutiny by the Audit Committee and approval of Terms of Reference by the Board on 30 November 2023. It will also inform the development of Committee Induction and Committee Workplans for scrutiny by the Audit Committee on the 9 November 2023, which will then be reported to the Board for approval in November 2023.

Appendix 3 of this report details a Committee and Advisory Group framework for the Board to review. It includes a focus on the remit and Membership of the Committees. Table 3 below summarises the proposed Board Committees and Advisory Groups.

The commencement of new committees will coincide with the successful recruitment of further IMs.

The Standing Orders of the Health Board require the 3 Advisory Groups that are in place to be continued. This is clarified in Table 3 and in Appendix 3.

Table 3 – Proposed Committees and Advisory Groups of the Health Board

Proposed Committees of the Health Board	Summary of Proposed Change to Lead Committee Duties
Audit Committee	Oversight of Information Governance duties
Charitable Funds Committee	
Mental Health Act Compliance and Capacity Committee	Enhanced clarity provided on the duties of this Committee under respective legislation and guidance • the Mental Health Act 1983, as amended • Mental Health (Wales) Measure 2010 • Mental Health Act 1983 *Code of Practice for Wales*, in particular Chapter 11; Included the word "Act" in the Committee title
People Committee	Oversight of People, Culture, Organisational Development and Health and Safety duties Now include delegated powers to consider reports on the position in regard to Speaking Up Safely and Whistleblowing. (was previously under the remit of Remuneration Committee)
Performance and Finance Committee	Note that Audit Committee has oversight of Information Governance duties.
Planning, Population Health and Partnerships Committee	Oversight of infrastructure enabler duties including Digital, Capital and Estates. (Note that the *financial oversight* of infrastructure enablers is with the Performance and Finance Committee)
Quality, Safety and Experience Committee	Health and Safety has oversight under the People Committee
Remuneration Committee	Removed reference to Upholding Professional Standards in Wales (UPSW) as a delegated matter to the Remuneration Committee as this will be reported to Board

Advisory Groups to the Health Board	Key Points
Healthcare Professionals Forum	Detailed Terms of Reference are set out by Welsh Government in the Standing Orders of the Health Board. Details in Appendix 3
Local Partnership Forum	Detailed Terms of Reference are set out by Welsh Government in the Standing Orders of the Health Board. Details in Appendix 3
Stakeholder Reference Group	Detailed Terms of Reference are set out by Welsh Government in the Standing Orders of the Health Board. Details in Appendix 3

NB. Under the Standing Orders "The Board shall establish, as a minimum, the following joint-Committees:
- *The Welsh Health Specialised Services Committee (WHSSC).*
- *The Emergency Ambulance Services Committee"*

2.4 Next Steps

This section of the report summarises the next steps from this report:

1. Reflect feedback from the Board on the 28 September 2023 to the attached Committee Framework.

2. Develop detailed Terms of Reference (including Chairing arrangements and details of delegation from the Board) related to this framework with Independent Members, Associate Members and Executive Team for scrutiny by the Audit Committee on the 9 November 2023.

3. Develop Committee Inductions and finalise Committee Workplans with Committee Chairs for scrutiny by the Audit Committee on the 9th November 2023 and subsequent reporting to Board for approval in November 2023.

4. Finalise a Corporate Calendar for the remainder of 2023/24 and for 2024/25 for scrutiny by the Audit Committee on 9 November 2023 and subsequent reporting to Board for approval in November 2023.

5. Finalise the Standing Operating Procedures with the Executive Team for consideration (for assurance) by the Audit Committee on the 9th November 2023 and subsequent reporting to Board in November 2023.

2.5 Recommendations

The Board is asked to:

1. **Consider the Outline Committee Framework in this report.**

2. **Approve the establishment of Committees set out in the Outline Committee Framework**

3. **Be assured that the outline Committee framework and the identified next steps will be developed and meet the requirements of the Health Board.**

Appendix 3

Outline Framework for Committees and Advisory Groups of the Health Board Committee and Advisory Groups Remit Summary					
Committees or Advisory Group	**Status**	**Comments in relation to change of oversight from current arrangements**	**Remit (Purpose)**	**Membership**	**Frequency**
Audit Committee	Established	Inclusion of Information Governance in Audit Committee remit	• Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the LHB system of assurance - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the LHB objectives, in accordance with the standards of good governance determined for the NHS in Wales. • Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further. • The adequacy of the LHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both	**Members** • Independent Members (numbers to be confirmed) **Lead Executive** • Executive Director of Finance (Lead Executive) **Other Attendees** • Board Secretary • Other Executive Directors as required by the Chair • Other Senior Managers as required by the Chair • Chief Executive (especially in relation to the approval of Accounts and Annual Governance Statement)	**Bi-Monthly**

			clinical and non-clinical) designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement and the Annual Quality Statement, providing reasonable assurance on: • compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government and others, • - the reliability, integrity, safety and security of the information collected and used by the organisation, • - the efficiency, effectiveness and economic use of resources, and • - the extent to which the organisation safeguards and protects all its assets, including its people to ensure the provision of high quality, safe healthcare for its citizens; • The Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate); • The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with		

			Governance' and managements' letter of representation to the external auditors; • The Schedule of Losses and Compensation; • The planned activity and results of internal audit, external audit, clinical audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports); • The adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity; • Proposals for accessing Internal Audit services via Shared Service arrangements (where appropriate); • Anti-fraud policies, whistle-blowing processes and arrangements for special investigations; • Any particular matter or issue upon which the Board or the Accountable Officer may seek advice • To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern • Oversight of Information Governance practice in the health board.		

Charitable Funds Committee	Established		• To make and monitor arrangements for the control and management of the Health Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework. • To provide assurance to the Board in its role as corporate trustee of the charitable funds held and administered by the Health Board. • To receive an assurance on delivery against relevant Planning Objectives aligned to the Committee, in accordance with Board approved timescales, as set out in the Health Board's Annual Plan. • To agree issues to be escalated to the Board with recommendations for action.	**Members** • Independent Members (numbers to be confirmed) **Lead Executive** • Executive Director of Finance (Lead Director) **Others in Attendance** • Executive Director of Planning and Performance • A clinical Executive Director (Rotated between the Executive Clinical Executive Directors) • Other Executive Directors as required by the Chair • Other Senior Managers as required by the Chair	**Quarterly**
Mental Health Act Compliance and Capacity Committee		Included the word "Act" in the Committee	To provide assurance that; • Those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly • That the wider operation of the 1983 Act in relation to the UHB's area is operating properly • The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;	**Members** • Independent Members (numbers to be confirmed) **Lead Executive** • Executive Director of Population Health **Others In Attendance** • 2 Other Executive Directors as required by the Chair • Other Senior Managers as required by the Chair	**Quarterly**

			• The UHB's responsibilities as Hospital Managers are being discharged effectively and lawfully; • The Committee will also advise the Board of any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action • The UHB is compliant with Mental Health Act, 1983 Code of Practice for Wales		
People Committee		Proposal to include Health and Safety (was previously under remit of Quality, Safety and Experience Committee) Now include delegated powers to consider reports on the position in regard to Speaking Up Safely and Whistleblowing. (was previously under the remit of Remuneration Committee)	• To provide assurance to the Board on compliance with legislation, guidance and best practice around the people and Organisational Development (OD) agenda. • To provide assurance to the Board on the implementation of the Health Board's People and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales. • To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements. • To receive an assurance on delivery against all relevant People Planning Objectives • To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board. • Provide assurance that there are appropriate arrangements to ensure education and	**Members** • Independent Members (numbers to be confirmed) **Lead Executive** • Executive Director Workforce and OD (Lead Director) **Other Attendees** • Chief Executive • Executive Director of Operations • Other Executive Directors as required by the Chair • Other Senior Managers as required by the Chair	**Bi-Monthly**

			commissioning meets future workforce needs. • Delegated powers to consider reports on the position in regard to whistleblowing; and Speaking Out Safely • To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern. • Oversight, delivery and monitoring of Health and Safety strategies, planning, policies, performance and regulatory compliance		
Performance and Finance Committee	Established as Performance, Finance and Information Governance Committee	Note the proposal for Information Governance under remit of Audit Committee	• To advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance • Oversight, delivery and monitoring of financial strategy, planning, policies and performance including capital and external contracting • Oversight, delivery and monitoring of Performance strategies, framework, policies, WG /local targets and performance reports • Monitoring the performance of external contracting including shared services and primary care • To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern	**Members** • Independent Members (numbers to be confirmed) **Lead Executive** • Executive Director of Finance (Lead Director) **Other Attendees** • Executive Director of Operations • Other Executive Directors as Required by the Chair • Other Senior Managers as required by the Chair	**Bi-Monthly**

Planning, Population Health and Partnerships Committee		Proposed to include consideration of infrastructure enablers including Digital, Capital and Estates. Finance of above needs to be clearly considered in Performance and Finance/	• Provide advice and assurance to the Board with regard to the development and oversight of the Health Board's IMTP/Annual Operating Plan and enabling strategies. • Ensuring strategic and collaborative alignment with effective partnership arrangements in place to improve population health and reduce health inequalities • Oversight, delivery and monitoring of the Integrated Medium-Term Plan/Annual Operating Plan and enabling strategies • Oversight, delivery and monitoring of Population Health improvement and inequality strategies, policies and performance • Oversight of strategic collaboration and effective partnership arrangements • Oversight, delivery and monitoring of Digital strategies, policies, performance • To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern	**Members** • Independent Members (numbers to be confirmed) **Lead Executive** • Executive Director of Public Health (Lead Director) **Other Attendees** • Executive Director of Planning and Transformation • Director of Partnerships, Engagement & Communication • Other Executive Directors as required by the Chair • Other Senior Managers as required by the Chair	**Bi-Monthly**
Quality, Safety and Experience Committee	Established	Health and Safety to be under remit of People Committee	• Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Health Board. • Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the Health Board	**Members** Independent Members (numbers to be confirmed) **Lead Executive** • Executive Director of Nursing and Midwifery (Lead Executive) **Other Attendees** • Other Executive Directors as required by the Chair • Other Senior Managers as required by the Chair.	**Bi-Monthly**

			• Provide assurance to the Board that the Heath Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate. • Assure the development and delivery of the enabling strategies within the scope of the Committee, aligned to organisational objectives and the Annual Plan/Integrated Medium-Term Plan for sign off by the Board. • To receive an assurance on delivery against relevant Planning Objectives aligned to the Committee in accordance with Board approved timescales, as set out in Annual Plan. • Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided. • To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern	• Representative of Llais	
Remuneration Committee	Established	Removed reference to Upholding Professional Standards in Wales (UPSW) as a delegated matter to the	Provide advice to the Board on: • The Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.	**Members** • Independent Members (numbers to be confirmed) **Lead Executive** • Executive Director of Workforce and OD (Lead Director) **Other Attendees**	**Bi-Monthly**

		Remuneration Committee (will be with the Board)	• Approve, on behalf of the Board, the remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by Welsh Government More specifically • Objectives for Executive Directors and other VSMs and their performance assessment; • Performance management systems in place for those in the positions mentioned above and its application; • Proposals to make additional payments to medical Consultants outside of normal terms and conditions; • Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the provision of the Regulations and in accordance with Ministerial instructions; • Consider and approve Voluntary Early Release applications and redundancy/severance payments in respect of Executive Director/Director posts, in line with Standing Orders and extant Welsh Government guidance. The Committee to be advised also of all Voluntary Early Release Scheme applications and severance payments; • Approve any Strategic Advisor arrangements, including scope and pay; • To approve the University Health Board's honours submission recommendations.	• Chief Executive • Board Secretary • Other Executive Directors as required by the Chair	

Stakeholder Reference Group	Established	Terms of Ref clearly laid out in Standing Orders	Early and continuous engagement and involvement in the determination of the LHB overall strategic direction; Provision of advice on specific service proposals prior to formal consultation. Feedback on the impact of the LHB operations on the communities it serves	**Chair and Vice Chair** elected from within membership. **BCU Lead Officer** - Director of Partnerships, Engagement and Communications. Third Sector – 6 places Independent Sector – 1 place Town / Community Councils – 1 place Housing Associations – 1 place Carers – 1 place Local Authorities – 6 places Disability / Equality – 1 place North Wales Regional Equality Network – 1 place Hospices – 1 place LGBTQ – 1 place **TOTAL – 20 PLACES**	**Quarterly**
Health Care Professionals Forum	Established	Terms of Ref clearly laid out in Standing Orders	Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery. Its role does not include consideration of healthcare professional terms and conditions of service. Facilitate engagement and debate amongst the wide range of clinical interests within the LHB's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the LHB's decision making.	**Chair and Vice Chair** elected from within membership. **BCU Lead Officer**: Executive Director of Therapies and Health Sciences 1 member each from the seven health Statutory Professional Advisory Committees: • Welsh Medical Committee – Primary and Community Care Medical representative – Mental Health Medical representative	**Quarterly**

				– Specialist and Tertiary Care medical representative • Welsh Nursing and Midwifery Committee – Community Nursing and Midwifery representative – Hospital Nursing and Midwifery representative • Welsh Therapies Advisory Committee – Therapies representative • Welsh Scientific Advisory Committee – Scientific representative • Welsh Optometric Committee – Optometry representative • Welsh Dental Committee – Dental representative • Welsh Pharmaceutical Committee – Hospital and Primary Care representative – Community Pharmacists representative	
Local Partnership Forum	Established	Terms of Ref clearly laid out in Standing Orders	• The LPF's role is to provide a formal mechanism where the LHB, as employer, and trade unions/professional bodies representing LHB employees, (hereafter referred to as staff organisations), work together to improve health services for the citizens served by the LHB - achieved through	**Management representatives:** • Executive Director of Workforce and OD (or deputy) (Lead Exec) • Chief Executive (C0-Chair with Trade Union's Chair) • Executive Director of Nursing and Midwifery (or deputy)	**Quarterly**

			a regular and timely process of consultation, negotiation and communication. In doing so, the LPF must effectively represent the views and interests of the LHB's workforce. • It is the forum where the LHB and staff organisations will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters. • Consider national developments in NHS Wales workforce and organisational strategy and their implications for the board. • Negotiate on matters subject to local determination. • Ensure staff organisation representatives time off and facilities agreement provides reasonable paid time off to undertake their duties and that they are afforded appropriate facilities using A4C facilities agreement as a minimum standard. • Establish a regular and formal dialogue between the Board's executive and the trade unions on matters relating to workforce and service issues. • In addition, the LPF can establish Local Partnership Forum sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues. Where these sub-groups are developed, they must report to the LHB PF as per the cycle of business.	• Executive Director of Finance (or deputy) • Executive Director of Operations • (Deputy Director People Services (or deputy) • Associate Director – People Services (or deputy) • Director of Estates and Capital (or deputy) • Director of Mental Health and Learning Disabilities (or deputy) BCUHB TU Independent Member will be expected to attend in an ex-officio capacity. The following Staff Organisations (Trade Union and Professional Organisations) are recognised as staff organisations for the purposes of the Local Partnership Forum: • Britain's General Union (GMB) • British Association of Occupations Therapists • British Dental Association • British Dietetic Association • British Medical Association • British Orthoptic Society • Chartered Society of Physiotherapy • Federation of Clinical Scientists • Royal College of Midwives • Royal College of Nursing • Society of Chiropodists & Podiatrists • Society of Radiographers • Unison	

				• Unite The formula for determining the number of representatives for each staff organisation will be one representative for up to 500 members, with further representatives for every 500 members thereafter or part thereof.	

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

Reporting Committee:	**Audit Committee**
Committee Chair:	Karen Balmer
Date of last meeting:	15 September 2023
Paper prepared by:	Deputy Board Secretary

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

Following Audit Committee on 15 September, the Committee Chair is pleased to provide the following assurance report, highlighting areas of note as follows:

Action Point Register
PF23/87 Performance report – this action relates to an update to PFIG, so it is transferred to that Committee and closed as an audit committee action.

Special Measures report
Committee discussed the transition arrangements between phase one and phase two and the absolute need for crystal clear transparency and how there was no room for ambiguity or doubt.
An audit committee work plan was commissioned.

Risk Management Framework
The Committee saw the new streamlined framework and were assured by the work undertaken and the progress made. Committee requested further development of the three lines of defence and the risk glossary.

Standing Orders
After a thorough review, there were some small amendments to be made. These will be presented to the next Audit Committee for assurance before presented to the Board for approval.

Declaration of Gifts and Hospitality
The Audit Committee noted the significant progress that had been made but were only partially assured. Further work needs to happen to embed the new systems and processes before the Committee can be fully assured. The Committee welcomed the new system and recognised the effort to get to this point.

Audit Tracker
The Committee recognised the work that has been undertaken to get to this stage but further work is required with the tracker. This has been commissioned to be completed by the next meeting.

Policy on policies
The Committee use internal controls such as this as a barometer of how effectively things are working. There was a firm commitment to reduce the number of policies and to ensure that we are compliant with the renewal timetable.

Single waiver tenders

The Committee agreed that they could only be assured when we are in a position where single tender waivers cannot be used to circumnavigate procurement controls. The Committee were assured on the timeline for the development of a formal financial recovery plan. **Internal Audit Plan** The Committee challenged and were assured by the different timescales for the charity accounts. In terms of the audit plan, the committee approved the plan. The Committee will call an Executive to Committee when an internal audit is completed. The Committee received eight audit reports with different assurance levels.
ITEMS TO BE ESCALATED TO THE BOARD
There were no items to be escalated to the Board.
NEXT MEETING
The next meeting of the Committee will be held on 20 December 2023.

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

Reporting Committee:	**Remuneration Committee**
Committee Chair:	Dyfed Edwards, Chair
Date of last meeting:	24 August 2023
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Remuneration Committee on 24 August 2023:

- The Committee supported the proposal for the establishment of a Director of Corporate Governance role.

- The Committee received a Pay Update Report paper and approved the recommended next steps outlined in the report in relation to pay awards.

- The Committee received an update report on Chief Executive, Executive and Senior Manager appointments. The Committee approved the recruitment and remuneration terms for the Interim Executive Director of Operations subject to discussion of accommodation reimbursement. The Committee noted:

1) the update on the timeline for substantive Chief Executive appointment
2) the appointment of the substantive Integrated Health Community Director – Central
3) the resignation and retirement of the substantive Deputy Chief Executive
4) that no agreement had yet been received for the VSM pay award 2023/24

- The Committee noted that the reimbursement of accommodation expenses had previously been agreed in regard to the Interim Chief Executive Officer and approved the payment of costs associated with shared property rental for the Interim Executive Director of Operations.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to the Board.

NEXT MEETING

The next meeting of the Remuneration Committee will be held on 28 September 2023.

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

Teitl adroddiad: ***Report title:***	**2023-24 Month 5 Health Board Finance Report**
Adrodd i: ***Report to:***	The Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide a briefing on the financial performance of the Health Board for the year to date as at end of August, 2023/24. <u>In Year and Forecast Outturn position</u> The Health Board's initial financial plan for 2023/24 was to deliver a deficit position of £134.1m. The August position is reporting an in-month deficit of £16.6m, which is £5.6m higher than the profiled Financial Plan for Month 5. The year to date position as at the end of August is reporting a deficit of £76.3m, of which is £20.4m more than the financial plan. This is due to a number of pressures over plan, particularly pay pressures of £8.2m, plus £2.7m shortfall on savings delivery. Some of these pay pressures are a result of the increased reliance on Agency, which comes at a premium. The year-end forecast position remains at a deficit of £134.1m. However, this is reliant on a number of initiatives reducing future costs down to the planned monthly overspend, achievement of the savings plan and recovery of the £20.4m overspend to date. Initiatives to mitigate current levels of expenditure are in place (such as the Establishment Control Group (ECG)) with a review of investment decisions made in 2023/24 nearing conclusion, with these initiatives assessed to ensure these do not impact on patient safety. A forecast outturn for the 2023/24 financial year (to include the outputs of mitigations to control costs) will be presented to future Health Boards and relevant sub-committees. <u>Savings</u> In the Health Board's Financial Plan for 2023/24, savings of £25.2m were required to be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m. To date savings plans of £18.3m have been identified as Green schemes and these are forecast to over achieve by £0.4m and accountancy gains of £0.4m have been identified. Further plans, known as Red Schemes, have been identified of £4.7m, and potential pipeline savings of £2.8m have been identified, both of which need work prior to delivery and conversion to Green Schemes.

	Year to date, the savings target is £10.5m, with actual delivery totalling £7.4m, giving the shortfall of £3.1m on savings. Capital Programme Appendix C provides a dashboard of the capital programme to enable appropriate monitoring and scrutiny. The dashboard, provides an update, on the status and progress of the major capital projects and the agreed capital programmes and highlights the key issues and mitigations, together with areas which need further escalation.
Argymhellion: ***Recommendations:***	The committee are asked to receive and scrutinise this report and to support the proposed adjustments to the capital programme.
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott, Interim Executive Director of Finance.
Awdur yr Adroddiad: ***Report Author:***	Michelle Jones, Head of Financial Reporting Paula Dixon, Head of Financial Improvement Daniel Eyre, Head of Capital Development

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

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

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

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

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, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Naddo N

In accordance with WP7 has an EqIA been identified as necessary and undertaken?	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 on a capital project by project basis.
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?***	Naddo N Equality Impact (EqIA) and a socio-economic (SED) impact assessments 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)***	There is a risk that the Health Board does not meet its statutory financial duty for 2023-24. BAF 2.3. Current risks and mitigations are shown in Appendix A, Slide 13. From a capital prospective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	**Appendix A & B** **BAF risks** BAF 2.3 Risk of the Health Board's failure to meet the break-even duty. **Corporate Risk Register:** CRR23-49, Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget CRR23-51, Risk of failure to achieve the initial financial plan for 2023/24 (£134.1m deficit),

	because of failure to achieve the level of financial improvement included in the plan CRR23-52, WG cash funding for 2023/24 **Appendix C** **BAF risks** BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets **Corporate Risk Register:** 20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: ***List of Appendices:*** A (i) - 2023/24 PFIG Finance Report - Month 5 A (ii) - 2023/24 WG Monitoring Return Report – Month 5 B - 2023/24 Savings Report - Month 5 C - 2023/24 Capital Report - Month 5	

Finance Report
August 2023 – M05

Russell Caldicott
Interim Executive Finance Director

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.

Positives & Key Assurances

- Full Year Savings Plan (FY Plan) totals £25.9m, a minor reduction of £0.2m on last month. This includes Pipeline and Red schemes. The FY Plan value of green schemes totals £18.3m, which represents an increase of £1.0m on last month.
- Approved Capital Resource Limit (CRL) for 2023/24 is £19.294m and is forecast to be spent in full.

Issues & Actions

- In-month position is reporting a deficit of £16.6m, which is £5.6m higher than the profiled financial deficit for Month 5 but in line with previous month's reported position.
- Year to date position as at the end of August is reporting a deficit of £76.3m, this represents a £20.4m adverse variance compared to 5/12th of the £134.1m core planned deficit.
- Forecast outturn is the £134.1m planned deficit for the year as endorsed by the Health Board. Slippage against plan in the first five months of the financial year will need to be recovered in the remainder of the financial year.
- The risks to delivery are highlighted within the Risks Section (Slide 12). In addition, the plan will also require £134.1m of strategic cash support to maintain existing payment terms to staff and suppliers.

Key Messages

- August position is reporting an in-month deficit of £16.6m, which is £5.6m higher than the profiled financial deficit for Month 5, but is in line with previous month. The year to date position as at the end of August is reporting a deficit of £76.3m, this represents a £20.4m adverse variance compared to 5/12th of the £134.1m core plan deficit. The Health Board continues to experience high pay costs that are driving an in-month overspend above plan of £5.6m.
- The in-year additional pressures above plan are currently being reported as non-recurring, but these will be re-assessed shortly
- WG and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it.

Summary of Year to Date Key Numbers

Month 5 Position

In Month £179.6m against plan of £174.2m.
£5.5m adverse position, actual deficit £16.7m versus planned deficit of £11.2m

YTD: £888.6m against plan of £868.2m
£20.4m adverse position, actual deficit £76.3m versus planned deficit of £55.9m

Forecast

Projection held at planned deficit but this is subject to significant risk around savings without significant improvement

£134.1m deficit

Divisional Performance Month 5

West IHC	£7m adverse
Central IHC	£10.2m adverse
East IHC	£5.5m adverse
Womens	£0.2m favourable
MH & LD	£1.8m adverse
Commissioning Contracts	£1.6m adverse
ICD Primary Care	£0m adverse
ICD Regional Services	£2m adverse
Support Functions	£1m favourable
Other Budgets	£6.5m favourable

Savings

In-month: £1.8m against target of £2.1m
£0.3m adverse

YTD: £7.4m against target of £10.5m
£3.1m adverse

Savings Forecast

£18.7m (excluding accountancy gain) against target of £25.2m
£6.5m adverse worst case if no further savings delivered beyond current green schemes

COVID-19 Impact

£5.1m cost YTD

£16.6m forecast cost.
Funded by Welsh Government
£NIL impact

Year to Date Income

£61.9m against budget of £60.1m

£1.7m favourable

Year to Date Pay

£453.2m against budget of £431.3m

£21.9m adverse

Year to Date Non-Pay

£497.2m against budget of £497.0m

£0.2m adverse

Revenue Position

- The regulatory requirement is to attain a balanced financial outturn over three financial years, with the Health Board's financial plan for 2023/24 to deliver a deficit position of £134.1m. This represents a very challenging financial situation in 2023/24 for the Health Board.

- The £196.2m recurrent deficit represents the £82m non recurrent WG funding committed recurrently, plus further £114.2m resulting from shortfalls in prior year recurrent savings and resourcing recurrently budgeted overspends realised during the 2022/23 financial year.

- **To deliver the £134.1m planned deficit a number of actions are being progressed:**

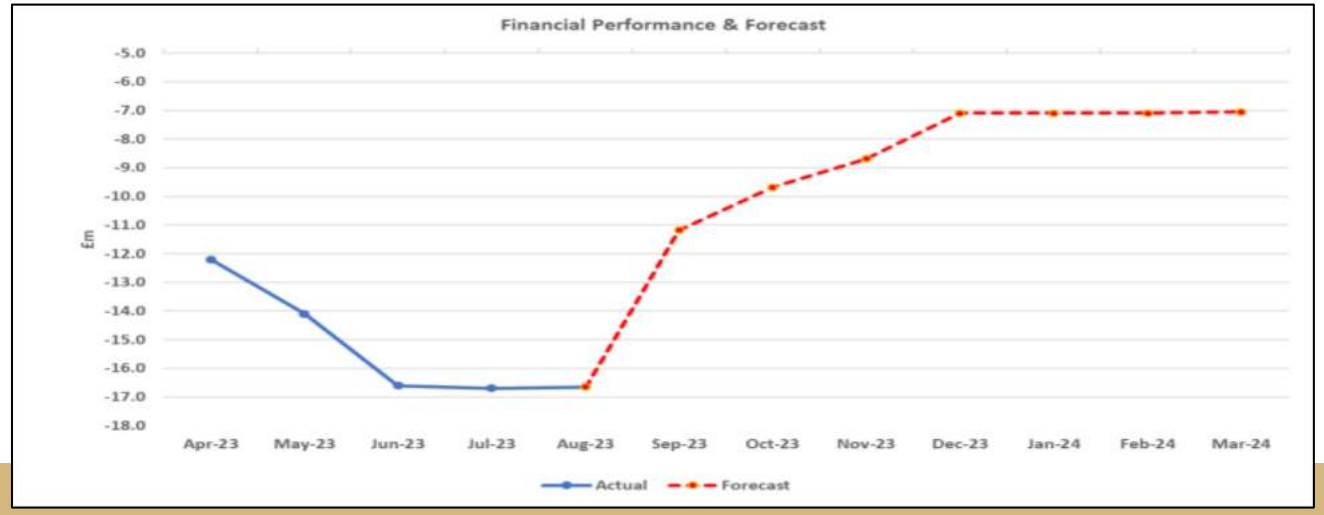
➢ All budgeted developments will be reviewed early October (assessment of unavoidable costs and patient safety) - Recurrent Investment Group Assurance (RIGA).
➢ Establishment Control Group (ECG) – assessment has commenced of all existing interims and challenging requests for recruitment to non-patient facing roles including posts which are part way through the recruitment process.
➢ Focus upon Cost Improvement Program delivery.
➢ Medical, Nursing & Therapies Temporary Workforce Controls (WLI/Agency) including review of Autocasade.
➢ Develop active use of benchmarking to support improvement.
➢ An additional performance and accountability framework is being developed and IHC's are held accountable at the monthly Executive Delivery Group (EDG).
➢ Balance sheet and reserves review for all Divisions and the central ledger, to assure all non-recurrent mitigations are known and deployed as required.

- The Financial Recovery Plan will be submitted to PFIG by the end of October.

	Actual	Actual	Actual	Actual	Forecast	2023/24 Cumulative against Plan				Forecast Actual Expenditure
	M1	M2	M3	M4	M5	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(170.9)	(163.0)	(812.3)	(812.3)	0.0	0.0%	(1,953.2)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(12.3)	(12.2)	(60.1)	(61.9)	-1.7	2.8%	(150.5)
Health Board Pay Expenditure	81.1	85.3	102.7	96.2	88.0	431.3	453.2	21.9	5.1%	1,071.1
Non-Pay Expenditure	92.0	100.5	97.0	103.8	103.9	441.1	497.2	56.1	12.7%	1,166.7
Planned Deficit						55.9	0.0	-55.9	(100.0)%	0.0
Total Deficit / (Surplus)	**12.2**	**14.1**	**16.6**	**16.7**	**16.7**	**55.9**	**76.3**	**20.4**		**134.1**

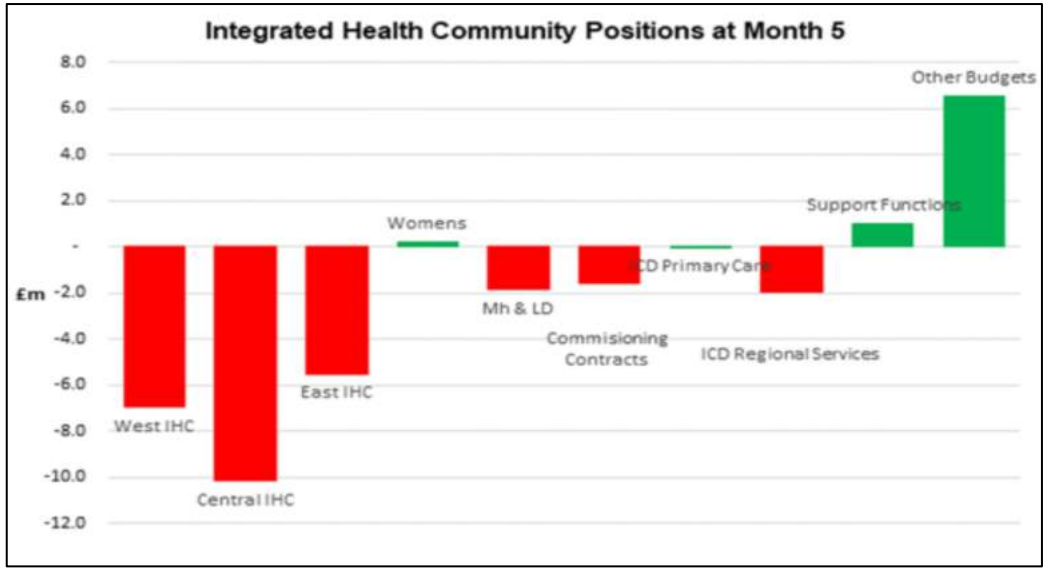
- In-month position is reporting a deficit of £16.6m, which is £5.6m higher than the profiled financial deficit for Month 5 but in line with previous month's reported position. The year to date position as at end of August is reporting a deficit of £76.3m, this represents a £20.4m adverse variance compared to 5/12ths of the £134.1m core planned deficit.

- As per below graph, the assumption is that the £20.4m deficit above plan will be recovered over the remaining months. The in-year additional pressures above plan are reported as non-recurring, but these are under review..



Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	£000
WG RESOURCE ALLOCATION	(162,991)	(162,991)	0	0%	(812,304)	(812,304)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	(8)	118	(126)	-1574%	(460)	496	(957)	-208%	(2,180)
West Area	15,801	16,814	(1,012)	-6%	79,807	81,894	(2,087)	-3%	(4,361)
Ysbyty Gwynedd	10,656	11,350	(694)	-7%	54,226	57,829	(3,603)	-7%	(8,300)
Facilities	1,118	1,269	(151)	-13%	5,947	6,267	(320)	-5%	(1,263)
Total West	27,568	29,551	(1,982)	-7%	139,519	146,487	(6,967)	-5%	(16,105)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	2,556	84	2,471	-97%	489	509	(20)	4%	(967)
Central Area	19,509	21,251	(1,741)	-9%	103,319	106,834	(3,516)	-3%	(10,300)
Ysbyty Glan Clwyd	11,981	14,652	(2,671)	-22%	67,012	73,433	(6,422)	-10%	(12,661)
Facilities	1,217	1,390	(173)	-14%	7,038	7,243	(205)	-3%	(1,033)
Total Central	35,263	37,377	(2,114)	-6%	177,858	188,020	(10,162)	-6%	(24,962)
EAST INTEGRATED HEALTH COMMUNITY									
Management	27	96	(69)	253%	141	463	(322)	229%	(778)
East Area	23,281	24,147	(866)	-4%	116,738	119,060	(2,323)	-2%	(4,000)
Ysbyty Wrexham Maelor	11,272	12,086	(814)	-7%	57,289	59,676	(2,388)	-4%	(6,428)
Facilities	1,199	1,276	(77)	-6%	6,226	6,702	(475)	-8%	(1,596)
Total East	35,780	37,606	(1,826)	-5%	180,394	185,902	(5,508)	-3%	(12,802)
Total Midwifery and Women's Services	3,860	3,834	26	1%	19,866	19,655	211	1%	251
Total Mental Health and LDS	13,912	14,318	(406)	-3%	71,661	73,502	(1,841)	-3%	(3,000)
Total Commisioning Contracts	22,017	22,687	(670)	-3%	111,545	113,122	(1,577)	-1%	(1)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	741	741	(0)	0%	4,334	4,237	97	2%	97
Dental North Wales	2,620	2,212	408	16%	13,142	12,798	344	3%	270
Community Dental Services	444	518	(74)	-17%	2,339	2,606	(267)	-11%	(640)
Other Primary Care	3,042	3,098	(56)	-2%	9,097	9,318	(221)	-2%	(515)
Total Integrated Clinical Delivery Primary care	6,847	6,569	278	4%	28,912	28,959	(47)	0%	(788)
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,852)	(1,847)	(5)	0%	(9,260)	(9,255)	(5)	0%	(0)
Diagnostic and Specialist Clinical Support	6,535	6,893	(358)	-5%	33,390	35,020	(1,630)	-5%	(4,041)
Cancer Services	5,480	5,743	(263)	-5%	26,399	26,734	(335)	-1%	(656)
ICD Regional Services Management	(14)	0	(14)	100%	0	0	0	#DIV/0!	0
Total Integrated Clinical Delivery	10,149	10,788	(639)	-6%	50,529	52,499	(1,970)	-4%	(4,697)
Total Service Support Functions	13,497	13,595	(98)	-1%	68,764	67,774	990	1%	(3,528)
Total Other Budgets	5,276	3,321	1,955	37%	19,145	12,649	6,496	34%	65,632
Total	**11,178**	**16,655**	**(5,478)**	**-49%**	**55,889**	**76,264**	**(20,375)**	**-36%**	**(0)**



- The Health Board continues to experience high pay costs that are driving an in-month overspend above plan of £5.6m. The year to date adverse variance of £20.4m to plan is driven by the following year to date cost pressures. These have been updated and further refined this month:

  - £8.2m Pay Pressures*
  - £4.7m Healthcare Services Provided by other NHS Bodies
  - £3.5m CHC
  - £3.5m Primary Care & Secondary Care Drugs
  - (£2.9m) Other Non Pay Underspends*
  - £2.7m Undelivered Savings
  - £0.7m Other

  *These items have been adjusted for the impact of expected budgetary realignment.

- The in-year additional pressures above plan are reported as non-recurring, but these are under review.

Income

Description	£m
Allocations Received	1,877.0
Total Allocations Received	**1,877.0**

Description	£m
Allocations anticipated	
Capital Depreciation - Imparirment	2.6
COVID-19	13.0
Removal of IFRS-16 Leases (Revenue)	- 4.5
Real Living Wage (Care Homes)	3.0
Clinical Excellence Awards	0.5
IM&T Refresh Programme	1.9
EPMA Income	0.7
Six Goals - Urgent Primary Care Centres	1.0
Six Goals - SDEC	1.6
Dispensing Fees increasing	1.5
Service Improvement Fund	1.1
WRP Contribution	- 5.2
22/23 payawards not in 23/24 Alloc Paper (to be made re	12.1
Prevention and Early Years Funding	1.3
English contracts additional uplift 1.9%	1.5
WHSSC English/ Cross border cost uplift 1.9%	0.6
23/24 5% A4C Pay Award	38.0
Repayment of the AME Provision funding	- 4.1
TGS Cohort Doctors	0.9
Additional Planned Care Bids	7.2
Other	1.5
Total Allocations Anticipated	**76.2**

	£m
Total Allocations Received	1,877.0
Total Allocations Anticipated	76.2
Total Welsh Government Income	**1,953.2**

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The Revenue Resource Limit (RRL) for the year is £1,953.2m. £812.3m has been phased within the year-to-date position, which is £1.5m less than 5/12th of the RRL (£813.8m).
- Confirmed allocations to date is £1,877.0m, with further anticipated allocations in year of £76.2m. Total COVID-19 funding allocation is £16.6m of which £13.0m is anticipated and £3.6m has been received. The COVID-19 income profiled into the cumulative position to date is 5.1m.
- £38.0m of anticipated income has been included for the 5% 2023/24 pay award impact and £7.2m income has also been anticipated in Month 5 for the Additional Planned Care Bids Funding.
- Also, within the WG allocation received includes Performance Fund (£30m) Transformation Fund (£12m), Sustainability Fund (£27.1m), Planned Care Core Funding (£12.0m), Values Based Healthcare (£3.1m) and Six Goals (£2.96m)

COVID -19 Funding	£m
Total 23/24 COVID-19 Forecast Expenditure	16.6
Received	3.6
Anticipated	13.0

Expenditure – Pay & Non-Pay

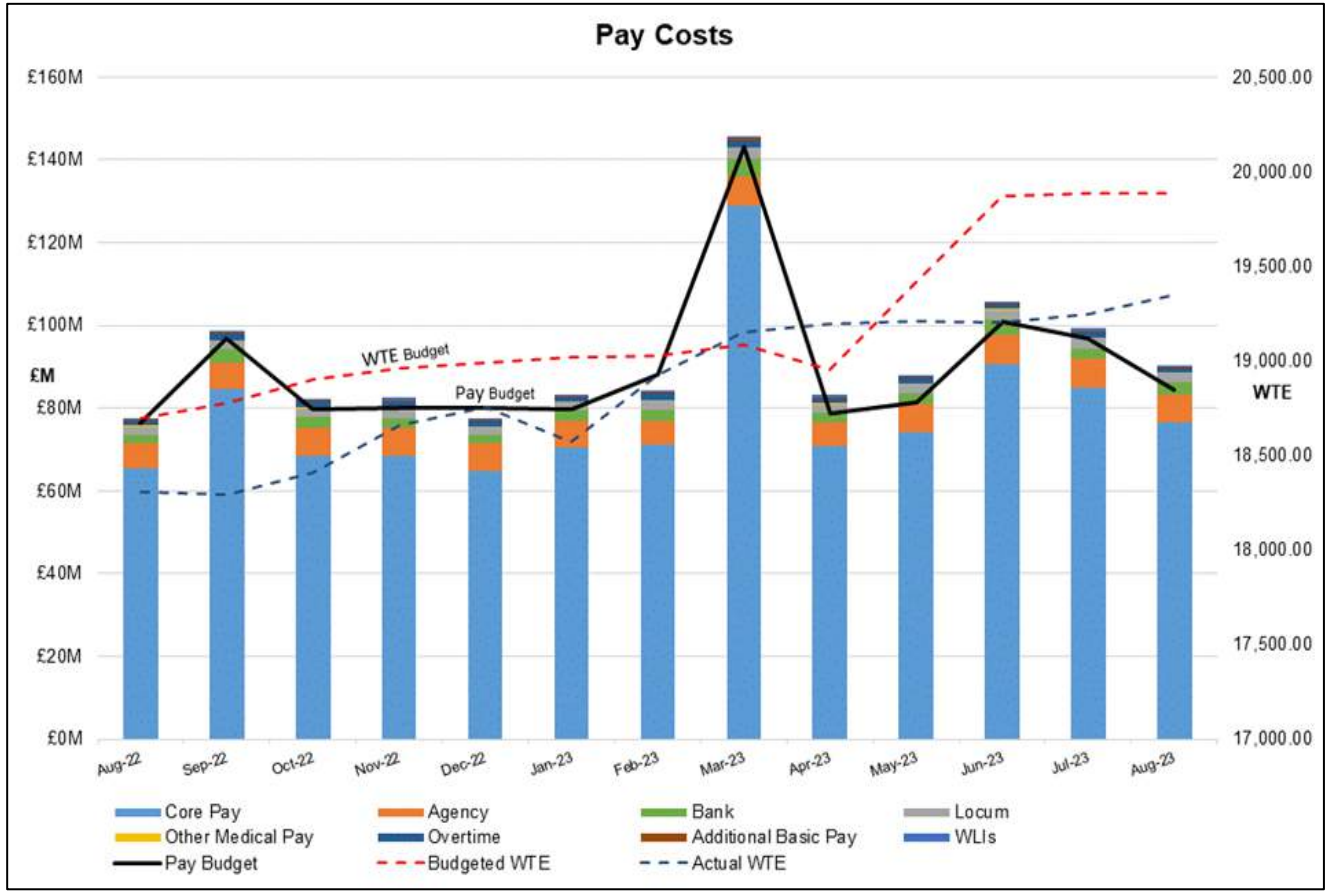
Pay Costs	2022-23	2023-24					Cumulative			
	Total Full Year Spend	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	YTD Budget	YTD Actual	YTD Variance	Full Year Forecast Expenditure
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	155.1	11.7	12.4	14.9	14.0	12.8	62.0	65.9	(3.9)	155.9
Medical & Dental	243.0	18.8	20.0	24.1	22.5	20.6	91.3	106.0	(14.7)	250.9
Nursing & Midwifery Registered	316.7	24.6	25.8	31.1	29.1	26.7	134.6	137.3	(2.7)	324.4
Additional Clinical Services	92.1	12.0	12.5	15.0	3.8	3.5	65.8	46.8	19.0	42.5
Add Prof Scientific & Technical	103.3	3.2	3.4	4.1	14.1	12.9	19.1	37.6	(18.4)	156.8
Allied Health Professionals	70.4	5.6	5.8	6.9	6.5	6.0	28.7	30.8	(2.1)	72.6
Healthcare Scientists	16.4	1.3	1.4	1.7	1.5	1.4	7.6	7.3	0.3	17.3
Estates & Ancillary	49.4	3.8	4.0	4.8	4.5	4.1	21.7	21.1	0.6	49.9
Students	0.7	0.1	0.1	0.1	0.1	0.1	0.4	0.4	0.0	0.9
Health Board Total	**1,047.2**	**81.1**	**85.3**	**102.7**	**96.2**	**88.0**	**431.3**	**453.3**	**(22.0)**	**1,071.1**
Other Services (Incl. Primary Care)	31.8	2.1	2.8	3.2	3.0	2.5	10.6	13.6	(3.0)	32.7
Total Pay	**1,078.9**	**83.2**	**88.1**	**105.9**	**99.2**	**90.5**	**442.0**	**466.9**	**(24.9)**	**1,103.8**

Non-Pay Costs	2022-23	2023-24					Cumulative			
	Total Full Year Spend	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	YTD Budget	YTD Actual	YTD Variance	Full Year Forecast Expenditure
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	223.7	18.6	18.2	18.9	19.1	18.2	93.9	93.0	0.9	223.6
Primary Care Drugs	120.8	9.3	10.4	11.4	11.0	12.2	51.6	54.3	(2.7)	130.3
Secondary Care Drugs	82.9	6.5	7.6	7.9	8.1	8.4	37.6	38.5	(0.9)	94.9
Clinical Supplies	78.0	6.4	7.1	7.5	7.5	7.5	33.5	36.0	(2.6)	79.2
General Supplies	47.7	3.6	3.6	4.0	3.6	5.8	20.1	20.6	(0.5)	45.4
HC Services Provided by Other NHS	312.3	26.2	28.1	27.6	29.1	28.9	135.3	140.0	(4.7)	331.3
Continuing Care and FNC	99.1	10.1	10.2	10.0	12.3	11.3	50.4	53.9	(3.5)	124.8
Other	107.9	8.7	10.7	5.8	9.5	8.0	56.4	42.7	13.7	93.4
Non-pay costs	**1,072.3**	**89.5**	**95.9**	**93.1**	**100.2**	**100.3**	**478.8**	**479.0**	**(0.2)**	**1,122.9**
AME/DEL Depreciation	42.7	2.5	4.5	3.9	3.6	3.6	18.2	18.1	0.0	43.8
Total non-pay	**1,115.0**	**92.0**	**100.4**	**97.0**	**103.8**	**103.9**	**497.0**	**497.2**	**(0.2)**	**1,166.7**

- **Provided Services Pay:** Expenditure has decreased by £8.2m (8.5%) from Month 4. Excluding the £9.5m i.e. 3/12ths of the £37.9m 2023/24 AFC 5% Pay Award paid in Month 4 backdated to April, the actual in-month movement is an increase of £1.3m.
- Actual WTE worked in month has increased by 102.2wte.
- Agency expenditure has increased by £0.2m in-month and Bank expenditure has also increased by £0.2m.
- Pay Annual Forecast has increased by £3.7m (0.3%), of which Agency annual forecast has increased by £2.2m. Increase in Agency and Bank expenditure is driven by Escalated beds and sustained pressures arising from unscheduled care, whilst also providing cover for the large number of vacancies in Secondary Care to maintain the Nurse Staffing Act Ward staffing levels.
- **Non-Pay Expenditure (excluding Capital Charges)**: August total non pay expenditure is £100.3m, an increase of £0.1m from Month 4. (Further detail on Non-Pay expenditure movements is referred to in Slide 10)

Expenditure – Pay

	2022-23				2023-34				
	Dec-23	Jan-23	Feb-23	Mar-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Budgeted WTE	18,993	19,017	19,027	19,082	18,952	19,415	19,869	19,883	19,887
Actual WTE	18,755	18,576	18,927	19,151	19,193	19,211	19,206	19,248	19,350

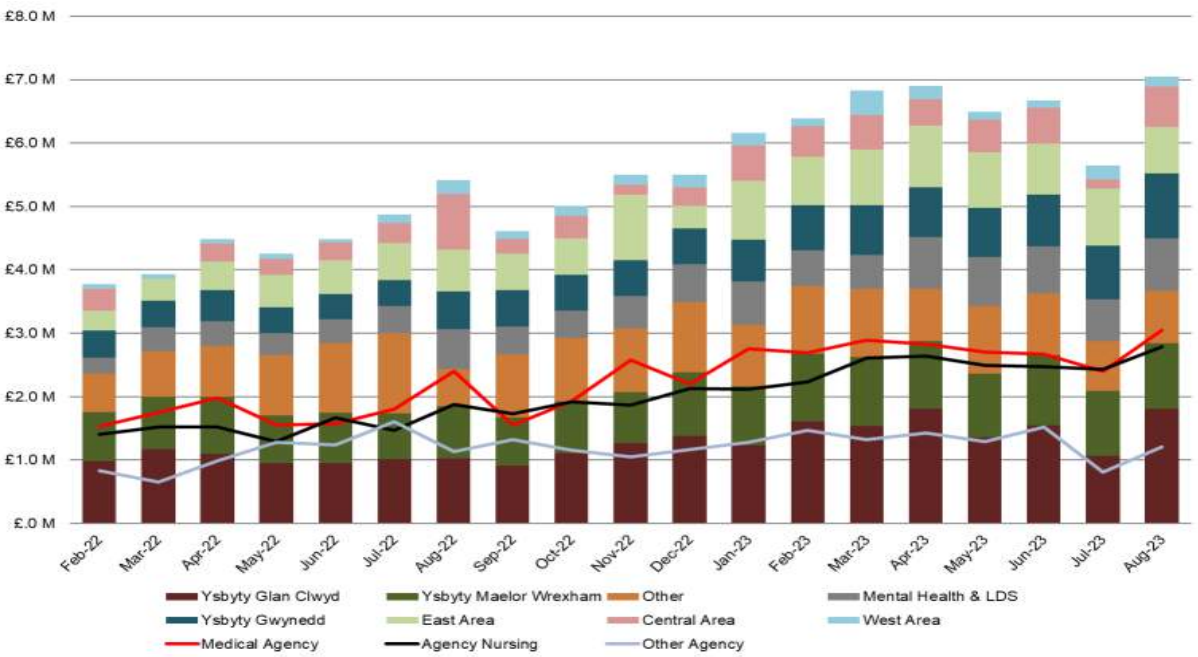


- Actual worked in August is 19,350 WTE, an increase of 102wte from July.
- The 5% consolidated Pay Award, backdated to April 23 was paid in July. The full funding is anticipated from WG. Pay in August does not include any specific uplifts.
- Agency has increased by £0.2m and Bank by £0.2m. Overtime is £0.2m less than previous month and Locum spend has reduced by £0.3m in month.
- All three sites continue to report pressures in Nursing staffing costs due to vacancies, and an increase in Agency Nursing to maintain NSA staffing levels on Wards.

Variable Pay		2023-24					
	M12	M1	M2	M3	M4	M5	Total
	£m	£m	£m	£m	£m	£m	£m
Agency	7.0	5.8	6.7	7.0	6.8	7.0	33.3
Overtime	1.7	1.1	1.2	1.1	1.3	1.1	5.8
Locum	2.6	2.2	2.4	2.6	2.6	2.3	12.0
WLIs	0.5	0.4	0.4	0.5	0.6	0.5	2.5
Bank	4.4	2.3	2.7	3.6	2.6	2.8	14.0
Other Non Core	0.0	0.1	0.1	0.1	0.1	0.1	0.4
Additional Hours	0.4	0.4	0.4	0.3	0.4	0.3	1.8
Total	**16.7**	**12.4**	**13.8**	**15.2**	**14.2**	**14.1**	**69.6**

Pay Costs – Agency

	22-23	23-24 Actual					
	Total Full Year Actual	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Total Year to Date
West Area	2,136	148	281	202	206	217	1,053
Central Area	5,092	416	527	483	718	568	2,713
East Area	9,425	676	879	1069	899	939	4,462
Ysbyty Gwynedd	8,644	884	1024	1057	934	921	4,820
Ysbyty Glan Clwyd	16,648	1323	1757	1677	1736	1,697	8,189
Ysbyty Maelor Wrexham	11,700	851	922	1038	973	1,140	4,923
Mental Health & LDS	7,593	629	602	729	722	851	3,532
Womens	2,704	226	130	126	111	133	725
Other	8,797	619	600	592	512	549	2,872
Total Agency	72,740	5,771	6,721	6,972	6,811	7,015	33,290



- Month 5 Agency expenditure is £7.0m (7.8% of total pay) an increase of £0.2m on last month and £0.9m higher than 22/23 monthly average of £6.1m. The year end forecast outturn has increased by £2.2m, from £76.7m in Month 4 to £78.9m in Month 5. The impact of the two new innovations, Wagestream and Auto cascade need to be closely monitored and assessed.

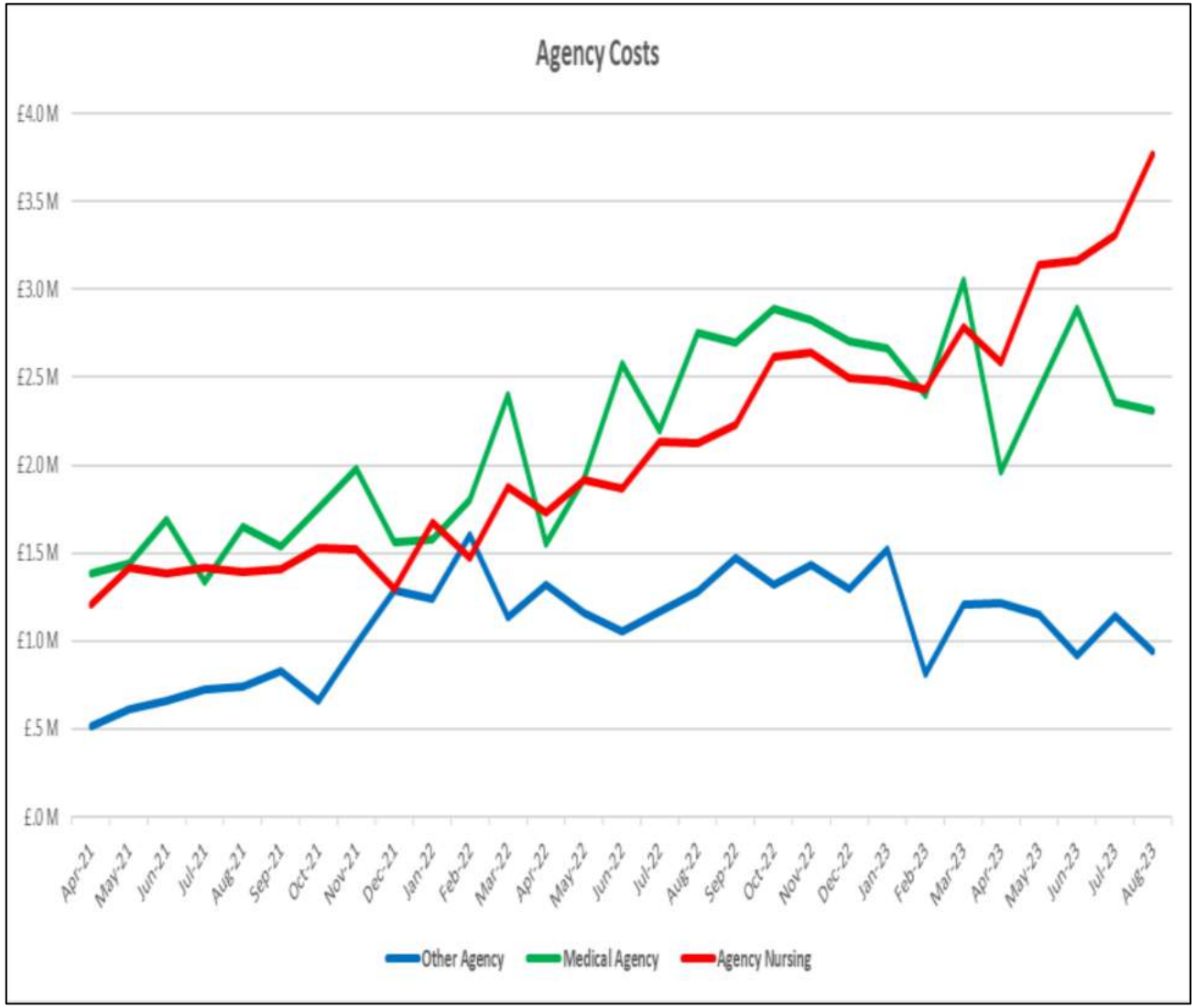
- Month 5 Medical Agency expenditure is £2.3m, of which East Integrated Health Community is £0.6m, Central IHC £0.6m, West IHC £0.6m and Mental Health £0.4m accounting for 92.0% of the in-month spend. Medical Agency is primarily used to cover vacancies.

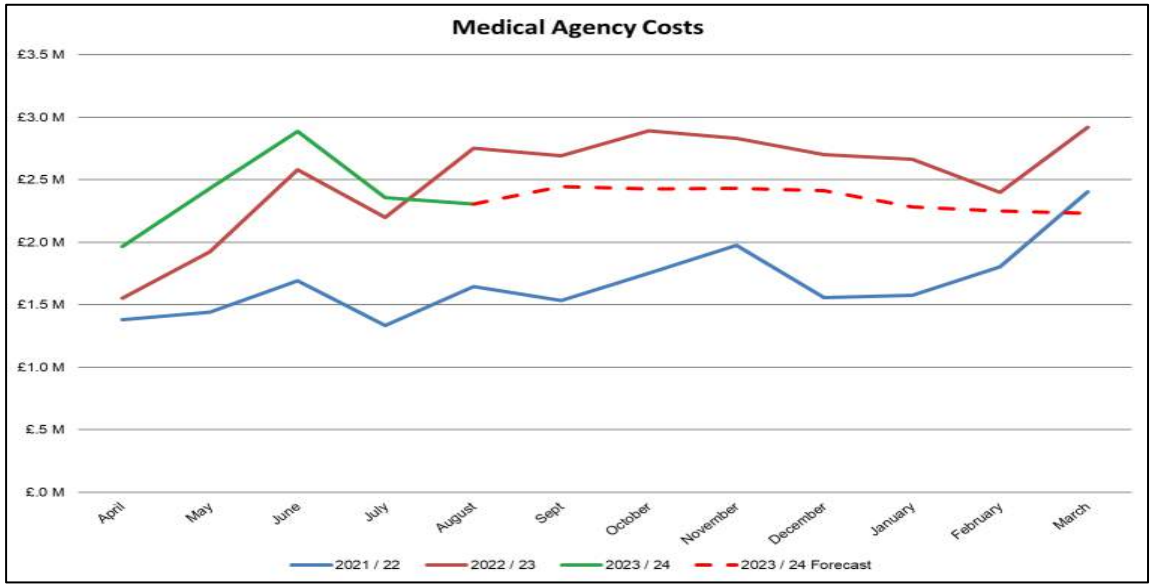
- Nurse agency costs totalled £3.8m for the month, an increase of £0.5m from previous month and is £1.6m higher than the monthly average costs of £2.2m reported in 2022/23. Agency Nurse continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care in maintaining the Nurse Staffing Act Ward staffing levels. The increasing trends of having to source off-contract agency to fill shifts is also impacting on costs. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£1.1m in month), Ysbyty Wrexham Maelor (£1.0m), Ysbyty Gwynedd (£0.5m) and Mental Health (£0.5m), which together account for 81.1% of the August expenditure.

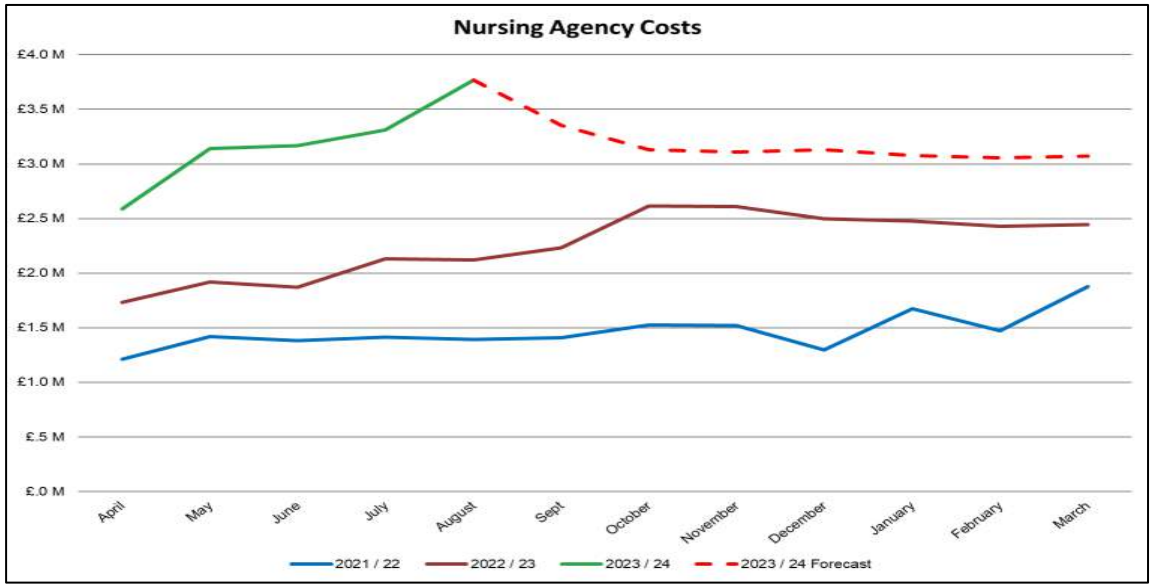
- Other agency costs totalled £0.9m in Month 5, £0.2m less than previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.5m) and Admin and Clerical (£0.3m).

Pay Costs – Agency

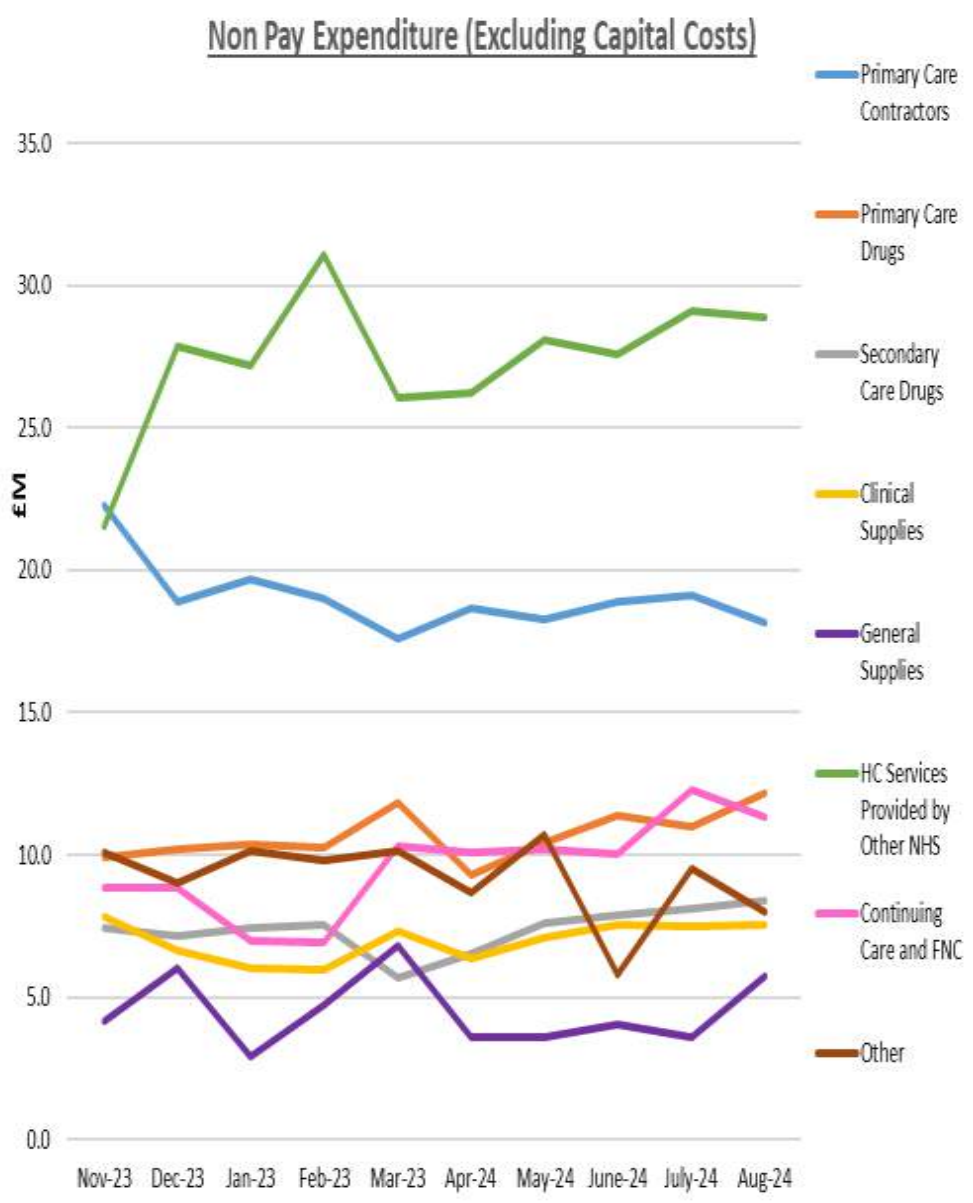
- The below graphs shows movements in both Medical & Agency Nursing costs.







Expenditure - Non Pay



- **Primary Care Contractor:** is £1.0m (5.0%) less than previous month due to the GDS in-month position being favorably impacted by underperformance adjustments/anticipated clawbacks. GMS Month 5 expenditure has remained in line with previous month, however pressures remain due to increased Enhanced Services activity, rising dispensing costs and managed practices locum cost pressures.

- **Primary Care Drugs:** Expenditure is £1.2m (11.2%) higher than previous month. Annual forecast has increased by £1.0m. August estimate is based on 22 prescribing days (July estimate was based upon 21 prescribing days) and £0.5m of the Month 5 increase includes an under-accrual for June, thus together with an increase in the 3-month rolling average cost per prescribing day, which is used to calculate the monthly accrual has resulted in an increase in the cost per item dispensed.

- **Secondary Care Drugs:** Expenditure is £0.3m (3.6%) higher than previous month. An increase in HEP C testing/patients in August has led to an in-month increase of £0.2m in Secondary Care Drugs expenditure. Cancer Services Drugs has also increased by £0.1m. Cancer Services patients is up 14% compared to the last 3 months, and costs are particularly volatile due to changing protocols, case mix start dates and New Treatment guidelines. Annual forecast has increased by £1.6m from previous month, of which £0.6m is increase Hep C Drugs and £0.8m increase in Cancer Services Drugs.

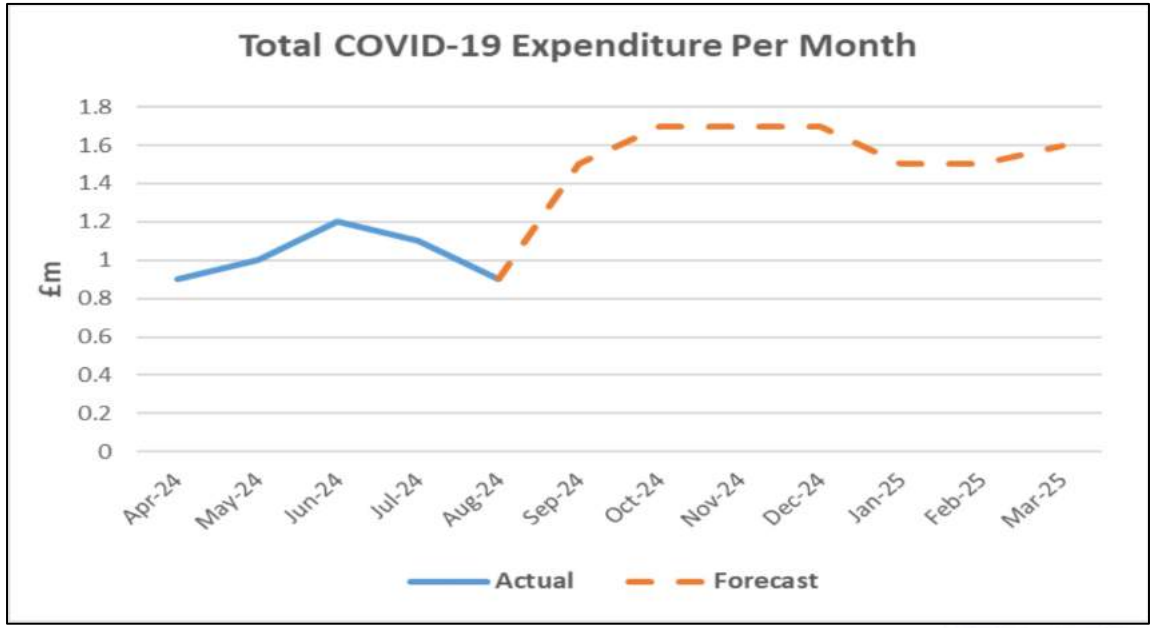
- **Healthcare Services provided by Other NHS Bodies**: August expenditure is £0.2m (0.7%) less than previous month. However, annual forecast has increased by £2.9m, of which £1.0m reflects the significant levels of Out of Area (OOA) placements which are being incurred due to lack of bed capacity because of increased demand and DTOC's. This is being monitored via a weekly accountability meeting. The overspend to date on OOA is £1.5m at Month 5. Contracting annual forecast outturn has also increased by £0.7m due to revised assumptions around English Contracts, in light of the activity proposals received.

- **Continuing Health Care (CHC) and Funded Nursing Care (FNC): E**xpenditure is £11.3m, a reduction of £1.0m (8.2%) from previous month and £0.9m higher than forecast for the month. The in-month reduction is mainly due to the 2023/24 approved CHC inflationary costs of circa £2.1m being included within the Month 4 position, with some inflationary costs being reported in Month 5. Annual forecast has decreased by £0.2m. Integrated Health Communities (IHC's) packages of care (PoC) numbers has remained in line with previous month, however MHLD packages of care have increased by 7 patients.

Impact of COVID-19

- Month 5 COVID-19 expenditure for WG funded programmes is £0.9m, a reduction of £0.2m from previous month. Total year to date COVID expenditure is £5.1m and full year forecast spend is £16.6m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid and is funded by £16.6m of Welsh Government (WG) funding.
- All COVID programmes expenditure plans continue to be refined. There is a possible risk of underspending with elements of the Health Protection Plans under discussion with Policy Leads.
- Mass Vaccination costs are forecast to remain within funding but there is a potential for additional spend in relation to Primary Care Support which is not currently in the position. Mass Vaccination guidance is still pending with regards to timescales of the Autumn booster delivery. Further discussions are taking place with the policy lead.
- Currently, not all PPE costs are captured within the year-to-date position which explains the small step up in future months.
- See below Table for Summary of COVID-19 year to date expenditure and forecast:

	Year to Date Expenditure £m	Forecast at Month 5 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.6	3.4
COVID-19 Vaccination (Immunisation) Programme	3.7	9.4
Nosocomial, PPE, Long COVID & Other	0.8	3.8
Total COVID-19 Expenditure	**5.1**	**16.6**
Welsh Gov COVID-19 Income	5.1	16.6
Impact of COVID-19 on Position	**0.0**	**0.0**



Risks and Opportunities (not included in position)

	RISKS	£m	Level
1	Failure to deliver planned savings not yet identified (Pipeline plus Red, less YTD non delivery already included in run rate risk below).	£5.2m	Medium
3	Failure to mitigate the run rate above plan (operational pressures).	£49.0m	High
4	Costs of addressing special measures status are incurred and not funded by WG, e.g. ligature costs.	£1.0m	Medium
5	Emergency pressures above plan (including winter)	£12.0m	High
6	Potential additional excess costs above plan e.g. energy and inflation.	£4.5m	Medium
	New legislative requirements around hospital waste	TBC	Low
	Further critical planned care improvement cannot be delivered within the £27m funding	£2.0m	Medium
	Total Quantifiable Risks	**£74.3m**	

- The Health Board is anticipating the receipt of strategic cash support from the WG for the resource deficit of £134m; until this is confirmed, along with the timing of this being available to drawn down, it remains a material risk (Ref CRR23-52).

Balance Sheet

Non-Current Assets	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Aug-23 £'m	Forecast Closing Balance End of Mar-24 £'m
Property, plant and equipment	707.9	696.1	692.1
Intangible assets	1.5	1.4	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	788.3	776.4	772.6
Current Assets			
Inventories	20.3	20.3	20.3
Trade and other receivables	77.4	88.8	102.3
Cash and cash equivalents	2.9	7.0	-131.2
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	100.6	116.1	-8.6
TOTAL ASSETS	888.9	892.5	764.0
Current Liabilities			
Trade and other payables	237.8	210.0	217.9
Provisions	34.3	60.3	59.2
Current Liabilities sub total	272.1	270.3	277.1
NET ASSETS LESS CURRENT LIABILITIES	616.8	622.2	486.9
Non-Current Liabilities			
Trade and other payables	28.0	28.2	28.0
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	104.7	104.8	104.7
TOTAL ASSETS EMPLOYED	512.1	517.3	382.2
FINANCED BY:			
Taxpayers' Equity			
General Fund	304.4	309.7	166.4
Revaluation Reserve	207.7	207.7	215.7
Total Taxpayers' Equity	512.1	517.3	382.1

Cash Flow Forecast

- The closing cash balance as at 30th August 2023 was £6.962m, which included £4.482m cash held for revenue expenditure and £2.480m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of (£131.220m) made up of (£132.620m) revenue cash and £1.400m capital cash.
- This forecast balance assumes working balance support of £15.471m for revenue payments and £4.472m for capital payments relating to IFRS16. This additional cash funding has been included on Table E – Resource Limits

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

MONITORING RETURN

Month 5 2023/24

Russell Caldicott
Interim Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION

1.1 Financial plan

- The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m. This presents a very challenging financial situation in 2023/24 for the Health Board.

- The three key components making up the 2023/24 initial financial plan are as follows:

  - The £196.2m underlying deficit brought forward from 2022/23
  - Plus, demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards)
  - Less financial improvement from savings and dis-investment

- The £196.2m recurrent deficit represents the £82m non recurrent WG funding committed recurrently, plus further £114.2m resulting from shortfalls in recurrent savings and from recurrent cost pressures and service developments over budget.

- Table 1 below provides a high-level summary of the overall financial position for 2023/24

Table 1: High-level summary financial position 2023/24

	Recurrent £m	Non-recurrent £m	Total £m
Recurrent deficit brought forward from 2022/23	196.2	0.0	196.2
Demand growth & inflation - income (including strategic support)	-26.2	-128.0	-154.2
Demand growth & inflation – expenditure	71.4	59.4	130.8
Total demand growth & inflation	45.2	-68.6	-23.4
Financial improvement	-38.7	0.0	-38.7
Net 2023/24 position before major decisions	**202.7**	**-68.6**	**134.1**

1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £16.6m, which is £5.6m higher than the profiled financial deficit for Month 5, but in line with the previous month's reported position. The year-to-date position as at the end of August is reporting a deficit of £76.3m, this represents a £20.4m adverse variance compared to 5/12^{ths} of the £134.1m core planned deficit.

- Key reasons for the in-month overspend above plan of £5.6m in month and £20.4m year to date adverse variance above plan compared to 5/12ths of the £134.1m core planned deficit is due to the following cost pressures:

	Year to Date Cost Pressures £m
Pay Pressures above planned assumptions	8.2
Healthcare Services Provided by Other NHS Bodies	4.7
CHC	3.5
Primary Care & Secondary Care Drugs	3.5
Other Non-Pay underspends	(2.9)
Overachieved Savings	2.7
Other	0.7
Total	**20.4**

- The in year additional pressures above plan are currently being reported as non-recurring, but these will be re-assessed shortly.

1.3 Forecast Position

- The forecast outturn is the £134.1m planned deficit for the year as endorsed by the Health Board. Slippage against plan in the first five months of the financial year will need to be recovered over the remainder of the financial year.

- The risks to delivery are highlighted in the submission and are articulated in section 3.1. In addition, the plan will also require £134.1m of strategic cash support to maintain existing payment terms to staff and suppliers (Section 10).

- The Health Board remains committed to taking action to mitigate any risks to delivery of the financial plan, with areas of focus highlighted within section 6.1.

1.4 Income (Table B)

- Income totals £175.2m for August, a reduction of £8.0m (4.4%) from July and is £0.7m higher than forecast for the month. The Revenue Resource Limit (RRL) element for August is £163.0m, which is £7.9m (4.6%) less than in July and is £0.9m higher than forecast for the month. Total annual Revenue Resource Limit (RRL) income has increased by £13.2m, of which

£7.2m is anticipated income for additional Planned Care Bids, £1.5m income for Vaccination costs, £0.7m EPMA Digital income and £3.7m RIF and Neurodivergence funding. Further details are included in Section 7 (Table E).

1.5 Actual Year to Date and Forecast Expenditure (Table B)

- Expenditure totals £191.9m for August, which is £8.1m (4.0%) less than previous month and is offset by a £8.0m reduction in income phased year to date. Total expenditure is £6.4m higher than forecast for the month.
- Further detail on key movements in expenditure is provided in the below table.
- Expenditure of £0.9 is directly related to COVID-19 in August, a reduction of £0.2m from July.

Income	• Total annual Revenue Resource Limit (RRL) income has increased by £13.2m, of which £7.2m is anticipated income for additional Planned Care Bids, £1.5m income for Vaccination costs, £0.7m EPMA Digital income and £3.7m RIF and Neurodevelopment funding.
Primary care Contractor	• August expenditure is £1.0m (5.0%) less than previous month and £0.6m less than forecast for the month due to the GDS in-month position being favourably impacted by underperformance adjustments/anticipated clawbacks. GMS Month 5 expenditure has remained in line with previous month, however pressures remain due to increased Enhanced Services activity, rising dispensing costs and managed practices locum cost pressures. • Annual forecast outturn has decreased by £0.4m, due to reducing the GDS full year forecast by £0.5m in Month 5 to an underspend of £0.3m for underperformance adjustments/anticipated clawbacks. • Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, for which £1.5m anticipated income is reported in Table E. The Health Board is significantly impacted by the increase in this cost due to the high number of Dispensing Practices within rural areas.
Primary care – Drugs & Appliances	• Month 5 expenditure is £1.2m (11.2%) higher than previous month, and £1.1m higher than forecast for the month. Annual forecast has increased by £1.0m. • August estimate is based on 22 prescribing days (July estimate was based upon 21 prescribing days) and £0.5m of the Month 5 increase includes an under-accrual for June, thus together with an increase in the 3-month

	rolling average cost per prescribing day, which is used to calculate the monthly accrual has resulted in an increase in the cost per item dispensed. • Following receipt of June prescribing data, the 3-month Average Cost per Prescribing Day in June has increased by +0.3%. • The Average Cost per Item increased in June to £7.66 per item compared to £7.56 per item for May. The 3-month Average Cost per Item also increased from £7.54 to £7.59 (+0.6%). • The overall number of Items Prescribed per Prescribing Day has decreased by -3.8%; June had 68,484 items prescribed compared to 71,225 in May. The 3-month Average Items Prescribed per Prescribing Day has also decreased from 71,779 to 71,546 (-0.3%).
Provided Services – Pay	• Provided Services Pay expenditure has decreased by £8.2m (8.5%) from Month 4 and is £0.4m less than forecast for the month. Excluding the £9.5m i.e. 3/12ths of the £37.9m 2023/24 AFC 5% Pay Award paid in Month 4 backdated to April, the actual in-month movement is an increase of £1.3m. • Actual WTE worked in month has increased by 102.2wte. • Agency expenditure has increased by £0.2m in-month and Bank expenditure has also increased by £0.2m. • Annual Forecast has increased by £3.7m (0.3%), of which Agency annual forecast has increased by £2.2m. Increase in Agency and Bank expenditure is driven by Escalated beds and sustained pressures arising from unscheduled care, whilst also providing cover for the large number of vacancies in Secondary Care to maintain the Nurse Staffing Act Ward staffing levels. Further detail on Agency is included in Section 5.1 Agency/Locum Expenditure (Table B2).
Provider Services Non-Pay	• August expenditure is £1.7m (9.8%) higher than previous month and £4.8m higher than forecast for the month. £1.5m of the in-month movement is due to an increase in accrual for Local Authority RIF payments for which funding has been received. • Annual forecast has increased by £7.0m, of which £3.7m is additional expenditure built into forecast for £2.8m RIF allocation received and £0.8m Neurodivergent funding. Energy forecast has also increased by £2.8m and £0.7m is additional expenditure built into forecast for EPMA digital costs.

Secondary care Drugs	• Secondary Care Drugs expenditure continues to increase, with Month 5 expenditure being £0.3m (3.6%) higher than previous month and is £0.5m above forecast for the month. An increase in HEP C testing/patients in August has led to an in-month increase of £0.2m in Secondary Care Drugs expenditure. Cancer Services Drugs has also increased by £0.1m. Cancer Services patients is up 14% compared to the last 3 months, and costs are particularly volatile due to changing protocols, case mix start dates and New Treatment guidelines. • Annual forecast has increased by £1.6m from previous month, of which £0.6m is increase Hep C Drugs and £0.8m increase in Cancer Services Drugs.
Healthcare Services provided by other NHS Bodies	• Month 5 expenditure is £0.2m (0.7%) less than previous month and is £1.2m higher than forecast for the month. • Annual forecast has increased by £2.9m, of which £1.0m reflects the significant levels of Out of Area (OOA) placements which are being incurred due to lack of bed capacity because of increased demand and DTOC's. This is being monitored via a weekly accountability meeting. The overspend to date on OOA is £1.536m at Month 5. • Contracting annual forecast outturn has also increased by £0.7m due to revised assumptions around English Contracts, in light of the activity proposals received. • In addition, Corporate forecast outturn has also increased by £0.7m due to a backdated accrual correction.
Continuing Health care (CHC) and Funded Nursing care (FNC)	• August expenditure is £11.3m, a reduction of £1.0m (8.2%) from previous month and is £0.9m higher than forecast for the month. The in-month reduction is mainly due to the 2023/24 approved CHC inflationary costs of circa £2.1m being included within the Month 4 position, with some inflationary costs being reported in Month 5. • Annual forecast has decreased by £0.2m. Integrated Health Communities (IHC's) packages of care (PoC) numbers has remained in line with previous month, however MHLD packages of care have increased by 7 patients.
Other Private and Voluntary Sector	• Expenditure relates to a variety of providers, including Hospices, Mental Health organisations and planned care activity providers. • August expenditure is £0.8m (33.8%) less than previous month and is £1.2m less than forecast for the month. Annual forecast has also decreased by £1.3m due to a further revision of the estimated insourcing activity.

Joint Financing	• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget. • Expenditure is in line with previous month and annual forecast has increased by £0.4m.
Losses, Special Payments and Irrecoverable Debts	• Includes Redress, Clinical Negligence, Personal Injury and loss of property. • Expenditure is £0.1m less than previous month and £0.1m less than forecast for the month. Annual forecast has decreased by £0.5m due to the in-month claims values being lower than anticipated.
Capital	• Includes depreciation and impairment costs which are fully funded. Table B remains unchanged and will be updated once clarity has been confirmed on a few IFRS16 Contracts and October Non-Cash submission.

- The year to date and forecast expenditure includes the additional 5% 2023/24 Pay Award impact. WG has committed to fully fund the pay award impact for which £37.96m anticipated income has been included in Table E.

- The basis of the outturn energy forecast has been amended to reflect the latest forecasts provided by CCS for the period October 2023 to March 2024; the outturn forecast has therefore increased by c£3m. The outturn forecast also now includes cost of £0.3m for heating oil and other sites not on the main BG/CCS energy contracts. The forecast from CCS for the final 6-months of the year is greater than the previous forecast provided by British Gas, particularly regarding the non-commodity charges. It should be noted that Shared Services have cautiously advised that CCS could further reduce the non-commodity forecast costs but this has not been included in the forecast; for BCU this could be a further £2.5m. Energy commodity costs have stabilised over recent months but remain vulnerable to global factors, particularly the impact of the conflict in Ukraine, economic growth/inflation and weather.

1.6 Performance and Transformation Strategic Support

- As per the financial plan it is forecast that the Performance Fund (£30m) Transformation Fund (£12m) will be spent in full. The below table summarises actual year to date expenditure of £14.2m, a reduction of £1.3m from Month 4 and forecast expenditure of £27.8m to be spent over the remainder of the financial year.

	Actual					Forecast							
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	1.7	2.8	2.4	3.3	2.3	4.2	3.0	3.0	3.0	3.0	3.1	3.2	**35.0**
Non-Pay	0.1	0.3	0.2	0.7	0.4	0.4	0.7	0.8	0.8	0.8	0.8	1.0	**7.0**
Total	**1.8**	**3.1**	**2.6**	**4.0**	**2.7**	**4.6**	**3.7**	**3.8**	**3.8**	**3.8**	**3.9**	**4.2**	**42.0**

1.7 Accountancy Gains (Table B)

- The Health Board is reporting £0.4m Accountancy Gains in August, as reported in Table C.

1.8 COVID-19 (Table B3)

- Month 5 COVID-19 expenditure for WG funded programmes is £0.9m, a reduction of £0.2m from previous month. Total year to date COVID expenditure is £5.1m and full year forecast spend is £16.6m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid and is funded by £16.6m of Welsh Government (WG) funding.

- All COVID programmes expenditure plans continue to be refined. There is a possible risk of underspending with elements of the Health Protection Plans under discussion with Policy Leads.

- Mass Vaccination costs are forecast to remain within funding but there is a potential for additional spend in relation to Primary Care Support which is not currently in the position. Mass Vaccination guidance is still pending with regards to timescales of the Autumn booster delivery. Further discussions are taking place with the policy lead.

- Currently, not all PPE costs are captured within the year-to-date position which explains the small step up in future months.

- A summary of COVID-19 year to date expenditure and forecast as per Table B3 is provided below:

1. FINANCIAL POSITION

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Total year to Date Spend £m	Forecast Year End Position £m
Health Protection (Testing, Tracing and Surveillance)	0.1	0.1	0.1	0.2	0.1	0.6	3.4
COVID-19 Vaccination (Immunisation) Programme	0.7	0.6	1.0	0.8	0.6	3.7	9.4
Nosocomial, PPE, Long COVID & Other	0.5	-0.1	0.1	0.1	0.2	0.8	3.8
Total COVID-19 Expenditure	**1.3**	**0.6**	**1.2**	**1.1**	**0.9**	**5.1**	16.6
Welsh Gov COVID-19 Income	1.4	0.5	1.2	1.1	0.9	5.1	16.6
Impact of COVID-19 on Position	**-0.1**	**0.1**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

2. UNDERLYING POSITION

2.1 Movements from Plan & Underlying Position (Table A & A1)

- **Underlying -** The Health Board has faced a significant underlying deficit position, which is a consequence of our cost pressures, decision-making processes, and delivery inefficiencies. The underlying position brought forward from 2022/23 is a deficit of £196.2m, with an opening plan deficit of £134.1m. The c/f underlying position remains as per the Annual Plan. Deteriorations in the in-year rate are being classified as non-recurring, but are being reviewed.

- At Month 5 the methodology for explaining the pressures has been refined and now reflects the ledger and divisional forecasts.

- **Movements being in-year pressures and mitigations updated within Table A include:**

- Line 27 – £6.1m Red Rated and Pipeline savings (up to planned £25.2m level) still to be finalised.

- Line 29 – £19.1m Pay pressures above planned assumptions. The forecast pressures are likely to continue at a rate of £1.6m per month.

- Line 30 – £5.5m Primary Care Drugs and Secondary care Drugs, of which £0.8m is due to Primary Care Drugs under-accrued costs relating to 22/23. Previously this excluded Secondary Care Drugs as the value was below the materiality to include on Table A with the contra entry being non pay benefits. At Month 5 Secondary Care Drugs pressures has increased and therefore warranting the inclusion on Table A.

- Line 31 – £2.2m Healthcare Services provided by other NHS bodies - Out of Area Placements (Child and MH) and other Contracts net of WHSCC surplus. At Month 5 English Contracts are producing a year to date pressure due to catch up of MDS information. This is not currently forecast to continue at this rate.

- Line 32 – £6.4m Other Non-Pay underspends – See references within this Section. Previously these were not recorded as material actions on Table A and were mitigating the non material cost pressures. Both of these items are being recorded in Table A. These are assumed to continue at a rate of £0.5m per month for the remainder of the year.

- Line 33 – £4.2m CHC pressures. CHC inflationary pressures continue to be reflected and therefore a cost of £0.1m per month for the remainder of the year.

- Line 34 – £1.4m Mitigating actions to be finalised - currently Red and pipeline above planned £25.2m.

2. UNDERLYING POSITION

- Line 35 – £28.5m Mitigating actions to be finalised (RIGA £15m, Balance Sheet £8m, Establishment Control Group (ECG) £5.0m). The months where the profile increases reflect the review of Balance Sheet.

- Line 37 – £3.0m increase in revised Energy forecast outturn which now reflects the national forecast for October- March.

- Line 38 & 39 – £0.3m GDS forecast underspend and £2.3m GMS forecast overspend.

- **To deliver the £134.1m planned deficit, a number of actions are being progressed:**

    - All budgeted developments will be reviewed early October (assessment of unavoidable costs and patient safety) - Recurrent Investment Group Assurance (RIGA)
    - Establishment Control Group (ECG) – assessment has commenced of all existing interims and challenging requests for recruitment to non-patient facing roles including posts which are part way through the recruitment process.
    - Focus upon Cost Improvement Program delivery.
    - Medical, Nursing & Therapies Temporary Workforce Controls (WLI/Agency) including review of Autocasade.
    - Develop active use of benchmarking to support improvement.
    - An additional performance and accountability framework is being developed and IHC's are held accountable at the monthly Executive Delivery Group (EDG).
    - Balance sheet and reserves review for all Divisions and the central ledger, to assure all non-recurrent mitigations are known and deployed as required.

- The Financial Recovery Plan will be submitted to PFIG by the end of October.

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

- The Risks and opportunities have been fully assessed at Month 5. The mitigating actions have now been incorporated into Table A. A number of risks have been removed or reduced following further assessment. The remaining risks will continue to be monitored and managed throughout the year. The below are current risks to the Health Board's financial position for 2023/24 as at Month 5.

	£m	Level
Risks		
Failure to deliver planned savings not yet identified (Pipeline plus Red, less YTD non delivery already included in run rate risk below)	£5.8m	Medium
Failure to mitigate the run rate above plan (operational pressures)	£49.0m	High
Costs of addressing special measures status are incurred and not funded by WG, e.g. ligature costs.	£1.0m	Medium
Emergency pressures above plan (including winter)	£12.0m	High
Potential additional excess costs above plan e.g. energy and inflation.	£4.5m	Medium
New legislative requirements around hospital waste	TBC	Low
Further critical planned care improvement cannot be delivered within the £27m funding	£2.0m	Medium
Total Quantifiable Risks	**£74.3m**	

4. RING FENCED ALLOCATIONS

4.1 Ringfenced Allocations (GMS - Table N)

- Table N (GMS) completion is required from Month 6.

4.2 Ringfenced Allocations - (GDS - Table O)

- Table O (GDS) completion is required from Month 6.

4.3 Ringfenced Allocations (Table P)

- The Ringfenced Funding is forecast to be spent in full. Actual performance against plans will continue to be monitored monthly and used to inform future forecasts.
- RIF funding is expected to be fully spent, with the majority of this funding passing to Local Authorities.
- Genomics is predominantly passed through to WHSCC.
- Critical care is being spent and is now part of the baseline costs and funding.
- SIF funding has been received, which is fully committed and is forecast to be spent in full.
- Funding is now anticipated for £7.2m additional Planned Care Bids, but discussions are ongoing about the investments which this funding should support. As such, this funding is currently shown as uncommitted.

5. AGENCY/LOCUM EXPENDITURE

5.1 Agency/Locum Expenditure (Table B2 – Sections B & C)

- Agency expenditure for Month 5 is £7.0m, representing 7.8% of total pay, an increase of £0.2m on last month. The 2022.23 monthly average Agency expenditure was £6.1m. Agency year end forecast outturn has increased by £2.2m, from £76.7m in Month 3 to £78.9m in Month 4. The impact of the two new innovations which were introduced in June, Wagestream and Auto cascade, are being closely monitored, assessed and revised – e.g. Off-contract Agency has been switched off across the HB.

- Month 5 Medical Agency expenditure is £2.3m and is in line with previous month, which includes East Integrated Health Community (£0.6m), Central IHC (£0.6m), West IHC (£0.6m) and Mental Health (£0.4m) accounting for 92.0% of the in-month spend. Medical Agency is primarily used to cover vacancies.

- Nurse agency costs totalled £3.8m for the month, an increase of £0.5m from previous month and is £1.6m higher than the Nursing Agency monthly average costs of £2.2m reported in 2022/23. Agency Nurse continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care in maintaining the Nurse Staffing Act Ward staffing levels. The increasing trends of having to source off-contract agency to fill shifts is also impacting on costs. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£1.1m in month), Ysbyty Wrexham Maelor (£1.0m), Ysbyty Gwynedd (£0.5m) and Mental Health (£0.5m), which together account for 81.1% of the August expenditure.

- Other agency costs totalled £0.9m in Month 5, a decrease of £0.2m from previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.5m) and Admin and Clerical (£0.3m).

6. SAVINGS

6.1 Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 and C4)

- To meet the Health Board's Financial Plan of £134.1m deficit for 2023/24, savings of £25.2m must be delivered. The requirement is for savings to be cash releasing and recurring. Internally, a full year stretch savings target of £30.9m has been set, which if achieved would provide £5.7m to mitigate additional cost pressures. The target has been profiled on equal twelfths basis.

- As at Month 5, the full year savings plan (FY Plan) now totals £25.9m, a minor reduction of £0.2m on last month which relates to a number of schemes being assessed as non-deliverable having been replaced with alternative schemes with a very slightly amended value. This includes Pipeline and Red schemes. The FY Plan value of Green schemes totals £18.3m, which represents an increase of £1.0m on last month. The proportion of Green recurring savings now totals £13.5m. Therefore, the gap between total Green savings and £25.9m totals £6.9m. Work continues to identify recurring schemes.

- IHC's and Services need to address the outstanding current year shortfall whilst at the same time developing plans for the next financial year.

- Saving schemes reported include local 'transactional' schemes.

- Actual savings delivered at Month 5:
  - Year to Date actual savings total £7.4m, of which £5.8m is recurring.
  - Savings delivered in Month totalled £1.8m, of which £1.6m recurring.

- Actions continue including monthly check and challenge sessions with the Divisions and via the Executive Delivery Group. The red and pipeline schemes will be further reviewed for robustness before re-categorising as Green. The ECG process has now commenced, and the first RIGA assessment will take place early October.

7. INCOME ASSUMPTIONS

7.1 Income/Expenditure Assumptions (Table D)

- All figures have been updated following agreement of Health Care Agreements and Major Contracts between Welsh NHS bodies in accordance with WHC (2023) 012.

7.2 Resource Limits (Table E & E1)

- The Revenue Resource Limit (RRL) for the year is £1,953.2m. £812.3m of the RRL has been phased within the year to date position, which is £1.5m less than 5/12^{ths} of the RRL (£813.8m).

- Confirmed allocations to date is £1,877.0m, with further anticipated allocations in year of £76.2m. Total COVID-19 funding allocation is £16.6m of which £13.0m is anticipated and £3.6m has been received. Total COVID-19 income profiled into the cumulative position to date is 5.1m.

- £37.96m of the anticipated income included in Table E is the 5% 2023/24 pay award impact. The backdated pay for April-July was included within the Month 4 position.

- Also, included within Table E in Month 5 is the anticipated income of £7.2m for Additional Planned Care Bids.

8.1 Welsh NHS Contracts

- The Health Board's Welsh Expenditure and Income LTA's/SLA's were agreed and signed before the deadline of 30th June 2023 for the following agreements:

	Income	Expenditure
Powys	✓	✓
Powys – Clinical Outreach	✓	(not applicable)
Hywel Dda	✓	✓
WHSCC	✓	(not applicable)
Cardiff & Vale	(not applicable)	✓

- Work is ongoing to finalise the Hywel Dda to agree a Service Level Agreement to cover their historic outreach use of Tywyn hospital. Previously the costs associated with this activity has been covered by regular invoicing, but upon review of the income streams within the HB we have approached HD to put an SLA in place to cover this activity. Agreement has been obtained that an SLA would be acceptable, and work has commenced to get the agreement in place in the coming weeks, but the full specification, schedule and costs were not available to enable this by 30th June. There is no dispute around the service or agreement and both parties agree this is of low value and materiality, it covers just over 60 clinic sessions annually taking place in the facility.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

9.1 Statement of Financial Position (Table F)

The opening Statement of Financial Position figures on Table F have now been updated to reflect the Health Board's 2022-23 audited accounts submission of 25th August 2023.

Details of actual and forecast material movements in the Statement of Financial Position during 2023-24 are as detailed below.

Movements at Month 5 2023-24

- **Current assets – Cash and cash equivalents (line 9)**

Cash and cash equivalents have increased by £4.049m to £6.962m during the year, made up of increase of £2.969m in revenue cash and £1.080m in capital cash.

The closing cash balance of £6.962m at Month 5 consisted of £4.482m revenue cash and £2.480m cash for capital projects.

- **Current assets – Trade and Other Receivables (line 7)**

Trade and other receivables increased by £10.495m during Month 5 mainly due to an increase in receivables of £11.702m with the Welsh Risk Pool. This is also reflected in the movement in current provisions below.

Year to date receivables have increased by £11.456m and again this is mainly due to increases in amounts due from the Welsh Risk Pool, dependant on the outcome of litigation claims, offset by a reduction in the Accounts Receivable system balance.

- **Current liabilities – Trade and Other Payables (line 13)**

Year to date payables have decreased by £27.851m made up of a reduction in revenue payables of £24.165m and a reduction in capital payables of £3.686m.

The decrease in payables is mainly as a result of reduction of £13.004m in year-end accruals for a 1.5% consolidated pay award in May, reductions of £11.541m in system payables (accounts payable and open purchase orders) alongside reductions in payables to HMRC and Continuing Healthcare providers.

- **Current liabilities – Provisions (line 15)**

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

Increases of £25.987m in provisions mainly relate to on-going clinical negligence litigation claims, the majority of which will be recoverable from the Welsh Risk Pool in the event of cases being successful. Provisions for clinical negligence and personal injury claims increased by £29.223m during the first five months of 2023-24 offset by reductions of £3.236m in other areas.

Full year forecast movements

- **Current assets – Trade and Other Receivables (line 7)**

It is currently assumed that material amounts paid by the Health Board in respect of increased clinical negligence provisions will be recoverable from the Welsh Risk Pool and these will be amended each month based on the Legal and Risk Services quantum.

It is assumed that the balance of trade and other receivables will increase during the year due to the timing of Welsh Risk Pool Advisory Board meetings and year-end invoicing.

- **Current assets – cash and cash equivalents (line 9)**

Details on the forecast cash outturn position is provided in the narrative to Table G – Monthly Cashflow Forecast.

- **Current and Non-Current liabilities – Trade and Other Payables (line 13 and 19)**

  Capital trade and other payables

Capital payables are expected to decrease by £4.472m during 2023-24 in respect of payments relating to IFRS16 and assumed funding for this has been included in Table E.

Revenue trade and other payables

Forecast reductions in revenue trade and other payables largely relate to the movement in the accrual for a 1.5% pay award paid during May 2023, resource only allocations received in the last financial year and revenue cash that was available but not drawn during the 2022-23.

Forecast reduction in current and non-current trade and other payables	£m
Balance B/F 1st April 2023	265.863
Revenue - reduction in pay award accrual	(13.004)
Revenue – reduction in payables for cash not drawn in 2022-23	(1.770)
Revenue - reduction in payables for resource only allocations in 2022-23	(0.697)
Capital – reduction in IFRS16 payables	(4.472)
Forecast Balance C/F 31st March 2024	**245.920**

- **Current liabilities – Provisions (line 15)**

Based on the latest quantum information provided by NWSSP Legal and Risk Services it is currently assumed that litigation provisions will remain stable over the remainder of the year but that any movements will be matched by receivables with the Welsh Risk Pool.

9.2 Welsh NHS Debtors (Table M)

Aged Debtors (Table M)

- At the end of Month 5 2023-24 the Health Board held six outstanding NHS Wales invoices totalling £43,716.20 that were over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales.

- The Health Board is not aware of any disputes with these invoice or any reasons why they will not be paid before their respective arbitration deadlines.

10. CASH

10.1 Monthly Cash Flow Forecast (Table G)

- The closing cash balance as at 30th August 2023 was £6.962m, which included £4.482m cash held for revenue expenditure and £2.480m for capital projects.

- The Health Board is currently forecasting a closing cash balance for 2023-24 of (£131.220m) made up of (£132.620m) revenue cash and £1.400m capital cash.

- This forecast balance assumes working balance support of £15.471m for revenue payments and £4.472m for capital payments relating to IFRS16. This additional cash funding has been included on Table E – Resource Limits

Revenue cash forecast 2023-24	**£m**
Opening revenue balance	1.513
Forecast deficit position (Table B)	(134.133)
Forecast working balances movement	(15.471)
Forecast revenue working balances support	15.471
Forecast closing revenue cash balance	**(132.620)**
Capital cash forecast 2023-24	**£m**
Opening capital cash balance	1.400
Confirmed Capital Resource Limit funding	19.294
Anticipated donated capital funding	0.542
Anticipated net book value of capital disposals	0.485
Forecast capital working balance support for IFRS16	4.472
Forecast capital cash spend	(24.793)
Forecast closing capital cash balance	**1.400**
Total cash forecast 2023-24	**£m**
Opening cash balance	2.913
Forecast revenue and capital working balance support (Table E)	19.943
Forecast capital funding – CRL, donated and NBV of disposals	20.321

10. CASH

Forecast revenue outturn position and reductions in revenue payables	(149.604)
Forecast capital cash spend including reductions in capital payables	(24.793)
Total forecast closing balance	**(131.220)**

11. PUBLIC SECTOR PAYMENT POLICY PSPP

11.1 . Public Sector Payment Policy PSPP (Table H)

- Table not required this month.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2023/24 is £19.294m and is forecast to be spent in full. Year to date expenditure is £6.1m against a year to date plan of £6.0m.

12.2 Capital Programme (Table J & K)

- The Capital Programme update is reported in Table J.
- The spend profiles will be reviewed over future months to assure that they reflect a robust forecast.
- Disposals (Table K) has been updated within the Month 5 submission to include Cilan MHRC, Ala Road Pwllheli and Ruthin Health Centre.

13. OTHER ISSUES

13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.

- The Month 5 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee on the 26th October 2023.

- The nominated deputies who have authority to approve the monthly Monitoring Return submission, in the absence of the Chief Executive and/or Executive Director of Finance are:

  - For the Chief Executive Officer: Nick Lyons, Interim Deputy Chief Executive Officer / Executive Medical Director.
  - For the Executive Director of Finance: Andrea Hughes, Interim Operational Finance Director.

Carol Shillabeer
Interim Chief Executive Officer

Russell Caldicott
Interim Executive Director of Finance

Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 4.1.

The year-to-date deficit position of £59.609m is £6.604m higher than forecast at month 3, with key contributing factors being the continuation of costs incurred in June as well as new emerging WHSSC and CHC pressures. At month 4, c.£10.000m of incurred year to date pressures are being treated as non recurrent with your narrative confirming that the Revenue Investment Assurance and the investments Establishment Control groups are developing recurring benefits to offset the adverse impact of these year-to-date pressures. Following implementation of the corresponding mitigating actions, we will look forward to seeing a material improvement in your monthly outturn at month 5 (least c. £5.700m as forecasted) with the corresponding reported risk (£45.000m) also substantially reducing in Table A2. **(Action Point 4.1)**

Response

Table A now reflects the forecast profile of these additional cost pressures and mitigating actions.

Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 4.2.

Please ensure the items quantified with Section 2.1 are consistent to those reported in Table A (e.g., WHSSC and mitigating actions to be finalised are not consistent). **(Action Point 4.2)**

Response

Apologies, a late adjustment was included in Table A which had not been reflected in the narrative. We will ensure this is checked and updated for future months.

Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 4.3.

If the forecast outturn is still being supported by red pipeline or mitigating actions yet to be finalised in future months, please ensure the narrative confirms where these items are being categorised within the SoCNE (Table B - Section A). **(Action Point 4.3)**

Response

Red pipeline schemes or mitigating actions yet to be finalised are reported within Provider Services Non Pay.

Risks and Opportunities (Table A2) - Action Point 4.4.

Please ensure the month 5 narrative discusses the new dental opportunity (£0.223m) reported in Table A2. **(Action Point 4.4)**

Response

The Dental opportunity of £0.223m has been removed from Table A2.

Risks and Opportunities (Table A2) - Action Point 4.5.

The main body of our response letter identifies an action to provide further detail on all risks which we are referencing here as **Action Point 4.5.**

Response

The risks have been fully revised at Month 5 - See narrative.

Monthly Positions (Table B) - Action Point 4.6.

The narrative confirms that non pay annual expenditure has decreased by c. £4.400m since month 3, with c. £1.000m attributable to reduced energy costs. Please provide an explanation for the remaining decrease of c. £3.400m. **(Action Point 4.6)**

Response

The provider services non pay categories cover a large number of subjective codes, therefore it is difficult to identify specific reductions, however the largest movements included £0.4m reduction in a legal dispute provision and RIF accruals were understated by £0.5m which have now been corrected in Month 5.

Monthly Positions (Table B) – Action Point 4.7.

Your narrative also confirms the assumption that the Performance and Transformation funding will be fully spent. Please confirm and quantify at month 5 if any corresponding spend is currently uncommitted. **(Action Point 4.7)**

Response

All of the Performance and Transformation funding is allocated to specific schemes and is therefore fully committed and forecast to be spent in full.

Pay Expenditure Analysis (Table B2) - Action Point 4.8.

As it causes consolidation issues with our internal system (also requested in the guidance), please ensure zero values are entered into cells where there is nil expenditure (i.e., Section B Line 9 Student agency spend). **(Action Point 4.8)**

Response

Month 4 tables included zero values against Students, however we will continue to check and ensure zero values are updated within the Month 5 Tables and future submissions.

Capital (Table I & J) - Action Point 4.9.

We note you are currently projecting to reinvest asset disposals proceeds equating to their NBV of £0.359m even though lower sales receipts of £0.184m are available due to an overall asset disposal loss of £0.175m being reported. Please review this current assumption. **(Action Point 4.9)**
Response The figures for M5 are to reinvest the full £485k NBV (was £359k on the M4 return), the sales receipts £276k (£300k less disposals £24k) and overall asset disposal loss of £209k are based on the original estimated amounts given to WG at the time ministerial approval was sought. Sales receipts are expected to be higher, hence the assumption of reinvestment to the full NBV.
Capital (Table I & J) - Action Point 4.10. Please ensure the latest CRL date is entered in Cell C8 in future returns. **(Action Point 4.10)**
Response The cell format requires fixing to ensure date inputted is reported correctly.
Ring Fenced (Table P) - Action Point 4.11. Within your month 5 narrative, please provide a progress update on the current uncommitted spend within the UEC (£0.059m) and Mental Health SIF (£0.329m) categories. **(Action Point 4.11)**
Response Both schemes have now been updated as committed with the Ringfenced (Table P) for Month 5.
Ring Fenced (Table P) - Action Point 4.12. Within the in year funding breakdown sections, please ensure that each listed item has either ‘allocated’ or ‘anticipated’ within the description. **(Action Point 4.12)**
Response This has been updated within the Month 5 Tables.

Savings Update at Month 5
Performance, Finance and Information Governance Committee
18th September 2023

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

Savings Executive Summary

Month 5

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

The Full Year Savings Plan (FY Plan) now totals **£25.9m**, down £0.2m the previous month. This includes Pipeline and Red schemes.

The FY Plan value of Green schemes totals **£18.3m**.

This represents an increase of £1m on last month.

The proportion of recurring Green savings now totals **£13.5m**.

The shortfall against £25.2m therefore totals £11.7m.

Womens, Cancer Services and MHLD have delivered plans in line with target. Other Services and the IHC's developed plans to review opportunities and address shortfalls. However, the common message continues to be that major savings require transformational change, which requires support and resource.

The challenge for the Health Board remains how to mobilise and deliver a balanced transformation that will deliver the range of required outcomes, financial and non-financial.

Reported savings do not include under-spend recorded against the £22.8m 'top-slice' set in addition to the savings target nor expected gains from financial recovery actions (Establishment Control Group and Recurrent Investment Group Assurance).

The purpose of this report is to summarise progress against target for the financial year 2023-24.

Savings Scheme Pipeline	Pipeline	Red	Amber	Green	Total	Target	Variance (Rec) vs Target
Centre	481	2,255		1,210	3,945	7,950	15%
East	612	552		3,478	4,641	8,070	38%
West	0	1,236		3,552	4,788	6,046	50%
MHLD		106		3,221	3,328	3,267	98%
Womens				925	925	915	101%
Cancer		228		1,249	1,477	755	165%
Diagnostics		56		525	581	1,015	44%
Corporate	500	137		4,155	4,793	2,495	16%
Primary Care	0	109		19	128	354	4%
Procurement (VAT)	1,250			0	1,250		
						-5,667	
Cash Savings	**2,843**	**4,679**	**0**	**18,333**	**25,855**	**25,200**	**54%**

Savings Summary: FY Plan Versus Target Month 5

£'000's	Savings Target	Saving Schemes: Schemes in Delivery Green and Amber FY Plan	Red FY Plan	Pipeline	Total	Savings Gap
West Integrated Health Community						
Area - West		2,378	0		2,378	
Ysbyty Gwynedd		1,162	1,236		2,398	
Facilities		12	0		12	
Total West	**6,046**	**3,552**	**1,236**	**0**	**4,788**	**(1,258)**
Central Integrated Health Community						
Area - Centre		1,074	0		1,074	
Ysbyty Glan Clwyd		120	0		120	
Facilities		15	0		15	
Total Centre	**7,950**	**1,210**	**2,255**	**481**	**3,945**	**(4,005)**
East Integrated Health Community						
Area - East		2,054	552		2,606	
Ysbyty Wrexham Maelor		1,403			1,403	
Facilities		20	0		20	
Total East	**8,070**	**3,478**	**552**	**612**	**4,641**	**(3,429)**
PAN North Wales Services						
MHLD	3,267	3,221	106		3,328	61
Womens Services	915	925			925	10
Diagnostic and Specialist Clinical Support	1,015	525	56		581	(434)
Cancer Services	755	1,249	228		1,477	722
Primary Care	154	19	109		128	(26)
Contracts		0	0		0	0
Provider Income	267	0	0		0	(267)
Total PAN North Wales	**6,373**	**5,938**	**500**	**0**	**6,438**	**65**
Corporate	2,495	4,155	137	500	4,793	2,298
Reserves / Stretch Target	(5,734)	0			0	5,734
Total for Services	**25,200**	**18,333**	**4,679**	**1,593**	**24,605**	**(595)**
Other Workstreams						
Procurement - to be allocated				1,250	1,250	1,250
						0
				1,250	**1,250**	**1,250**
Total Programme	**25,200**	**18,333**	**4,679**	**2,843**	**25,855**	**655**
Recurring Savings	25,200	13,531	3,994	2,162	19,686	(5,514)
Non Recurring Savings		4,802	685	681	6,169	6,169
	25,200	**18,333**	**4,679**	**2,843**	**25,855**	**655**

The FY Plan now stands at £25.9m including Green, Amber, Red and Pipeline opportunities, recurring and non-recurring.

This compares to £26.1m last month.

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

MHLD reviewed outstanding Red schemes this month. The value of removed or delayed schemes was offset by an increase in the plan value of a red scheme and the green CHC scheme.

IHC East FY Plan totals £4.6m, down from £4.8m last month following a review of the estimates for 2 red/ pipeline schemes for Primary Care. Of the £4.6m, £0.8m is non-recurring.

IHC West's savings plan stands unchanged at £4.8m. Of this, £0.8m relates to non-recurring savings. It also includes YG schemes totalling £1m submitted as 'run-rate' not budget-reducing as required following the funding of last year's deficit; these schemes have been held at Red and escalated to Finance Leadership. If not converted to budget-reducing, these will not contribute to the savings target and will be removed from the savings plan at M6. The schemes *are* reducing expenditure.

IHC Centre FY Plan is unchanged at £3.9m of which £76k is non-recurring. Like YG, YGC red schemes need to be reviewed.

The Corporate savings plan is also unchanged at £4.8m of which £4.4m is non-recurring. 3 one-off gains include: a change in a DDAT programme approach (£1.1m); a potential Energy transaction (£0.5m); a negotiated discount on the AW energy contract £2.6m.

Delivered Savings

Month 5

Target

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

£'000's	FY			YTD M5			
IHC / Service Plans	**Target**	**Plan***	**Forecast**	**Target**	**Plan***	**Actual**	**Variance to Plan**
Recurring	25,200	13,531	13,945	10,500	4,904	5,791	886
Non Recurring		4,802	4,729		1,816	1,595	(221)
Total Cash Savings	**25,200**	**18,333**	**18,675**	**10,500**	**6,720**	**7,385**	**665**

Year To Date (YTD)

- Year to Date actual savings total £7.4m, of which £5.8m is recurring, against a £6.7m plan and £10.5m Target.
- The favourable variance of actual savings to Plan totals £0.7m. This includes:
  - Central CHC Meds Management Polypharmacy Reviews £0.1m (FY Forecast favourable variance £200k)
  - Central IHC CHC Programme £0.4m (FY Forecast favourable variance £84k)
  - West IHC CHC Programme £0.3m (FY Forecast favourable variance £364k)
  - East IHC CHC Programme £0.05m (FY Forecast favourable variance £47k)
  - MHLD Right Care CHC Programme £0.3m (Against a FY Plan increased in month by £0.3m)
  - Procurement (NWSSP) (£0.3m)
  - Womens Birth Choices scheme delayed as previously reported (£0.1m)
  - YMW Agency Medical (£0.05m) (FY Forecast has been fully reinstated at month 5)

Figures relate to Green schemes. There are no Amber schemes.

In Month

- Savings delivered in Month totalled **£1.8m**, of which £1.6m recurring, against a £1.7m Plan and £2.1m Target
- Accountancy Gains totalling £382k were reported by IHC West in Month 5. These are not reported against the cash savings target.

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FY Plan vs FY Forecast & Recurring/ Non Recurring Month 5

£'000's	IY PLAN Recurring	IY PLAN Non Recurring	IY PLAN Total	Recurring FYE Plan	FY OUTTURN (M5) Recurring	FY OUTTURN (M5) Non Recurring	FY OUTTURN (M5) Total	Recurring FYE Forecast	VARIANCE Recurring	VARIANCE Non Recurring	VARIANCE Total
Amber and Green Schemes											
Cash Releasing - Budget	13,531	4,759	18,290	16,470	13,945	4,686	18,632	17,457	415	(73)	342
Cash Releasing - Run Rate									0	0	0
Cost Avoidance		43	43			43	43		0	0	0
Income Generation - Budget			-				-		0	0	0
Income Generation - Run Rate			-				-		0	0	0
	13,531	**4,802**	**18,333**	**16,470**	**13,945**	**4,729**	**18,675**	**17,457**	**415**	**(73)**	**342**
Red Schemes											
Cash Releasing	3,994	685	4,679	6,295	3,994	685	4,679	6,295	0	0	0
Cost Avoidance			-		-	-	-		0	0	0
Income Generation			-		-	-	-		0	0	0
	3,994	**685**	**4,679**	**6,295**	**3,994**	**685**	**4,679**	**6,295**	**0**	**0**	**0**
Total - Red, Amber and Green Schemes	**17,524**	**5,488**	**23,012**	**22,765**	**17,939**	**5,415**	**23,354**	**23,753**	**415**	**(73)**	**342**

At Month 5 close, the FY Plan value of Green schemes totals £18.3m. The FY Forecast £18.7m - £342k above Plan. Variances include:

- IHC Central Area Polypharmacy Reviews & Switches £200k
- IHC Central CHC £84k
- IHC East CHC £46k
- IHC West CHC £364k Favourable variance YTD Actual vs Plan £320k
- IHC West Polypharmacy Reviews & Switches, favourable variance halved month 4 to £36k £139k Favourable variance YTD Actual vs Plan £73k
- West Area's Pay 'Grip and Control', adverse variance unchanged (£88k) Adverse variance YTD Actual vs Plan (£37k)
- West Continence Products new scheme month 5 (£21k) Adverse variance YTD Actual vs Plan (£21k)
- MHLD Reduction in Bank, Agency & Overtime favourable variance increased by £38k (£74k)
- Womens Birth choices – issue previously reported. FY Forecast further reduced (£149k) Now forecasting that savings will start Nov
- Procurement (£179k)

The analysis of cash savings does not include accountancy gains.

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Summary by Category

Month 5

FY Plan (Green Schemes)

FY Plan by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
Savings '000s										
Agency - Reduced usage of Agency/Locums paid at a premium	630		1,304		488					2,422
CHC and Funded Nursing Care	1,146	560	880	1,924						4,510
Commissioned Services				300	255					555
Medicines Management (Primary & Secondary Care)	741	463	813	322			1,238			3,578
Non Pay - Procurement	141	186	204	13	9	366	11	19	2,732	3,681
Non Pay - Other	164		226	20	173	159			1,378	2,119
Pay	729		51	642					46	1,467
Grand Total	**3,552**	**1,210**	**3,478**	**3,221**	**925**	**525**	**1,249**	**19**	**4,155**	**18,333**

Procurement (NWSSP) scheme allocated across Divisions. Total Plan value £1.1m.

FY Forecast (Green Schemes)

FY Forecast by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
Savings '000s										
Agency - Reduced usage of Agency/Locums paid at a premium	630		1,304		488					2,422
CHC and Funded Nursing Care	1,510	644	930	1,924						5,008
Commissioned Services				281	106					387
Medicines Management (Primary & Secondary Care)	851	672	804	322			1,303			3,952
Non Pay - Procurement	88	122	122	12	9	409	8	8	2,724	3,502
Non Pay - Other	144		226	16	173	161			1,378	2,098
Pay	641		51	569					46	1,307
Grand Total	**3,864**	**1,438**	**3,437**	**3,124**	**776**	**570**	**1,311**	**8**	**4,148**	**18,675**

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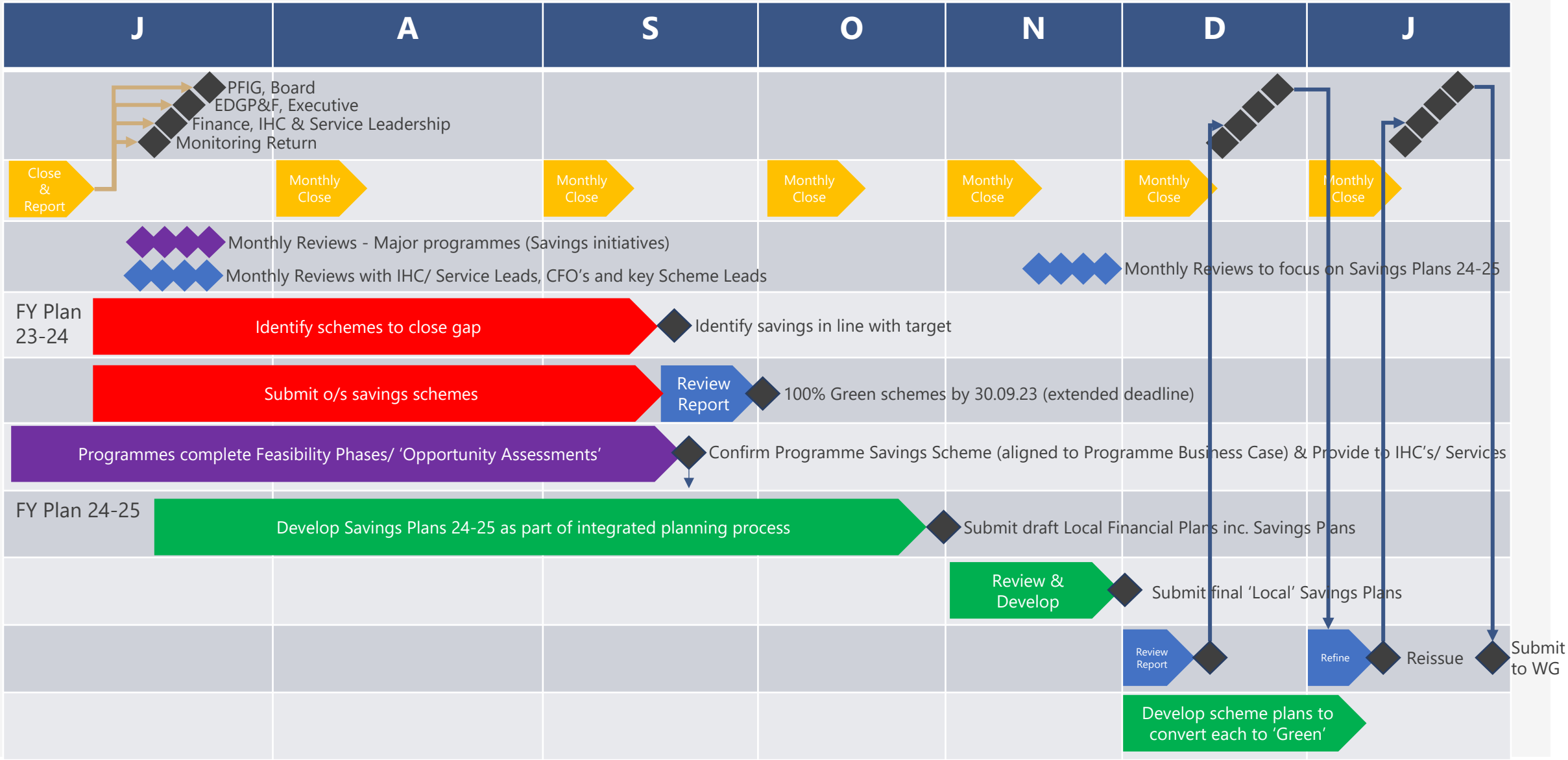
The analysis of cash savings does not include accountancy gains.

Next Steps

Month 5

	Update	Actions Required
Improve Savings Plans	Submit updated savings plans to meet the full target *on a recurring basis* by 30.06.23. Deadline extended to 31.08.23 and then 30.09.23. Cancer Services, Womens and MHLD plans meet target.	Milestone not met. Action remains the same i.e. Submit updated savings plans to meet the full target *on a recurring basis* by 30.09.23. Divisions to review Red and Pipeline schemes and remove any schemes that will not reduce budget.
Convert all schemes to Green	Convert 50% of savings plans to Amber/Green by 30.06.23 Month 4 FY Plan value of recurring Green schemes totalled 50% of all schemes identified in plans. The deadline for converting 100% of schemes to Green was 31.07.23, which was then extended from 31.08.23 to 30.09.23	IHC's and Services need to submit remaining savings schemes by *mid-September at the latest*. This includes new schemes to be identified as per point 1 above. Note that this revised milestone is at risk. IHC's and Services continue to indicate that that transformation is required to unlock significant financial benefit and that without it, they cannot deliver plans in line with target.
Manage Delivery Risks	All IHC's and Services were asked to deliver savings delivery risks and mitigating strategies by 05.06.23. Deadline extended to 30.06.23. Reports now submitted to Finance monthly.	Expected that delivery issues and risks are managed by Savings Scheme Leads and escalated where necessary through the project governance arrangement agreed at set-up. Continue to review savings delivery risks in monthly reviews.
Monthly Reporting	Standard Divisional savings report established	Continue to submit monthly
Monthly Reviews	Actions identified in monthly savings reviews with Divisions	Continue monthly reviews
24-25 Plan	Timetable communicated to P&F EDG and CFO's Timetable, templates and guidance prepared. Summary timetable provided overleaf, as reported previously.	Timetable, templates and guidance developed in readiness for distribution of the local financial plan template. Divisions to develop savings plans as integral part of local planning.
Cross-cutting programmes	Improvement Groups were established to deliver incremental, transformational savings	Complete 'Opportunity Assessments' in time for approved Business Cases to be included in Savings Plans 24-25. Escalate issues through programme governance structure.

Savings Planning 24-25 – High Level Timeline



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

Appendix 1

Green Schemes (1/3)

Month 5

Service	Scheme / Opportunity Title	FY Plan	FY Forecast	FY Variance	YTD Plan	YTD Delivered	YTD Variance
HC - Centre	CHC	560,000	644,487	84,487	233,333	595,487	362,154
HC - Centre	NWSSP Drug Contract implementation	56,390	64,732	8,342	24,715	33,057	8,342
HC - Centre	Polypharmacy Reviews	406,850	607,157	200,307	173,750	272,273	98,523
HC - Centre	Procurement - Non Recurring	45,356	47,570	2,213	18,899	21,112	2,213
HC - Centre	Procurement - Recurring	140,996	73,862	-67,134	13,065	6,768	-6,297
HC - East	Agency Medical reduction ED	480,000	480,000	-0	200,000	191,769	-8,231
HC - East	Agency Medical Reduction Medicine YMW	150,000	150,000	0	62,500	12,500	-50,000
HC - East	Agency Medical Reduction Surgery	166,000	166,000	0	69,167	69,167	0
HC - East	CHC Cost containment	600,000	640,230	40,230	250,000	290,230	40,230
HC - East	CHC Management & Trigger Tool	180,000	186,353	6,353	0	6,353	6,353
HC - East	Childrens	100,000	103,847	3,847	34,375	38,222	3,847
HC - East	Dietetics non pay efficiencies	21,553	21,553	0	8,980	8,980	0
HC - East	ENT Disposable Scopes	200,000	200,000	0	25,000	25,000	0
HC - East	Medical Agency Reduction - Community Services	208,000	208,000	0	54,167	54,167	0
HC - East	Medical Agency Reduction - Primary Care - Managed Prac	300,000	300,000	0	0	0	0
HC - East	NWSSP Drug Contract implementation	48,550	50,000	1,450	18,132	25,717	7,585
HC - East	OT Non Pay efficiencies	4,013	4,013	0	1,672	1,672	0
HC - East	OT Pay 0.5wte Band 6	26,468	26,468	0	11,028	11,028	0
HC - East	Podiatry Pay 1 wte Band 3	24,379	24,379	0	10,158	10,158	0
HC - East	Polypharmacy Review (previously GP Prescribing)	489,850	492,850	3,000	208,335	224,589	16,254
HC - East	Procurement - Non Recurring	49,920	42,648	-7,271	20,800	13,528	-7,271
HC - East	Procurement - Recurring	153,897	79,644	-74,253	14,765	7,146	-7,618
HC - East	Secondary Care Drugs (AMD Biosimilars)	275,000	261,433	-13,567	60,000	46,433	-13,567

Continued overleaf

Green Schemes (2/3)

Month 5

Service	Scheme / Opportunity Title	FY Plan	FY Forecast	FY Variance	YTD Plan	YTD Delivered	YTD Variance
HC - West	BAU: Grip and control measures - pay	607,500	607,500	0	75,000	75,000	0
HC - West	Children Special Cases Review	150,000	150,000	0	62,500	77,152	14,652
HC - West	Continence Products - usage review within community	50,000	29,167	-20,833	20,833	0	-20,833
HC - West	Continuing Healthcare	996,320	1,359,782	363,462	349,738	668,649	318,911
HC - West	Enteral feeding - therapies	40,000	40,000	0	8,888	9,637	749
HC - West	Grip and control measures - pay	250,000	162,000	-88,000	104,165	67,505	-36,660
HC - West	IHCW 19 - Pay Grip and Control - SACC Nursing	360,000	360,000	0	150,000	150,000	0
HC - West	IHCW 3 - Benefit Realisation of SICAT	90,000	90,000	0	37,500	37,500	0
HC - West	Medicines Management - Primary Care	400,000	539,013	139,013	163,995	237,143	73,148
HC - West	Medicines Management - Supply Chain Projects	180,000	147,942	-32,058	54,165	45,239	-8,926
HC - West	NWSSP Drug Contract implementation	30,780	30,314	-466	10,214	9,748	-466
HC - West	Primary Care Rebate Schemes	130,000	134,000	4,000	29,000	33,000	4,000
HC - West	Procurement - Non Recurring	31,363	29,436	-1,927	13,068	11,141	-1,927
HC - West	Procurement - Recurring	110,067	58,455	-51,612	10,295	5,489	-4,806
HC - West	Release part vacancy within COTE Medicine - N/R	51,263	51,263	0	42,715	42,715	0
HC - West	Review of GP Bed payments within community hospitals	75,000	75,000	0	31,250	31,250	0
Corporate and Estates	DDaT-004 McAfee Subscription	41,744	41,744	0	41,744	41,744	0
Corporate and Estates	Disposal of Ala Road	38,502	38,502	0	0	0	0
Corporate and Estates	LINC	1,079,000	1,079,000	0	449,583	449,583	0
Corporate and Estates	Office of CEO	35,946	35,946	0	21,920	21,920	0
Corporate and Estates	Pest Control across Health Board	66,609	66,609	0	66,609	66,609	0
Corporate and Estates	PH - Review of None Pay budgets	20,000	20,000	0	8,333	8,333	0
Corporate and Estates	Procurement - Non Recurring	2,648,287	2,674,907	26,620	1,010,285	836,905	-173,380
Corporate and Estates	Procurement - Recurring	83,348	49,009	-34,338	7,265	3,833	-3,432
Corporate and Estates	Review of Non Pay	132,000	132,000	0	132,000	132,000	0
Corporate and Estates	Review of pay vacancies	9,909	9,909	0	4,129	4,129	0

Continued overleaf

Green Schemes (3/3)

Month 5

Service	Scheme / Opportunity Title	FY Plan	FY Forecast	FY Variance	YTD Plan	YTD Delivered	YTD Variance
MH&LDS	Bank, Agency & Overtime Reductions	642,000	568,292	-73,708	97,754	24,046	-73,708
MH&LDS	Drug Costs	322,236	322,236	0	132,206	124,329	-7,877
MH&LDS	Patient Transport	20,400	15,867	-4,533	4,533	0	-4,533
MH&LDS	Procurement - Non Recurring	7,682	8,100	418	3,201	3,619	418
MH&LDS	Procurement - Recurring	5,248	4,174	-1,073	442	559	117
MH&LDS	Reductions in OOA Placements	300,000	281,408	-18,592	18,592	0	-18,592
MH&LDS	Right Care Programme	1,923,809	1,923,809	-1	801,587	1,141,625	340,038
Midw & Womens	Birth Choices Scheme 23/24	254,670	106,113	-148,558	106,113	0	-106,113
Midw & Womens	Medical Agency: Local increase in Medical Bank rates for	80,193	80,193	0	33,414	33,414	0
Midw & Womens	Medical Agency: Recruitment over-establishment (Invest	100,797	100,797	0	41,999	41,999	0
Midw & Womens	Medical Agency: Recruitment to substantive posts	307,116	307,116	-0	53,315	53,314	-0
Midw & Womens	Non Pay: Dressing (Leukomed Sorbact)	23,047	23,047	0	9,603	9,603	0
Midw & Womens	Non Pay: Local enhanced governance re ad-hoc expenditu	149,469	149,469	0	62,279	62,279	0
Midw & Womens	Procurement - Non Recurring	4,500	2,684	-1,816	1,875	59	-1,816
Midw & Womens	Procurement - Recurring	4,731	6,040	1,309	259	1,012	753
Primary Care	Procurement - Non Recurring	4,091	2,440	-1,651	1,705	54	-1,651
Primary Care	Procurement - Recurring	14,613	5,904	-8,709	4,396	298	-4,098
Cancer	Patent/Price Reduction Drugs scheme - New 23-24	251,468	309,683	58,215	89,607	81,858	-7,749
Cancer	Patent/Price Reduction Drugs scheme -Existing	986,402	993,368	6,966	647,073	638,284	-8,789
Cancer	Procurement - Non Recurring	6,529	4,057	-2,472	2,720	248	-2,472
Cancer	Procurement - Recurring	4,460	3,548	-912	376	475	99
DSCS	EBME covid equipment maintenance	68,093	70,301	2,208	28,372	28,814	442
DSCS	Pathology Contracts & Batch Efficencies	47,531	47,531	0	19,804	19,804	0
DSCS	Procurement - Non Recurring	25,412	15,396	-10,016	10,588	572	-10,016
DSCS	Procurement - Recurring	340,811	393,534	52,723	130,630	87,636	-42,994
DSCS	Stock Management -Pathology	43,100	43,100	0	0	0	0
Total - All Green Schemes		**18,333,268**	**18,674,931**	**341,663**	**6,720,477**	**7,385,481**	**665,004**

BCUHB – Capital Monthly Dashboard

BUDGET 23/24

1) Capital Resource Limit 2023/24	£m
WG Discretionary Capital	11.399
Efab	4.324
All Wales Scheme	3.571
	19.294

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).

CAPITAL PROGRAMME 23/24	Initial Programme taking into account 25% reduction (£m)	Spend month 5 (£m)	Forecast Outturn (£m)	Current Over commitment (£m)	Orders still be placed (£m)	Comments
Divisions	4.687	3.140	5.117	-0.430	0.464	Schemes under review to ensure delivery within planned funding
Operational Estates	1.765	0.311	1.900	-0.135	0.000	Overcommittment to be managed within programme.
Medical Devices	2.306	0.713	2.317	-0.011	0.080	Equipment not yet ordered totals £0.08m, over commitment managed
Informatics	2.262	0.060	2.262	0.000	1.286	£0.976 of orders placed to date.
Other discretionary	0.379	0	1.439	-1.060		Further slippage is anticipated which will move the program to balance
	11.399	**4.224**	**13.035**	**-1.636**	**1.83**	
Efab	4.324	TBC	4.324	0.000	TBC	

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Spend month 5 (£m)	Forecast Outturn (£m)	Current Over commitment (£m)	Comments
Wrexham Continuity	0.000	0.028	0.000	0.000	FBC Submitted, in discussion with Welsh Government on progession of scheme
Adult Older Persons Mental Health (YGC)	1.688	0.198	1.688	0.000	8 week delay to the programme being reported by the supply chain partner (BAM) delay
Nuclear Medicine	0.373	0.120	0.373	0.000	In dialouge with Welsh Government.
Conwy West - Health & Well Being Hub	0.600	0.000	0.600	0.000	In dialouge with Welsh Government.
Orthopaedic Hub at Llandudno	0.839	0.416	0.839	0.000	Work continues to finalise the single stage business case.
Ambulance Shoreline	0.071	0.068	0.071	0.000	Works complete
	3.571	0.830	3.571		

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

Reporting Committee:	**Performance, Finance and Information Governance Committee**
Committee Chair:	Gareth Williams, Independent Member
Date of last meeting:	1.9.23
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Performance, Finance and Information Governance Committee on 1.9.23:
The Committee
noted

- Month 3 and 4 Finance reports including savings and capital programme updates
- Finance special measures action plan
- Integrated Performance report
- People performance report
- Urgent and Emergency Care (UEC) performance report
- Special Measures updates including close down arrangements of first cycle
- Information Governance annual report 2022/23
- All Wales Information Governance Toolkit Assessment
- North Wales Medical School (NWMS) Estate Planning update
- Board Assurance Framework
- Corporate Risk Register – risks aligned to the Committee

The Committee agreed the following in private session:

- approved the novation of a dental contract providing orthodontal services
- agreed to support the Executive Team's preferred option in addressing contingency actions due to a delay in the Radiology Informatics System Procurement programme

The papers from this meeting can be accessed at:
Performance, Finance and Information Governance Committee - Betsi Cadwaladr University Health Board (nhs.wales)

The Committee Chair wished to highlight that

- whilst good progress had been made on reporting Special Measures, there remained issues regarding shared understanding and consistency in the application of RAG status assessments.
- the Committee had strong concerns regarding the current financial position and future challenges. Improvement was sought.
- a deep dive had been requested regarding all staffing levels in order to provide greater clarity and grip on the understanding of the effect on finances should BCU fill all agreed vacancies (especially given that there was current overspend on staffing alongside existing vacancies).

- there was a need to consider the approach to the development of capital business cases, given the risk of expending significant staff resource on developing business cases which had little or no prospect of being funded in the short/medium term.
- the Information Governance annual report was very positive overall.
- the Committee was pleased to receive the improved format of the People performance report which provided greater comparative data. The Committee welcomed the improved grip on the interim engagement process - which it sought to become strongly embedded within BCU.
- the Performance report required further development work to ensure a focus on the inclusion of narrative to describe the actions being taken to address poor/deteriorating performance. More assurance was required on discharges and the subsequent effects on patient flow to waiting lists and primary care.
- it had been agreed that UEC would be addressed at a future Board Development session which would also provide more comprehensive understanding of Urgent Care Centres and integration with GP practices.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to the Board.

NEXT MEETING

The next meeting of the Performance, Finance and Information Governance Committee will be held on 2.11.23

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

Teitl adroddiad: ***Report title:***	Performance Report – Month 4, 2023/24
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	This Report relates to the Month 4, 2023/24 This paper provides Board members with an update of performance against the Board's Key Performance metrics, the key measures contained within the 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales". Performance against BCU level NHS Performance Trajectories have been included, though it of note that published performance to 31st August (month 5) was largely unavailable at the time of producing this report. Key areas of improvement are identified with actions and mitigations being taken by operational teams detailed in the 'Exception Reports' contained within the Report. This narrative has been approved by the respective Executive Director.
Argymhellion: ***Recommendations:***	The Committee is asked to: Review the contents of the report and confirm agreement to any actions proposed, 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 and Performance
Awdur yr Adroddiad: ***Report Author:***	Ed Williams, Acting Director of Performance (after Barbara Cummings, Interim 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* ☐	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):***	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	This report will be available to the public once published for Health Board
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The pandemic has produced a number of risks to the delivery of care across the healthcare system
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith*	The delivery of the performance indicators contained within the annual plan will have direct and indirect impact on the financial recovery plan of the

Financial implications as a result of implementing the recommendations	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 contained within our annual plan will have direct and indirect 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 in parts (narratives) by senior leads across the Health Board and relevant Directors. And the full report has been reviewed by the report author.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	This report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.
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 isn't of sufficient quality to believe performance is or will improve as described.	
Rhestr o Atodiadau: ***1. Narrative Report*** ***List of Appendices:*** *Quality and Performance Report in PowerPoint/ PDF*	

HEALTH BOARD
28 SEPTEMBER 2023
INTEGRATED PERFORMANCE REPORT, MONTH 4 – 2023/24

1. Introduction/Background

This paper provides members with a summary of the Board's Performance against the key measures contained within the 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales".

Issues to be reported upon in this report:

- Board Performance against each 2023/24 National Performance Framework target (including latest comparative position v other Welsh Health Board's)
- BCU performance against the NHS Wales Performance Trajectories submitted alongside the Annual Plan in June 2023 at the end of Quarter 1, 2023/24
- Key adverse performance framework metrics, supplemented by Exception Reports provided by operational management teams and included in the respective sections of the Integrated Performance Report. (Appendix 1).

Work is ongoing within the Health Board to publish an Integrated Performance Framework and going forward this report will be revised and aligned to this Framework.

Members are asked to note the contents of this report, confirm agreement to any actions proposed, or identify any additional assurance work or actions it would request Executive colleagues to take.

2. 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures

The Performance measures in the NHS Wales Performance Framework for 2023/24 reflect the Ministerial priority areas of focus and core Support functions as outlined within the NHS Wales Planning Framework 2023/26. These are;

1. Access to Primary Care Services
2. Cancer Recovery
3. Delayed Transfers of Care
4. Mental Health & CAMHS
5. Planned Care Recovery, Diagnostics and Pathways of Care
6. Urgent & Emergency Care

The measures also remain mapped to Welsh Government's quadruple aims with 53 quantitive measures.

3. Organisational Performance Report Published July 2023 by NHS Wales

Monthly NHS Wales Board publish organisational performance scorecards against the metrics contained within their Performance Framework. The IPR Performance Report (Appendix 1) provides the full dashboard for review and performance YTD for each metric

contained within the 2023/24 Framework. Below at summary level is BCU performance status against these metrics as published (15 August 23).

	No. measures where target has been achieved or the actions required are back on track	No. measures where the majority of actions required are on track but there is scope to improve	No. measures where the target has not been achieved or the actions required are not back on track and improvements are required	Target/ Compliance not currently available
Quadruple Aim 1: People in Wales have improved health and well being with better prevention and self management	2 ↑	0	5 ↑	3
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	11 ↑	0	14 ↑	0
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	3 →	0	1 →	0
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	3 ↓	0	11 ↓	1
Summary	19 →	0	31 ↓	4

4. Monitoring Performance

4.1 In line with the Governance structure of the Health Board, monitoring of Performance against NHS Performance Framework matrics is undertaken at BCU Performance, Finance and Integrated Governance Committee and the Quality, Safety and Experience Committee. Following confirmation of this years metrics the scorecards tracking Performance in Appendix 1 identfy the respective Board sub-committee via which Performance is monitored.

4.2 Exception reports are requested monthly via the Performance team from respective operational leads for metrics which align to PFIG and are included in Appendix 1

4.3 The Executive Delivery Integrated Performance Group (IPG) Chaired by the Chief Executive Officer has commenced. This Executive Group will hold to account operational and corporate teams in terms of annual plan delivery and delivery of National priority targets.

4.4 Delivery against NHS Performance Trajectories is monitored and has been incorporated into the Performance Framework monthly scorecard published by Welsh Government.

A summary of BCU performance against trajectories submitted with the Annual Plan are included in Appendix 1.

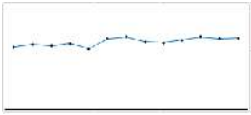
4.4 Adverse Performance Concerns

a) Unscheduled Care

BCUHB representatives meet monthly (individual A&E site seperate meetings) with NHS Wales colleagues in Performance recovery meetings. NHS

Performance trajectories tracking reduction to zero of 12 hour waits and 1 hour handover delays by March 2024 are tracked at BCU and local site basis.

- Performance delivery against the 4 hour target in July 2023, was 68.7%. The Welsh average for July was 70.7%. HB performance benchmarked 4th across all HBs.



Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
95%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	70.3%	65.6%	64.7%	67.3%	70.4%	68.7%	69.0%

- The HB is not achieving its 12 hour waits for admission trajectory, although the volume reported is still reducing. In July 2023, the trajectory target was 2,530 and the reported number 2,838 (an increase over the 2,691 in June 2023).

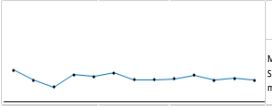
- The number of over 1 hour ambulance handover delays in July 2023 was 1,928 (an increase over Junes number of 1,883)

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
0	1898	1908	2027	1871	2125	1646	1466	2192	2048	2033	1883	1899	1645

Actions being taken centre upon;

a. A review of hospital escalation is on-going to support accurate escalation and de-escalation
b. IHC Directors to agree focus for no further 4-hour ambulance delays by November 2023 with clear actions on internal escalations (targeting improved flow)
c. Action plans developed at IHC level informed by respective delay data with a focus on top 3 delay reasons as well as a jointly developed regional action plan with LAs.

In July 2023, the percentage of diagnosed stroke patients who had direct admissions to an acute stroke unit in 4 hours fell to 23.9% (June of 22%) and 15% lower than the same period in 2022 with the all-Wales average at 31.8%.



Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Most recent SSNAP UK Qtr mean (40.9%)	32.4%	21.9%	14.7%	27.5%	25.9%	29.3%	22.2%	22.4%	23.5%	27.3%	22.0%	23.9%	22.1%

There were no thrombectomy referrals reported in the month.

Actions being taken include;

a) Continued focus on Direct to CT pathway at all sites
b) Implementation of “e stroke” software aiming to go live in Quarter 3
c) Direct to CT Pathway being implemented in all acute sites by Q3

There remain a substantial number of clinically optimised patients reported as delayed in hospital beds, impacting upon patient flow across the whole USC

system. Top delay reason for assessments continue on the themes from June 2023 and include internal health in addition to joint and social care.

b) Planned Care
Elective Care / Waiting List Reduction

BCUHB undertakes planned care improvement and recovery meetings monthly with NHS Wales Executive colleagues. There is also a weekly call with Planned Care Programme lead and NHS Wales senior leaders to monitor progress on 156 weeks and 104 week waiting time position across Wales. The BCU latest position against these milestones is provided below;

- At the time of last report in July 2023 the number of patients waiting in excess of 156 weeks for their first OP appointment reduced to 125 (143 in June 2023). The latest weekly reported position (w/e 17/08/2023) is 106 without a date for an appointment. Of these 104 are orthodontic patients (systemic capacity constraints over a long period).

- Across all Referral to Treatment (RTT) stages the total number of patients waiting in excess of 156 weeks is 2,142 (w/e 17/8/23) a reduction of 275 from the number of 2,417 reported at the beginning of July 2023.

- The latest weekly reported position against the milestone of 97% of all open pathways being less than 104 weeks by December 2023, shows that this percentage currently is 94.1% (circa 4,579 above indicative target).

- At BCU wide level the planned care (Referral to Treatment) waiting list continues to grow. As of 18/8/2023 there are currently 158,249 on an open pathway (as reported on weekly PTL). The pathway stage with the largest growth is stage 4 (treatment) with a total volume of patients waiting in excess of 31,000. This is as a result of the high levels of stage 1 activity (OP) in the last quarter of 2022/23 (insourcing/outsourcing activities).

- Of the 8 metrics in Aim 2 where performance v trajectory reduction is measured – only the total number of 104 week waits (all stages) was achieved. The total number of patients waiting was 8,590 v 8,616 (trajectory). The HB benchmarks 7th relative to other HB performance.

- However, all bar 1 metric (number of patients waiting in excess of 100% of their due follow-up appointment) is showing an improving position.

Other issues to note:

- The number of patients waiting in excess of 52 weeks for their 1st OP appointment at the end of July 2023 was 12,050 an increase of 1,014 from the position reported in June (11,036). This is 3,945 adrift of July trajectory of 8,105. The HB benchmarks 6th relative to other HB performance in Wales.

- The number of patients waiting more than 104 weeks at the end of July 2023 for referral to treatment continues to reduce to 8,796, from 8,808 in June 2023 but +192 adrift of the reduction trajectory of 8,616. The HB benchmarks 7th relative to other HB performance in Wales.

- The number of patients who are 100% passed their follow-up OP due date has decreased in July to 80,828 (from 81,426 in June 23) but 506 above the March 2023 year end (80,322) and 11,680 adrift of the trajectory of 69,148.

- The number of ophthalmology R1 appointment which were within their clinical target date or within 25% of their clinical target date was 57.6%. The All Wales average is 63.7%. The HB ranks 7th comparative to other Wales HB performance.

Key programmes of work already underway include;

a) Implementation of improved referral, booking and scheduling system (improved utilisation)
b) Perfect month (east) improved throughput and length of stay
c) Job Planning reviews
d) Theatre utilisation Group established
e) Planned Care programme mobilised in month to drive action

c) Diagnostic Waits

At the end of June 2023:

- The total number of patients in excess of the 8-week target waiting for their specified diagnostic is 7,875 an improvement of 1,222 on the position reported in June 23 (9,079). This is 1,315 above trajectory for the month (6,560) with the breakdown of waits by diagnostic modality is shown in the graph below:

Sum of Count											
Service heading	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Cardiology Total	2151	1922	1815	1838	1801	1572	1425	1635	1742	1252	1088
Diagnostic Endoscopy Total	2250	1964	1745	1996	2095	2136	2098	2324	2580	2471	2330
Imaging Total	42	32	13	24	12	7	13	16	6	8	8
Physiological Measurement Total	142	143	154	189	229	232	282	301	293	239	214
Radiology - Consultant referral Total	2081	1754	1923	2407	2272	1812	1919	2011	2100	1773	1433
Radiology - GP referral Total	2510	2033	2217	2791	2810	2207	2304	2320	2314	2199	1600
Neurophysiology Total	288	220	167	132	111	91	78	79	64	1155	1202
Grand Total	9464	8068	8034	9377	9330	8057	8119	8686	9099	9097	7875

- Radiology. The number of patients waiting over 8 weeks has fallen again in month and the service continues to seek additional opportunity to insource to develop further capacity, with a detailed review of referrals (owing to increased demand) to ensure urgent cases are prioritised.

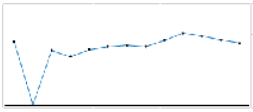
- Neurophysiology The significant increase in referrals seen in June 2023 have continued to increase for July from 1,155 to 1,202 (though this represents a greatly reduced rate from May of only 64).

  This movement from May reflected the inclusion of previously omitted procedure codes, with actions taken centring upon;

  - Continued recruitment to the vacant physiologists' posts
  - A tender for insourced staffing support continuing to progress.

- Cardiology The patients waiting over 8 weeks has significantly reduced over the past 12 months (2,007 in July 2022 to 1,088 in July 2023). This reflects the work undertaken throughout the department where trajectories were developed and delivered, with additional capacity utilised through waiting list initiatives and ongoing validation of the lists.

- Endoscopy is not currently meeting the 8-week target. However, the position continues to improve as demonstrated within the below table:



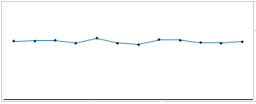
Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Improvement trajectory towards a national target of zero by Spring 2024	2260	0	1964	1745	1995	2093	2136	2098	2324	2580	2471	2330	2225

Actions taken centring upon;

  - Insourcing will continue on each site to support backlog reduction as we continue to appoint to a 7-day model
  - The new Endoscopy management system is live and enabling management of patients across BCU
  - Evening sessions have commenced to support additional capacity

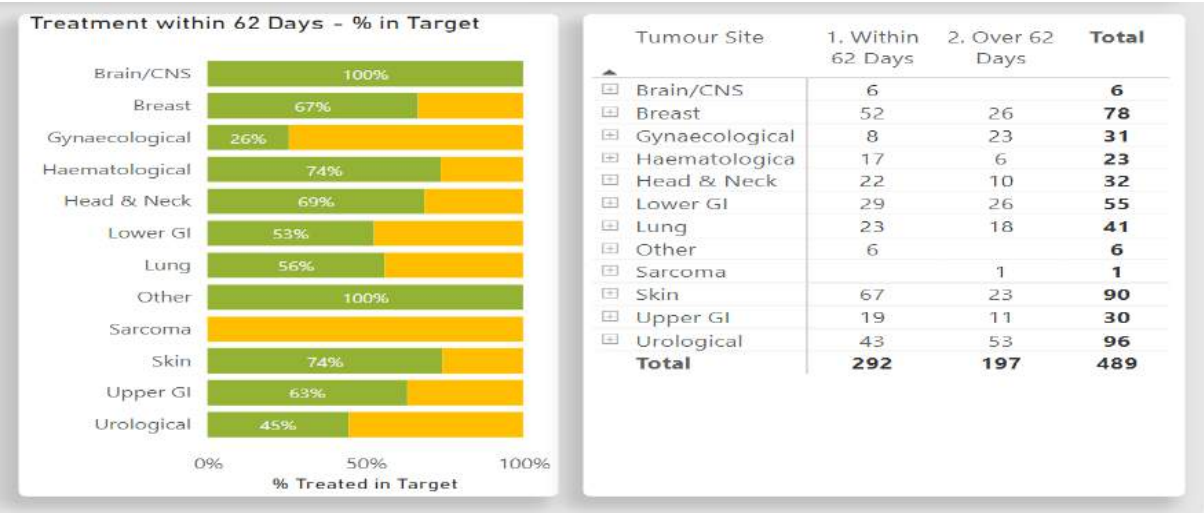
d) Cancer

Performance has been consistent at between 60 and 65% of patients treated within 62 days of suspicion of cancer over the last 6 months but has dropped to 59.7% in June 2023. This is in line with trajectory which allowed for backlog clearance but the residual impact is HB now benchmarks 3rd comparative to other HB performance.



Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Improvement trajectory towards a national target of 80% by 2026	61.7%	61.8%	62.3%	59.6%	64.8%	59.8%	58.0%	63.1%	62.5%	60.1%	59.7%	61.3%	Latest Data Reported

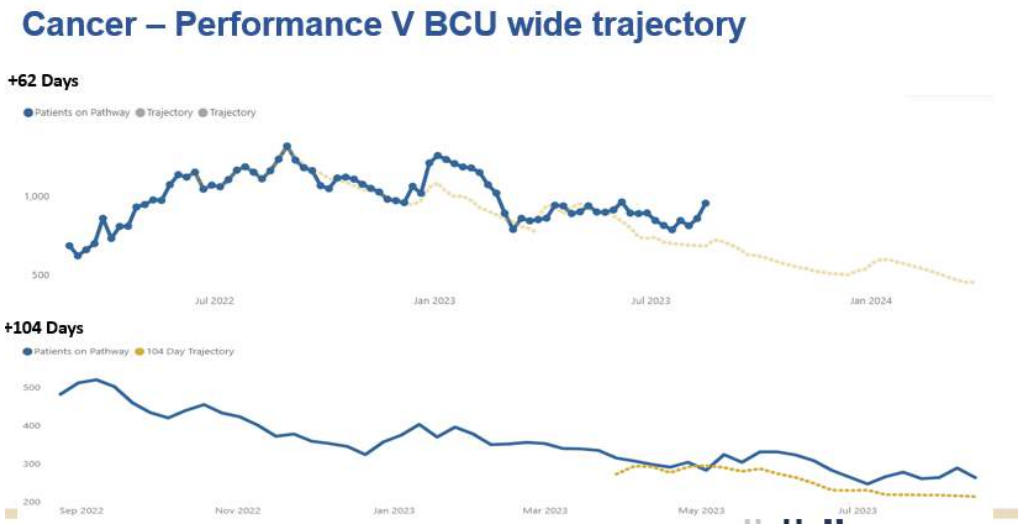
In June 2023 BCU treated 489 cancers, 292 of whom were treated in target (59.7%). Breakdown by tumour site is shown below



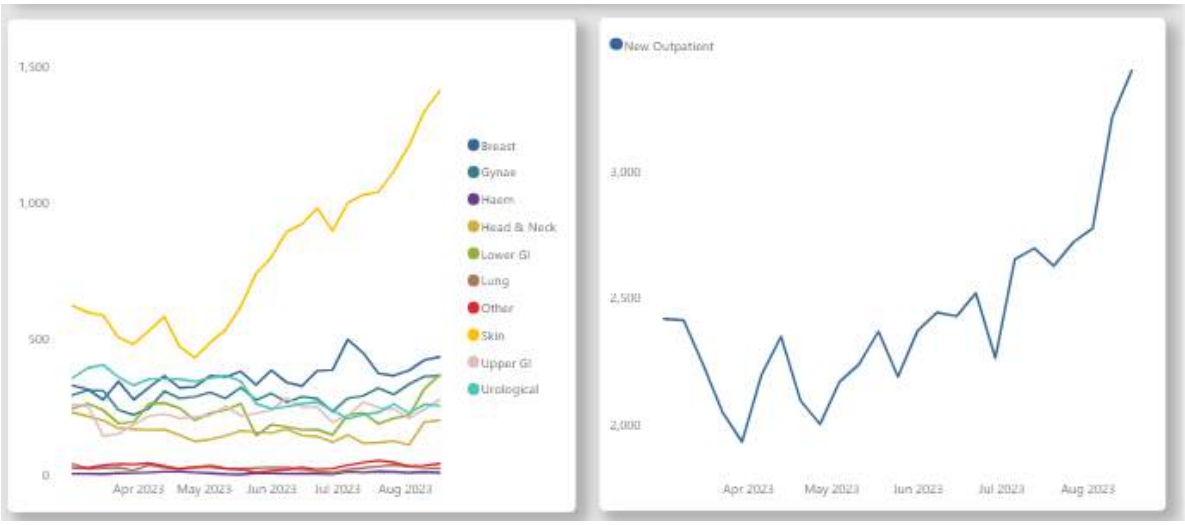
Tumour Site	1. Within 62 Days	2. Over 62 Days	Total
Brain/CNS	6		6
Breast	52	26	78
Gynaecological	8	23	31
Haematologica	17	6	23
Head & Neck	22	10	32
Lower GI	29	26	55
Lung	23	18	41
Other	6		6
Sarcoma		1	1
Skin	67	23	90
Upper GI	19	11	30
Urological	43	53	96
Total	**292**	**197**	**489**

The over 62-day backlog has decreased at the close of July with 844 patients reported over day 62 of their pathway with 261 patients active over day 104 of their pathway. The focus continues on reaching both the 62 and 104 trajectories across August and September.

Reduction trajectories are in place for all tumour sites. The latest weekly position v trajectory is:



In terms of waits for first out-patient the size of this waiting list continues to grow with the skin tumour site being by far the largest proportion of this list, with the number waiting for 1st OP 3,358 number of skin tumour on waiting list 1,411 (20/8/23).



HB total Cancer Waiting List for First OP (20/8/23)

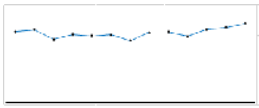
Action taken;

a) Outpatient capacity reviewed and increased, with the exception of Dermatology and Gynaecology (the former a specific concern in maintaining future performance overall for cancer 62-day reporting.
b) Implementation of the endoscopy business case to enhance capacity within the service

c) New Clinical Oncologists appointed, allowing repatriation of activity for rectal oncology work

e) Mental Health & Learning Disability (Adult) Services

Mental Health performance is reported one month in arrears. In July 2023, performance against the metric measuring the % of LPMHSS assessments waiting in excess of 28 days from referral performance (Part A) was 83.9%, above the 80% target an improvement from June (80%).



Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
80%	75.2%	77.1%	66.8%	72.2%	70.8%	71.9%	65.5%	74.4%	74.9%	70.3%	77.6%	80.0%	83.9%

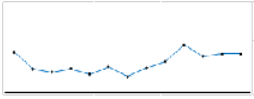
Three out of six areas (Conwy, Flintshire & Wrexham) are now reporting as compliant against both parts of MHM part 1, demonstrating reduction in the waiting list with each reporting single figures waiting over 28 days at the end of July. We are not yet fully compliant for MHM Part 2 but performance has steadily increased to 84.68% against a 90% target.

f) Children & Adolescent Mental Health Services (CAMHS)

There has been a significant reduction in performance against the number of children being assessed within 28 days of referral to the Children & Adolescent Mental Health service (CAMHS) since April 2023 at 80.1% to 52.9% reported for June 2023.

Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
80%	35.10%	39.80%	26.10%	38.50%	47.00%	52.30%	41.70%	57.8%	61.1%	80.1%	66.5%	52.97%	58.2%

The performance of patients waiting in excess of 28 days for therapy following assessment was 44.1% which maintained performance delivered in June 2023 (though is a reduction in performance compared to that of April 2023 of 54.4%.



Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
80%	46%	27%	23%	27%	21%	29%	18%	27.7%	35.1%	54.4%	41.4%	44.0%	44.1%

Actions taken;

- Recovery plan for CAMHS developed across the region to seek to improve trajectories, with targeted recruitment underway to create additional capacity within local teams
- Specialist therapists sought within the wider marketplace due to lack of capacity in local teams
- Weekly monitoring meetings and escalation in each of the IHC's

g) Neurodevelopment Waiting Times

Whilst performance remains well below the 80% target rate for the number of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment, there has been a small but continuous

improvement since April 2023 (37%) and June 2023 at 39%. The HB benchmarked 2nd comparative to other HB performance.

- **Workforce**

  The sickness absence has increased in month to 5.5%, which has increased from 5.13% reported in the previous month (though below historic levels of sickness that exceeded 6%). The rolling monthly average has reduced accordingly to 5.91% (down from 6.05% in the previous month) with the Estates and Ancillary at 8.19% and Healthcare Clinical Support Workers at 7.75% the highest in month.

  The main drivers of absence remain as stress, depression and anxiety and work continues to improve the attendance of staff within the Health Board.

- **Primary Care**

  Discussions are continuing with the Director of Primary Care to identify metrics and a monthly narrative for exception reporting to the Board.

4 Recommendation

Review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.

Ed Williams
Acting Director of Performance

Integrated Performance Report

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Performance to 31st July 2023

(August where published)

Presented on 28th September 2023

Health Board

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Section 1

BCU Performance

Performance Framework KPI Summary

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BCU Performance Framework KPI Summary

(published position July 2023)

	No. measures where target has been achieved or the actions required are back on track	No. measures where the majority of actions required are on track but there is scope to improve	No. measures where the target has not been achieved or the actions required are not back on track and improvements are required	Target/ Compliance not currently available
Quadruple Aim 1: People in Wales have improved health and well being with better prevention and self management	2	0	5	3
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	11	0	14	0
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Section 2

NHS Wales Performance Framework Metrics

Quadruple Aims 1-4

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NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	Committee	Target		Sep-23	Oct-23	Nov-23	Dec-23		Compliance			Rank
	QSE		Actual									
			Trajectory									

Note: Data reflects the last week of each month. Applicable during: 01.09.2023 - 31.03.2024. Age range to be confirmed.

Percentage uptake of the COVID-19 vaccination for those eligible - spring booster	Committee	Target			Apr-23	May-23	Jun-23	Jul-23	Compliance			Rank
	QSE		Actual		14.3%	50.5%	68.9%	67.1%				3rd out of 7 health boards
			Trajectory									

Note: Data reflects the last week of each month. Applicable during: 01.04.2023 - 30.06.2023. Includes: aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over.

Percentage uptake of the COVID-19 vaccination for those eligible - autumn booster	Committee	Target		Sep-23	Oct-23	Nov-23	Dec-23		Compliance			Rank
	QSE		Actual									
			Trajectory									

Note: Data reflects the last week of each month. Applicable during: 01.09.2023 - 31.03.2024. Age range to be confirmed.

Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Committee	Target		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	QSE		Actual	19.4%	22.8%	15.5%	16.5%					3rd out of 7 health boards
			Trajectory									

Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Committee	Target		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	QSE		Actual	97.1%	96.1%	98.1%	97.8%					5th out of 7 health boards
			Trajectory									

Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Committee	Target		Mar-23	Ap-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	QSE		Actual	97.2%	94.2%	96.4%	95.8%	95.7%				2nd out of 7 health Boards
			Trajectory									

Percentage of adult smokers who make a quit attempt via smoking cessation services	Committee	Target	5%	Q4 21/22	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Compliance	12mth Trend - Comparison with Same Period Previous Year		Rank
	QSE		Actual	4.43%	4.29%	1.4%							4th out of 7 health boards
			Trajectory										

Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Committee	Target		Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Compliance	12mth Trend		Rank
	QSE		Actual	68.2%	64.9%	65.6%	67.4%	61.2%	63.9%				5th out of 7 health boards
			Trajectory										

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)	Committee	Target	95%	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Compliance	12mth Trend		Rank
	QSE		Actual	92.2%	92.0%	90.7%	91.2%	90.9%	86.2%				1st out of 7 health boards
			Trajectory										

Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	Committee	Target	95%	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 23/24	Compliance			Rank
	QSE		Actual										
			Trajectory										

NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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

Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Committee	Target	TBA							Compliance	12 month trend		Rank
	PFIG		Actual										
			Trajectory										

Note: New measure - data will be included in the next few months.

Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Committee	Target	TBA	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend		Rank
	PFIG		Actual	1,875	1,498	1,802	2,031						7th out of 7 health boards
			Trajectory										

Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Committee	Target	Increase	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend		Rank
	PFIG		Actual	1,172	1,027	1,256	1,312	1,339					1st out of 7 health boards
			Trajectory										

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people age under 18 years	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend		Rank
	PFIG		Actual	61.1%	80.2%	66.2%	53.0%	58.3%					6th out of 7 health boards
			Trajectory										

Note: AB unable to submit since Aug-22, therefore Jul-22 data rolled over

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend		Rank
	PFIG		Actual	35.1%	54.4%	41.1%	44.1%	44.2%					5th out of 7 health boards
			Trajectory										

Note: AB unable to submit since Aug-22, therefore Jul-22 data rolled over. C&V are currently experiencing data quality issues with their MHM Part 1b da

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults age 18 years and over	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend		Rank
	PFIG		Actual	74.9%	70.4%	77.6%	80.0%	83.9%					4th out of 7 health boards
			Trajectory										

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend		Rank
	PFIG		Actual	85.3%	86.3%	82.7%	82.2%	84.9%					5th out of 7 health boards
			Trajectory										

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Committee	Target	65%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend		Rank
	PFIG		Actual	44.3%	54.9%	56.5%	51.6%	54.1%					4th out of 7 health boards
			Trajectory										

Note: Jun-23 data is currently provisional

NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Median emergency response time to amber calls	PFIG		Actual	00:52:41	00:07:11	00:52:42	01:06:34	01:12:30				5th out of 7 health boards
			Trajectory									

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Median time from arrival at an emergency department to triage by a clinician	PFIG		Actual	30	26	25	24	24	21			4th out of 6 health boards
			Trajectory									

Note: Data relates to major A&Es only

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	PFIG		Actual	137	140	137	134	147	145			5th out of 6 health boards
			Trajectory									

	Committee	Target	Improve	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	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	PFIG		Actual	66.9%	66.0%	68.7%	70.4%	68.7%	69.0%			6th out of 7 health boards
			Trajectory									

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	PFIG		Actual	2,865	2,812	2,994	2,685	2,838	2,825			7th out of 7 health boards
			Trajectory									

	Committee	Target	75%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	PFIG		Actual	63.1%	62.5%	60.1%	59.7%	61.3%				3rd out of 6 health boards
			Trajectory									

Note: all Wales target compliance is based on the 12 month trend

	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Number of patients waiting more than 8 weeks for a specified diagnostic	PFIG		Actual	8,119	8,686	9,099	9,097	7,875	7,956			6th out of 7 health boards
			Trajectory									

Note: Currently still awaiting a diagnostic profile from AB, therefore target compliance will show as red until received.

	Committee	Target	95%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	PFIG		Actual	92.7%	94.4%	92.7%	95.3%	97.6%				1st out of 6 health boards
			Trajectory									

Note: Includes: Art therapy; podiatry; dietetics; occupational therapy, physio therapy and; speech and language therapy.

	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Number of patients waiting more than 14 weeks for a specified therapy (including audiology)	PFIG		Actual	2,192	1,791	1,704	1,551	1,657	2,138			6th out of 7 health boards
			Trajectory									

NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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

	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Number of patients waiting over 52 weeks for a new outpatient appointment	PFIG		Actual	12,090	11,503	12,001	11,772	12,050	12,645			6th out of 7 health boards
			Trajectory									
Number of patients waiting more than 36 weeks for a new outpatient appointment	PFIG		Actual	22,635	22,638	23,210	23,632	23,945	24,697			7th out of 7 health boards
			Trajectory									
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	PFIG		Actual	80,322	82,887	86,586	81,426	80,828	81,728			7th out of 7 health boards
			Trajectory									
Number of patients waiting more than 104 weeks for referral to treatment	PFIG		Actual	9,515	9,188	8,953	8,808	8,796	8,673			7th out of 7 health boards
			Trajectory									
Number of patients waiting more than 52 weeks for referral to treatment	PFIG		Actual	35,394	34,871	35,289	35,596	35,731	35,856			7th out of 7 health boards
			Trajectory									
Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	PFIG	80%	Actual	87.5%	33.3%	50.0%	60.0%	66.7%				6th out of 6 health boards
			Trajectory									

Note: CTM provides sCAMHS services for the residents of SB up until March 2023. AB unable to submit since Aug-22, therefore Jul-22 data rolled over. BCU submitted a nil return for Aug-22 and Dec-22. SB operate a single point of access and as a result all of their sCAMHS referrals are assessed under Part 1 of the Mental Health Measure.

	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	PFIG		Actual	38.2%	37.0%	38.2%	38.9%	40.9%				2nd out of 7 health boards
			Trajectory									
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	PFIG		Actual	92.1%	91.9%	93.8%	96.2%	97.1%				1st out of 7 health boards
			Trajectory									

	Committee	Target		2019/20	2020/21	2021/22	2022/23	2023/24	Compliance	12mth Trend	4 Period Trend	Rank
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	PFIG		Actual	41.2%	59.8%	77.1%						7th out of 7 health boards
			Trajectory									

NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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

	Committee	Target	5%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12mth Trend	Rank
Percentage of sickness absence rate of staff	PFIG		Actual	6.33%	6.24%	6.23%						6th out of 12 organisations
			Trajectory									

Note: Data is for a rolling 12 months.

	Committee	Target	7.18%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12mth Trend	Rank
Turnover rate for nurse and midwifery registered staff leaving NHS Wales	PFIG		Actual	9.1%	9.1%	8.8%	8.9%					3rd out of 11 organisations
			Trajectory									

Note: Data is for a rolling 12 months and excludes employees who retire and return to NHS Wales and organisational 'churn'. A full methodology is available on request. In a number of cases, large turnover figures are due to a small workforce where any leavers will inflate the rate significantly. This data is experimental - there are some organisation specific anomalies which require context and explanation from organisations directly. These

	Committee	Target	TBA	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12mth Trend	Rank
Agency spend as a percentage of total pay bill	PFIG		Actual	7.7%	7.1%	7.0%						9th out of 12 organisations
			Trajectory									

	Committee	Target	85%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12mth Trend	Rank
Percentage of headcount who have had a Personal Appraisal and Development Review (PADR) / medical appraisal in the previous 12 months (excluding doctors and dentists in training)	PFIG		Actual	76.4%	76.7%	77.2%						1st out of 12 organisations
			Trajectory									

NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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

	Committee	Target	95%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of episodes clinically coded within one reporting month post episode discharge end date	PFIG		Actual	70.5%	63.4%	61.3%						7th out of 8 organisations
			Trajectory									

	Committee	Target	90%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	PFIG		Actual		0.9%	6.1%						5th out of 8 organisations
			Trajectory									

Note: New measure - data will be included in the next few months.

	Committee	Target	17%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of calls ended following WAST telephone assessment (Hear and Treat)	PFIG		Actual	13.3%	13.5%	12.3%	12.8%	12.5%				5th out of 7 health boards
			Trajectory									

	Committee	Target	Reduce	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Number of Pathways of Care delayed discharges	PFIG		Actual		326	290	343					8th out of 8 organisations
			Trajectory									

	Committee	Target	90%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	PFIG		Actual	93.2%	93.6%	88.7%	89.2%	96.2%				5th out of 7 health boards
			Trajectory									

	Committee	Target	90%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	PFIG		Actual	85.1%	83.8%	85.0%	85.6%	84.6%				4th out of 7 health boards
			Trajectory									

	Committee	Target	Improve	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Number of patient experience surveys completed and recorded on CIVICA	QSE		Actual									
			Trajectory									

Note: Number of surveys completed and recorded varies between organisations due to the number of different surveys undertaken by each and the different survey methods e.g. SMS, QR code etc. New measure - data will be included in the next few months.

	Committee	Target	103	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	QSE		Actual	144	6	16	32	43	59			5th out of 6 health boards
			Trajectory									

Note: 12 month trend is based on the monthly number of cases. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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

	Committee	Target	27	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	QSE		Actual	38	3	8	10	10	15			5th out of 6 health boards
			Trajectory									

Note: 12 month trend is based on the monthly number of cases. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	67	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - E-coli	QSE		Actual	73	61	66	71	73	73			3rd out of 6 health boards
			Trajectory									

Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	20	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - S.aureus bacteraemia	QSE		Actual		26.02	22.18	25.16	23.46	23.06			2nd out of 6 health boards
			Trajectory									

Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	25	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - C.difficile	QSE		Actual		41.63	41.80	40.03	39.67	36.29			5th out of 6 health boards
			Trajectory									

Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	QSE		Actual	36.4%	37.7%	35.3%	38.5%	35.8%				1st out of 6 health boards
			Trajectory									

Note: Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	95%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	PFIG		Actual	50.9%	54.5%	50.4%	49.8%	51.6%	52.3%			7th out of 7 health boards
			Trajectory									

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Number of ambulance patient handovers over 1 hour	PFIG		Actual	2,192	2,048	2,025	1,883	1,899	1,645			6th out of 6 health boards
			Trajectory									

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Compliance	12 month trend	Rank
Number of National Reportable incidents that remain open 90 days or more	QSE		Actual	47	48	44	41	38				8th out of 11 organisations
			Trajectory									

Note: If an organisation has a blank it means that there was no reportable incidents for that period due to be closed within the 90 day period. The number achieving target is currently out of 10 as HEIW has no reportable incidents for the reporting period and DHCW only had a reportable incident from Feb-23 so can not currently assess target

Performance Trajectories as Submitted for 2023-24

PERFORMANCE TRAJECTORIES SUBMISSION FOR 2023-24

SUBMITTING ORGANISATION	Betsi Cadwaladr UHB

MEASURE	TARGET	Trajectory Actual	FORECAST Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	N/A	1,114	1,175	1,204	1,307	1,291	1,232	1,370	1,260	1,126	1,144	1,273	1,337
		Actual	**1,875**	**1,498**	**1,802**	**2,031**									
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Trajectory	12,340	12,518	11,100	9,972	9,541	9,107	9,122	9,160	9,522	9,748	9,856	9,988	10,175
		Actual	**12,090**	**11,503**	**12,001**	**11,772**	**12,050**	**12,645**							
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Trajectory	23,083	23,121	21,831	20,110	18,835	18,337	17,860	16,969	16,652	16,660	16,673	16,868	17,041
		Actual	**22,635**	**22,638**	**23,210**	**23,632**	**23,945**	**24,697**							
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Trajectory	9,772	9,758	9,147	8,616	8,105	7,799	7,532	7,433	7,455	7,527	7,634	7,790	7,978
		Actual	**9,769**	**9,425**	**9,182**	**8,808**	**8,796**	**8,512**							
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Trajectory	36,095	36,356	34,826	33,380	32,511	31,687	31,213	30,653	30,444	30,075	30,359	29,873	29,544
		Actual	**35,394**	**35,565**	**35,983**	**35,596**	**35,731**	**35,381**							
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Trajectory	8,119	8,050	7,511	7,002	6,560	5,902	5,499	5,013	4,488	3,822	3,523	3,049	2,577
		Actual	**8,119**	**8,686**	**9,099**	**9,097**	**7,875**	**7,956**							
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,192	2,049	1,901	1,809	1,599	1,420	1,255	1,133	849	753	498	251	0
		Actual	**2,192**	**1,791**	**1,704**	**1,551**	**1,657**	**2,138**							
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%[1]	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	80,322	75,901	73,750	71,527	69,148	66,952	64,672	62,516	60,203	57,892	55,347	52,903	50,371
		Actual	**80,322**	**82,887**	**86,586**	**81,426**	**80,828**	**81,728**							
Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	850	940	913	739	694	722	628	565	518	535	581	523	454
		Actual	**888**	**911**	**892**	**844**									
Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by March 2026	Trajectory	63.1%	62.5%	58.0%	59.0%	61.0%	62.0%	62.0%	62.0%	66.0%	65.0%	68.0%	69.0%	70.0%
		Actual	**62.9%**	**62.2%**	**50.1%**	**60.1%**	**61.3%**								
Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,192	2,048	1,900	1,700	1,550	1,300	1,150	1,050	1,000	975	1,100	1,000	925
		Actual	**2,192**	**2,048**	**2,025**	**1,883**	**1,899**	**1,645**							
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,870	2,810	2,700	2,640	2,530	2,420	2,310	2,200	2,090	1,980	1,870	1,760	1,650
		Actual	**2865**	**2812**	**2994**	**2685**	**2838**	**2825**							

Section 3
Exception Reports

Urgent and Emergency Care

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

What the data tell us

- The number of patients experiencing an ambulance handover delay of 1 hour or more remains statistically unchanged since April 2023. The Health Board remains over 300 patients above the agreed trajectory (1,550) for July 2023 at 1,928.
- Emergency Department 4 hour performance has steadily increased since April 2023, however, the July 2023 position dipped from 70.4% to 68.7% but is reflective of seasonal pressures with the start of the school holiday season.
- The number of patients experiencing waits of 12 hours or more in our Emergency Departments has remained statistically unchanged since April 2023 and is approximately 300 over the planned trajectory (2,530) for July 2023 at 2,838

Issues

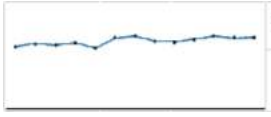
- Flow out of the Emergency departments continue to be the main contributory factor in relation to performance that is reflected in the hourly occupancy of each Emergency department, alongside 12hr and 24hr ED performance.
- Multiple systems in place to reduce attendances to the ED's has resulted in confusion which equates to patients taking the easiest approach ie : attend ED.
- Pathways of Care Delays (POCD) data continues to show high numbers of clinically optimised patients delayed in hospital bed and impacting on patient flow

Actions

- Hospital escalation review on going to ensure accurate actions at time of escalation to support de-escalation.
- Meeting took place week commencing 7th August with IHC Directors of operations and acute to agree on focus no further 4hr ambulance delays by November 2023 with clear actions on internal escalation. (Improved flow and capacity)
- Action plans developed at IHC level informed by respective delay data with a focus on top 3 delay reasons as well as a jointly developed regional action plan with LAs.
- D2RA pathways implemented 31st July – first report against national measures due early Sept on August Census week as snapshot data in first phase.

Supporting very high-level Data

Measure: ED/MIU 4 Hour Waits



Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
95%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	70.3%	65.6%	64.7%	67.3%	70.4%	68.7%	69.0%

Measure: Patient ambulance handovers over 1 hour

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
0	1898	1908	2027	1871	2125	1646	1466	2192	2048	2033	1883	1899	1645

Mitigations

- Review of all Urgent systems across BCUHB to support streamlining of services to assist patient choice.
- Improved access to ambulatory / SDEC pathways for WAST.
- Support from NHS Executive in developing SAFER / Red to green.
- Agreed to develop a singular Hospital full / escalation process with local variances.

What the data tells us

- Overall performance against the measure of direct admission to a stroke unit within 4 hours remains poor, with less than a quarter (23.9%) of patients being admitted within the target time. This is almost 15% lower than the same period in 2022.

Issues

Direct Admission to Stroke unit Within 4 Hours

- Overall performance has increased slightly from 22% to 23.9% against an all-Wales average of 31.8%.
- YG is consistently achieving high performance - 33% this month - but there have been challenges at Wrexham and YGC. This month shows improvement for YGC from 12.8% to 19.4%
- The key issues remain: insufficient bad capacity; challenges discharging patients and occupancy of stroke beds by non stroke emergency admissions.

Thrombolysis Rates

- 100% eligible patients were given thrombolysis, compared to 85% UK-wide.
- Actual rates are high at YG and Wrexham but very low for July at YGC
- There were no Thrombectomy referrals reported in the month., Clinical lead reviews data for Walton weekly

Actions

Direct Admission to Stroke unit Within 4 Hours

- Continued focus on Direct to CT pathway at all sites
- Information still pending from all-Wales review of self-presenters by Performance Assurance.
- Implementation of “e stroke” software from Brainomix delayed to allow for Radiology and corporate clinical governance processes (2 months). Still aiming to go live in Quarter 3. This enables improved images from CT Head and CT Angiography scans which in turn improves decision making on referral for Thrombolysis and Thrombectomy.

Thrombolysis Rates

- Review of actual rates with IHCs through performance oversight meetings
- Review and discussion to look at CT with perfusion to increase Thrombolysis rates as per new clinical guidelines
- Reviewing action plan with clinicians against new national (UK) stroke guidelines. This does extend window for thrombolysis and Thrombectomy in certain cases which would enable performance improvement.

Supporting very high-level Data

Measure: Stroke unit 4 hour direct admissions

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Most recent SSNAP UK Qtr mean (40.9%)	32.4%	21.9%	14.7%	27.5%	25.9%	29.3%	22.2%	22.4%	23.5%	27.3%	22.0%	23.9%	22.1%

Measure: Percentage of Thrombolysis Rates for Eligible Patients

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
100%	82%	100%	92%	100%	100%	100%	100%	83%	100%	89%	100%	100%	100%

Mitigations

- Implement Brainomix as soon as governance approvals given (by end October)
- Staffing levels remain challenging – ongoing recruitment activities in progress
- Site pressures and DTOCs across the full pathway delay patients moving through the system, exu=it block from the Rehab wards, causing bottle necks
- Overall pressure on EDs continue will have adverse impact on timely decision-making on Thrombectomy – mitigations in place to support, ongoing ring fencing of stroke beds, direct to CT Pathway in ED, and awareness of staff in ED for stroke “walk-ins”
- New national stroke guidelines include relaxation of the 6 hour window for mechanical Thrombectomy in some cases. This may enable more referrals, confirmation on assurance compliance with this guidance during May across all sites. Meeting with the Walton and WHSSC later this month
- CT with perfusion discussion starting with Radiology to support improvement in access for Thrombolysis patients

Elective and Planned Care

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

What the data tells us

- The number of patients experiencing a wait for treatment of over 36 weeks remains statistically unchanged since April 2023 at 57,521 (up by approximately 800 patients).
- The number of patients experiencing a wait for treatment of over 104 weeks has reduced since April 2023 (from 9,769 to 8,796) However, remains approximately 700 patients above the planned trajectory of 8,105 for July 2023.

Issues

- Low levels of clinical and administrative validation
- No central booking and schedule system to support better pathway management – becoming critical – business case approved by WG, still awaiting confirmation to go from HB
- Primary Care referrals up by approx. 24% in year
- Additional activity to clear backlogs invariably impacts on routine timeliness

Actions

- Planned care programme initiated and inaugural board meeting took place 18th August 2023. Programme will guide the development of strategies that will be delivered operationally across our Integrated Health Communities
- Diagnostic access to be redesigned/consolidated to cover, imaging, endoscopy, cardiology and respiratory testing

Supporting very high-level Data

Measure: No. of patients waiting more than 36 wks for referral to treatment

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Improvement trajectory towards a national target of zero by 2026	65959	64788	64070	63356	62626	62728	62045	56754	57073	57173	56882	57521	57571

Mitigations

- Continued monitoring and action planning through weekly corporate access meeting
- Working with IHC colleagues to consider pooled waiting lists, cross working, continued list validation and primary care feedback to support appropriate referral

Follow-up Outpatients Waiting List

What the data tells us

- The number of patients experiencing a wait of over 52 weeks for a new outpatient appointment remains statistically unchanged since April 2023 at 12,050 (Aproximately 2,500 over the planned trajectory for July 2023 (9,541).
- The number of patients waiting over 100% passed their due follow up appointment remains statistically unchanged since April 2023 at 80,828 (approximately 11,000 above the planned trajectory for July 2023).

Issues

- Large numbers of patients overdue 100%
- Need to accelerate discharge onto 'Patient Initiated Follow Up' (PIFU) and 'See on Symptoms' pathways
- Long follow up waiters need to be discharged where clinically appropriate

Actions

- Health Board wide follow up reduction programme launched chaired by Deputy executive Medical Director with full IHC clinical and operational representation
- Accelerate use of PIFU and SOS pathways for safe discharge

Supporting very high-level Data

Measure: No. of patients waiting over 52 wks for a new outpatient appointment

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Improvement trajectory towards eliminating over 52 weeks by 31.12.22	26515	26475	25419	23704	21606	18327	15423	12090	11503	12001	11772	12050	12645

Measure: No. of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Improvement trajectory towards a national target of zero	64371	63286	64927	65834	70082	75926	77334	80322	82887	80792	81426	80828	81728

Mitigations

- Continued engagement with all Wales outpatients transformation and improvement programme
- Routine monitoring of follow up activity through weekly corporate access meeting

What the data tells us

- In June 2023, BCUHB treated 292 out of 489 (59.7%) new cancer patients within the target of 62 days of suspicion of cancer.
- There has been a significant increase in the number of patients breaching due to a delay to 1st appointment (principally breast appointments in East).
- Significant increase in delay to surgery (primarily colorectal, urology, skin and lung).
- The Health Board Cancer performance has now slipped to 3rd position in Wales after several years in the 1st or 2nd position.
- The skin position will deteriorate rapidly beginning October 2023 due to backlog of patients tipping into 104 day breach positions

Issues

The main challenges are:
•A consistent increase in suspected cancer referrals in all specialties meaning patients are not seen within the local 10 day target for 1st appointment
•No dermatology capacity in the West meaning patients are transferred to Central and East with insufficient capacity to see all in a timely manner
•Continuing pressures in diagnostic capacity in particular in endoscopy and urology services, in particular in Central
•An increase in demand for colorectal cancer surgery following the expansion of the screening programme with insufficient capacity to treat all in a timely manner
•The need to outsource some specialist treatments due to a lack of local capacity, primarily major urology cancer surgery

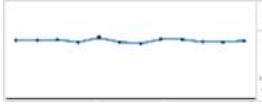
Actions

- Outpatient capacity increased in line with 80th or 95th percentile demand, with the exception of gynaecology and dermatology where work to identify additional capacity continues. Additional capacity still required in all services to reduce current backlog
- Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report)
- Improvement work to streamline cancer pathways continues including:

Straight to scan pathway for suspected prostate cancer patients commenced on all sites
Nurse led triage pilot for suspected colorectal cancer patients commenced in Central in May 2023 with the aim of increasing straight to test uptake and shortening pathways
Teledermoscopy business case submitted to Welsh Government to improve efficiency of skin cancer pathway
Pathway review programmes commenced in gynaecology, breast and lung, with support from Improvement Cymru and Toyota Lean Management Centre

Supporting very high-level Data

Measure: % of patients starting their first definitive cancer treatment within 62 days from point of suspicion



Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
[illegible]	61.7%	61.8%	62.3%	59.6%	64.8%	59.8%	58.0%	63.1%	62.5%	60.1%	59.7%	61.3%	Latest Data Reported

Mitigations

- Suspected skin cancer referrals transferred to Central and East to equalise waits although all now waiting beyond target time
- Outsourced capacity for major urology cancer surgery in place

Diagnostic Waits, Radiology & Neurophysiology

What the data tells us

- Continued rise in referral rates at around 50% additional to 2019-20 figures.
- Despite the rise in demand, number of patients waiting over 8 weeks for a diagnostic test at 7,895 is over 1,000 lower than at the same period in 2022 (9,078)
- Visible cycle of 'boom and bust' every quarter where performance improves, then sharply drops off again.

Issues

For radiology, increased demand above that forecast continues, but increased output has enabled reduction in waiting time backlog for the period. By modality, CT activity continues to match above forecast demand; and the sustained reduction in the MRI waiting list continues in spite of above forecast demand. Increases over the 2019-20 baseline core activity are 45% / 50% respectively. Hence, there is concern as to the sustainability of this level of increase in cross-sectional imaging, e.g significant CT downtime in YG (12 day breakdown) had an impact on YG waiting times. Ultrasound waits have reduced this month, due to additional staffing capacity arising from the availability of higher pay rates for substantive staff. There is uncertainty as to the continuation of these rates beyond Q2 which may limit progress. Net consequence of significant over activity is a sharp rise in unfunded costs YTD, with a clear tension existing between financial recovery and delivery of clinical

Actions

- Radiology senior management team are investigating further ultrasound insourcing capacity opportunities. Given the sharp increase in demand, there is an urgent need for a more detailed assessment of referrals to radiology, including clinical audit to ensure truly urgent cases are prioritised. The increase in DNA rates also requires deeper investigation, together with initiatives to reduce these as far as possible.
- Neurophysiology: Recruitment to the two vacant physiologist posts is progressing, with an estimated starting date of January for an overseas appointee. The vacant service manager post interviews are set for 6th September 2023. A direct framework award for insourced staffing support has concluded (subject to Executive approval). Coupled with locum and likely new appointments, these actions will create additional capacity to clear the backlog towards the end of 2023-24 and meet likely pent up demand.

Supporting very high-level Data

Measure: No. of patients waiting over 8 weeks for a diagnostic test

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
0	9776	9464	8068	8034	9377	9333	8057	8119	8686	9099	9097	7875	7956

Mitigations

- Radiology: excellent monthly performance In spite of sustained record activity However increasing demand means there is a risk that overall capacity will be insufficient to meet demand in 2023-24, particularly in ultrasound. All current solutions will be maintained throughout 2023-24 as a minimum with identification of additional capacity a priority for the team. Financial costs meeting this demand remain a concern.
- Neurophysiology: Recruitment to vacant posts remains the main risk, with other actions set to completed by end Q2 2023-24.

Diagnostic Waits, Endoscopy

What the data tells us

- Whilst there has been a month on month improvement from May 2023 to July 2023 in the number of patients experiencing a wait of over 8 weeks for an endoscopy, at 2,330, the position remains statistically unchanged from the April 2023 position of 2,324.

Issues

Endoscopy are not currently meeting the 8 week diagnostic target. The end of August position showed 1764 patients breaching, this however is a continued improved position month on month.

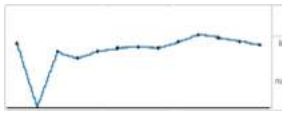
- Fragile gastroenterologist position
- Significant backlogs across the service
- Reliance on insourcing
- Complex procedures requiring specific endoscopists
- Competing priorities with other cohorts of patients (Surveillance, Urgent suspected cancer and Bowel Screening)
- Utilisation of lists
- Cancellation and DNA rates

Actions

- Trajectory in place to support the 8 week diagnostic position
- Vacant gastroenterologist post in centre out to advert
- Gastro agency and NHS locums approved in West and East
- Expansion of other roles – example Clinical endoscopist and practitioner roles
- Maximise efficiency and utilisation of lists by focusing on the core measures; utilisation of lists, booked v achieved points, cancellations/did not attends, turnaround times and late starts/early finishes. Utilisation review taking place
- Demand & capacity modelling completed in line with the National Endoscopy programme
- Temporary insourcing to support additional capacity
- Evening sessions commenced to support additional capacity

Supporting very high-level Data

Measure: No. of patients waiting over 8 weeks for a diagnostic endoscopy



Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Improvement trajectory towards a national target of zero by Spring 2024	2260	0	1964	1745	1995	2093	2136	2098	2324	2580	2471	2330	2225

Mitigations

- Weekly planning cell meetings to review performance, following the 6-4-2 model
- Regional demand & capacity subgroup which reports to the Regional Operational group (ROG)
- Continue to use insourcing whilst developing the 7 day service with BCU staff
- Consider alternative case mix (e.g. consolidate screening activity on fewer sites to protect clinical priorities)

Diagnostics, Cardiology

What the data tells us

- The number of patients waiting over 8 weeks for a diagnostic cardiology investigation has almost halved in the 12 months from 2,007 in July 2022 to 1,088 in July 2023.
- There were increases in in April 2023 (1,635) and May 2023 (1,742) but a significant reduction in June 2023 and July 2023.

Issues

- A recognised capacity mismatch with national shortages of recruitment.
- No funding agreed to recruit newly qualified physiologists as agreed by the Chief Executive Group and the all-Wales Cardiac Network
- Enhanced payments ending (PARR)

Actions

- Trajectories developed by each department to address
- Echo backlog.
- Additional waiting lists planned.
- Ongoing validation to resolve data issues in the West.

Mitigations

- Ongoing pathway work to ensure appropriate ordering of echocardiograms.
- The departments are booking guided by clinical need.
- Operational teams monitor the waiting list closely and work with clinicians to manage patient risk.
- Temporary locum support.

What the data tells us

- Whilst there has been a month on month improvement from May 2023 to July 2023 in the percentage of ophthalmology R1 appointments attended within their clinical target date, or within 25% in excess of their target date remains statistically unchanged over the course of the last 12 months. There have been individual months of improvement, but these have not been sustained.

Issues

- Workforce vacancies
- Infrastructure at Abergele
- Volume of activity required to maintain current referral rate and improve backlog position in lieu of decision to pause in/outsourcing

Actions

- Each IHC has developed plans to support delivery of ministerial requirements including:
- Case note review of longest waits
- Additional face to face R1 clinics to go live before end Sept benefiting 3,048 longest waits by end of financial year
- Application of NICE Glaumcoma review toolkit
- Nurse led Ophthalmology Diagnostic Treatment Centres (ODTCs) delivering additional 56 reviews per month
- HVLC surgery and POAC planned across all sites

Supporting very high-level Data

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

Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
95%	54.5%	52.2%	52.5%	51.0%	55.2%	49.4%	50.6%	50.9%	54.5%	50.4%	49.8%	51.6%	52.3%

Mitigations

- Audit of R1 data completeness to include Wait Time Rules & SOS pathway
- Development of integrated pathways and agreement with 14 optometry practices in place to support additional clinical review
- Funded additional twilight sessions for virtual review

Adult Mental Health Services

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

What the data tells us

- There has been a month on month sustained improvement from January 2023 to June 2023 in percentage rate of patients being assessed within 28 days of referral to Adult mental health services culminating in achievement of the 80% target for the first time in over 12 months.
- Whilst the percentage rate of patients commencing therapeutic interventions within 28 days of assessment remains above the 80% target, it should be noted that there has been a fall from 86% in April 2023 to 82.7% and 82.1% in May and June 2023 respectively. Without mitigation, continuing on this trajectory could result in a breach of the 80% target in the autumn.

Issues

Performance has further improved in July increasing to 83.95% against part 1a and 84.8% against part 1b of the Mental Health Measure (MHM), exceeding the 80% compliance target. Three out of six areas (Conwy, Flintshire & Wrexham) are now reporting as compliant against both parts of MHM part 1, demonstrating reduction in the waiting list with each reporting single figures waiting over 28 days at the end of July. We are not yet fully compliant for MHM Part 2 but performance has steadily increased to 84.68% against a 90% target.

Actions

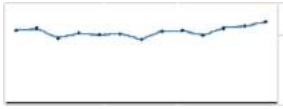
Staffing pressures remain a primary factor in our ability to attain compliance, with particular challenges in Ynys Mon and Denbighshire areas. Recruitment to full establishment within our Local Primary Mental Health Support Services (LPMHSS) will support improved delivery against the measure and also support the pace and progress of the work underway through our Adult Community Pathway Transformation Group. The implementation of the new Service Operating Procedure detailing the Delivery of Core Community Mental Health Services for Adults in North Wales will also support.

Mitigations

We remain focused on our waiting list reduction and continue to routinely monitor referrals against staffing availability. We have seen a month on month increase in referrals since the start of the year. We are improving overall waiting list management with proportionate activity against long waiters and new referrals, whilst maintaining safe practice around clinical prioritisation and regular contact with patients on the waiting list. Work to improve the recording of Care and Treatment Plans (CTP), part 2 of the MHM, continues. We have been successful in attracting Service improvement Funding to support the development of community crisis care within Community Mental Health Teams (CMHT's) which is currently being managed by care co-ordinators. This will release capacity of the CMHT service delivery to enable care co-ordinators to focus on ensuring CTPs are undertaken and recorded.

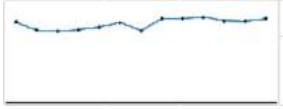
Supporting very high-level Data

Measure: % of MH assessments undertaken within (up to & including) 28 days from the date of receipt of referral for adults aged 18 and over



Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
80%	75.2%	77.1%	66.8%	72.2%	70.8%	71.9%	65.5%	74.4%	74.9%	70.3%	77.6%	80.0%	83.9%

Measure: % of therapeutic interventions started (up to & including) 28 days following an assessment by LPMHSS for adults aged 18 years and over



Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
80%	81.2%	72.9%	71.8%	73.4%	76.3%	80.9%	72.5%	85.0%	84.8%	86.3%	82.7%	82.1%	84.80%

Child and Adolescent Mental Health Services (CAMHS)

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

Children & Adolescent Mental Health Service

What the data tells us

- There has been a significant reduction in performance against the number of children being assessed within 28 days of referral to the Children & Adolescent Mental Health service (CAMHS) since April 2023 at 80.1% to 52.9% reported for June 2023.
- Whilst the percentage rate of children commencing therapeutic interventions within 28 days of assessment, at 44% shows improvement compared to May 2023 at 41.4%, it should be noted that there has been a fall from 54.4% in April 2023.
- However, performance against both metrics is significantly (twice as good) as it was for the same period in 2022.

Issues

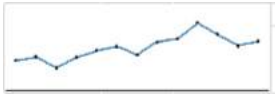
- MHM Part 1 regional delivery at 58% reported in July, below forecast delivery of 80% compliance, impact seen due to activity undertaken related to backlog of patients waiting over 28 days.
- Risk to commissioning additional specialist therapists to support ongoing improved Part 1b delivery
- Workforce remains unstable across Central and East with vacancy factor of 30% impacting on capacity for assessment and therapy

Actions

- Internal and external provider activity monitored against agreed trajectories in each IHC.
- IHC recovery plans under development to deliver part 1a in line with submitted trajectories and with a view to implementing improvement on part 1b trajectory by way of stretch targets
- Exploration of additional requirements by IHC to deliver gaps in capacity to support reduction in therapy backlog waiting lists.

Supporting very high-level Data

Measure: % of MH assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years



Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
80%	35.10%	39.80%	26.10%	38.50%	47.00%	52.30%	41.70%	57.8%	61.1%	80.1%	66.5%	52.97%	58.2%

Measure: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years

Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
80%	46%	27%	23%	27%	21%	29%	18%	27.7%	35.1%	54.4%	41.4%	44.0%	44.1%

Mitigations

- Utilisation of robust forecasting tool to so support corrective actions on a weekly basis across IHCs
- Workforce stabilisation plan under development through transformation programme
- Weekly regional monitoring by regional Senior Children's Services Leads to review performance position and monitor progress against Special Measures programme and milestones achievement against 90 day plan.

Neurodevelopment

What the data tells us

- Whilst performance remains well below the 80% target rate for the number of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment there has been a small but continuous improvement since April 2023 (37%) and June 2023 at 39%.
- Statistically however, performance against this measure remains largely unchanged in the 12 months from July 2022 to June 2023.

Issues

- 39% of children waiting within target in June 23; increasing waiting list and demand, limited internal capacity and the absence of any external provision. Currently slightly off target in terms of internally agreed trajectories (July 23), this should be recoverable in the coming months. *some internal capacity was used due to previous external contract issues.
- Performance/waiting list position is anticipated to continue to decline, this also reflects the All Wales position.
- Tender process for external supplier is taking longer than anticipated, and will not meet Demand & Capacity Gap/address the waiting list backlog
- Service model no longer fit for purpose, requires significant financial/ resource investment going forward. BCU improvement funding to support development of improvement plan now available

Actions

- Monthly reporting and monitoring mechanisms in place against agreed trajectory
- As part of Special Measures reporting, ND plan on a page and Programme of work has been agreed, escalated concerns re: release of BCU improvement funding delaying recruitment of key posts to undertake this work. Milestones for the second cycle have now been agreed.
- Working with informatics colleagues to enhance ND monthly reporting/development of a forecasting tool
- WG funding (until march 25) relating to the WG ND Improvement Programme, for piloting new ways of working has been agreed and will be taken forward over the coming months

Supporting very high-level Data

Measure: % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
80%	46%	44%	41%	40%	40%	37%	33%	31%	34%	38%	37%	38%	39%

Mitigations

- Tender process, for external/additional capacity underway and supported by procurement
- Improvement of data/performance forecasting.
- Weekly regional monitoring by regional Senior Children's Services Leads to review performance position and monitor progress against Special Measures programme and milestones achievement against 90 day plan.
- Demand and Capacity review undertaken by NHS executives, report due in September.
- Continued work with WG ND Improvement Programme, to aid the development of a regional service model

Further Information

NHS Welsh Government Delivery Framework Metrics (Latest data as published August 2023)

Quadruple Aim 1

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management							
Measure	Target	Current Data		Measure	Target	Current Data	
		Period	Value			Period	Value
% of adult smokers who make a quit attempt via smoking cessation services	5% annual target	2022/23	4.29%	% uptake of the COVID-19 vaccination for those eligible - Spring Booster (Mar-23 to Jun-23)	75%	Jun-23	68.9%
% people referred to HB services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter improvement trend	Q1 23/24	63.9%	% uptake of the COVID-19 vaccination for those eligible - Autumn Booster (Sep-23 to Mar-24)	75%	Sep-23	
% children up to date with vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster, 2nd MMR)	95%	Q4 22/23	90.9%	% patients offered index colonoscopy within 4 wks of booking Specialist Screening Practitioner appt	90%	May-23	15.5%
% of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Q1 & Q4 23/24)	90%	Q1 23/24		% well babies entering new-born hearing screening programme who complete screening within 4 wks	90%	May-23	98.3%
% uptake of the influenza vaccination amongst adults aged 65 years and over (Sep-23 to Mar-24)	75%	Sep-23		% of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	Jun-23	96.4%

Quadruple Aim 2

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

Measure		Target	Current Data Period	Current Data Value
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2022/23	91.5%
% primary care dental services (GDS) contract value delivered (new, new urgent and historic patients)		Month on month inc 30% Sep-23,100% Mar-24	new measure - data will be inc. in the next few months	
Num of patients referred from primary care (optometry & GP) into secondary care Ophthalmology services		Imp trajectory towards reduction by Mar-24	Jun-23	2,031
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)		Increase compared to same month prev year	Jun-23	1,325
% LPMHSS assessments within 28 days from referral	Under 18 years	80%	Jun-23	51.0%
	18 years and over			44.1%
% theraputic interventions started within 28 days following LPMHSS assessment	Under 18 years			79.8%
	18 years and over			81.4%
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jul-23	54.1%
Median emergency response time to amber calls		12 month improvement trend	Jul-23	01:12:30
Median time from arrival at an emergency department to triage by a clinician		12 month reduction trend	Jun-23	24
Median time from arrival at an emergency department to assessment by a senior clinical decision maker				134
% of patients spend less than 4 hrs in emergency care from arrival until admit, transfer or discharge		Imp compared to same month prev year or 95%	Jul-23	68.9%

Measure	Target	Current Data Period	Current Data Value
Number patients spent 12 hrs or more in emergency care from arrival to admit, transfer or discharge	Imp trajectory towards 0 by Mar-24	Jul-23	2,836
% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Imp trajectory towards 80% by Mar-26	Jun-23	59.7%
Number of patients waiting more than 8 weeks for a specified diagnostic	Imp trajectory towards 0 by Mar-24	Jun-23	9,097
% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		95.3%
Number of patients waiting more than 14 weeks for a specified therapy (inc. audiology)	Imp trajectory towards 0 by Mar-24		1,551
Number of patients waiting over 52 weeks for a new outpatient appointment	Imp trajectory towards 0	Jun-23	11,936
Number of patients waiting more than 36 weeks for a new outpatient appointment			23,632
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Imp trajectory towards 0	Jul-23	80,828
Number of patients waiting more than 104 weeks for referral to treatment	Imp trajectory towards 0	Jun-23	8,590
Number of patients waiting more than 52 weeks for referral to treatment			34,887
% of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Jul-23	66.7%
% of children/young people waiting <26 weeks to start an ADHD/ASD neurodevelopment assessment		Jun-23	39.1%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		Jun-23	96.2%

Quadruple Aim(s) 3 and 4

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

Measure	Target	Current Data		Measure	Target	Current Data	
		Period	Value			Period	Value
% of sickness absence rate of staff	12 month reduction trend	May-23	6.23%	Agency spend as a percentage of the total pay bill	12 month reduction trend	May-23	7.0%
Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Roll 12 mnth reduction against 19/20 baseline	Mar-23	7.02%	% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months	85%	May-23	77.2%

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

Measure		Target	Current Data		Measure		Target	Current Data	
			Period	Value				Period	Value
% of episodes clinically coded within one reporting month post episode discharge end date		Maintain 95% or 12 month imp trend	May-23	61.3%	Cumulative number of laboratory confirmed bacteraemia cases:	Klebsiella sp	103	Apr-23 to Jul-23	43
% of all classifications' coding errors corrected by the next monthly reporting submission following		90%	May-23	6.1%		Aeruginosa	27		10
% of calls ended following WAST telephone assessment (Hear and Treat)		17%	Jun-23	12.8%	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population:	E-coli	67.00		72.94
Number of Pathways of Care delayed discharges		12 month reduction trend	Jun-23	343		S.aureus bacteraemias (MRSA and MSSA)	20.00		23.46
% HB residents who have a valid care & treatment plan	Under 18 years	90%	Jun-23	89.2%		C.difficile	25.00		39.67
	18 years and over			85.6%	% R1 ophthalmology appointments attended within target date or within 25% beyond of clinical target date		95%	Jul-23	57.6%
Number of patient experience surveys completed and recorded on CIVICA		Month on month improvement	new measure - data will be inc. in the next few months		Number of ambulance handovers over 1 hour		Imp trajectory towards 0 by Mar-24	Jul-23	1,928
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID		Reduction compared to same month 22/23	Jul-23	35.8%	Number of National Reportable incidents that remain open 90 days or more		12 month reduction trend	Jul-23	38

Report as at: 16 Aug 23

Target delivered:

Target not delivered:

Blank cell: no data currently available

Trend / target compliance not currently available:

Performance has improved over the last 12 mths:

Performance has deteriorated over the last 12 mths:

Performance has remained static over last 12 mths:

Further Information

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

Teitl adroddiad: ***Report title:***	Integrated Quality Report
Adrodd i: ***Report to:***	Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	September 2023
Crynodeb Gweithredol: ***Executive Summary:***	This report provides the Health Board with information and analysis on significant quality issues arising during the prior period, alongside longer-term trend data, and information on the improvements underway.
Argymhellion: ***Recommendations:***	The Board is asked to note this report.
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery Dr Nick Lyons, Executive Medical Director Gareth Evans, Executive Director of Therapies and Health Sciences
Awdur yr Adroddiad: ***Report Author:***	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 strength 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 the Board Assurance Framework.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Quality
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards.

	Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.
Yn unol â WP7, a oedd 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)***	BAF1.2
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF1.2
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: ***List of Appendices:*** 1. Board Integrated Quality Report	

Board Integrated Quality Report – September 2023

INTRODUCTION

For the NHS in Wales, quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe**, **timely**, **effective**, **efficient**, **equitable** and **person-centred**. Underpinning these domains are six enablers, which are **leadership**, **workforce**, **culture**, **information**, **learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

This report provides the Health Board with a summary of key quality related information. The aim of this report is to provide the Health Board with key quality highlights at each meeting. Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee.

The accompanying Integrated Quality Report has been reformatted and is presented to the Board as an emerging draft of a new report format. Feedback from the Board is welcomed. The report is structured, for ease, around three domains of quality: patient safety, patient experience and clinical effectiveness. These three domains provide an easy to understand approach that reflects the core components of what matters to patients: being kept safe, having a positive experience, and receiving an effective healthcare intervention.

PATIENT SAFETY

Nationally Reportable Incidents (NRI)

A nationally reportable incident is: *A patient safety incident which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare."*

During June to August 2023, 33 nationally reportable incidents occurred.

Over the year to date, the NRI reporting rate has reduced compared to the comparable period of the previous year. This is noticed in the categories of serious patient falls and serious patient deterioration incidents however at this time no conclusion can be drawn and further analysis is needed: as conversely the number of patient safety incidents with harm has risen significantly.

At the time of writing, the total number of nationally reportable incident investigations overdue is 18 (down from 31 at the time of writing the last report).

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

- Grade 3 or above healthcare acquired pressure ulcer (HAPU)

- Inpatient falls
- Assessing and recognising patient/service user deterioration

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

Details of the improvement work underway against the themes have been presented to the QSE Committee and a deep dive on falls is planned. An internal audit review into falls prevention and management is also underway.

The Health Board has implemented the Statutory Duty of Candour in April 2023. Virtual and e-learning training has been made available to staff and a resource library has been developed on the intranet site. The Datix system has been enhanced to capture compliance with the duty. An initial compliance audit has been completed and as a result, data validation work is underway.

Never Events

Two Never Events occurred during June to August 2023. These never events included a wrong side anaesthetic block in theatre and the removal of a scar on the wrong side of the body in dermatology.

An update is scheduled for the next Clinical Effectiveness Group and Patient Safety Group on NatSSIPS2 (following on from recent Welsh Health Circular) – each service is reviewing their position and providing an update on their implementation. The National Safety Standards for Invasive Procedures (NatSSIPs 2) has been designed to reduce misunderstandings or errors and to improve team cohesion and was written by clinicians from multiple professions and specialties. NatSSIPs 2 re-launches the World Health Organisation (WHO) Checklist. It mandates key stop moments when the standard pathway is confirmed and patient-specific details clarified. This improves both patient safety and team-working. This NatSSIPs 2 also newly applies to invasive procedures in interventional radiology and emergency departments, with 'proportionate counts' for more 'minor' procedures.

In the previous financial year, five never events have been reported, compared to 10 in the same timescale in the prior year (when taking into account incidents later downgraded).

Patient Safety Alerts and Notices

The Health Board has one overdue alert relating to potent synthetic opioids implicated in heroin overdoses and deaths. Compliance assurance is outstanding from 2 Integrated Health Communities (IHCs) and 1 regional division. This has been escalated and is being chased.

Infection Prevention and Control

The Health Board is off trajectory for all organisms (although for MRSA and E. coli is very close to trajectory).

The C. difficile rate remains above the all-Wales rate however there is a reduction in the current year to date compared to the previous year. The previous report provided details of the improvement work underway. The Health Board rate per 100,000 population is 37.1 – two other health boards (Hywel Dda and Swansea Bay) have higher rates.

The P. aeruginosa rate remains above the all-Wales rate and the rate remains constant over the year (overall numbers are small, 5 in August 2023). The Health Board rate per 100,000 population is 5.1 – two other health boards (Swansea Bay and Hywel Dda) have higher rates.

PATIENT EXPERIENCE

Complaints

During June to August 2023, 539 complaints were managed under the Putting Things Right Regulations (PTR) and 100 complains were managed as Early Resolutions. The PALS Team had 1,716 contacts.

There has been a reduction in complaints and a notable reduction in early resolution and PALS contacts.

The majority of complaints relate to secondary care. The top themes relate to: clinical treatment and assessment, poor communication, appointments and medication.

Overdue investigations remain a challenge – at the end of August 2023, 284 investigations are overdue and the improvement trajectory has reached a plateau. The Deputy Director of Nursing for patient and carer experience continues to lead weekly support and scrutiny meetings with divisions to reduce this number, and their team have worked with IHCs to develop renewed trajectories and improvement plans.

Patient feedback

During April to June 2023, 6,150 patient feedback surveys were completed on the Civica real time feedback system.

In June 2023, 83.82% of patients who completed the survey felt always listened to and 83.17% of patients always felt involved in decisions about their care (80% target).

CLINICAL EFFECTIVENESS

The Tier 1 audit plan for 2023–2024 lists forty-one audits, three of which were not applicable to the Health Board since some services are commissioned elsewhere, leaving thirty-eight audits that the Health Board is required to complete. Clinical Audit Facilitators are monitoring Tier 1 audit plans and the completion of SMART (Specific, Measurable, Action focussed, Realistic and Timed) actions in response to the audit findings within agreed timescales.

The pilot of the Audit Management and Tracking Database (AMaT) is progressing, with Tier 1 actions being monitored through AMaT, as well as those for certain agreed Tier 2 audits. Through this, the team are engaging clinical and corporate stakeholders to deliver increased visibility of audit activity, strengthening real-time reporting, and building relationships with colleagues in other Welsh Health Boards through an AMaT Forum Group and the All-Wales Clinical Audit and Effectiveness Network Group.

During Quarter 1, 132 Tier 3 audits were registered across the Health Board. The largest proportion of Tier 3 audit topics were linked against NICE (National Institute for Clinical Excellence) Guidelines (17.4%). Of the remainder: 15.2% were re-audits, 15.2% in response to National guidelines and 9.8% were service evaluations. There was a total of 59 projects completed during the Quarter 1.

ASSURANCE AND REGULATION

Litigation

There are no claims issues to highlight to the Board.

The Health Board has continued to receive a higher number of Prevention of Future Death (PFD) (Regulation 28) Notices. Since the last report, seven PFD Notices have been received. The key themes arising from notices this year relate to:

- Timeliness and quality of patient safety investigations;
- Absence of electronic records and the associated risks of paper records;
- Ambulance handover delays, patient flow and capacity in Emergency Departments.

The number of notices issued reflect the serious concerns of coroners in relation to the above points.

The Notices in relation to ambulance delays were issued jointly to the Health Board, Welsh Ambulance Service Trust and the six local authorities.

At the time of writing, responses are being drafted.

The Health Board continues to meet with local Coroners to ensure good working practices.

Regulation

The Health Board was due to attend court on 03 August 2023 to respond to the Health and Safety Executive (HSE) prosecution under the Health and Safety at Work etc Act 1974 following an investigation arising from the tragic death of a patient at the Hergest Unit in 2021. This was adjourned due to availability of the court.

The Health Board has received a Notice of Contravention from the Health and Safety Executive regarding the prevention and management of in-patient falls. This follows investigation into three inpatient falls and an Improvement Notice issued by the HSE in 2021. The Executive Director of Nursing and Midwifery continues to lead the organisational response to falls improvement including the issues arising from this latest Notice.

There are no Healthcare Inspectorate Wales (HIW) or Care Inspectorate Wales (CIW) issues to highlight to the Board.

Ombudsman

The Public Services Ombudsman for Wales (PSOW) issued one Pubic Interest Report on 14 September 2023. The Ombudsman launched an investigation after a complaint that the Health Board failed to provide appropriate and timely treatment to a patient after she was admitted to hospital with suspected appendicitis. The Ombudsman upheld most parts of the complaint and was concerned that these events took a considerable toll on the patient's physical and mental wellbeing. The patient has been left with health and mobility problems. The Ombudsman made a number of recommendations and all are in the process of being delivered.

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

CONCLUSION

This report provides the Health Board with information and analysis on quality matters including Nationally Reportable Incidents, Never Events and regulatory activity occurring in the last two months.

The key points of note are:

- The main themes of Nationally Reportable Incidents (NRIs) remain falls, healthcare acquired pressure ulcers, and the recognition and action on deteriorating patients. Improvement work for all these areas is progressing under the leadership of senior clinical staff.
- The HSE have issued a Notice of Contravention for inpatient falls prevention and management.
- Two Never Events have occurred.
- One Public Interest Report from the Ombudsman has been issued.
- The Coroners continue to raise serious concerns in a number of areas.
- The number of overdue patient safety incident investigations, and consequently closure within the target timeframe, remains a challenge.
- The number of overdue complaints remains unacceptably high, with an unacceptable impact on patients and an impact on the closure target compliance. Support is being provided to all divisions from the corporate teams and recovery plans are in place.

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

The Health Board is asked to note the report.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Board Integrated Quality Report

September 2023

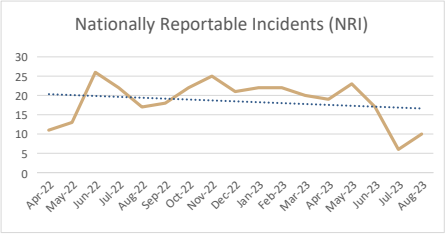
This report is produced by the Health Board's Quality Directorate. This is a new and developing report to provide the Board, public and stakeholders with key quality indicators.

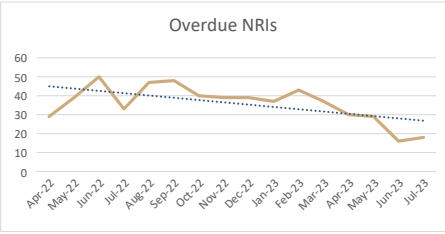
Board Quality Report - Patient Safety

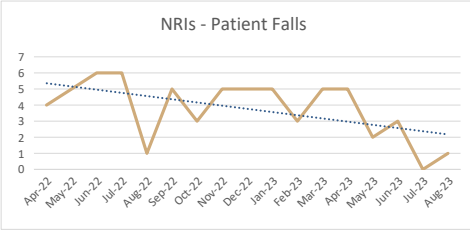
Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Total	Average	Sparkline
Patient safety incidents with harm	1,350	1,366	1,434	1,606	1,674	1,556	1,632	1,558	1,742	1,730	1,552	2,103	2,113	2,252	2,347	2,426	2,409	30,850	1,815	
Nationally Reportable Incidents (NRI)	11	13	26	22	17	18	22	25	21	22	22	20	19	23	17	6	10	314	18	
Overdue NRIs	24	29	39	50	33	47	48	40	39	39	37	43	37	30	29	16	18	N/A	35	
NRIs - Patient Falls	4	5	6	6	1	5	3	5	5	5	3	5	5	2	3	0	1	64	4	
NRIs - Healthcare Acquired Pressure Ulcers	3	1	7	9	7	6	8	8	4	10	12	6	9	11	8	3	2	114	7	
NRIs - Patient Deterioration	1	3	5	3	0	1	3	2	1	1	1	2	1	0	0	0	1	25	1	
NRIs - Never Events	0	0	1	0	1	2	0	1	0	0	0	0	0	0	0	1	1	7	0	

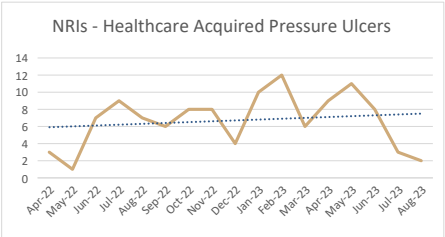
Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (13/09/2023). Incident data shows the date of the incident (which is different from the date reported).

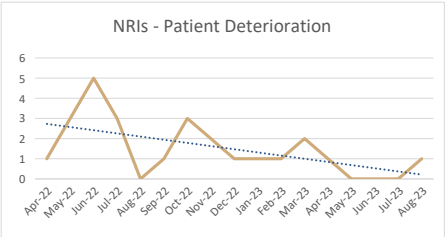
Key areas of focus:









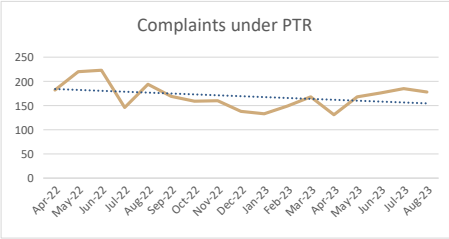


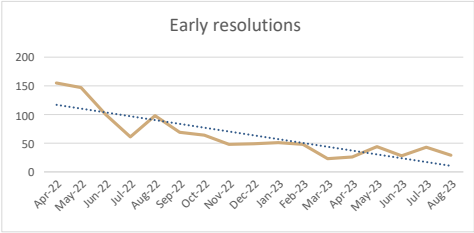
Board Quality Report - Patient and Carer Experience

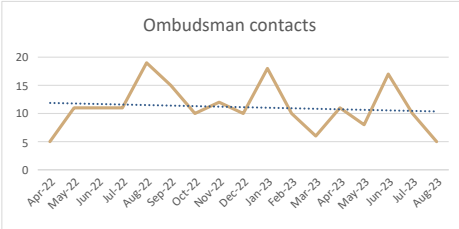
Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Total	Average	Sparkline
Complaints under PTR	182	220	223	146	194	169	159	160	138	133	149	168	131	168	176	185	178	2,879	169	
Early resolutions	155	147	100	61	98	69	64	48	49	51	48	23	26	44	28	43	29	1,083	64	
Overdue complaints under PTR	332	350	395	441	438	464	420	341	335	359	307	295	271	254	266	260	284	N/A	342	
Ombudsman contacts	5	11	11	11	19	15	10	12	10	18	10	6	11	8	17	10	5	189	11	
Ombudsman full investigations	2	3	3	4	3	5	4	1	4	5	5	1	1	1	4	2	1	49	3	
PALS contacts	624	629	600	701	554	578	645	505	432	479	518	694	563	519	595	555	566	9,757	574	

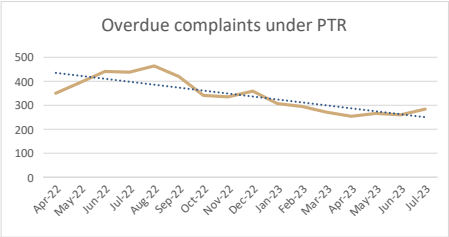
Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (13/09/2023). Experience data shows the date of the complaint or contact.

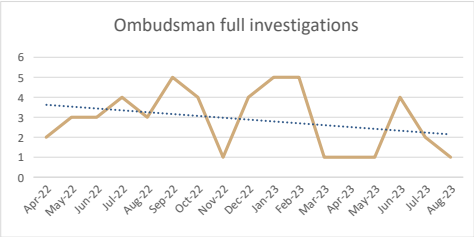
Key areas of focus:

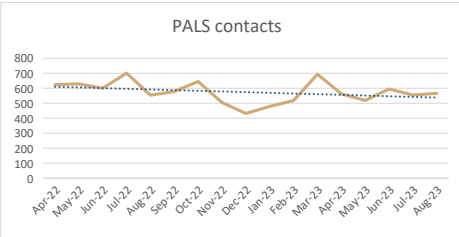












Health Board
28 September 2023

Committee Report

Name of Committee:	**Quality, Safety and Experience Committee**
Committee Chair:	Rhian Watcyn Jones, Independent Member
Meeting dates:	22 August 2023
Responsible Director:	Angela Wood, Executive Director of Nursing and Midwifery

The meeting was held in person at the Boardroom, Carlton Court, St Asaph Business Park.

The Board is asked to note that the following matters were discussed at the Quality, Safety and Experience Committee on 22 August 2023.

Summary of business discussed:

Special Measures
The Committee received a report related to the Special Measures deliverables that related to the remit of the Committee. The first 90 day cycle was due to conclude on 31 August and the Committee received an overview of focus for the 2nd 90 day cycle. Key progress and challenges were noted and it was agreed that whilst Special Measures was challenging it was important to make improvements at pace. The Committee did note the need to balance expectations and be realistic for sustained long-term improvement.

Clinical Effectiveness Report
The Committee received a report from the Executive Medical Director on Clinical Effectiveness Report. The Quarter 3, Quarter 4 Clinical Audit Reports and the Annual Clinical Audit Report for 2022-2023 were submitted to June Strategic Clinical Effectiveness Group (CEG) for discussion and to Quality Development Group on 14 August and now to the Committee for assurance. The Committee wanted to know what was going well and if not, what plans were in place to improve or to mitigate. To support this the Committee requested that future reports focus on providing higher level information to enable the Committee to receive assurance.

Performance Report Month 3
The Deputy Director of Performance presented the report which was a different format to more detailed version for the Board meetings which was hopefully clearer. It was noted that the report related to the Month 3 data as Month 4 data was not available due to reporting timescales. The Committee considered BCUHB performance rankings and targets alongside a peer comparison for context.

Patient and Carer Experience Report
The Head of Patient Experience presented the Patient and Carer Experience Report which covered the period April to June 2023. It was noted that 570 complaints had been received during this time, 47 of these were managed under “Putting Things Right”, and an additional

98 were resolved as Early Resolutions. It was noted that the majority of the complaints related to Secondary Care Services. The top themes relate to: clinical treatment and assessment, poor communication, appointments and medication. Pro-active work is ongoing with the Patient Advice and Liaison Service (PALS) to coordinate with services, addressing recurring themes. Attitude and behaviour issues are common themes across all services. It was noted that in the next Special Measures 90-day cycle there would be a Board Development session on culture and behaviour within the organisation to reflect

Infection Prevention and Control Annual Report 2022/23
The Committee received from the Director of Nursing Infection Prevention and Decontamination on the Infection Prevention and Control (IPC) Annual Report relating to the period April 2022 to March 2023. The report provided assurance that the organisation is meeting its statutory requirements in relation to the management of IPC in accordance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections (HCAI) 2014. The Committee was pleased that BCUHB compared well against other Health Boards and noted the ongoing work. It was noted that the Infection Control Group ensured that shared learning and good practice was implemented across the organisation.
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Corporate Safeguarding Annual Report
The Committee received the Safeguarding and Public Protection Annual Report 2022-2023. It was noted that with the introduction of new legislation and an increase in training compliance the service had experienced a significant rise in the level of case work. This is inclusive of case complexity based upon the adaptation of new legislation into practice, this has been experienced throughout the Health Board and by our partner agencies.
The Committee noted the differences in Integrated Heath Community (IHC) areas.

Integrated Health Community (IHC) Report: East
The IHC East Director presented the report with information and analysis on the progress of the East IHC in improving quality, patient safety and experience. It was noted that the three IHCs (West, Central and East) meet regularly both formally and informally to work collaboratively together. Key challenges and opportunities in relation to providing high quality services were considered.

Risk Register
The Interim Board Secretary and Associate Director of Governance introduced the report on on the management of the Corporate Risk Register and the risks that related to the remit of this Committee. The Committee noted the improvements that need to take place and were pleased to note that there would be a Board Development session which took place on the 24 August on Risk Appetite to support an improved Risk Management Framework

Key assurances provided at this meeting:	• Infection Prevention and Control work. • Development of the Risk Management Framework and Risk Appetite Development Session. • Ongoing Special Measures improvement work through the organisation. • The Committee would like to note that there was a QSE development session planned to consider in detail the findings of Independent Reviews. This will take place during September.

Key risks including mitigating actions and milestones	None
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Planned business for the next meeting:	The Committee will move back to a bi-monthly meeting cycle from next month to align with the Board. Items for next meeting include: • Clinical Effectiveness Report • Primary Care Report • Patient Story Annual Report • Risk Register • Nursing and Midwifery Council (NMC) Fitness to Practise (FtP) Annual Report April 2022 – March 2023 • Maternity and Neonatal Services • Performance Report • Special Measures Report
Date of next meeting:	October 2023 - TBC

V3.0

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, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	This proposal seeks the Boards support, engagement in and leadership of critical work in developing the organisations approach to culture, leadership and engagement. 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 3 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 proposal to launch and actively shape culture, leadership and engagement is key within the Special Measures Response Plan Cycle 2. It specifically asks for the leadership of the whole Board in engaging, leading and supporting a significant programme of work intensively over the coming weeks and months to set the organisation on its longer-term journey to improving culture, leadership and engagement.
Argymhellion: ***Recommendations:***	The Board is asked to **DISCUSS** and the **APPROVE** the proposal
Arweinydd Gweithredol: ***Executive Lead:***	Chief Executive, supported by Deputy Director of People
Awdur yr Adroddiad: ***Report Author:***	Chief Executive, supported by Deputy Director of People

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):***	Links to delivery of all organisational priorities
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	N/A
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Detailed financial implications of any potential elements of this work will be further developed. Utilisation of current, budgeted resources will be 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***	Early work has taken place relating to leadership and Clinical Engagement which is highly supportive of a structured and deliberate approach to the development of culture, leadership and engagement.
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:

The next steps include the establishment of a more detailed routemap to progressing the key elements of the proposal. If the Board approves the Board Committee governance approach elsewhere on the agenda, the People Committee will undertake a key oversight role of this work.

All Board members will be requested to actively participate in this work over the coming months, supported by colleagues in the Organisational Development team.

The Board will be asked to consider further key elements of this work such as the Values and Behaviours Framework, and the Cultural, Leadership and Engagement Approach.

Implementation of recommendations

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The Executive Team will lead the implementation of the Proposal and report through to the newly established People Committee and onto the Board. The Board will have decision making of key aspects of this work in line with the Scheme of Reservation and Delegation.

Rhestr o Atodiadau:

Introduction

This proposal has been developed to seek the leadership and commitment of the Board to undertake key organisational development in terms of culture, leadership and engagement. It specifically asks for the Board collectively, and Board Members individually to be actively engaged, in this important work over the next few weeks and months specifically. Leading organisational change is a short-, medium- and long-term endeavour and will be a major feature of focused work during the Special measures Stabilisation Phase and into the Standardisation Phase that follows.

Strategic Approach

It is widely accepted that the culture of an organisation or a system shapes the behaviour of everyone in it, the quality of care it provides and its overall performance. Culture is said to be ‘the way we do things around here’. There are numerous examples of where healthcare services have failed their patients and reviews of investigations have highlighted the ‘culture’ as one of the significant issues that has led to those failures. Indeed, Sir Robert Francis, who led the inquiry into failures at Mid Staffordshire NHS Trust, identified that the culture of the leadership permeated through the organisation and led to a focus that did not engender a philosophy and practice of the highest standard of patient care.

Evidence presented by Sir Michael West examines the impact of leadership and teamworking on the effectiveness of care, including mortality rates. Compassionate Leadership has been strongly evidenced as a means by which significant and sustained change can happen through the support and engagement of staff, through effectiveness leadership, at all levels. Furthermore, the evidence suggests that people experience significantly lower levels of stress where their leader is compassionate. Furthermore, positive staff engagement has been linked with reduced staff turnover, lower sickness absence, and improved patient outcomes and experience.

In addition to the evidence regarding the impact of appropriate culture, leadership and engagement approaches on the quality of care and experience of staff, the Duty of Candour and Duty of Quality provide the legislative framing for the way in which healthcare organisations in Wales should operate.

The strategic approach proposed draws together the three key aspects of culture, leadership and engagement given they are inextricably linked. The first phase of the work seeks to engage colleagues across the organisation in understanding the current culture, gather views of the culture, values and behaviours that should be set and draw out the approach to creating the future, desired organisational culture. It is clear already that the approach, behaviour and quality of leadership and leaders is key and therefore directly connecting culture with leadership in this work is important. Furthermore, the real enabler of organisational change is through the engagement of staff across all parts of the organisation. With 19,000 staff in the health board, this could be a very powerful movement for change.

Proposal for Priorities in the 1st Phase

There are commitments suggested in the Special Measures Response Plan Cycle 2 that have been expended here for consideration. Aligning resourcing and programme mechanisms will enable a deliberate and systematic approach. This will also take into account work that has taken place previously; drawing these key elements together will help shape a Cultural Change Programme of work moving forward. The key priorities identified for the next 3 – 6 months include:

Culture

Proposal is to focus in the first phase on 3 key elements:

1. **Examine the current pervasive culture** – asking and listening to colleagues who work in the organisation their views on the existing culture. The NHS Wales Staff Survey will go live during this period, and will report later in the financial year, thus supporting a new baseline starting position. Comparison will be made with previous Staff Surveys. In addition, other mechanisms will be drawn in to help articulate the current culture, including an examination of the Independent Reviews that have taken place and work on clinical engagement for example. Working closely with Trade Union partners will be key.

2. **Revisit the values of the organisation** and working in partnership, test and reshape the existing values to represent effectively the view of people. The views of staff are key in this regard, however more broadly the views of patients and the public could offer some helpful insight and contribution. Again, a broad range of mechanisms will be utilised in order to test views on the existing values and to gather suggestions for modification.

3. Aligned to proposed organisational values, to **develop a behaviours framework**, collectively with people across the organisation. Again, seeking and utilising the views or patients and wider members of the public could provide helpful insights. Any proposed behaviours framework will be consulted upon priori to consideration by the Board.

Leadership

Proposal based on a number of key elements:

1. Active dialogue and exploration of the **approach to leadership** the organisation and Board wishes to adopt. This should be a deliberate process that draws together a clear definition of the approach, clarity of understanding and alignment with values and

behaviours. Conversations, focus groups, conferences and workshops are several of the means that would be adopted in order to develop the active dialogue process.

2. Consideration of the approach to truly **collective adoption of the leadership approach**, learning from other industries and sectors. The Army for example, enable all staff members to undertake leadership development. The investment required to achieve a truly collective leadership approach will be assessed, including the benefits sought to be gained.

3. A comprehensive **leadership development** programme and approach that supports people not just with the education and learning, but with leadership in practice. The concept of the Leadership Alumni will be further developed into a clear offer that supports and enables leaders and leadership in practice.

Engagement

Proposal based on the following key elements:

1. Fully consider the rapid review work undertaken as part of Special Measures Cycle 1 on **Clinical Engagement**, led by the Executive Director of Therapies and Health Sciences on Clinical Engagement. The work so far draws out the key elements of leadership, relationships with line managers, the elements of workload and environment of work including digital mechanisms and the strong link to quality improvement as a key motivator and enabler. Clinical Engagement within the wider ambition of employee engagement requires further consideration and deliberation.

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. Looking at how other organisation and sector undertake this measurement approach will provide some helpful insights. It is expected that a wider variety of methods than currently used (staff survey) will be feature in the future proposal.

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, with mechanisms design to enable training, support, coaching/mentoring and evaluation/feedback.

Conclusion

It is clear that significant attention should be given the culture, leadership and engagement if the ambition of high quality care and high staff satisfaction is to be realised. It is also clear that significant change takes time and thus is a short-, medium- and long-term endeavour. Given the challenges and opportunities the organisation has the proposal seeks Board leadership in taking forward the proposed work. Resources will be aligned to enable delivery of the key elements of the proposal and engagement and reporting through Board Committees and the Board as a whole will take place.

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Teitl adroddiad: ***Report title:***	Welsh Language Services Annual Monitoring Report 2022-2023
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	28/09/2023
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. 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 2022-2023 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:	The Health Board is asked to approve the Annual Report for publication and submission to the Welsh Language Commissioner's Office.

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Recommendations:	The Health Board is asked to approve the *More than just words* Update Report 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 Public Health			
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 signifiance or concern are escalated to the Welsh Language Strategic Forum for consideration.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no immediate financial implications.
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	Both reports have been discussed and reviewed by the Welsh Language Strategic Forum at its 12 September 2023 meeting.

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)*	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 2022-2023
Appendix 2 – *More than just words* Update Report 2022-2023

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Welsh Language Services Annual Monitoring Report 2022-2023

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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 since the imposition date of 30 May 2019.

The report reflects the requirements and content as stated within Standard 120 of the Welsh Language 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 2022 to March 2023.

In addition to continuing with our refreshed outlook following the COVID-19 pandemic, this year, we have been in a position to successfully combine our new ways of working and our traditional grass roots approach. Some service provision has continued to be delivered virtually, such as our Welsh Language Training Programme. Virtual models of learning has provided opportunities that may otherwise not have reached such a wide audience. At the same time, our more operational and hands-on schemes have resumed, such as our mystery shopper exercises, with the original format of site-based visits and engagement. We have learned from our experiences, and have put into practice improved delivery models to optimise the guidance and support that we provide.

The delivery of the Welsh Language Standards continues to be at the forefront of our planning, however, we have also embraced the introduction of the Welsh Government's *More than just words* Five-Year plan. Many of the targets outlined in the plan have already been achieved by the Health Board. 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 the positive impact of key policies that were developed during the last reporting year. The implementation of the *Bilingual Skills Policy and Procedure*, has impacted on the way we look at workforce planning and development. Front-line posts have been identified with the ability to speak Welsh as an essential requirement, and these have now been aligned with our workforce systems to ensure any gaps in recruitment are highlighted. However, if, following a robust recruitment process, candidates do not have the linguistic requirement to meet a certain front-line post, these are now roles for which Welsh language skills must be learned or improved to a certain level upon appointment. It has ensured that the number of posts advertised as 'Welsh Essential' has doubled over the last year, with individuals also referred for training as part of their appointment process.

The development of key strategies such as our five-year plan for increasing our ability to provide clinical consultations in Welsh (in line with standard 110 of the welsh Language standards), along with the fresh enabling approach presented in *More than just words*, we have has strengthened our foundation that will support us to continue with our priorities for 2023-2024. We have been ambitious in the targets that we have set for ourselves in our annual operating plan, using a team and service-based focus to ensure we are able to offer the best level of support to our staff.

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.

Understanding our population needs
Understanding population needs is essential to inform our ability to design and deliver services in North Wales. Gwynedd has the highest proportion of Welsh speakers, 64.4 per cent, although we know that this can be much higher in some areas of the county. Elsewhere in North Wales, 55.8 per cent of residents on the Isle of Anglesey speak Welsh, 25.9 per cent in Conwy and 22.5 per cent in Denbighshire. The proportion of Welsh speakers in Flintshire (11.6 per cent) and Wrexham (12.2 per cent) is lower in comparison, however, the demand for Welsh medium services is prominent, taking into account rural Welsh speaking areas that access services delivered in the east region of North Wales.

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, facilitated by our Welsh Language Standards Compliance Officer.

2. Promotion and Engagement
   In line with the operational elements of delivering the *More than just words* Strategic Framework, our Welsh Language Officers actively support services and initiate projects and schemes that will provide effective customer service.

3. Training Provision
   Our Welsh Language Training Manager and Support Officer ensure organisational development in line with our *Bilingual Skills Policy and Procedure* and the wider Welsh language agenda.

4. Translation Services
   Our Translation Manager, Senior Translator and team of translators ensure 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

Overall Board Accountability
Our structural accountability has been maintained, with our Welsh Language Strategic Forum, chaired by our Executive Director of Public Health, 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 2022-2023, 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 periodic quality assurance surveys during this reporting year.

Following the resumption of 'mystery shopper' telephone calls in 2021 following temporary suspension of the scheme during the COVID-19 pandemic, site-visits and 'face-to-face' surveys were reintroduced during the last quarter of 2022.

In a change from the usual schedule, which sees various community hospitals, managed practices and acute hospital services evaluated on a quarterly basis, a decision was made to focus on the Health Board's COVID-19 vaccination centres during the October and November round of surveys.

The Health Board had received a number of minor complaints about aspects of bilingual service delivery at local vaccination centres during 2020-2021. The aim of conducting site visits during the late autumn of 2022 was to ensure that all centres had put into practice the necessary preparations in relation to the Welsh language, before the winter immunisation and booster programme was rolled-out.

A schedule of site visits was arranged, and vaccination centres from Amlwch and Llangefni in the west, to Flint and Mold in the east, were subsequently surveyed.

Date and time of visit	Location	Area
Thursday, 13th October (at 12:30pm)	**The OpTIC Centre, St. Asaph**	Central
Friday, 21st October (at 2:30pm)	**Ffriddoedd Road, Bangor**	West
Tuesday, 27th October (at 12:05pm)	**Mold Rugby Club**	East
Monday, 7th November (at 11:25am)	**St Peter's Church, Holywell**	East
Monday, 7th November (at 12:20pm)	**Flint Town Hall**	East
Monday, 7th November (at 2:15pm)	**Llangefni Football Club**	West
Friday, 18th November (at 2:00pm)	**Amlwch War Memorial Hall**	West

In keeping with previous Bilingual Service Monitoring Scheme surveys, this round of site visits focused on the availability and quality of reception services (i.e. how members of the public were greeted and advised / instructed on their arrival at the vaccination centres), and the use of signage at each location.

This round of site visits also encompassed the procedure of recording personal details on vaccination cards. This was done in response to previous complaints from service users that the English side of vaccination cards had been completed without the offer of the Welsh version being completed.

Furthermore, pertinent examples of good practice were also recorded during the site visits and these were subsequently shared with the Health Board's COVID-19 Vaccination Programme senior management team.

The findings of the COVID-19 Vaccination Centre 'Mystery Shopper' Survey were used as a case study to determine the effectiveness of the scheme, and the results are noted below.

Reception Services (Greeting Service Users)

- The Site / Nurse Managers at each of the surveyed centres noted that the importance of greeting service users bilingually had been clearly conveyed to all staff and volunteers (whether they are Welsh speaking or not).

- Numerous examples of staff / volunteer conduct seemed to confirm this. On arrival at the OpTIC Centre, for example, the volunteer at the main entrance said '*Pnawn da*', before adding (in Welsh):

  '*Dwi ddim yn gallu siarad Cymraeg, mae'n ddrwg gen' i*… But I do greet everyone bilingually'.

- Similarly, the staff member at the main entrance at the Amlwch War Memorial Hall said '*Su'mae*', before explaining that he could understand Welsh, but didn't have the confidence to converse in the language.

Temporary Signage

- It was clear that a conscious decision had been taken to limit the usage of temporary notices at all the sites that were being used as Vaccination Centres during the programme.

- This was because the centres were based within buildings that aren't owned by the Health Board and many (e.g. St Peter's Church, Holywell; Flint Town Hall; Mold Rugby Club; Llangefni Football Club and Amlwch War Memorial Hall) were merely 'pop-up' sites, which were only used to provide vaccinations on a day or two each week.

- Whilst there weren't any temporary notices on display at a number of the surveyed sites, the few Health Board-produced signs that were found (e.g. at Ffriddoedd Road) were fully bilingual.

- Although the Health Board couldn't be held responsible for other notices that may have been displayed within the (non-Health Board) buildings that hosted the Vaccination Centres, it was noted that a number of notices at the OpTIC Centre were also bilingual.

- Bilingual Health Board-branded directional signage were displayed outside each of the listed vaccination centres (see below).

Vaccination Cards

- All vaccination centre staff and volunteers had been clearly informed of the need to check whether each individual service user wanted their details to be recorded on the Welsh or English side of their COVID-19 and / or flu vaccination record cards.

- It became evident that this message had now been shared and understood throughout the region and non-Welsh speaking staff / volunteers seemed to be happy and comfortable to input the requisite details on the Welsh side of the cards.

Examples of Good Practice

- At all three West Area centres, procedures had been put in place to ensure that at least one of the staff members on each vaccinating station (i.e. either the vaccinator or vaccination assistant, or both) were Welsh speaking.

- There were also Welsh-speaking vaccinators on duty at the OpTIC centre.

- Although there are generally fewer Welsh-speaking staff in the Health Board's East Area, clear efforts were made to ensure that there were always at least one Welsh speaker on duty at the vaccination centres in Mold, Holywell and Flint.

- Furthermore, it was noted that the one Welsh-speaking staff member who was on duty at St Peter's Church, in Holywell was stationed on the welcoming desk, whilst a Welsh-speaking vaccinator at Mold Rugby Club was purposefully located on the vaccination station that was closest to the entrance.

- This ensured that all visitors to both centres were immediately made aware that a Welsh-medium service was available.

- Alongside the steps taken to arrange rotas in order to make the most of the Welsh language skills that are available, a procedure had also been put in place to enable East Area centres to contact each other, so a Welsh-medium service could be provided over the telephone.

Documentation and Information Leaflets

- Everyone who was vaccinated at the Health Board's East Area centres during the winter of 2022-23 received a fully-bilingual information leaflet, entitled 'Brechu COVID-19: Canllaw i frechiad atgyfnerthu COVID-19 (Mawrth 2022) / COVID-19 vaccination: A guide to the COVID-19 booster vaccination (March 2022)'. This leaflet was produced externally by NHS Wales / Public Health Wales.

- Visitors to the East Area centres also received a copy of the Biontech / Pfizer 'Information for the user' 'package leaflet'. This 'English-only' document is produced by the vaccine manufacturers and hasn't yet been made available in Welsh. The Health Board informed the Welsh Language Commissioner's Office about this in early 2021.

- Visitors to the West Area centres weren't provided with hard / paper copies of the aforementioned documents. However, they were informed that a digital version of the bilingual NHS Wales / Public Health Wales information booklet, and other related information, could be found online.

Welsh Language Resources

- Following the visit to Mold Rugby Club, the COVID-19 Vaccination Project Lead in the East area, received a range of 'Welsh language resources' (including orange 'Cymraeg' pin-badges and stickers; 'Dwi'n dysgu Cymraeg' pin-badges; basic Welsh phrase cards and plastic 'Defnyddiwch eich Cymraeg yma / Use your Welsh here' desktop signs), to be distributed amongst East Area vaccination centre staff and volunteers.

- Similarly, the Deputy Nurse Manager in the West area, and the Nurse Manager in the West area, also received badges and desktop signs, for distribution amongst West Area vaccination staff and volunteers.

The positive findings of the case study demonstrates that the work undertaken during the previous vaccination programme resulted in the availability of Welsh language services.

Welsh Language Standards

The Welsh Language Standards have now been in operation since the imposition date of 30 May 2019. Significant progress has been made in advancing our compliance with the Standards. The Welsh Language Standards Compliance Officer provides

organisation-wide directive on implementing the Standards, as well as supporting and facilitating delivery at grass roots level.

Clinical-based Standards

Over the last year, work has focussed primarily on producing a five-year plan in line with Standard 110 which requires the Health Board to increase its capacity to provide clinical consultations through the medium of Welsh. An external consultant was appointed to drive this work forward, allowing us to consider clinical requirements along with Welsh language needs of service users. As part of its development, consultations and discussions have been held with key services, including staff members from Stroke Services and Care of the Elderly Wards. In-depth discussions and engagement with clinical staff was essential to ensure that we developed a plan that would work alongside other clinical processes and procedures. Priorities identified included promoting Welsh lessons amongst staff, ensuring that staff have recorded their Welsh language skills within the Electronic Staff Record, promoting the "Active Offer", and utilising various systems to identify and record patients' preferred language. In rolling-out the plan, work will initially focus on improving access to bilingual services for vulnerable groups, which includes service areas such as older people, children and young people, mental health service users, people living with dementia, stroke, speech and language therapy and learning disabilities. There will now be an internal consultation and scrutiny process, prior to approval and formal adoption and implementation. The Welsh Government and other health organisations have approached us to learn how we are moving this work forward with a view to sharing as best practice across Wales.

New Developments and Initiatives

Work has also continued to provide advice and support to the organisation with various aspects of complying with the Standards, and this year there has been a focus on the development of bilingual Apps, instructional videos, bilingual documentation and policy reinforcement.

Specific work has been undertaken in strengthening policy documents to ensure that there are positive effects, or increased positive effects on opportunities for persons to use the Welsh language, and for treating the Welsh language no less favourably than the English language. The Equality Impact Assessment (EQIA) and the wider Integrated Assessment Screening Tool have been updated to ensure a more robust process of considering the requirements of the Welsh Language Standards. A guidance document has been developed, providing detailed advice on completing the Welsh language section of the EqIA. This will facilitate policy developers to fully consider the Welsh language when forming a new policy, large-scale transformation projects or newly-established services.

The Welsh Language Team have been actively involved with a Dementia-Friendly Environments Assessment App Project, with representation from the team on the Project Steering Group from the outset.

The Kings Fund developed a suite of globally-used dementia friendly environment assessment tools over a decade ago. These are paper based assessment tools that are now hosted by the University of Worcester. Funding from the Mental Health and Learning Disabilities Division, is supporting a project to convert the tools into apps to make assessment of our hospitals and wards easier for walk-around assessments.

They can also be used to involve students and patients in the assessment process to see how dementia-friendly environments are, and to learn from the process of doing the assessment and developing an action plan. The tool identifies needs such as improved signage, dementia-friendly crockery, large clocks and appropriate artwork. There are separate tools for wards, hospitals, care homes, outside spaces, housing and health centres. The suite of assessment tools are being translated into Welsh. The intranet-based project description and instructions on using the apps are also being made available in Welsh. The assessment tools have been revised to ask whether environments consider Welsh language such as in patient signage, orientation boards describing the weather and days of the week as well as other activities. The global launch of the finalised apps is being planned for July 2023. The Health Board is pleased to have been innovative and prominent in ensuring that this particular priority group of patients will be catered for bilingually.

Policy Review

As well as implementing new initiatives to take the organisation forward with legislative compliance, we have also been revisiting previously-implemented policies and projects, with a view to measure their effectiveness and whether progress has made.

The *Policy on Using Welsh Internally,* which was first introduced and implemented in 2019, has been reviewed during the year. Following a scrutiny process, minor amendments have been made to the policy to ensure current practises reflect the requirements for using Welsh within the Health Board's internal operational activities, and to develop arrangements already in place. In line with the review, an evaluation has been conducted to ascertain the impact of the policy.

The policy focuses on giving staff the right and opportunity to use their Welsh at work. This has been delivered by focusing on the following areas:

- Simultaneous Translation
- Internal Communications
- Information Technology
- Disciplinary Cases / Capability / Attendance Management / Respect and Resolution Process
- Welsh Language Awareness
- Signage

<u>Simultaneous Translation</u>

All public Board Meetings are held with simultaneous translation facilities to ensure that all members are able to contribute in either Welsh or English equally. The Health Board conducts its public meetings bi-monthly, with the simultaneous translation facilities available as a separate live stream accessed via the Health Board's You Tube channel. The Annual General Meeting is also facilitated by simultaneous translation services.

<u>Internal Communications</u>

Since introducing the Policy, all-users email messages are now sent out bilingually. The weekly leadership updates are issued bilingually to all employees, as well as the Integrated Health Community newsletters. All internal emergency announcements and updates are sent bilingually to all users.

Information Technology

The Welsh Dictionary and spell-checker (Cysill/Cysgair) is available for installation on all computers to ensure all staff who work through the medium of Welsh are supported to do so.

The Welsh language skills of staff have been included in the Microsoft Outlook e-mail address book. There are four categories noted in the assistant field on the address book, which aids staff when communicating internally with colleagues. Some information might not have been updated recently. The uptake was reviewed as part of the policy evaluation process, and the results are outlined below.

	2017	2018	2023
Non Welsh speaker	3,335	7,484	10,507
Speaks Some Welsh	835	1,592	2,156
Welsh Learner	643	1,115	1,816
Welsh Speaker	1,329	2,640	3,661

The positive increase in figures represent a higher number of staff recording their preferred language for communication within Microsoft Outlook.

Disciplinary Procedures / Capability / Attendance Management / Respect and Resolution Process

All aspects of workforce procedures, as noted above, are now routinely offered and conducted through the medium of Welsh, through the Respect and Resolution process. Written and simultaneous translation support is offered to ensure that language choice of the workforce is taken into consideration, and acted upon.

Welsh Language Awareness

In January 2023, a new Welsh Language Awareness e-learning package was launched on ESR. This is part of the Mandatory Training, which is required to be completed by all staff, and repeated every three years. The figures below demonstrate that 67.22% of the workforce have completed this training within the first six months. It will be publicised further through the weekly corporate bulletin, to ensure that the 90% compliance target outlined within *More than just words* is achieved by the end of the next reporting year.

Comp Matrix - Default

Division	Compliant	Non-Compliant	Compliance %
Health Community Centre (HCCX)	3242	1753	64.90%
Health Community East (HCEX)	3331	1655	66.81%
Health Community West (HCWX)	2781	1312	67.95%
Integrated Clinical Delivery - Primary Care (ICDP)	472	82	85.20%
Integrated Clinical Delivery - Regional Care (ICDR)	832	615	57.50%
Mental Health & LDS (MX00)	1487	534	73.58%
Midwifery and Womens Services (WXXX)	475	305	60.90%
Corporate Services	1421	591	70.63%
Total	**14041**	**6847**	**67.22%**

'Use your Welsh here' signage

During the period of this policy, over 250 desktop signs have been distributed to clinical and corporate settings and officer, to be displayed at reception desks. The signage notifies patients and the public that a Welsh language service is available.

The evaluation demonstrated the positive impact that the implementation of the policy has had on the bilingual environment created within the organisation. The additional amendments, which were approved by the Workforce Policies and Procedures Group in August 2023, will ensure that this trend continues over the next three reporting years.

The "Active Offer"

The Health Board has embraced the publication of the *More than just words* Five-year plan and has established a specific outcome within the Welsh Language Services Annual Operating Plan:

- **Build on the 'Active Offer' approach to ensure timely access to language appropriate care** *(aligned to actions set within 'More than just words' Five-Year Plan)*

In setting our outputs for the year, we have focused on short-term and medium-term achievement in the following areas:

- Digital systems to embed the principles of the 'Active Offer' and Language Choice Scheme *(MTJW 30)*
- Identifying language choice of patients via implementation of 'Language Choice Scheme' *(Standard 110, WLS)*
- Primary Care Services to adopt the six duties outlined within the Welsh Language Standards by embracing a continuous stream of support from BCUHB *(MTJW 33)*
- Informing the future workforce of the opportunities Welsh language skills can provide for careers within health-care *(MTJW 20-28)*
- Promotional Events and Activities to raise awareness of the Welsh language, with a patient-focused approach
- Re-introduce Mystery Shopper exercise to ensure robust governance and self-regulation, and report quarterly to Welsh Language Strategic Forum
- Gather patient feedback on standard of Welsh language services offered and use findings to identify gaps in provision

An overview of the work that has already been undertaken to address the outcomes are outlined below.

<u>Identifying language choice of patients via implementation of 'Language Choice Scheme'</u>

The Health Board devised the award-winning Language Choice Scheme in 2017, which utilises orange 'Cymraeg' magnets to identify Welsh-speaking patients on wards. This facilitates the delivery of bilingual services and the 'Active Offer' principle on wards throughout the Health Board region.

Since its introduction, a number of other Health Boards have followed suit. In addition, as a result of implementation within Betsi Cadwaladr University Health Board, it has now been included within the *More than just words* Five-year plan.

The aim of the scheme is that staff are able to identify the language choice of patients following initial admission. It has had a positive impact on patient experience, and on workforce planning, as members of the wider clinical workforce, such as physiotherapists or pharmacists, utilise the magnets to ensure that their services are delivered in accordance with a patient's linguistic needs.

Having remained operational on many BCUHB wards throughout the COVID-19 pandemic, the simple scheme continued to thrive during 2022-23 and steps are now being taken to formalise its implementation on a greater number of wards. Vulnerable patient groups are being targeted in line with priority groups named within *More than just words*.

Many wards record the implementation of this 'opt-in' scheme and complete monthly audit forms to review uptake and impact. In turn, the receipt of more empirical evidence about the scheme's delivery will also provide greater assurance about its overall impact.

<u>Digital systems to embed the principles of the 'Active Offer' and Language Choice Scheme</u>

Despite the success of the Language Choice Scheme at ward level, in order to sustain its delivery for the future, the Welsh Language Team has been working with members of the Health Board's ICT Team to embed the Scheme into the newly implemented STREAM system.

STREAM is an internally developed discharge-planning tool, which is designed to support patient flow within healthcare settings. Accessed via an electronic screen on each ward (or on personal electronic tablets), the application makes use of real-time data to support patient care across the Health Board and is therefore designed to

replace the existing manual / bedside whiteboards. The system aims to provide better access to existing information (pulled from the WPAS and Pharmacy Order tracking systems), in order to support existing ways of working and facilitate the experiences of patients, whilst they are under the Health Board's care.

In accordance with this aim, the STREAM system provides information about each patient's individual linguistic preferences, utilising data that is automatically taken from Welsh Patient Administration System (WPAS). A digital version of the orange 'Cymraeg: iaith gwaith' is displayed on the screen, next to the name of every patient who is known to be a Welsh speaker.

This ensures that all staff members who use STREAM are informed about the presence of Welsh-speaking patients on their wards, which naturally facilitates the delivery of the Language Choice Scheme.

The STREAM system has already been introduced at the Health Board's main / acute hospitals and plans are currently in place to expand its use to community hospitals throughout the region.

A more detailed analysis of specific work undertaken as per the outcomes above are included within this report, such as informing the future workforce that the language is a skill for career development, self-regulation adopting the mystery shopper approach,

The "Active Offer" - Betsi at its Best!

Patient Story – Nicky John and Emi

The importance of bilingual healthcare services for children and their parents

Welsh Language Training Programme

The Health Board's 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 offer some courses face to face across North Wales.

Provision of Welsh Language Training

Over the past reporting year, the Welsh Language Tutor has offered a variety of courses at different levels to staff. The Tutor continues to work strategically, providing in-house taster courses that are specifically developed for different areas within the health sector e.g. reception and front of house courses, answering and dealing with telephone queries, and chairing meetings bilingually. Feedback from these courses have been positive with many members of staff now attending weekly lessons or are completing the 60-hour self-studying 'Work Welsh' courses.

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 Support Officer continues to offer lessons, tutorials, chat sessions and a permanent support for our learners.

885 members of staff have had access to our 'Work Welsh' courses over the last year; this is an increase of 27.16 percent from last year.

New Fast Track to learning Welsh course

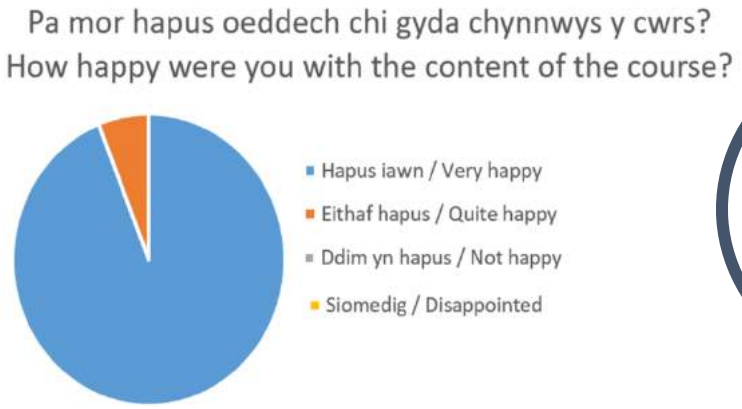
In June 2022, as part of our collaboration with 'Work Welsh' we devised a brand new pilot course – 'Fast Track to Learning Welsh'. The course uses a combination of different learning methods with the aim of learners progressing to Foundation level (ESR level 2) from Entry level (complete beginners) in one year. A great deal of interest was shown in the course, and so far our learners have completed the on-line 10-hour taster course, attended an Entry part 1 and Entry part 2 residential course at Nant Gwrtheyrn and completed the Entry part 2 60-hour self-studying course. The next step for our learners is to make a start on the Foundation part 1 self-studying course, before attending a Foundation level course at Nant Gwrtheyrn in the autumn. Our aim for the future is for our learners to continue to progress from Foundation to Intermediate level, and we hope to be able to launch a 'Fast Track' course again with a new cohort of learners.

The Fast Track to learning Welsh group at Nant Gwrtheyrn in April 2023.

Evaluation of Welsh Language Training

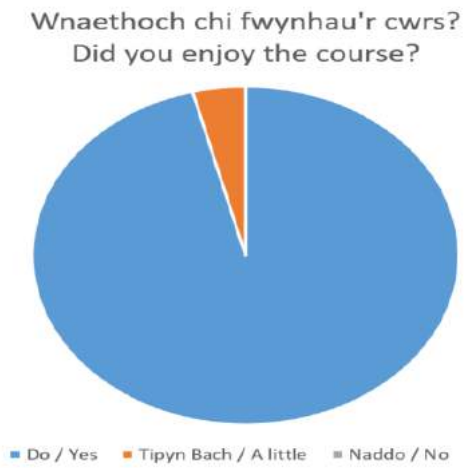
The welsh Language Training Team ensures a constant cycle of evaluation throughout the year to ensure that all courses are fit for purpose and make best use of the resources available.

The responses to the variety of courses and their delivery has been positively received. At the end of every course, an anonymous Evaluation/Feedback form is given to all learners via a Microsoft Forms link.



'Fantastic course and Tutor. Tutor has put in a lot of effort to help us in our learning. Lots of opportunities to siarad Cymraeg'' / speak Welsh.

Findings from the evaluation forms stated that 95 per cent of the learners were ' very happy' with the provision of learning and 96.6 per cent of the learners 'enjoyed' attending the courses. These high percentages highlight the appreciation BCUHB's staff have for the Welsh language training team.



'Beth was extremely friendly and easy to talk to and I felt well supported and helped with the course and she encouraged everyone to take part in the activities and made learning very enjoyable.''
'' The course is perfect; it gives you confidence to practice your Welsh with patients and colleagues, at your own pace and not too overwhelming. Diolch.

86.44 per cent of the 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.

I have benefited from my Welsh lessons. I recently had to take a phone call from a Welsh speaker, as I was the only member of staff on duty that could speak Welsh even though I'm not fluent. I understood what the caller was asking without having to revert to English. At the end of the call I mentioned that I was a dysgwr Cymraeg / Welsh learner and asked if I had been ok. The caller said I had done very well which made me feel very pleased.

'In some of the community hospitals I work in, a high percentage of the patients are Welsh speakers, I find the basic phrases I have are useful with the very young pre-school children, and the very elderly particularly those suffering with dementia, But almost all the patients appreciate my efforts, and encourage me to continue.

100 per cent of those surveyed noted that they greatly appreciated the support given by the tutor and support officer. Learners' evidence found that the overall level of support given to them by the Health Board was highly praised. The enthusiasm and dedication of the tutor and support officer was repeatedly referred to and that their relentless encouragement had been an important factor in the linguistic development of a large number of those questioned.

Additional Training Support

Cinio Clebran

Cinio Clebran continues to be held every other Wednesday between 12.30 and 1.30pm virtually over Teams and it is pleasing to report that new participants attend almost every session. The Team continue to create PowerPoint presentations that have key vocabulary and phrases in Welsh with their translations to support the learners and to encourage them to take part in the discussions. Hearing learners chat and contribute naturally is fantastic and shows that the team are successful in encouraging staff to use their Welsh in an informal setting.

As part of the Welsh Language Team's annual Welsh Language Week within the Health Board, Manuela Niemetscheck, an Art Psychotherapist and the Health Board's Welsh Language Learner of the Year 2022 was invited as a special guest to the chat group. BCUHB's other Welsh language learners had the opportunity to ask Manuela questions regarding her Welsh learning journey and ask for advice on how to become fluent.

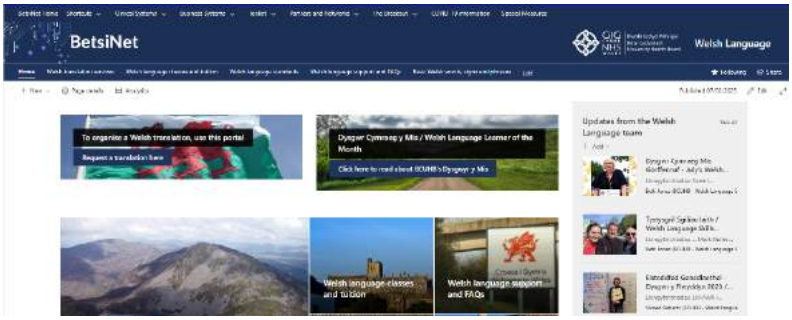
Betsi's Welsh Learners Facebook Page

BCUHB Welsh Learners Facebook Page 'Ffrindau Dysgwyr Cymraeg Betsi Welsh Learners Friends' is a private group for staff on Facebook. Over the last year the Team has engaged with its Facebook members by publicising Welsh language

events and advertising internal courses and activities. The Facebook group also gives learners the opportunity to interact, discuss and ask questions in an informal environment. Since June 2022, we have seen our members increase to 127, which is an increase of 36 per cent. The public 'Dysgwyr Cymraeg Betsi' Facebook group, continues to be used to showcase examples of good practice and success stories, with 289 followers at present, which is a 59.66 per cent increase since June 2022.

BetsiNet

The Welsh Language Team have news to share with employees on a weekly basis, therefore it is important to advertise and promote our successes, courses and resources.



The Welsh Language Team's intranet pages were chosen to be one of the first to move over to the Health Board's new intranet platform, BetsiNet. We worked with the Communications Team to revamp and move our information pages over to the new site. 'BetsiNet' is now operational across the organisation, and the Welsh Language Training Team updates the pages weekly. There is also a News carousel at the side of the main page to indicate any new information. This is a new tool where health board staff can access information without having to search through the main intranet pages.

Yammer

Yammer is a social networking service which is used mainly for private communication within organisations. Back in January 2023, the Welsh language Tutor met with Powys Health Board's Welsh Language Manager

to discuss collaborating to create an all NHS Welsh Learners Yammer page.
In February 2023, the page was created and we now have 205 members following the page. The page is a safe space for Welsh learners in the NHS to connect, support each other and to share content and ideas.

Welsh Learners Books available at BCUHB Libraries

The Welsh Language tutor encourages learners to actively use their Welsh language skills outside of the classroom which is a positive way to revise and reinforce Welsh vocabulary and phrases is by reading. The Welsh Language Learning Centre in partnership with The Books Council of Wales have created a series of books 'Amdani' which complements the Centre's Welsh courses, with titles graded for different learning levels, from beginners to experienced learning. The Welsh Language tutor encourages her learners to read the 'Amdani' books and is in discussion with BCUHB libraries to stock the series of books at the three main

hospital site libraries.

Tystysgrif Sgiliau Iaith / Welsh Language Skills Certificate
The Tystysgrif Sgiliau Iaith (Welsh Language Skills Certificate) 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.

Three of our experienced learners sat the TSI exam this year, and all three passed, two of them with Merits. BCUHB's Welsh language tutor worked closely with the candidates, by preparing resources, organising 1:1 Tutorial sessions and creating past paper examples to ensure the candidates were well prepared for the oracy and written exam.

> *''I started to prepare for the oral exam last November, I felt very nervous, but Beth (BCUHB's Tuotr) gave me so much support, and by March this year, I was ready for the oracy exam. I enjoyed the experience of discussing and answering the examiner's questions about my job as a Chaplain at Ysbyty Glan Clwyd.*
>
> *I was very nervous before I sat the written exam in May 2023 and worried about the standard of my Welsh, but after completing past papers and attending grammar sessions with Beth, I felt ready! I can't believe I have been successful in passing the TSI exam, the first time! Many thanks to Beth for her support, encouragement and patience.''*

Following the success of the scheme, the Health Board has been offered to continue its collaborative working with the Coleg Cymraeg Cenedlaethol, extending the agreement further.

Ffrindiaith
On 1 March 2023, The Welsh Language Team set up a stand in each of the main three hospitals to celebrate and promote the Welsh language. To coincide with our patron saint's day we decided to launch our 'Ffrindiaith' scheme. 'Ffrindiaith' is a voluntary scheme within the hHealth Board, which pairs fluent Welsh speakers with staff who are learning Welsh. The aim is to enable the learners to gain enough confidence to use their spoken Welsh in the workplace and to use it regularly

with colleagues, patients and service users. The scheme provides regular and informal support for learners to practice their speaking skills.

This is a golden opportunity for our fluent Welsh speaking staff to help uphold the language by supporting a learner to become a confident speaker, also providing friendly support to encourage and inspire the learner. It is also an opportunity to contribute towards further developing bilingualism within the Health Board, which will benefit our patients and local communities.

Celebrating our Learners

Dysgwr y Mis / Welsh Language Learner of the Month

After the success of our Dysgwr y Flwyddyn / Welsh Learner of the Year competition back in March 2022, it was decided that we should celebrate and show our appreciation of the efforts our staff make to learn Welsh on a monthly basis. In June 2022, we introduced BCUHB's 'Welsh Learner of the Month' scheme.

Since last year, the scheme continues to grow from strength to strength. We accept nominations via e-mail from impressed colleagues.

> *"I've enjoyed reading BCUHB's Welsh Language Learner of the Month article and would like to nominate one of the occupational therapists, Nadine Murphy. She goes out of her way to use the Welsh language, she welcomes patients and has simple conversations, she joins in Cinio Clebran and attends Welsh lessons in the evenings. Nadine's confidence has increased so much as she practices regularly, and she has inspired new team members to start learning Welsh."* (Operations Team Officer, Posture & Mobility Services)

We ask the nominated learner to provide a picture and respond to a series of questions asking them about their Welsh learning journey. We share their experiences on BestiNet and publically on our Facebook pages. The publicity of this scheme not only gives the individual much praise and attention but it also inspires other staff to start learning Welsh. The Welsh Learner of the Month is invited as a special guest to 'Cinio Clebran' where other staff have an opportunity to ask questions about their Welsh language journey and to share their top tips to learning the language. Accepting nominations was a bit slow when this scheme started, but

the last month has seen nomination fly in and amazingly, we have a Dysgwr y Mis / Welsh Learner of the month well into 2023-2024.

Eisteddfod yr Urdd Denbigh – May 2022

A highlight for the Welsh Language Team was attending the Urdd Eisteddfod, Denbigh in May 2022. The Welsh Language Tutor organised for a group of BCUHB learners to attend he Eisteddfod and to take part in a question and answer session at the Welsh Government pavilion. Present at the event was the Minister for Health and Social Services, Eluned Morgan along with the Health board's Chairman and Executive Director for Public Health, the Director of Partnerships, Engagement and Communications and our Independent Board Member Welsh Language Champion.

Everyone was amazed by the learners ability to answer questions naturally in Welsh and their positive attitude towards the language.

During the session, Mark Butler, Information Officer at Ysbyty Maelor Wrexham, was awarded the 'Work Welsh' Learner of the Year Award (Advanced level) which is a national award. Mark was rewarded with the certificate by Siwan Iorwerth from the National Centre for Learning Welsh.

The Eisteddfod was another great opportunity to showcase our learners and to celebrate their successes.

Betsi's Welsh Learners' Case Study

''I am Ian Day and I'm the Chaplain at Ysbyty Glan Clwyd. I was born in Derbyshire, England and moved to Wales when I attended Bangor University. During the 1980s, I decided to learn Welsh when I was a parish priest in Minera, Wrexham. Unfortunately, due to various reasons, I stopped attending lessons and lost my new found Welsh skills.

In 2021, I started working in Ysbyty Glan Clwyd as the Chaplin, and I saw a poster advertising Welsh classes in our health board. I decided to give dysgu Cymraeg another go and registered for weekly lessons with Beth Jones, the Health Board's Welsh language Tutor. In addition to attending sessions with Beth, I attend the Health Board's virtual lunchtime chat group 'Cinio Clebran', it's a great opportunity to use and practice your Welsh in an informal setting with other BCUHB learners. Outside of work, I use Duolingo to solidify my learning and I'm on a 1186 day run; I'm trying to go for a 4 year run! I have also been fortunate to be able to attend weekly courses at Nant Gwrtheyrn through work; it's a very special place to improve your Welsh skills. I would highly recommend that learners attend the free Nant Gwrtheyrn courses as you are fully immersed in the Welsh language and leave with a newfound confidence and ability.

Last September, Beth, the tutor, asked me "How about sitting the Tystysgrif Sgiliau Iaith / Welsh Language Skills Certificate exam next year?" "Me?" I replied, I was very hesitant, as I didn't feel I had the Welsh skills to sit a first language exam. Beth informed me that the exam was in two parts, oral and written and she would support me every step of the way. With Beth's promise of support, I agreed. I went to Bangor University in May to sit the exam. I can't believe I have been successful in passing the TSI exam, the first time! Many thanks to Beth for her support, encouragement, and patience.

I get a lot of satisfaction using my Welsh skills at work, especially when dealing with vulnerable patients or bereaved family members. Being able to converse with someone in their first language is very important and I'm proud that I am able to provide a bilingual service to North Wales service users. My target for the future is to improve my formal written Welsh language skills so that I'm able to write services bilingually.

Betsi Cadwaladr University Health Board is very willing to help and support staff to attend internal training, and for this I am very grateful. If you work for BCUHB, I thoroughly recommend attending weekly courses, completely free of charge. My advice for other Welsh language learners is to enjoy using and speaking the language. The more you learn, the more you will be able to use it. The more you use, the more you will learn. Daliwch ati / Keep going!''

"It has been a joy for me to see Ian develop as a Welsh learner. Using our patients / carers mother tongue is essential in pastoral situations. I have myself seen the positive reaction from others when Ian speaks to them in Welsh. This is also very true when Ian has to take public services such as funerals or memorial services. His dedication to learning Welsh is a joy to see. The fact that Ian is of a mature age shows that it is never too late to begin to learn a language – a language that opens a new world of new experiences.'' (Wynne Roberts, BCUHB Chaplain Manager)

The Translation Service

The Translation Team has expanded over the past year and has successfully appointed additional translators employed both on a part-time and full-time basis. The Team have also been successful in appointing a full-time Administration Officer who is responsible for processing translation requests and allocates workload to the team. The Team have also appointed a Senior Translator who works alongside the Translation Manager to oversee the work of the team to ensure that quality control standards are upheld and to provide development support to the team.

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. The North Wales division of Public Health Wales has also joined BCUHB and the Translation Team now provide translation support for them, further increasing workload. As a result, 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.

One area which has seen a significant increase in demand is for the translation of job advertisements and descriptions, with an increase of over 2000 posts advertised since the previous reporting year. Standard 107(a) of the Welsh Language Standards stipulates that all job descriptions must be published in Welsh. Betsi Cadwaladr University Health Board is the only health organisation in Wales that is fully compliant with these Standards, being the only one that translates all its job descriptions.

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.

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 Health Board continues to provide a translation service to the Welsh Ambulance Service NHS Trust through a Service Level Agreement, which was initially established in April 2021. A new agreement to continue with this service provision was agreed as of 1 April 2022. Further discussions have been held with other organisations with a view to replicating this agreement with another Health Board during the next financial year.

Translation support continues to be provided to the primary care sector, both privately managed GP Practices, and independent contractors.

The Team has been using translation memory software in its daily work for a number of years and is currently exploring the potential to implement machine-assisted translation software alongside this. This will increase efficiency and facilitate the sharing of terminology banks with partner organisations with the view to standardising terminology and enhancing the quality of Welsh Language 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.

The total number of words received for translation during 2022-2023 was 2,912,344. This demonstrates the Health Board's commitment to ensuring compliance with the Welsh Language Standards.

Partnership Working

North Wales *More than just words* Forum

BCUHB continues to lead the way in maintaining a broad compliance with the aims and principles that are advocated within *More than just words.* Much of the Health Board's work in this regard is either informed, guided or supported by the North Wales *More than just words* Forum, which meets on a quarterly basis to facilitate the continued regional implementation of the Welsh Government's Five-Year plan for Welsh language services in health, social services and social care.

The Health Board's Welsh Language Team was primarily responsible for the establishment of this multi-agency group, which first met in May 2016. Alongside the Health Board's Welsh Language Officers, the North Wales *More than just words* Forum also includes representatives from a number of other relevant organisations, including all six local authorities, Social Care Wales, the Wales Ambulance Service NHS Trust and Bangor University's School of Healthcare Sciences.

The regional forum is chaired by the Health Board's Integrated Health Community Director (West) who took over the leadership role in 2022. This appointment has helped to ensure that the Health Board continues to have a leadership role, and strong and influential voice within this forum.

A smaller working group of forum members has recently been convened, in order to focus on the contents of the *More than just words* Five-Year Plan for 2022-27.

This sub-committee, which includes a member of the Welsh Language Team, will discuss priorities and develop ideas to promote the realisation of certain objectives throughout north Wales.

It remains an important stage for sharing information and examples of good practice in relation to Welsh-medium health and social care services. Its work continues to

demonstrate the benefits of following a collaborative approach, in order to secure the successful delivery of common objectives across the region.

***Fforwm Iaith Ynys Môn* (Anglesey Welsh Language Forum)**
The BCUHB Welsh Language Team contributes to the work of *Fforwm Iaith Ynys Môn* (the Anglesey Welsh Language Forum). Arranged by *Menter Iaith Môn* (Anglesey Welsh Language Initiative), *Fforwm Iaith Ynys Môn* brings together a number of relevant bodies to promote and facilitate the use of the Welsh language on the island.

The group includes councillors and officials from various Isle of Anglesey County Council departments, alongside representatives from organisations such as *Menter Môn*, *Menter Iaith Môn*, Anglesey Young Farmers Clubs*, Urdd Gobaith Cymru*, *Môn FM*, *Môn CF* (Communities Forward), *Medrwn Môn*, *Mudiad Meithrin / Cymraeg for Kids* and *Merched y Wawr*. Prominent local employers such as North Wales Police and Bangor University, are also represented on the Forum.

In its capacity as an influential member of the Forum, the Health Board submits a number of specific, measurable targets for inclusion within *Fforwm Iaith Ynys Môn*'s annual work programme.

Along with partaking in general discussions pertaining to statutory and community based Welsh language issues, representatives from the Health Board have also recently contributed to the successful delivery of a number of collaborative projects, led by the Fforwm Iaith.

A bilingual app was created for prospective parents and parents with new-born babies and young children, named *OgiOgi*. Members of the Welsh Language Team and representatives from the West Area midwives and health visitor teams contributed to the development of app. It provides a platform that offers a treasure trove of information, with more than 400 useful links to local and national resources, which cover everything from general information on pregnancy and related healthcare and wellbeing services, to a local events calendar. The resource also includes a section on child development and guidance on the benefits of bilingualism and using Welsh from birth, along with plenty of built-in fun activities and playlists for young children and parents to enjoy together.

The app was launched in the spring of 2022 and initial data showed that it had already been downloaded on hundreds of occasions within the first few weeks after its release. Although the app was originally developed with the needs of Anglesey families in mind, its initial success has resulted in interest from other parts of Wales and the potential to expand the concept and develop it into an 'All-Wales' resource has consequently already been discussed with the Welsh Government.

Targets have been established for the next reporting year, one of which includes collaborative working across the primary care sector in Anglesey.

Working with Schools and Colleges

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.

Careers Wales

Building on a constructive partnership that has now existed for a number of years, the Welsh Language Team continued to collaborate with *Careers Wales* during 2022-23, in order to promote the importance of Welsh-medium healthcare service provision, and the general advantages of bilingualism for young people, as they prepare to leave education and move into the workplace.

Members of the Welsh Language Team once again contributed to *Careers Wales*-arranged events at Ysgol Aberconwy in Conwy (in July 2022) and Ysgol Morgan Llwyd, Wrexham (in January 2023).

Both of these events were arranged specifically for Year 9 pupils and representatives from a number of other prominent North Wales employers also attended, in order to discuss the use of the Welsh language within their particular sectors.

After most *Careers Wales* engagement events had been held online during the previous two years – due to restrictions caused by the COVID-19 pandemic – face-to-face events within schools made a welcome return in 2022-23.

This allowed the Health Board's Welsh Language Officers to engage more directly with pupils and ensured that the events had a greater impact.

Alongside these events, the Welsh Language Team also contributed to an internal careers event at Denbigh High School, in early February 2023.

This event provided another opportunity to promote the advantages of bilingualism – and the related employment opportunities that exist within the Health Board, to Year 9 pupils.

Following on from the success of these events, the Health Board will be holding its own 'Secondary Schools Tour' as part of its 2023 Welsh Language Week. Arrangements are in place to work directly with a number of secondary schools across north Wales and will once again promote the advantages of bilingualism as a vital employability skill for youngsters who may be considering careers within the health sector across the region.

Bangor University

The Health Board has also continued to work closely with Bangor University. For the second year in succession, a member of the team once again contributed to the teaching of the '*O'r Senedd i'r Swyddfa*' ('From the Parliament to the Office') module.

A presentation was delivered about bilingual healthcare service provision, and how the use of the Welsh language is promoted within the Health Board, to first year students within the university.

The presentation was followed by a question and answer session and discussion groups, about the importance of bilingual services and how relevant statutory requirements such as the Welsh Language Standards, are put into practice within the workplace.

Beyond this, the Health Board also continued to work closely with the University's School of Healthcare Sciences. In September, the Welsh Language Team provided a Welsh language awareness session as a part of the induction event that was arranged for the school's latest cohort of nursing students. Following its success, a similar presentation for a smaller group of nursing students was also provided in February 2023.

Service Developments and Promotional Activities

All-Wales Online Welsh Language Awareness Training Pack

In accordance with Welsh Language Standards 102 and 103, all Health Boards in Wales have a legal obligation to provide Welsh language awareness training for their staff. Following discussions with the other members of the Welsh Government-chaired NHS Welsh Language Officers Group, the Welsh Language Team agreed to take primary responsibility for coordinating the development of an online Welsh language awareness training module, in order to facilitate the delivery of this statutory requirement.

Having created the contents for the proposed course, the Welsh Language Team subsequently worked alongside *SkillSet Ltd*, a tailored learning solutions firm, to convert the initial draft into a fully functional and interactive training pack. A finalised draft of the fully interactive module was agreed upon in early 2022 and *SkillSet* consequently worked directly with NHS Wales' Digital Learning Programme Manager to ensure that the new module could be uploaded onto the ESR platform.

The new course was officially launched through the publication of a *Welsh Health Circular* in November 2022 and it has now been designated as mandatory training or all NHS Wales staff.

The module has been divided into a number of themed sections, with each unit focusing on a specific aspect of bilingual healthcare service delivery. Alongside sections that focus specifically on *More than just words* and statutory Welsh Language Standards' requirements, the course also includes a comprehensive and interactive 'Patient Experience' unit. This sub-section features two animated stories, which are based on actual events and emphasise the importance of language choice in relation to assessment, diagnosis and consent.

The course ends with information-only 'Support for Staff' and 'Myth Busting' sections, which aim to provide NHS Wales employees with additional knowledge and confidence and to encourage them to use the Welsh language within the workplace, even if they don't consider themselves to be fluent speakers.

Staff across the health sector in Wales have embraced the module, and the Health Board is at a current 67.22 per cent compliance, with a target of 90 per cent by the end of the next reporting year.

Welsh Language Week

The Health Board's fifth annual Welsh Language Week took place between 17 and 21 October 2022.

The week's main purpose was to raise awareness of the importance of bilingual healthcare provision and to celebrate the fantastic work that continues to be done by our staff, in order to ensure that a wide range of services can be delivered through the medium of Welsh.

Whilst the two previous Welsh Language Weeks had consisted primarily of online events due to the restrictions caused by the COVID-19 pandemic, this year's celebration included a number of on-site and face-to-face events, which allowed the Welsh Language Team to once again engage more directly with staff and members of the public.

After they visited Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital at the beginning of the week, the Welsh Language Team subsequently held stalls at Ysbyty Penrhos Stanley, Llandudno General Hospital and Chirk Community Hospital, so that members of the workforce could receive resources, advice and guidance about various topics relating to bilingual service provision.

Because of collaborative work with Menter Iaith Fflint a Wrecsam, an event was also held within the Children's Unit at Wrexham Maelor Hospital. Magi Ann, a Welsh-speaking children's character, visited the young patients on the ward, which was welcomed by the staff, and patients.

The new patient experience video, as already referred to in this report that was filmed to raise awareness of the importance of bilingual healthcare services for children and their parents was also launched during the week. The mother's perspective on the care her daughter had received through the medium of Welsh put into focus what is at

the essence of the work done within the health board to ensure an "Active Offer" approach to service delivery.

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	2020/21		2021/22		2022/23	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 - No Skills / Dim Sgiliau	8158	41.6%	8324	41.7%	9101	46.9%
1 - Entry/ Mynediad	2601	13.3%	2652	13.3%	2914	15%
2 - Foundation / Sylfaen	1280	6.5%	1298	6.5%	1410	7.3%
3 - Intermediate / Canolradd	1307	7%	1307	6.6%	1456	7.5%
4 - Higher / Uwch	1568	8%	1596	8%	1700	8.7%
5 - Proficiency / Hyfedredd	2467	12.6%	2573	12.0%	2829	14.6%
Total	17,381	89%	17,750	89%	19,410	91%
Total number of staff	19,610		19,955		21,326	

2022 / 2023 Data:

91 per cent of the entire workforce had recorded their Welsh language skills on ESR

2021 / 2022 Data:

89 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***

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

2021 / 2022 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 1,583

This total equates to 7.9 per cent of the Health Board's current workforce

Recruitment

- ***Number and percentage of new and vacant posts advertised with the requirement that:***

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**

2021 / 2022 Data:

- **Welsh language skills are essential - 403 (6.4 per cent)**
- **Welsh language skills are desirable - 5828 (92.8 per cent)**
- **Welsh language skills to be learnt - 33 (0.5 per cent)**
- **Welsh not a required skill - 14 (0.2 per cent)**
- **Total number of vacancies advertised - 6278**

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Scheme***

The Health Board received two new complaints during the reporting year in relation to compliance with the Welsh Language Standards.

The two new complaints were escalated to investigation status, and are currently at resolution stage. In addition, there were five investigations still ongoing from the previous reporting year. The investigations in general relate to a lack of bilingual service when responding to telephone calls and correspondence, Welsh language awareness training and information provided on our website relating to Welsh language services offered by Primary Care providers.

A comprehensive action plan has been developed to address issues relating to providing a bilingual telephone service, which requires looking into local induction for new staff, as well as providing guidance for current staff and developing a Welsh language training course to improve staff's skills and abilities to deal with telephone calls in Welsh.

All complaints and investigations were fully addressed in line the Putting Things Right Regulations.

Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

- improving the quality of care 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. Work will also progress with our Language Skills Framework to target the current and newly-appointed workforce, in addition to engaging further with secondary and higher education sector to address the language skills of the future workforce.

A refreshed *More than just words plan* will be developed and we have already engaged with key individuals and stakeholders during the development stage to inform the final plan. It is anticipated that initiatives and actions already in operation within the Health Board will be included in the plan. However, we aim to build on these during the next year, supported by policy developments as part of the Welsh Language Standards.

March 2023

Delivering the Welsh language actions as defined in the More than just words Action Plan 2022-27: For the period August 2022- April 2023

Year: 2022-23

NHS Organisation	**Betsi Cadwaladr University Health Board**

Completed by:	**Dr Meilyr Emrys**	**Date: 29th August 2023**

Ref	**Action description**	**Issues to consider when providing the update**	**Update**	**Challenges / barriers to action and any other comments** If there are any barriers to implementing the action please note them here and outline how you will address them.
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	These are the personal performance objectives set: ➢ Demonstrate how they have provided Board leadership to develop and cascade an organisational culture of belonging that supports bilingualism and mainstreaming of Welsh	The implementation of More than just words is an individual workstream within the Health Board's Welsh Language Services Annual Operating Plan. Specific actions have been aligned to the objectives within More than just words Five-Year Plan. A copy can be provided.	

	individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework).	language in plans and delivery of services. The Board has assured itself on progress on the short-term actions set out in the More than just words framework for health bodies. This to include: - Improved data on workforce language skills (over 90% of staff recorded skills) to support planning of services to enable the active offer. - Over 90% of staff completing Welsh language awareness training - Board champions appointed and best practice evidenced and delivering system improvements.	The Health Board has taken specific actions to increase its data on workforce language, and as at the end of the reporting year, the figure was 91%. At time of report submission, the data has increased to 92.4% Since its introduction, the Health Board has increased awareness of the mandatory Welsh language awareness module. As at the end of the reporting year, the figure was 40%. At time of report submission, the data has increased to 70%. Due to the Health Board's current position with regard to Board-level appointments, discussions are ongoing, and will be priorities during the next reporting year.	

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	This is something that will benefit from guidance to be developed at a national level. In the meantime please provide examples of best practice regarding this action point in your organisation.	<u>BCUHB Bilingual Skills Policy</u> The principal aim of the BCUHB Bilingual Skills Policy and Procedure (BSPP) is to ensure that the Health Board has a sufficient number of Welsh-speaking staff to provide services to the public bilingually (i.e. in accordance with the linguistic needs of the local community). The document includes advice, practical steps and guidance for managers, in order to facilitate the development of a bilingual workforce. This includes guidelines that refer specifically to advertising jobs and other aspects of the recruitment process. The process of evaluating and defining the level of Welsh language skills that are required for posts within the Health Board is explained within the BSPP and the document also includes a 'Welsh Language Skills Requirement Flowchart', which managers can utilise in order to decide whether or	

			not a role should be advertised as 'Welsh essential'. In relation to this, the BSPP also includes a list of public-facing roles within the Health Board that should always be regarded as 'Welsh essential'. This means that the level of Welsh language skills required for all new switchboard, patient booking / call centre, receptionist and ward clerk posts within the Health Board is now clearly and unambiguously defined: these are now roles for which Welsh language skills are essential or for which Welsh language skills must be learnt / improved to a certain level upon appointment.	
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	This is something that will need guidance developed at a national level. In the meantime please provide information about any developments in your organisation including examples of best practice.	<u>General information</u> BCUHB's 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. With the appointment of a new	

	life of this plan, **all staff** working in health and social care should have courtesy level Welsh		Welsh language Tutor in September 2023, we hope to build on our successes and increase the number of Welsh language learners at BCUHB. Over the past reporting year, the BCUHB Welsh Language Tutor has offered a variety of courses at different levels to BCUHB staff. The Tutor continues to work strategically, providing in house taster courses that are specifically developed for different areas within the health sector (e.g. reception and front of house courses; answering and dealing with telephone queries; chairing a meeting bilingually etc). <u>Courtesy Welsh Language Course (specifically for reception staff)</u> The Welsh Language Training Team have created a courtesy Welsh language course, specifically for reception staff. This course gives staff the confidence to answer the phone	

			bilingually and to use basic Welsh phrases with patients / service users in person. The course consists of introducing tailored vocabulary and phrases (depending on the individual's existing Welsh language skill level and their linguistic needs for their day-to-day work.) The BCUHB Welsh Language Tutor provides the learner with a personalised crib-sheet, which has the newly learnt phrases displayed bilingually on it. This is to be printed by the learner and kept on reception to remind them to use their newly learnt Welsh language skills. A voice note of the phrases on the crib sheet can also be sent to the leaner if they wish: this helps with perfecting their pronunciation. At the end of the session, the Tutor shares further opportunities for the learner to continue to learn Welsh.	

			We hope that learners will want to continue to develop their Welsh language skills after attending the initial courtesy Welsh language course. An attendance certificate is sent via e-mail to the learner after the session. This can be shared with their line manager and added to their PADR (Performance Appraisal Development Review) file. <u>'Work Welsh' Contract</u> BCUHB's Welsh Language Training Team renewed a twelve month contract with the National Centre for Learning Welsh, in relation to the Welsh Government-funded 'Work Welsh' Scheme. This ensured the continuation of opportunities and collaborative working as well as the continued employment of our Welsh Training Support Officer. The Support Officer continues to	

			offer lessons, tutorials, chat sessions and a permanent support for our learners within the Health Board. 885 members of staff have accessed our 'Work Welsh' courses over the last year: this is an increase of 27.16% from last year.	
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.	Please provide examples of good practice shared in your organisation and with other organisations. To what extent have you engaged with the Research and Innovation hubs to improve Welsh language services?	The BCUHB Welsh Language Team has developed a number of initiatives in order to promote and facilitate the use of the Welsh language within the organisation. Further details about some of our most prominent and successful initiatives are given below: '*Defnyddiwch eich Cymraeg* / Use your Welsh' campaign The Health Board's 'Use your Welsh' campaign was originally launched in February 2018 and its main focus is to encourage staff to make the most of whatever Welsh language skills they may have within the workplace, for the	

			benefit of patients and service users. The campaign emphasises the importance of Welsh-medium healthcare services, by explaining that patients invariably feel more comfortable and confident when they are conversing in their first language / mother-tongue. In connection with this, the campaign's central message is that Health Board staff should never feel that their Welsh 'isn't good enough'. On the contrary, they should endeavour to find the confidence to 'do what they can', by making the most of the Welsh language skills they may have when conversing with patients, colleagues and members of the public. The 'Use your Welsh' campaign further emphasises that Welsh speaking patients will almost always appreciate any efforts that are made to converse with them in their mother-tongue (and especially so when those efforts	

			are made by Welsh learners or individuals who may not be fully fluent / confident in their abilities to speak the language). Following its initial launch, 'Use your Welsh' has become a permanent / ongoing BCUHB campaign, with events being held periodically (typically every other year), in order to reinvigorate it and remind staff of its key messages. Further details about this initiative can be found in the attached (Welsh-medium) PDF document below. This 'Effective Practices Questionnaire' was completed by the BCUHB Welsh Language Team last year, as a part of the Welsh Language Commissioner's campaign to record examples of good / best practice, in relation to promoting the use of the Welsh language within public bodies: Holiadur Arfer Effeithiol - Defnyddi	

			BCUHB Welsh Language Week Since 2018, the Health Board's Welsh Language Team has organized an annual BCUHB Welsh Language Week, in order to celebrate the Welsh language and promote its use within the healthcare sector. Each BCUHB Welsh Language Week consists of a variety of events and activities: alongside a range of internal events for staff and patients, external activities are also organised, including seminars for secondary school pupils and further education students, which raise awareness about the importance of Welsh-medium healthcare provision and promote the benefits of having bilingual skills, more generally. BCUHB Welsh Language Week is usually held in mid-October to coincide with Shwmae Sumae Day (which is always celebrated on 15th October).	

			Further details about this initiative can be found in the attached (Welsh-medium) PDF document below. This 'Effective Practices Questionnaire' was completed by the BCUHB Welsh Language Team last year, as a part of the Welsh Language Commissioner's campaign to record examples of good / best practice, in relation to promoting the use of the Welsh language within public bodies: Holiadur arfer effeithiol - Wythnos <u>BCUHB Welsh Language Training Programme for Staff</u> BCUHB employs an in-house language tutor, who provides a range of training courses and lessons for Health Board staff, to help them learn Welsh / develop their existing linguistic skills. Having previously provided funding for staff members to attend	

			external Welsh language training courses (which were arranged by other organisations and usually held outside working hours), BCUHB decided to take the innovative step of recruiting a full-time tutor to work directly with its workforce in 2017. BCUHB was the first health sector organisation in Wales to take such a step. At the same time, the Health Board has also developed a successful long-term partnership with the National Centre for Learning Welsh. Because of this – alongside the range of courses that are now delivered directly by the BCUHB Welsh Language Tutor – all Health Board staff also have free access to the Welsh Government-sponsored online 'Work Welsh' courses. This partnership has also enabled the Health Board to employ a Welsh Training Support Officer, who supports the internal Welsh	

			Language Tutor's work by mentoring the numerous BCUHB staff members who opt to begin their language-learning journey by signing-up for the online 'Work Welsh' courses. Furthermore, the Health Board also works closely with the National Welsh Language and Heritage Centre in Nant Gwrtheyrn and several members of the BCUHB workforce have consequently attended residential training courses on the Llŷn Peninsula in recent years. Due to the (now long-term) success of the BCUHB Welsh Language Training Programme for Staff, a decision was recently taken to recruit a second internal tutor. She will join the Health Board's Welsh Language Training Unit this September. Further details about this initiative can be found in the attached (Welsh-medium) PDF document below.	

			This 'Effective Practices Questionnaire' was completed by the BCUHB Welsh Language Team last year, as a part of the Welsh Language Commissioner's campaign to record examples of good / best practice, in relation to promoting the use of the Welsh language within public bodies: Holiadur arfer effeithiol Rhaglen H <u>BCUHB Language Choice Scheme</u> The Health Board's award-winning Language Choice Scheme utilises orange 'Cymraeg' magnets to identify Welsh-speaking patients (and staff) – and facilitate the delivery of bilingual services and the 'Active Offer' principle – on wards throughout the BCUHB region. Further details about this scheme can be found in the update that is provided in relation to action step 35 (below).	

			<u>BCUHB Bilingual Services Monitoring Scheme</u> The BCUHB Welsh Language Team conducts an ongoing 'Mystery Shopper' scheme to monitor various aspects of bilingual service delivery at Health Board sites throughout north Wales. The scheme's quarterly surveys cover community hospitals, managed practices and selected services at the Health Board's main acute hospitals and focus on the delivery of telephone and reception services, alongside the provision of bilingual signage at each site. After each round of inspections has been concluded, relevant managerial staff are then provided with bespoke reports – which include a breakdown of the pertinent findings and suggestions for possible / required actions – and they are subsequently invited to work alongside members of the BCUHB Welsh Language Team to ensure that any necessary	

			improvements can be actioned as quickly as possible. The Bilingual Service Monitoring Scheme therefore helps to ensure that various shortcomings are identified and quickly rectified at sites throughout north Wales. Indeed, since the scheme was revived in full earlier this year (after an enforced break during the COVID-19 pandemic), it has undoubtedly stimulated the general development and enhancement of the Health Board's Welsh-medium provision, as various sites / practices / services work to return to some semblance of normality after two very difficult years. <u>The development of an All-Wales Welsh Language Awareness Training Module</u> All Health Boards in Wales now have a legal obligation to provide Welsh language awareness training for their staff.	

			After this matter was discussed at a meeting of the Welsh Government-chaired NHS Welsh Language Officers Group in 2019, the BCUHB Welsh Language Team agreed to take primary responsibility for coordinating the development of a new online Welsh language awareness module, in order to facilitate the delivery of the new statutory requirement. Having created the contents for the proposed course, a member of the BCUHB Welsh Language Team subsequently worked alongside SkillSet Ltd – a tailored learning solutions firm from Basingstoke, in Hampshire – to convert the initial draft into a fully functional and interactive training pack. After the project was delayed slightly by the COVID-19 pandemic, a finalised draft of the fully interactive module was agreed upon in early 2022 and SkillSet consequently worked directly with NHS Wales' Digital Learning Programme Manager to ensure that the new module could be	

			uploaded onto the ESR platform (which Health Boards throughout Wales utilise to deliver training for staff). The new course was officially launched (via the publication of a Welsh Health Circular) in November 2022 and it has now been designated as mandatory training for all NHS Wales staff. The initial response to the new training module (from NHS staff throughout Wales) has been very positive and we are therefore hopeful that its existence will now contribute to the facilitation of bilingual healthcare service provision throughout the country, for years to come. The process of developing a comprehensive and 'fit for purpose' Online Welsh Language Awareness Training Pack – with content that is equally applicable and relevant to staff throughout Wales – was a long and (at times) arduous one and its successful completion could not have been achieved without the ingenuity,	

			hard work and perseverance of the BCUHB Welsh Language Team. The Welsh Language Team produced four effective practices questionnaires in total to the Welsh Language Commissioner, and all four have been adopted by the Commissioner and have been developed into case studies. Two of the case studies have already been launched on the Commissioner's website: Effective practices (welshlanguagecommissioner.wales) The other two case studies will be launched during the next reporting year. Because of this work, the Commissioner invited the Welsh Language Team to be on a panel to discuss the work undertaken by the Health Board, and to share knowledge and experience, at the 2023 Llŷn and Eifionnydd National Eisteddfod.	

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.	Please provide examples of using the Bilingual Technology Toolkit when procuring / developing new digital services. To what extent were digital services produced bilingually Are there records of the uptake of Welsh language digital services? Provide examples of co-drafting for information and advice websites. If this did not happen please state why.	The Welsh Language Team have been actively involved with a Dementia-Friendly Environments Assessment App Project, with representation from the team on the Project Steering Group from the outset. The Kings Fund developed a suite of globally-used dementia friendly environment assessment tools over a decade ago. These are paper based assessment tools that are now hosted by the University of Worcester. Funding from the Mental Health and Learning Disabilities Division, is supporting a project to convert the tools into apps to make assessment of our hospitals and wards easier for walk-around assessments. They can also be used to involve students and patients in the assessment process to see how dementia-friendly environments are, and to learn from the process of doing the assessment and developing an action plan. The tool identifies needs such as improved signage, dementia-friendly crockery, large clocks and appropriate artwork. There are	

			separate tools for wards, hospitals, care homes, outside spaces, housing and health centres. The suite of assessment tools are being translated into Welsh. The intranet-based project description and instructions on using the apps are also being made available in Welsh. The assessment tools have been revised to ask whether environments consider Welsh language such as in patient signage, orientation boards describing the weather and days of the week as well as other activities. The global launch of the finalised apps is being planned for July 2023. The Health Board is pleased to have been innovative and prominent in ensuring that this particular priority group of patients will be catered for bilingually. Digital services is one of the focus areas for Welsh Language Services during 2023-2024, and this work has been outlined in partnership with the ICT Department.	

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 developing initiatives to celebrate success including promoting *More than just words* within existing awards and accolade schemes	The Welsh Government will arrange a national meeting for relevant stakeholders. In the meantime please outline any other meetings / groups held to share best practice and ensure a consistent approach. Also indicate whether *More than just words* is promoted within existing awards / accolades.	<u>All-Wales NHS Welsh Language Officers Group</u> Members of the BCUHB Welsh Language Team play a prominent role within the NHS Welsh Language Officers Group, which is chaired by the Welsh Government. This group meets on a quarterly basis and therefore provides recurring opportunities for attendees to share best practice – and to develop a consistent approach on key issues – in relation to the delivery of *More than just words…* <u>All-Wales NHS Welsh Language Managers' Strategic Group</u> The Welsh Language Team is also a prominent member of this newly-developed group, which is led by the operational officers within organisations, rather than externally-led. This group provides the opportunity to share best practice, and discuss any joint areas of concern. <u>BCUHB Achievement Awards</u>	

			In the absence a national accolade scheme to promote the successful delivery of *More than just words…*, the use of the Welsh language within BCUHB is currently celebrated annually as a part of the Health Board's own (Staff) Achievement Awards. These honours include a specific Welsh Language category, with the award being presented to a staff member who has made 'special efforts to promote the use of the Welsh language in the Health Board'. This allows for a broad spectrum of staff to be considered for the award, because the 'special efforts' in question could relate to anything from an individual's personal commitment to learning Welsh; to the development and implementation of policy-related initiatives, in order to facilitate service delivery in that language (e.g. the adaptation of a work process to ensure that Welsh-speaking patients can use the language during their care).	

			Consequently, the nominations for this year's award ranged from a Registered Health Play Specialist, to a CAMHS Practitioner, to a Theatre Assistant. The 2022 BCUHB Welsh Language Achievement Award was won by Manuela Niemetscheck, who works as an Art Psychotherapist, at Ysbyty Gwynedd, in Bangor. She developed a bilingual delivery model for Art Psychotherapy services and started virtual peer supervision with another Welsh speaking Art Therapist to reflect on the bilingual delivery model. Alongside the Welsh Language Award itself, the successful delivery of bilingual services can also be celebrated within a number of the other BCUHB Achievement Award categories, such as the Leadership Award; the Diversity, Equality and Inclusion Award; the Research, Transformation, Improvement and Innovation	

			Award; the Volunteer Award and the Extra Mile Award. All of these awards are presented during a ceremony, which is usually held during the autumn. <u>BCUHB Welsh Learner of the Year</u> Separately to the Achievement Awards, the importance of bilingual healthcare service delivery is also highlighted by the Health Board's Welsh Learner of the Year Award. This competition is currently held on a biannual basis and is a celebration of all the BCUHB staff members who commit to learning Welsh (either with the BCUHB Welsh Language Tutor or of their own accord), in order to use the language within the workplace. The last Welsh Leaner of the Year prize-giving ceremony was held on St David's Day 2022, when the main award was won by (the aforementioned) Manuela Niemetscheck.	

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 funding/resources to enable this to be delivered.)	Visual markers are widely used to denote Welsh speaking staff, but there are still some areas where the markers are not used and some staff are reluctant to wear the Working Welsh badge. Can you be confident that the vast majority of workers in your organisations who can offer services in Welsh are identifying that by wearing the Iaith Gwaith badge? Do receptions/waiting areas have clear branding to show that Welsh language services are offered? To what extent are ICT systems used to capture and share information about language choice and how is this information then used?	In accordance with Welsh Language Standards 53, 67 and 105, BCUHB is obliged to make available to members of staff who are able to speak Welsh a badge for them to wear to convey that'and to promote the wearing of the badge to members of staff. <u>Badges</u> The BCUHB Welsh Language Team provides an orange 'Cymraeg: iaith gwaith' pin badge for any staff member who requests one. 'Dw i'n Dysgu Cymraeg' pin badges are similarly made available (free of charge) to members of the BCUB workforce who are Welsh learners. Beyond this, many Welsh-speaking clinical staff (e.g. nurses) wear an embroidered version of the orange logo on their work uniforms. <u>Lanyards</u>	Uniforms featuring embroidered versions of the 'Cymraeg: iaith gwaith' logo were previously provided to certain healthcare staff (e.g. nurses) on an All-Wales basis and expanding their use – so that the embroidered orange logos also appeared on uniforms used by other clinical staff groups – was included as a specific target in previous *More than just words…* Action Plans. Unfortunately, however, it seems that little progress has been achieved with this (on a national level) during the past few years. The previous process of ordering uniforms with an embroidered version of the 'Cymraeg: iaith gwaith' logo has changed and many teams – within BCUHB and other Health Boards, throughout Wales – have not yet been made aware of this.

			Due to infection control regulations, the Health Board's current uniform policy prohibits the use of lanyards in clinical areas. However, 'Cymraeg: iaith gwaith' and 'Dysgwr' lanyards are still distributed to all non-clinical staff (and especially so to frontline staff, such as receptionists). <u>Receptions / Waiting Areas</u> BCUHB Reception teams are provided with plastic 'Defnyddiwch eich Cymraeg yma / Use your Welsh here' tent signs, which were designed by a member of the Health Board's Welsh Language Team. These signs can be displayed on reception desks to inform patients / visitors that a Welsh-medium service is available and that they are therefore encouraged to use that language when conversing with staff, if that is their preference.	

			  The blue and white 'Cymraeg: iaith gwaith' branded signs can now be found on receptions at BCUHB locations throughout north Wales. Staff are similarly encouraged to display 'Defnyddiwch eich Cymraeg pan welwch yr arwydd hwn / Use your Welsh whenever you see this sign' posters in waiting areas, to further encourage patients / visitors to use that language when conversing with Health Board employees. These A4 posters can be ordered directly (and free-of-charge) from the Welsh Language Commissioner's office. <u>BCUHB Bilingual Services Monitoring Scheme</u>	

			The BCUHB Welsh Language Team conducts an ongoing 'Mystery Shopper' scheme to monitor various aspects of bilingual service delivery at Health Board sites throughout north Wales. The scheme's quarterly surveys cover community hospitals, managed practices and selected services at the Health Board's main acute hospitals and particular attention is given to the availability and quality of Welsh-medium reception services at each location. The use of 'Defnyddiwch eich Cymraeg yma / Use your Welsh here' desktop signs and 'Cymraeg: iaith gwaith' resources (such as posters and pin badges) by staff – to promote and facilitate the use of the Welsh language – is therefore recorded, as a part of each 'Mystery Shopper' survey. <u>Recording of staff Welsh Language Skills within MS Outlook</u> Information about the Welsh language skills of BCUHB staff	

			members can be found within Microsoft Outlook's Offline Global Address Book. The 'Assistant' facility (which can be found under the 'General' tab) within each staff member's personal information pane is utilised to note whether the individual in question is a 'Welsh Speaker'; 'Welsh Learner'; 'Speaks Some Welsh'; or is a 'Non-Welsh Speaker'. This initiative was developed and implemented by BCUHB and has not thus far been replicated by other Welsh Health Boards (despite the fact that details about all NHS Wales staff members are included within the Global Address Book). As all MS Outlook users have access to information about our staff members' Welsh Language skills, correspondence can therefore be written and sent in accordance with each individual's linguistic preferences.	

			BCUHB Language Choice Scheme and the STREAM system The Health Board's award-winning Language Choice Scheme utilises orange 'Cymraeg' magnets to identify Welsh-speaking patients (and staff) – and facilitate the delivery of bilingual services and the 'Active Offer' principle – on wards throughout the BCUHB region. Having initially been piloted on selected wards at Ysbyty Gwynedd in 2017, the Language Choice Scheme has subsequently been expanded to include wards at Ysbyty Glan Clwyd, Wrexham Maelor Hospital and most BCUHB community sites. First and foremost, the use of the orange magnets – which are placed on bedside white boards and next to the names of pertinent employees on staffing boards – expedites the process of pairing Welsh-speaking service users with Welsh-speaking doctors, nurses and health care assistants on our wards.	

			But beyond this, it's clear that the Language Choice Scheme also contributes to the facilitation of service delivery on a broader scale within the Health Board, as members of the wider clinical workforce – such as physiotherapists or pharmacists (who may only occasionally visit wards) – can also utilise the magnets to ensure that their services are delivered in accordance with a patient's linguistic needs. Having remained operational on many BCUHB wards throughout the COVID-19 pandemic, the simple scheme continued to thrive during 2022-23 and steps are now being taken to formalise its implementation on a greater number of wards. As a part of this process, the BCUHB Welsh Language Team worked with members of the Health Board's ICT Team to ensure that the delivery of the Language Choice Scheme can be	

			supported within the newly implemented STREAM system. STREAM is an internally developed discharge-planning tool, which is designed to support patient flow within healthcare settings. Accessed via an electronic screen on each ward (or on personal electronic tablets), the application makes use of real-time data to support patient care across the Health Board and is therefore designed to replace the existing manual / bedside whiteboards. The system aims to provide better access to existing information (pulled from the WPAS and Pharmacy Order tracking systems), in order to support existing ways of working and facilitate the experiences of patients, whilst they are under the Health Board's care. In accordance with this aim, the STREAM system provides information about each patient's individual linguistic preferences:	

			utilising data that is automatically taken from WPAS, a digital version of the orange 'Cymraeg: iaith gwaith' is displayed on the screen, next to the name of every patient who is known to be a Welsh speaker. This ensures that all staff members who use STREAM are informed about the presence of Welsh-speaking patients on their wards, which naturally facilitates the delivery of the Language Choice Scheme. The STREAM system has already been introduced at the Health Board's main / acute hospitals (in Bangor, Bodelwyddan and Wrexham) and plans are currently in place to expand its use to community hospitals throughout the BCUHB region.	
37.	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to	Please provide details about any initiatives in your organisation regarding terminology / translation.	*Cysgliad* (*Cysill* and *Cysgeir*) All BCUHB staff have access to the *Cysgliad* software package on their work computer / laptop.	

	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.		This package was developed by Bangor University's Canolfan Bedwyr (i.e. the university's Centre for Welsh Language Services, Research and Technology) and facilitates the process of writing in Welsh. The *Cysgliad* package includes *Cysill* – which is a Welsh-language grammar and spellchecking programme – and a collection of English-Welsh dictionaries, which have been brought together within *Cysgeir*. <u>BCUHB Welsh Translation Unit</u> The Health Board's Translation Team has continued to expand, providing translation support for BCUHB, Primary Care and the North Wales Division of Public Health Wales. It also provides translation services to Welsh Ambulance Services Trust through a Service Level Agreement which is reviewed annually. Further discussions have been held with other organisations with a view to commencing a similar SLA with	

			another Health Board during the second quarter of 2023-2024. The Team has participated in discussions with Canolfan Bedwyr, Cwm Taf University Health Board, Aneurin Bevan Health Board and Abertawe Bro Morgannwg Health Board, among others, to discuss collaborative opportunities with respect to standardisation of terminology and optimising the sharing of resources. The Team continue to meet regularly to discuss terminology and is 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. The Team has been using translation memory software in its daily work for a number of years and is currently exploring the potential to implement machine-assisted translation software alongside this, in order to increase	

			efficiency and facilitate the sharing of terminology banks with partner organisations with the view to standardising terminology and enhancing the quality of Welsh Language provision.	
SECTION 4 – Monitoring Progress	All health and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan	Please indicate whether this has been achieved and the name of the relevant person.	The Health Board's BCUHB Executive Director of Public Health, Teresa Owen, has Board-level responsibility for matters relating to the Welsh language within the Health Board. She is also Chair of the health Board's Welsh Language Strategic Forum, leading strategic discussions about matters relating to the Welsh language within the Health Board and the Welsh Language Standards and *More than words,* both of which are standing items on the Forum's Cycle of Business. Teresa was recently appointed a member of the new All-Wales *More than just words…* Advisory Board (for a period of five years).	

Guidance to RAG rating

Red	Majority are not on track and improvement needs to be made.
Amber	Majority are on track, but there is scope for improvement.
Green	On track.

Please provide an overall RAG rating

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

Teitl adroddiad: ***Report title:***	Report of Partnerships – Regional Partnership Board, Public Service Boards and NHS Wales Shared Services Partnership Committee
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board meeting
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	Betsi Cadwaladr University Health Board is a member of a number of partnership boards. The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings
Argymhellion: ***Recommendations:***	The meeting is asked to note the report
Arweinydd Gweithredol: ***Executive Lead:***	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Awdur yr Adroddiad: ***Report Author:***	Alan Morris, Assistant Director of Public Affairs

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

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	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:***	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)***	N/A
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A

Betsi Cadwaladr University Health Board is a member of a number of partnership boards.

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- North Wales Regional Partnership Board;
- Conwy and Denbighshire Public Services Board;
- Flintshire and Wrexham Public Services Board;
- Gwynedd and Ynys Mon Public Services Board.
- NHS Wales Shared Services Partnership Committee

North Wales Regional Partnership Board

RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered.

All Regional Partnership Boards must produce population assessments, a regional area plan, provide a regional annual report and demonstrate citizen engagement and co-production

Membership includes an elected member from one local authority in the region; a member of the local health board; a Director of Social Services from each local authority in the region; a local authority housing representative; a registered social landlord; a local authority education representative; at least one person from the third sector who works with the local authority and local health board; a member of the public and a carer

Among the items discussed at their most recent RPB meeting were:

- The North Wales RPB Dementia Friendly Communities (DFC) Recognition and Accreditation Scheme. This follows the Alzheimer Society decision to end their Dementia Friendly Communities scheme at the end of 2023. The Alzheimer Society is supportive of a North Wales scheme and have made all their scheme documentation and process information available for adaptation. Work on setting up the DFCs is continuing with the ambition for them to be operational in 2024.
- The North Wales Together for Mental Health Interim Strategy which over the last six months has seen it approved. It has been co-produced by the Health Board and RPB.
- The Annual Delivery Plan 2023-2028 has been approved. The workstream considers cross-cutting themes including the Welsh language, equality and human rights, socio-economic disadvantage, housing, homelessness, loneliness and isolation, social value, safeguarding, violence against women, domestic abuse, sexual violence and COVID-19.

Public Service Boards

In April 2016, the Wellbeing of Future Generations (Wales) Act 2015 established a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. Conwy and Denbighshire, Gwynedd and Anglesey and lately Flintshire and Wrexham have used the power within the Act to merge their separate PSBs.

The PSB is a collection of public bodies working together to improve the well-being of their county. This means that as a group they must improve the economic, social, environmental and cultural well-being of their areas.

In Gwynedd and Anglesey, the Board has divided the two counties into 14 smaller areas. Every five years an assessment of local well-being is published and includes detailed research on economic, social, environmental and cultural issues.

After working in partnership throughout COVID, the Public Services Boards of Flintshire and Wrexham have now come together as a single body, committed to working with energy and enthusiasm and listening to others.

Conwy and Denbighshire Public Service Board

The most recent meeting of this PSB was due to be held on 25th September, when the following items were due to be discussed.

- Inverse Care Law presentation by the Health Board's Helena Belmans on the programme for North Wales;
- Community engagement plan development;
- Empowering diverse communities into employment;
- Forward work plans.

The next meeting is scheduled for 12th December 2023.

Minutes for all the meetings are available on their website.

Flintshire and Wrexham Public Service Board

The Flintshire and Wrexham Public Service Board has produced a comprehensive wellbeing plan for local residents covering 2023-2028. The long-term plan looks at issues such as climate change and mental health and wellbeing, and can be read in full on their website.

Gwynedd and Ynys Mon Public Service Board

The most recent meeting of the Gwynedd and Ynys Mon Public Service Board and workshop was held on 20th September when the following items were discussed.

- The Newborough Project presentation by Natural Resources Wales;
- The Wellbeing plan 2023-2028 workshop.

The next meeting is scheduled for 13th December 2023.

NHS Wales Shared Services Partnership Committee

NHS Wales Shared Services Partnership Committee (NWSSPC) is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 18 May 2023 and the agenda for that meeting is available here, along with minutes of previous meetings. The next meeting took place on 20 July 2023, but the report from that meeting is not available at the time of writing.

It is recommended that the Board:
Receive and note the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

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

Teitl adroddiad: ***Report title:***	Report of Joint Committee Activity
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board meeting
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 28 September 2023
Crynodeb Gweithredol: ***Executive Summary:***	Betsi Cadwaladr University Health Board has Joint Committee arrangements with other Health Boards and NHS organisations for Specialised Services and Emergency Ambulance Services. • Welsh Health Specialised Services Committee (WHSCC) • Emergency Ambulance Services Committee (EASC) The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board.
Argymhellion: ***Recommendations:***	It is recommended that the Board: ▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.
Arweinydd Gweithredol: ***Executive Lead:***	Carol Shillabeer, Interim Chief Executive Officer
Awdur yr Adroddiad: ***Report Author:***	Phil Meakin, Interim Board Secretary

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

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒	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):***	Our long term strategy for health and well-being, Living Healthier, Staying Well, provides the foundation for our planning. The work of

	the Joint Committees is an important part of this
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Joint Committees consider regulatory and legal implications of the Services it commissions.
Yn unol â WP7, a oedd 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)***	See below
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF 1.4 Risk of a consistent failure to meet performance targets, resulting in an adverse impact on patient experience and quality of care, as well as a loss in Public confidence
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Betsi Cadwaladr University Health Board is a member of two Joint Committees. The Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee. (WHSSC)	

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent Joint Committee meetings since the last Board meeting

Welsh Health Specialised Services Committee

The Welsh Health Specialised Services Committee held a virtual meeting on 19 September 2023. The agenda and papers for this meeting are available at: https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20232024-joint-committee/

At the time of writing this report the approved minutes from this meeting and briefing papers were not available so a verbal update on the matters discussed will be provided at the Board meeting and minuted accordingly. Board members are asked to note that a formal briefing from the Joint Committee on 19 September will be available shortly on the above link and reported to the next Board on 30 November 2023.

The link above also provides a detailed briefing from the WHSCC meetings on the 18 July 2023 and an Extraordinary meeting of WHSCC on the 1 August 2023.

The Executive Medical Director had attended the meeting on the 18 July 2023 and provided an update from this meeting at the 31 July 2023 Health Board. Following this, an Extraordinary Meeting of WHSCC was held on the 1 August 2023 (which was also attended by the BCUHB Executive Medical Director) and considered a single item regarding the All Wales Individual Patient Funding Request (IPFR) Panel Chair Recruitment. The summary briefing of which is below;

Briefing from the Extraordinary Meeting of WHSCC -1 August 2023

At this meeting of WHSCC on 1 August 2023 members received a report providing a proposal regarding the recruitment of a WHSSC IPFR Panel Chair in line with the WHSSC IPFR Panel Terms of Reference (ToR) agreed in March 2023.

Following discussion they supported the recommendations outlined within the report. Members:

(1) Noted the rationale for the eligibility requirements of the role of WHSSC IPFR Panel Chair contained within the ToR agreed in March 2023,

(2) Noted that the current Chair will no longer be eligible for the role in September 2023 and the urgent need to proceed with a recruitment process,

(3) Supported WHSSC to take forward the urgent recruitment of an IPFR Panel Chair; and

(4) Approved the associated remuneration package for both the Chair and Lay Members

WHSCC Quality and Patient Safety Committee

The Board are also asked to note that there is a WHSSC Quality and Patient Safety Committee (QPSC) The Chairs report that went to the WHSSC JC meeting on 19 September 2023 will be received at the BCUHB Quality, Safety and Experience Committee in October 2023.

Emergency Ambulance Services (EAS) Committee

The EAS Committee met on the 19th September 2023. At the time of writing this report the minutes and associated briefing were not available to share with the Board. A verbal update will be provided at this meeting and will be duly minuted.

The formal meeting minutes of the 18 July 2023 meeting and an agenda for the 19 September 2023 meeting of EASC are available on this link. September 2023 - Emergency Ambulance Services Committee (nhs.wales)

The previous EAS Committee held a virtual meeting on 18 July 2023. The Executive Medical Director attended this and a brief verbal update was provided at the BCUHB meeting on the 31 July 2023.

The unconfirmed minutes for this meeting is available at the link above and a Chair's Report from the 18 July meeting is contained beneath is report in Appendix 1.

It is recommended that the Board:

NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.

Appendix 1 – Emergency Ambulance Chair's Report from 18 July 2023 Meeting

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	18 July 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: https://easc.nhs.wales/the-committee/meetings-and-papers/july-2023/

- The minutes of the EASC meeting held on 16 May 2023 were approved.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted that:

- The latest Ambulance Service Indicators (ASIs) https://easc.nhs.wales/asi/ would be published on Thursday 20 July, reporting the June position
- 999 call volumes were 8% lower than in May 2022
- 4% reduction in incidents
- Hear and treat rates continued to improve
- See and treat rate back to the historical norm
- Improvements in response times – all on an improving trajectory as well as for those patients waiting the longest in the red and amber categories, although there was still a long way to go before the performance would be considered satisfactory (but in the right direction)
- An increase in the number of patients conveyed to hospital compared to the same period last year – this needed to be analysed further and would be presented to the EASC Management Group
- Improvement in handover delays and the number of patients waiting over 4 hours has reduced, in some areas this has been eradicated while others, though showing signs of improvement, required continued attention
- EASC Action Plan was being updated and, although it was no longer required to be submitted monthly, would be used at the Integrated Quality, Planning and Delivery meetings with Welsh Government.

Discussion took place and Members raised the issue of variation both across Wales but also within health boards. Members welcomed the dashboard approach in providing clarity and sought assurance that the data was being validated, particularly in relation to red release. Members noted that the weekly dashboard was constantly under review and enhancements would continue where members identified additional requirements.

Members discussed the impact of reducing handover delays and the expectation that this would affect performance although this had not yet been seen with performance in red consistently at the mid 50% level.

Jason Killens was asked to forecast where and when improvements would be seen and whether the assumptions made in the IMTP would be realised. Further discussion took place in relation to variation and Members noted good performance improvement in some areas whereas others were stubbornly at unacceptable levels. Further improvements were anticipated with the roll out of the Cymru High Acuity Response Units (CHARUs) and the improved utilisation of the ambulance fleet.

Stephen Harrhy raised the role of the Community First Responders, particularly in rural areas and also the variation in conveyance rates across health boards which would be important areas for the deployment of Advanced Paramedic Practitioners (APPs) in trying to avoid conveyance. Jason Killens explained that additional CFRs had been recruited & trained.

It was agreed that additional work would be required to retrospectively analyse the data from the electronic patient clinical record (ePCR) and other sources to correctly categorise the work; this would be included in the next report and would have the alternative services identified.

Members noted:

- Modelling suggested 4% of WAST activity could be dealt with in the Same Day Emergency Care (SDEC) units; this was currently at 0.2%
- The aim to make more use of video consultation, and to use to best effect
- The development of directories of services in health boards and the importance of ensuring access for WAST staff
- For lower acuity chest pain patients and some care homes analyse the data for potential opportunities to create services and track through actions (real time access)
- The importance of driving out variation in an environment of improving performance.

The version of data presented to the Committee was raised in view of the requirement for StatsWales to publish the Ambulance Service Indicators before any publication of the information. Ross Whitehead explained that ongoing meetings were taking place with the aim to resolve the issue and be agile as commissioners of the ambulance service. The aim would be to try and make progress in some areas with a view to ensuring the Committee had the most current information. Members noted that the Office of National Statistics (ONS) had been tasked to produce cross UK measures for health, which in view of the four different operating models was a complex request.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received.

In presenting the report, Ross Whitehead highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.

Noted that:

- 25 ongoing investigations under the Joint Framework in May
- Work continuing to identify key themes in meetings with WAST and health boards

- The Welsh Risk Pool were supporting the work and seeking improvement opportunities for the tracking and reporting of joint investigations
- Reduction in the number of patients waiting over 12 hours in the community, although still a large number, the trajectory was one of improvement
- Improvement in the compliance of the clinical indicators within the Ambulance Service Indicators
- A technical error had been identified within the STEMI bundle and this would be rectified back to June 2020
- The published levels for the return of spontaneous circulation (ROSC) was 20% (the highest level achieved)
- The latest information was not available in respect of patients arriving as 'walk ins' but in the triage category one. This would be rectified as it was agreed this was an important metric for patient safety. Joint work was underway with the NHS Wales Delivery Unit (NHS Executive) to analyse those self-presenting and included stroke patients (high level of patients presenting at emergency departments).

Members responded asking about:

- learning from the North East Ambulance Service review and the potential to undertake a gap analysis to secure any insight or learning – noted that the EASC Team currently analysing the review and would report to EASC Management Group on any findings
- other reviews of ambulance services and noted that the EASC Team constantly scan for any ambulance service reviews and consider any learning. This would again be reported initially via EASC Management Group. Jason Killens also confirmed that WAST routinely undertake a gap analysis approach to any significant report on ambulance services.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. This included:

- Integrated Medium Term Plan 2023-26
- Current EASC Integrated Medium Term Plan (IMTP) Tracker
- Non-Emergency Patient Transport Services (NEPTS) Strategic Direction
- Integrated Commissioning Action Plans (ICAPs)

Members noted that:

- Work had commenced on reviewing the Non-Emergency Patient Transport Services Commissioning Framework as per the agreed commissioning cycle
- The work to develop a longer-term strategy for NEPTS following the completion of the business case and adapting to the ongoing changes within the service. The final report would be presented at a future meeting
- In relation to the EASC IMTP Tracker some of the performance ambitions had been achieved including:
  - longest red – 95th percentile 30 minutes by the end of Quarter 1 – this had been achieved and it was suggested to review Quarter 2 ambition to <18 minutes
  - longest amber – 95th percentile 8 hours by the end of Quarter 1; this had been achieved and suggested revising the Quarter 2 ambition to 4.5 hours and Quarter 3 to 3.5 hours.

Agreed to: Revise the performance ambitions as outlined above

FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE REVIEW

Stephen Harrhy gave an overview of the work to date and introduced Lee Leyshon, Deputy Director of Communications and Engagement to deliver the presentation on the emerging themes.

Noted:

- Discussed the factors for developing options for the service and the weightings as previous used for EMRTS developments

- In relation to the EMRT Service:
  - General support and appreciation
  - Local bases mean local services for the people who live near
  - Some consider it a ‘fast ambulance’
  - Understanding of a problem to fix
  - Important about effectiveness of working with other services and agencies
  - Implications for hours of operation, for air and road, with staffing implication
  - The small mutual aid implications
- In terms of wider issues and the original service development proposal:
  - Another rural loss – like banks, dentists, GP practices, post offices etc
  - Lack of understanding of ‘unmet need’
  - The rationale for the original base locations; the coastal locations and the importance of rapid response vehicles RRVs
  - That the critical care staff would want to treat as many patients as possible
  - The impact of the weather on services
- In reference to the Wales Air Ambulance Charity:
  - Potential reputational damage with a risk to funding
  - Perception of cost saving
  - Accepted the findings of the original Service Development Review
- For rural and coastal areas the following issues were regularly raised:
  - Remote and lone working in high risk occupations
  - Seasonal population variations
  - Impact of rural geography, road infrastructure and topography
  - Mobile phone coverage
  - Patient road transfer experiences and outcomes
  - Impact of climate change affecting access
- Public perception that services prioritised in urban areas when using services per head of population and the respective needs were different in rural and urban areas
- Response times was a major concern, of increased response times, losing the ‘golden hour’ and the impact of adverse weather. The proximity to emergency department in urban areas was raised regularly
- Data was an area of focus regularly raised in sessions including:
  - The initial data period involving the Covid period
  - The significance of the average response times
  - Using historical and forecasting data
  - Seasonal and population variation and projected demographics for rural areas
  - Understanding the under-utilisation data
- In terms of the factors and weightings:
  - Regular questions related to cost saving perception
  - Cross over between the factors suggested
  - Importance of defining the factors
  - That clinical skills and sustainability needed a higher score and a reduction to the value for money weighting.
- With regard to the engagement process:
  - Understood a complex matter
  - Questionnaire available at all sessions and online
  - Increased and regular communications
  - Commissioner trusted and the public confidence in the approach
  - Responses received included ‘balanced, fair, comprehensive and diligent’; not a ‘fait accompli’
- Suggestions received included:
  - Same bases different hours; all bases 24/7; base investments; all 4 into one base
  - Variations on the issues above with RRV usage
  - Make either (or both) Welshpool and Caernarfon 24/7 instead of Cardiff
  - More RRVs to be available
  - Move the South Wales bases

- That WAST provide similar critical care skilled staff
- Make more incremental changes from aviation contract
- Opportunities to work with Fire and Rescue

- Broader system issues included appreciation of the scale and landscape, the vulnerabilities and the context of other services
- Concerns about WAST in out of area; handover delays, triaging of 999 calls and recruitment of staff
- For health boards – primary and secondary care in terms of loss of access to services; sustainability of services (local) and how people can have a say (want to be involved)
- For public services – need to be more integrated; recognise local service loss and its impact; involve the local populations more and more raise more awareness
- For policy and decision makers – understand the current pressures; reliance on charitable donations; road infrastructure important and involving the public in decision making.

Members raised the following:

- Thanked the CASC and the EASC Team for their thorough exemplar process; lots of learning for the system on the strength of the approach
- The timescales for the independent analysis, keen to ensure the collective perspective considered
- Sharing the data, modelling and information received from the engagement process
- The importance of the next phase.

Stephen Harrhy explained the next phase of work in terms of sharing data, learning from the approach and responding to the concerns by formally reporting at the next meeting to provide the facts for the Committee to consider. Further modelling would be available for members to scrutinise at the next meeting.
Members noted that there was a strength of feeling in the locality of the Welshpool and Caernarfon bases in their desire to maintain the status quo.

Areas for further consideration would include:

- Making the best use of resources (mindful of the very different levels of utilisation of the current service)
- Whether the EMRT Service is too specialised and what opportunities could exist for different patient groups
- How rural areas receive health care and the issues with time sensitive requirements
- The options for a new base and whether this could be delivered by the Charity in terms of infrastructure – some assurance for the next phase
- Adapting the approach in light of the comments received and amending the weightings on clinical skills and value for money
- Options for closer working between WAST and EMRTS
- The wider picture – local areas primarily mentioned bases; Stakeholder Reference Groups across health board areas did not have major concerns if the service would be improved for all of the population, and in particular providing more ability to deliver to patients in the unmet need category.

Stephen Harrhy explained that further work was required in order to make a recommendation to Members and that Members in turn would make a fully informed decision no earlier than the meeting in November. Members noted the risk of reputational damage to the Charity and the potential impact on donations. Members agreed the importance of making the best use of the commissioning allocation for EMRTS and WAST.

A factual report including data and the independent analysis of the responses received would be provided at the September meeting.

It was reiterated that it was too early to make a recommendation to EASC and **no decision had been made.**

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.

Noted:

- Suggestions to slightly amend the weightings
- Plans for next report at the September meeting
- Continuation of the approach including planning of Phase 2 and maintaining work with the All Wales Communications and Engagement leads in health boards and trusts; and planning & informatics colleagues.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received. In presenting the report, Jason Killens highlighted:

- The use of the Clinical Safety Plan - WAST were at escalation level 2 (4 is the maximum) and in May 2023, WAST spent 1% of the time at Clinical Safety Plan (CSP) level 3b (the third highest level). The levels of escalation and CSP were significantly lower than those seen in the depths of winter, which was reflected in the lower levels of patient cancellations and "no sends"
- Red Performance and the continued roll out of the Cymru High Acuity Resource Units (CHARU), about half had been commenced and more staff are being recruited, trained and deployed with an aim to build on the roster rota work and ensure the right fleet mix across Wales. This would improve red performance and the already seen increase in the return of spontaneous circulation (ROSC) rate.
- Ambulance production levels against the plan for the latest four months at 97% against the ambition of 95%
- The progress made by health boards in reducing handover delays at emergency departments and the consequential impact on the ambulance service
- The numbers of patients conveyed at 41% into EDs in May 2023 (27% in December 2022, with the Clinical Safety Plan affecting this)
- The Non-Emergency Patient Transport Services (NEPTS) and meeting the targets for kidney patients in arriving within 30 minutes of the appointment time (performance at 75% to the target of 70%). Also, an amendment had been made for the service provided to oncology patients moving from -30/+30mins to -45/+15mins to provide a better service for this group of patients
- The first meeting of the Strategic Demand and Capacity Review had taken place at WAST with the aim of making the best use of resources available and continuing the approach.

Stephen Harrhy raised the issue of **red release** and confirmed the ongoing work to study the impact of the immediate release on the service provided. This would include validating the data before this was shared in the public domain, although it was acknowledged that this would potentially lead to a short time lag as this was a manual process. The work to develop confidence in the information included the health board Chief Operating Officers and their teams who receive the unvalidated report and therefore can challenge the data with respect to their areas. Further updates would be provided as the work progresses.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harrhy highlighted key areas which included:

- Six Goals for Urgent and Emergency Care Programme (latest highlight report shared) work continuing to deliver Goal 4 and locally based work captured through the Integrated Commissioning Action Plan (ICAP) meetings.
  - A new clinical lead, Dr Tim Rogerson, had been appointed by the Six Goals for Urgent and Emergency Care Programme. Collaborative work had started on what a good emergency department would look like and a clinical event had been planned.
  - Specific work was planned in Swansea Bay and Betsi Cadwaladr UHBs to pilot an approach undertaken in Bristol 'the continuous flow work' as well as learning the system lessons from the experience in Cardiff & Vale and more recently Cwm Taf Morgannwg UHBs.
- Connected Support Cymru (previously known as Night Sitting Service) An update report would be provided on progress at the next meeting
- Data linking – the plan to hold a workshop was still in place although it was not yet scheduled as further steps were required to ensure all information sources would be available and reliable. At that stage, a workshop would be held with all relevant health boards, WAST and Digital Health and Care Wales (DHCW) staff. Members noted that DHCW had also been commissioned by Welsh Government to develop an urgent and emergency care dashboard
- Health Education and Improvement Wales (HEIW) – Education commissioning of Paramedics and Advanced Paramedic Practitioners (APPs). Positive conversations had taken place with the EASC Team and it was suggested and agreed that Alex Howells, CEO of HEIW would be invited to periodically attend the Committee meeting. Members suggested the importance of the timescales for this work to meet academic timetables.

EASC FINANCIAL PERFORMANCE REPORT MONTH 12 2022/23

The EASC Financial Performance Report at month 3 in 2023/24 was received. There were no variances to report on the financial position given the very early point in the financial year.

SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD ON 22 JUNE 2023

The first summary from a meeting of the EASC Management Group was received. The aim of the report was to ensure consistency of issues identified at the ongoing meetings.

Members noted:

- Ongoing discussions on a health board by health board basis re operational matters of WAST staff undertaking supporting duties within EDs to help flow and get the balance right
- Work to ensure the consistency of data, especially in relation to immediate release.

EASC SUB-GROUPS CONFIRMED MINUTES

Approved:

- EASC Management Group 20 April 2023
- Non-Emergency Patient Transport Services Delivery Assurance Group notes 13 April 2023
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 6 March 2023

EASC GOVERNANCE

The report on EASC Governance was received which included the:

- EASC Risk Register and suggested approach to risk appetite

- EASC Assurance Framework
- EASC Key Organisational Contacts
- Welsh Language Commissioner – Final Report and Decision Notice
- Letter to host in relation to the statutory Duty of Quality and Candour.

Noted that:

- The Risk Register had five red risks in total, three scoring the highest level at 25.
- The EASC Assurance Framework had been updated in line with the changes above to the risk register
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The Welsh Language Commissioner – Final Report and Decision Notice and ongoing work
- Letter to host in relation to the statutory Duty of Quality and Candour - Stephen Harrhy had signed on behalf of the Committee to confirm that EASC would use reasonable endeavours to comply with the legislation and activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act.
  A formal report on the EASC compliance would be included in next year's Annual Governance Statement (Added to Action Log).

Members **agreed** to the use of **CTMUHBs Risk Appetite Statement** for commissioning risks until arrangements could be developed for the new Joint Committee.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST
- The ongoing formal engagement process for the EMRTS Service Review, further meetings planned for later in the year

Matters requiring Board level consideration

- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.
- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes	√	No	
Date of next meeting	**19 September 2023**			

WHSSC Joint Committee
19 September 2023
Agenda Item 4.8.5

Reporting Committee	**Quality Patient Safety Committee (QPSC)**
Chaired by	**Kate Eden**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**16 August 2023**

Summary of key matters considered by the Committee and any related decisions made

- **WHEELCAIR SERVICES DEEP DIVE PRESENTATION AND PATIENT STORY**

A presentation outlining the functions of the Posture and Mobility service and the services it provides for children, young people and adults who require long term wheelchair use was received. Members noted the actions in place to reduce the current waiting times of over 52 weeks to zero by December 2023. The increased waiting times were a direct result of the COVID Pandemic and the backlog created due to the service being closed during that period.

Members received an informative patient story about a young girl, Ellen, who presented to the service initially with extremely complex issues and no experience of independent movement having never rolled, crawled or operated a wheelchair by herself. Despite this, Ellen was insistent on trying a powered wheelchair to gain more independence in her everyday life. Members noted the challenges Ellen faced due to her presentation, posture and dyskinesia and how the services used innovative thinking to overcome the issues by adapting a wheelchair to suit her posture and using the Drive Deck Platform to assess the best way she could drive it independently.

The presentation;

- Explored Referral to Treatment Time (RTT) between 2019/2022 and 2022/2023 and the first quarter of 2023/2024; and
- Explained the actions that were being taken to help reduce waiting lists.

QPSC noted;

- The Welsh Government RTT performance measures,
- Trajectories for 2023/2023,
- Key Performance Indicators; and
- Quality standards.

The challenges and achievements across the three centres were highlighted.

2.0 WELSH KIDNEY NETWORK (WKN) PRESENTATION

Members received a presentation outlining the impact of kidney disease and treatment options for patients with advanced kidney failure. Members noted the significant commitment required for patients undergoing Haemodialysis in the Dialysis Unit and the work that the WKN had undertaken to increase the uptake of home therapy using value based healthcare to improve access for patients as well as employing welfare benefits officers to assist patients in navigating the benefits system to access available financial assistance.

Members also noted the main role of the WKN as the commissioner for all adult kidney specialised services in Wales. The presentation explained the structure and role of WKN and highlighted the current commissioning responsibilities as;

- Haemodialysis (HD),
- Home HD,
- Peritoneal dialysis,
- Transplantation,
- Vascular access

3.0 WELSH KIDNEY NETOWRK REPORT

Members received a report outlining the current Quality and Patient Safety issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales.

Members noted that the risk register for the WKN had been reviewed and discussed in the WKN QPS meeting on 5 July 2023 and WKN Board meeting on 3 August 2023. There were 11 items on the current WKN risk register. One risk related the pressure on the Transplant Follow up Service had been closed.

Members noted that the Network Manager post would be advertised shortly which should decrease the current staffing risk and the updates to the limited outpatient dialysis capacity risk in Swansea which should be resolved once the new units open.

The Patient Story attached as an appendix to the report provided an account of a renal patients experience with the services following two failed transplants and how the team supported them to carry out self-care dialysis at home despite initial anxieties.

4.0 COMMISSIONING TEAM AND NETWORK UPDATES

Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a

summary of the services in escalation is attached to this report. The key points for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.

- **Cancer & Blood**

The main issue to note was the improved traction on the performance issues within the All Wales Lymphoma Panel service. The Escalation meetings continue to monitor progress against the action plan. It is anticipated that during the next escalation meeting in September 2023 there will be a recommendation to reduce the level of escalation due to the good work being undertaken.

North Wales Plastic Surgery service remains an area of concern and WHSSC continue to work with the Welsh Government escalation arrangements. WHSSC continue to attend the Task and Finish Group as an advisor and members noted that the Harm review is progressing. Members noted that as part of the harm review patients had been categorised and prioritised and those categorised as urgent have already been seen.

South Wales Plastic Surgery - It was noted that Plastic Surgery waiting times continue to breach maximum waiting times for treatment at Swansea Bay UHB and this remained a concern for WHSSC. The service remains in escalation Level 2 with a delivery plan in place.

- **Neurosciences**

Members noted that two new risks scoring above 15, both relating to Deep Brain Stimulation commissioned from North Bristol NHS Trust, had been added since the last report. A progress meeting has been scheduled for 21 September 2023 and a further update will be provided at the next QPSC meeting.

- **Cardiac**

Members noted the updates against the two services which currently remained in escalation level 2; Cardiff and Vale UHB (CVUHB) Cardiac Surgery Service;

- The planned repatriation of Cardiothoracic Surgery to UHW, initially scheduled for September 2023, is likely to be delayed and the actions that had been paused pending the relocation have been discussed with the HB at the July Cardiac Service Risk, Recovery and Assurance meeting.
- A formal escalation review is scheduled to take place in October 2023 when the outstanding actions will be discussed.

Swansea Bay UHB (SBUHB) Cardiac Surgery Service;

- Escalation monitoring continues to take place via bi-monthly meetings,
- SBUHB continue to make excellent progress against the action plan and the team will be considering the potential for further de-escalation at the next meeting in October 2023 subject to the National Adult Cardiac Surgery Audit Report (NACSA 2023).

- **Women & Children**

Members noted the five service areas with risks scoring 15 and above;

  - Paediatric Intensive Care,
  - Paediatric Surgery,
  - Neonatal,
  - Paediatric Cardiac Surgery; and
  - Wales Fertility Institute (WFI) – IVF.

- Mitigating actions are in place for each of the services with Paediatric Surgery, Paediatric Intensive Care and the Wales Fertility Institute all being managed through the WHSSC escalation process.

- **Fertility Service South Wales**

Members noted that a number of concerns had been raised following a relicensing inspection by the Human Fertilisation and Embryology Authority (HFEA) of the Women's Fertility Institute (WFI) in Neath Port Talbot Hospital, which was undertaken in January 2023. The first escalation meeting is due to be scheduled and further feedback will be shared subsequently.

- **Paediatric Surgery**

The service remains in Escalation Level 3 and the Risk remains on the CRAF. Members noted the issues in relation to the waiting list and the actions in place to improve the situation. It was noted that CVUHB have provided assurance that they will meet the contract volumes by December 2023 and they have provided a revised demand and capacity plan and waiting times trajectory and this is being monitored on a weekly basis. Members expressed their continued concern in relation to Paediatric Surgery waiting times and requested further assurance.

Overall waiting times have decreased to meet the Ministerial waiting time of 104 weeks. However, because this relates to children WHSSC have requested further significant reduction to 52 weeks over the next year. Outsourcing arrangements to NHS England and the private sector will remain in place to support this.

- **Paediatric Intensive Care Unit (PICU)**

The Paediatric Intensive Care service remains in escalation Level 2 due to concerns regarding capacity, staffing levels, quality and contract monitoring. In line with the WHSSC Escalation Framework clear objectives have been set for improvement and an action plan was received on 1 June 2023. Further investigations into pressure damage sustained on the unit are on-going. WHSSC have written to CVUHB requesting further assurance regarding the concerns raised into the pressure damage incidents. A response from the Executive Nurse Director (END) has been received advising that the Executive team in CVUHB had been sighted on the full report which is due to be presented to the HB Quality, Patient, Safety and Experience (QPSE) Committee on 26 September 2023. The full assurance report with relevant actions will then be shared with WHSSC and submitted to WHSSC QPSC in October 2023.

Health Inspectorate Wales has written to the Chief Executive Officer (CEO) of CVUHB after a whistle blowing letter outlining concerns relating to the Paediatric Critical Care Unit (PICCU). Members noted the response provided by the Executive Director of Nursing confirming that detailed analysis was being undertaken and highlighting the significant pressures the services are currently experiencing. Once that analysis has been completed the results will be shared with QPSC.

- **Mental Health & Vulnerable Groups**

Members noted that there was currently only one Mental Health service in escalation. Ty Llidiard has been de-escalated to Level 2 and FACTS has been de-escalated completely. Ty Llidiard in particular had made excellent progress over the last 12 months.

The committee received an update regarding the rise in Eating Disorder (ED) adult placements, many of them being placed out of area. A review with the Clinical Gate Keepers is taking place to understand the rationale for the significant increase over the last six months. A Deep Dive into ED services will be brought back to QPS for further discussion.

WHSSC continue to participate in the Children and Young People's Gender Identity Service transformation programme and NHS England (NHSE) have prepared letters to issue jointly from NHSE and NHS Wales to all those on the waiting list relevant by age. These will be available bilingually.

Members noted that the First Minister made a visit to the Mother and Baby Unit in Tonna in July which received positive feedback.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

Members noted the improved position concerning the risk related to sustainability and delivery of the IF service in CVUHB due to workforce issues. The HB remain committed to providing this services.

4.0 OTHER REPORTS RECEIVED

Members received reports on the following:

Services in Escalation Summary

Members noted the content of the report and the new format template. The new format of the report aims to provide an escalation trajectory to capture both the historical picture and movement within the escalation level. Members noted the three services in escalation level 3 and above and the updates:

- Ty Llidiard had been lowered to escalation level 2 in July 2023,
- Paediatric Surgery C&VUHB remains in escalation level 3 since March2023,
- Wales Fertility Institute (WFI) – IVF has been escalated to Level 3.

Members provided very positive comments on the report and found it very helpful providing an overall snapshot with the narrative for the detail. A copy of each of the services in escalation is attached to the report at ***Appendix 1***

4.2 CRAF Risk Assurance Framework
Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red.

4.3 Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update
A briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period June to July 2023 was presented to the committee.

4.4 Incident and Concerns Report
Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance. Members noted the 8 new incidents that had been reported since the last update and the actions taken in line with the governance process within the relevant HBs.

An in-depth review of the women and children's incidents was included. Members noted the additional detail following the Deep Dive into Women and Children's services outlined within the report, as requested by members during the last QPSC meeting for further assurance. No themes or issues were identified.

A public report has been issued from the Ombudsman looking at how complaints are handled and the recommendations will be considered at the QPSC Development Day to ensure it ties into the Duty of Candour and Quality going forward.

Members noted the content of the report.

4.5 Report from the WHSSC Policy Group
A report outlining the summary of activity of the Policy Group was received and members noted the 40 policies currently in development across the services. The Policy Group also reports this to Management Group for further assurance.

4.6 Quarterly Newsletter
The WHSSC Quarterly Newsletter in Welsh and English versions was received and members noted the work outlined within the paper. The newsletters are attached as ***Appendix 2.***

4.0 ITEMS FOR INFORMATION:

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 18 July 2023,

- Welsh Health Circulars on Research Matters and Withdrawal of WHC Annual Quality Standards,
- QPSC Distribution List; and
- QPSC Forward Work Plan.

Key risks and issues/matters of concern and any mitigating actions

Key risks are highlighted in the narrative above. Members continued to express their concern over Paediatric Surgery waiting times and requested more information in relation to the waiting times trajectories. Further assurance was requested on pressure sores in CVUHB Paediatric Intensive Care Unit.

Members also wanted to highlight the inspiring patient story received and the comprehensive update received on the work of ALAC. In addition a very informative presentation from the WKN was provided.

Carolyn Donoghue new Independent Member (IM) for WHSSC has been appointed as the new WHSSC QPSC Chair.

Summary of services in Escalation

- Attached (***Appendix 1***)

Matters requiring Committee level consideration and/or approval

- Quality Newsletter English and Welsh (***Appendix 2 & 3***)

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting	24 October 2023 at 10.00hrs

GIG CYMRU NHS WALES | Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) | Welsh Health Specialised Services Committee (WHSSC)

Executive Director Lead: Nicola Johnson
Commissioning Lead: Luke Archard
Commissioning Team: Cancer and Blood

Date of Escalation Meetings: 27/09/22, 01/12/2022, 03/03/2023, 03/05/2023
Date Last Reviewed by Quality & Patient Safety Committee: 14/06/2023

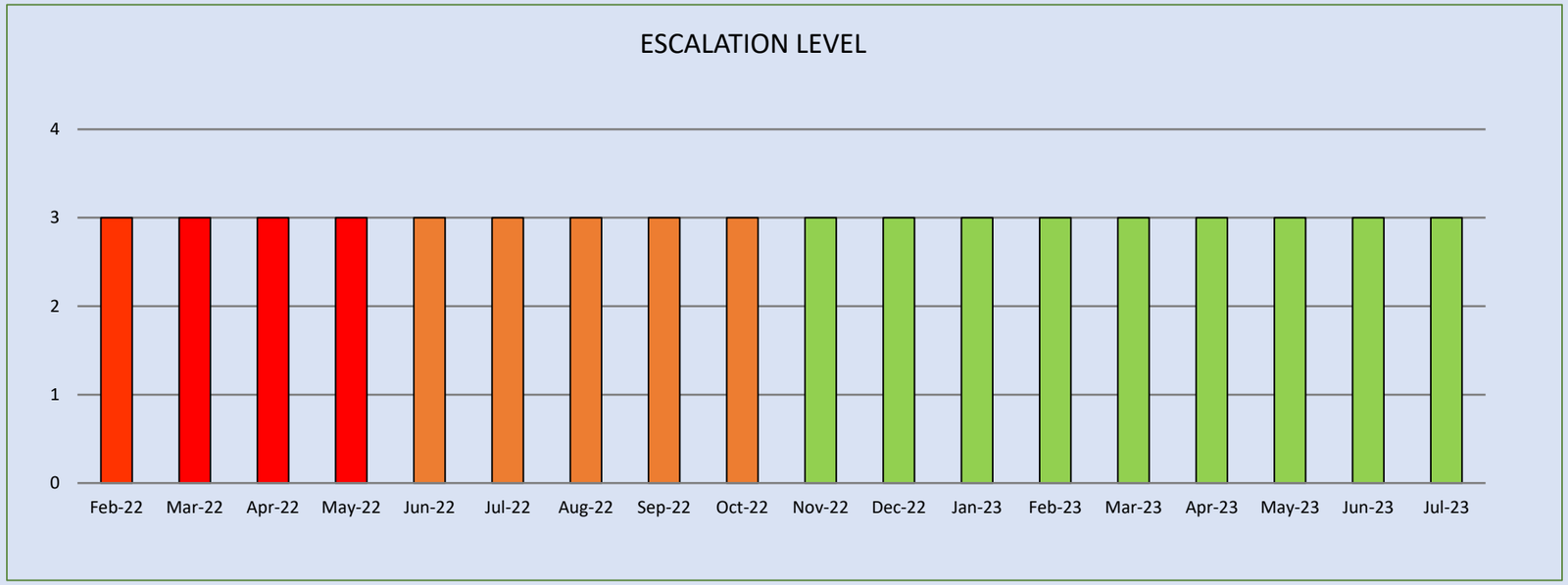
Service in Escalation: Burns

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ July 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
November 2021 – South West Burns Network escalation	**4**
February 2022 – WHSSC escalation	**3**
August 2022 – WHSSC escalation	**3**
September 2022 – WHSSC escalation	**3**
December 2022 – WHSSC escalation	**3**

Rationale for Escalation Status :
Remains at level 3.
The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.
The capital case may be delayed to the initial intended timeline as the case goes through the scrutiny process.

Background Information:

At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model.

Actions:

Action	Lead	Action Due Date	Completion Date
To escalate and liaise with SBUHB at CEO and MD level with regard to the immediate actions needed to provide continued access to burns care for patients in Wales and the Network.	MD/ CEO		Completed
To work with NHS England south west commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network.	MD/Exec Lead WHSSC		Completed

To monitor the SBUHB action plan through formal escalation meetings.	MD/ Exec Lead WHSSC		Ongoing
The peer review report was received by WHSSC and discussed at the Burns Network meeting on the 16th December 21. The interim mitigations are still in place at present.	Senior Planner		Completed
SBUHB are to provide a plan based on the recent peer review by the end of January 22.	Senior Planner		Completed
A series of monitoring meetings are being put in place and LA to ask SBUHB if they are confident as to whether 2 beds meets their requirements. The unit has reopened with reduced capacity, i.e. 2 ITU beds instead of 3. Full capacity will return in the longer term. WHSSC has responsibility for monitoring implementation rather than the burns network. It was agreed that the risk score could be reduced to 9 (3 x 3) and considered for further reduction when assurance as to whether the service considered the reduced capacity to be sufficient for their needs.	Senior Planner WHSSC/ Service Manager SBUHB		Completed
Interim arrangements to sustain burns service are in place while the business case is developed to collocate burns intensive care with the general intensive care unit. Interim arrangements appear to have taken effect. Risk may be reduced once escalation meetings can be confirmed.	Senior Manager/ Senior Planner WHSSC	Ongoing	
WHSSC to look at the business continuity plan in the event of potential loss of staff.	Senior Planner WHSSC	Ongoing	
Since the last escalation meeting, there has been a degree of delay relating to the process of Welsh Government scrutiny of the case which went to their Investment in Infrastructure Board on 22nd June; it had been hoped that the works would commence in May. There may, therefore, be a 2 month or so departure from original timelines. At the SLA with Swansea on 5th June, it was confirmed that this message had been conveyed to the staff supporting the interim rota arrangements (one of the concerns has been to ensure the resilience of this rota which in turn is felt to depend in part on there being demonstrable progress with the business case so they can see the finish line).	Senior Team SBUHB/ Senior Planner WHSSC	Ongoing	

Issues/Risks:

- **July 2023 The Welsh Government Infrastructure Investment Board considered the burns case on June 22 2023 the outcome is not confirmed as yet.**
- **There may be delay to the initial intended timeline as the case goes through the scrutiny process. Once the outcome of the WG process is known, the timeline can be confirmed.**

Executive Director Lead: David Roberts
Commissioning Lead: Emma King
Commissioning Team: Mental Health & Vulnerable Groups

Date of Escalation Meetings: 12/07/21, 10/08/21, 14/09/21, 12/10/21, 09/11/21, 14/12/21, 11/01/22, 08/02/22, 08/03/22, 12/04/22, 03/05/22, 14/06/22, 20/07/22, 09/08/22, 13/09/22, 14/10/22, 05/12/22, 10/01/23, 12/06/23
Date Last Reviewed by Quality & Patient Safety Committee: 14/06/2023

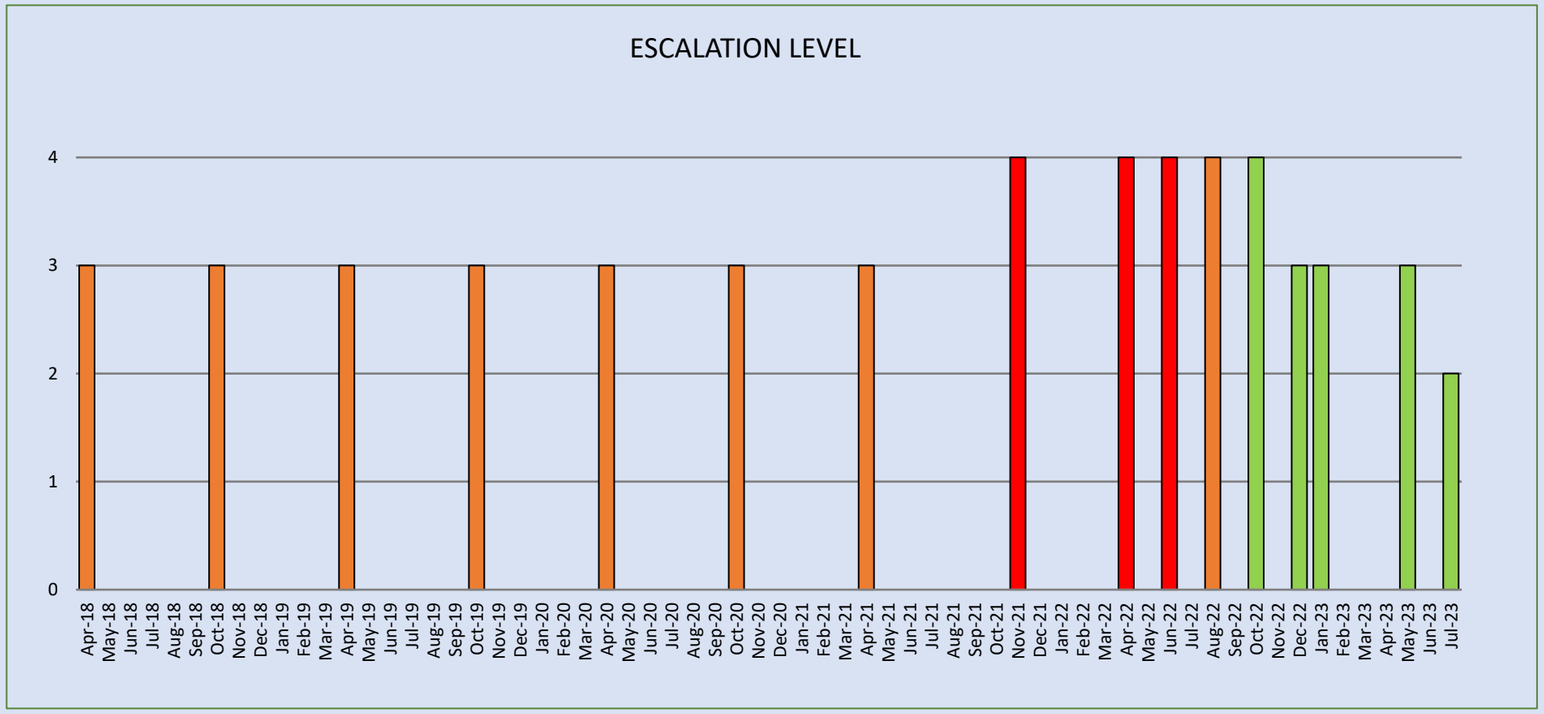
Service in Escalation: Ty Llidiard

Current Escalation Level 2

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ July 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
Mar 2018 – WHSSC escalation	3
Sept 2020 - WHSSC escalation	3
Nov 2021 - WHSSC escalation	Escalation level increased to level 4
December 2022 - WHSSC escalation	De-escalated to level 3
July 2023 - WHSSC escalation	De-escalated to level 2

Rationale for Escalation Status :
De-escalated to level 2.

Background Information:

March 2018 - Unexpected Patient death and frequent SUI's revealed patient safety concerns due to environmental shortfalls and poor governance.
September 2020 - SUI reported to Welsh Government.
September 2022 - Recruitment plan underway with all vacancies out to advert; interview dates arranged.
December 2022 - This service has been de-escalated to Level 3 as agreed by CDGB on 14th December.
July 2023 – The Service has been de-escalated to Level 2 in June 2023

Actions:

Action	Lead	Action Due Date	Completion Date
Escalation meetings held monthly, however these have been escalated to Executive level discussions following the report on a visit from NCCU into the unit.	Senior Planner		Completed March 22
Service specification action plan agreed.	Senior Planner		Completed March 22
Implementation of Medical Emergency Response SOP by CTM took place on 03/05/22.	Senior Planner		Completed May 22
Recruitment of all staff to be in place.	Senior Planner / Service Leads		Completed
Estates issues being addressed and meeting to map these and plan a timeline.	Senior Planner / Service Manager	Ongoing	
Executive lead for CTMUHB leading on the current escalation and development plan alongside WHSSC Executive lead with regular updates in between Escalation meetings.	Senior Planner	Ongoing	
NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy.	Senior Planning Manager		Completed
Reviewed service specification.	Senior Planning Manager		Completed
Monitor training status of the staff by QAIS.	Shane Mills		Completed
Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon		Completed
Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Director of Finance		Completed
Action plan developed following QAIS review conducted in March 2022 and managed under escalation process.	NCCU Director	March 2023	Actions outstanding to be completed by Sept 23
Review of patient referrals admissions refusals and outcomes from March 2022 being undertaken.	NCCU Director and Team	April 2023	Completed June 23

Issues/Risks:
This is a significant risk and is captured on WHSSC CRAF ref: MH/21/02 There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm.
July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high
April 22 – Score to remain as it is subject to impact of completed actions
June 22 – Risk remains at current level as risk of absconding is still prevalent
December 22 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments
May 23 - There has been no change to the Ty Llidiard escalation status and no meetings have been held pending a report from NCCU next meeting planned for June 12th.
July 23 – Report received from NCCU and resulted in de-escalation Level 2 in June 2023. 6 Actions outstanding to be completed by September 2023. Further escalation meeting scheduled for 7th August 2023.

Executive Director Lead: Nicola Johnson
Commissioning Lead: Kimberley Meringolo
Commissioning Team: Women and Children

Date of Escalation Meetings: 26/04/23, 23/05/23, 20/06/2023 & 26/07/23
Date Last Reviewed by Quality & Patient Safety Committee: 14/06/2023

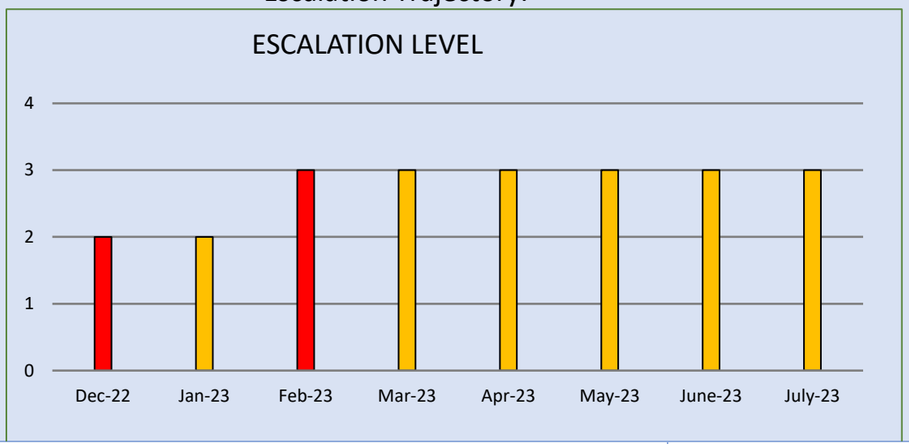
Service in Escalation: Paediatric Surgery

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ July 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
March 2023 – WHSSC escalation	**3**

Rationale for Escalation Status :
As a result of the service failing to engage fully with WHSSC regarding the weekly submission of contract delivery and waiting time profiles, it was agreed that the C&VUHB Paediatric Surgery service should be further escalated from Level 1 to Level 3 of the WHSSC Escalation Framework.

Background Information:

There is a risk that Paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.
• Original recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
• The original plan does not deliver contracted volume,
• Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

WHSSC assurance and confidence level in developments:

Medium – Action plan developed and positive progress made in implementing a number of new pilot schemes and securing additional capacity. Service is on-track to meet contracted volumes by December 2023. Reprofiling the waiting times projections is being undertaken by the HB for sharing in August.

Actions:

Action	WHSSC Lead	Action Due Date	Completion Date
Monthly escalation meetings with CVUHB to review progress against the improvement plan.	Senior Planning Manager	Monthly	
Action plan to be monitored through the monthly escalation meetings and when data shows improvement consideration will be given to de-escalation.	Senior Planning Manager	Monthly	
Requested revised trajectories to be issued to WHSSC by the end of June 2023.	Senior Planning Manager	30 June 2023	Completed 20/06/23
Further reprofiling of waiting times being undertaken by the HB in line with meeting contract volumes by December 2023.	Senior Planning Manager	August 2023	

Issues/Risks:
April 2023 – Action plan presented by HB and actions agreed to progress in time for next meeting.
May 2023 – a number of actions within the action plan are in progress, action at meeting to update trajectories in time for the July meeting in order to allow measurement of improvement.

Executive Director Lead: Nicola Johnson
Commissioning Lead: Kimberley Meringolo
Commissioning Team: Women and Children

Date of Escalation Meetings:
Date Last Reviewed by Quality & Patient Safety Committee:

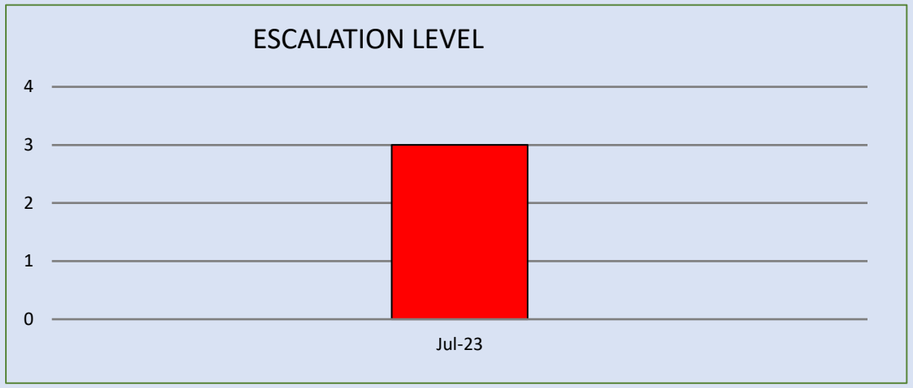
Service in Escalation: Wales Fertility Institute

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
July 2023 – WHSSC escalation	**3**

Rationale for Escalation Status :
Concerns from a number of routes with regards to the service including the WHSSC contract monitoring data submission; adherence to WHSSC policies and HFEA performance outcomes below National average.

Background Information:
A number of concerns regarding the safety and quality of service had been raised through different routes, including HFEA re-inspection report January 2023, WHSSC quality and assurance meetings and WFI IPFR requests regarding Wales Fertility Institute leading to the escalation of the service.

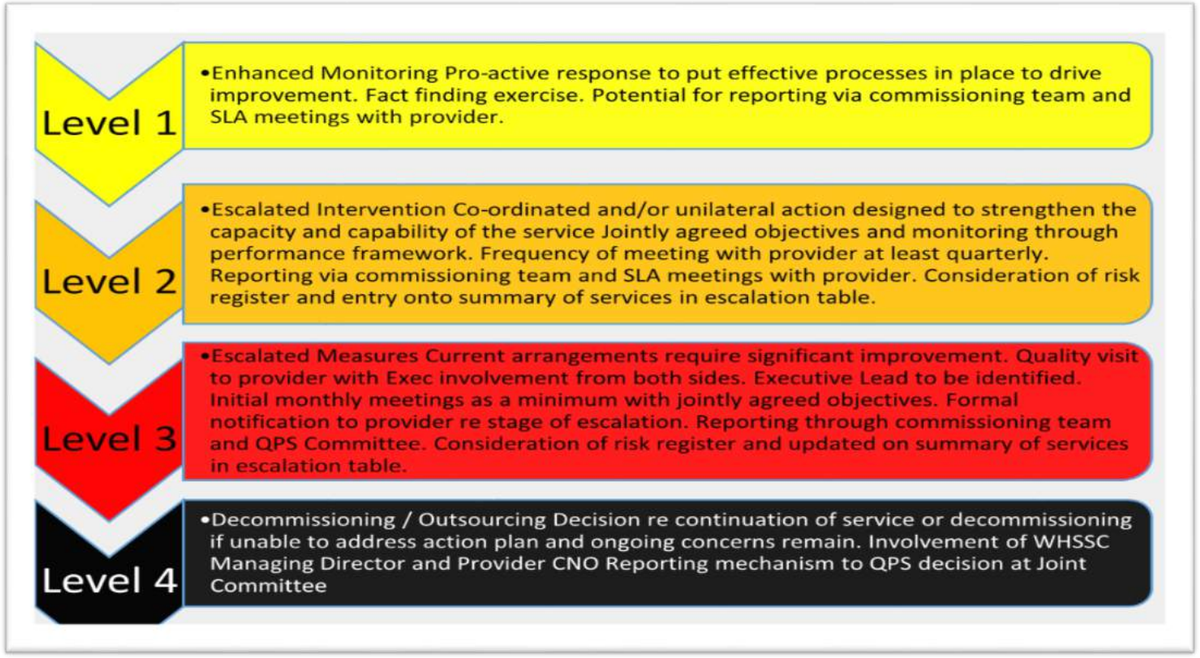
Actions:

Action	Lead	Action Due Date	Completion Date
Initial escalation planning meeting Exec to exec	Assistant Specialised Planner	7th August 2023	
Monthly escalation meeting	Assistant Specialised Planner	Monthly	
Quality visit	Assistant Specialised Planner	September 2023	
SMART Action plan from WFI, action plan has been requested in order that it can be agreed with WHSSC colleagues	Assistant Specialised Planner/ Service Manager	7th August 2023	

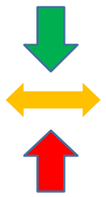
Issues/Risks: There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.

Level 1 ENHANCED MONITORING	Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes: • No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider
Level 2 ESCALATED INTERVENTION	Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes: • Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. • If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures
Level 3 ESCALATED MEASURES	Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives. Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum: • Chair (WHSSC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • WHSSC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.

Level 4 **DECOMISSIONING/OUTSOURCING**	Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation. The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue: 1. De-commissioning of the service 2. Outsourcing from an alternative provider. This may be permanent or temporary 3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level. At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.



SERVICES IN ESCALATION



Level of escalation reducing / improving position

Level of escalation unchanged from previous report/month

Reporting Committee:	**Healthcare Professionals Forum (HPF)**
Committee Chair:	Jane Wild
Date of last meetings:	1 September 2023
Paper prepared by:	Secretariat HPF
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	

The Board is asked to note that the following matters were discussed at the Healthcare Professionals Forum on 1 September 2023:

- **Digital Strategy Update**
- **Primary Care Strategy**
- **Membership**

Digital Strategy Update – Electronic patient records systems
The Forum welcomed the opportunity to comment on the plans to improve the current electronic patient records systems across BCUHB. There was strong support for the need for an intergrated system and recognition of the benefits this would provide, including patient safety and the recruitment/retention of staff.
Members supported the systematic approach being taken to implementation and intergration of multiple systems (a system of systems approach) and highlighted the need for any system to enable limited access where required, specialist functionality, as well as an accessible summary view. The Forum also highlighted the need to consider how commissioned services are incorporated.

Primary Care Strategy
The Forum were supportive of an approach to do things differently in primary care with a focus on a local and multi-professional approach and ensuring a seamless experience for service users. Members were keen to ensure that any model enabled a flexible approach to meet local needs and highlighted the importance of strong leadership at a local level. The Forum also wished to highlight the existence of good practice and engagement in some areas that could be built upon.

Membership
Emma Adamson, Forum representative for community nursing and midwifery, has taken on the role of Forum Vice Chair.

ITEMS TO BE ESCALATED TO THE BOARD
None
NEXT MEETING
The next meeting of the Healthcare Professionals Forum will be held on 1 December 2023.

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

Reporting Committee:	**Stakeholder Reference Group**
Committee Chair	Mike Parry (Chair Elect)
Date of last meetings:	4 September 2023
Paper prepared by:	Director of Partnerships, Engagement and Communications

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Stakeholder Reference Group (SRG) took place on 4th September 2023.

The Board is asked to note that the following matters were discussed at the meeting:

- Election of new Chair and next steps
- Special Measures update
- Volunteering Scoping Exercise
- Draft Additional Planned Care Business Case, Llandudno

Group Action Log

The Group received and discussed the Committee Action Log.

The Chair Elect -

- thanked the Director Of Partnerships, Communications and Engagement for the new Director's report and the information regarding the development of Llais, not only a local basis but also on a new relationship nationally
- noted that the Interim Board Secretary intended to realign the Standing Orders with the Terms of Reference and that both the NWCHC Chair / AVOW representative and the North Wales Hospices' representative had offered to assist in this regard.

Election of new Chair and Next Steps

Cllr. Mike Parry was elected as the new Chair, however will remain Chair Elect until receipt of Ministerial approval. Election process now underway to appoint a new Vice Chair.

Special Measures Update

The Group received a presentation on Special Measures, which included an overview of the work underway in collaboration with Welsh Government.

The Group sought and received assurance that it would be involved with future developments at the planning stage, as opposed to what has taken place historically. Members felt this was an opportunity to re-establish trust in the relationship - a comment endorsed by the Interim Chief Executive. The Interim Board Chair agreed to give more thought to what the Board should be sharing with the SRG and reported that there was also a desire over the next year to physically go out to the communities to seek their views and opinions on the organisation.

Volunteering Scoping Exercise

The Group was provided with the draft report into the Volunteering Scoping Exercise within BCUHB. The report delivered an assessment of the current situation and provided ideas as to how to produce a more cohesive and strategic approach to volunteers within the organisation.

The Interim Chief Executive welcomed the report as she felt that embracing and maximising volunteering opportunities should be a central approach within the organisation. She felt that volunteering provided an opportunity for all ages - younger people to get experience to test various career options; people in semi-retirement; for those people who might have had a caring role in their lives and wished to give back to the community; time banking as well as retirement fellowships.

Draft Additional Planned Care Business Case, Llandudno

The Draft Additional Planned Care Business Case - to build two new operating theatres, refurb a 19-bed ward and develop an 8-bedded post-anaesthetic care unit, in Llandudno - was verbally presented and well received.

Members expressed concerns regarding possible loss of community beds in Llandudno/ YGC - but it was reported that this project will be a ring fenced, stand-alone unit as such.
ITEMS TO BE ESCALATED TO THE BOARD
No items were escalated to the Board.
NEXT MEETING
The next meeting of the Stakeholder Reference Group will be held on 4th December 2023.

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

Reporting Committee:	**Local Partnership Forum**
Committee Chair	Jan Tomlinson and Carol Shillabeer
Date of last meetings:	7 August 2023
Paper prepared by:	Interim Board Secretary

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Local Partnership Forum (LPF) took place on 11 April 2023.

The Board is asked to note that the following matters were discussed at the meeting:

Group Action Log

The Group received and updated the Action Log.

The Chairs both expressed their strong commitment to partnership working with Trade Union colleagues and the Chief Executive shared insight into how important it will be for the successful operation of the health board and the workforce.

The theme throughout the meeting was how important partnerships our under all our current challenges and the ongoing development of the LPF is key to BCUHB's development.

Special Measures Update
The Forum received a presentation on Special Measures, which included an overview of the work underway including the key outcomes agreed with Welsh Government. There was a focus on the deliverables related to people and workforce and partnership working will be key to the success of this.

Annual Plan 2024/25
Highlights of the Annual Plan were considered by the Group and there was a common ambition in supporting a shared delivery of the plan. Focus will soon move to preparing for the following year. A planning framework is being developed to support this and will be considered by the Board in September.

Llandudno Orthopaedic Business Case
The Group received an update on the business case and discussed its importance to the population of North Wales with the objective of increasing capacity. The support of partners and colleagues will be essential (reflecting a desire to move from engagement to partnership). The Board is due to receive an update on this in September.

Finance, Performance and Planning
Update was received and considered on the current financial position (including variances) and the position we need to get to at the end of the financial year. Discussions took place on this and how we need to work through key issues, including facilities and workforce.

Workforce and Organisational Development
An update was provided from the Deputy Director of Workforce and OD emphasising the recruitment to key posts so that workforce and people related issues can be resolved.

Other Key Issues Raised

An update was received on workforce matters generally and the detail of these discussions will be captured in the minutes of the meeting. A detailed and informative update was provided on infection rates in clinical settings. A really useful report form the Workforce Partnership Group was received, the details and next steps will be captured in the minutes of the meeting.

Critically important workforce information, progress on policies and updated were received and were considered extremely useful by the Group

ITEMS TO BE ESCALATED TO THE BOARD

No items were escalated to the Board.

NEXT MEETING

The next meeting of the Local Partnership Forum will be held on 24 October 2023